

Policies and Procedures for the EYFS 2024/25

Reviewed by Rainbow Children's Corner LTD management team on 23/06/2025.

All policies and procedures have been reviewed to ensure they meet the requirements of the Early Years Foundation Stage **November 1st, 2024**. They are suitable for **group and school-based providers including Childcare on domestic premises (CoDP) and Childcare on non-domestic premises (CoNDP** as described below.

There are 2 frameworks as follows:

- EYFS statutory framework for childminders
- EYFS statutory framework for group and school-based providers – **which is mandatory for:**
 - all persons registered in England with Ofsted in the early years register, or with an early years childminder agency (CMA):
 - to provide early years childcare on domestic premises (CoDPs); or
 - to provide early years childcare on non-domestic premises (CoNDPs); (referred to collectively in this EYFS framework as 'group-based early years providers')

Where providers are required to have policies and procedures as specified below, these policies and procedures should be recorded in writing.

- Safeguarding policies must include:
 - The action to be taken when there are safeguarding concerns about a child. (Procedure 6.01 'Responding to safeguarding or child protection concerns).
 - The action to be taken in the event of an allegation being made against a member of staff. (Procedure 6.02 Concerns and allegations against staff, students, or volunteers)
 - How mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting. (Procedure 6.09 E-Safety)
 - Procedures to follow to check the suitability of new recruits

There are new requirements to the EYFS safeguarding and welfare requirements coming into force September 2025 that are also included in this publication. More information about the changes and the rationale for making them can be found here: [Early Years Foundation Stage safeguarding reforms - consultation response](#)

The changes are highlighted in red for each procedure and are summarised here:

1.20 Terrorist attacks and lock down has been renamed as Emergency evacuation and lockdown to align with requirement for induction training to include emergency evacuation (EYFS – training and skills). The revised procedure includes an emergency evacuation plan for adaptation.

6.9 Additional information about internet safety.

8.01 **NEW PROCEDURE** – recruitment checks.

8.02 Further clarification on who may be included in ratios and supervision of children at mealtimes.

Minor changes are not highlighted in red. They include reference to parents/carers throughout.

Contents

0	Introduction
0	Policy and procedures implementation and review policy
0.0	Implementation and review procedure
01	Health and safety policy
01.01	Risk assessment
01.1a	Generic risk assessment form
01.1b	Access audit form
01.02	Group rooms, stair ways and corridors
01.03	Kitchen
01.04	Children's bathrooms/changing areas
01.05	Short trips, outings and excursions
01.06	Outdoors
01.07	Staff cloakrooms
01.08	Maintenance and repairs
01.09	Staff personal safety
01.10	Threats and abuse towards staff and volunteers
01.12	Entrances and approach to the building
01.13	Control of Substances Hazardous to Health (COSHH)
01.14	Manual handling
01.15	Festival (and other) decorations
01.16	Jewellery and hair accessories
01.17	Animals and pets
01.18	Face painting and mehndi
01.19	Notifiable incident, non-child protection
01.20	Emergency evacuation and lock-down
01.21	Closed circuit television (CCTV)

02 Fire safety policy

02.01 Fire safety

02.01a Fire safety risk assessment form

03 Food safety and nutrition policy

03.01 Food preparation, storage and purchase

03.02 Food for play and cooking activities

03.03 Menu planning and nutrition

03.04 Meeting dietary requirements

04 Health policy

04.01 Accidents and emergency treatment

04.02 Administration of medicine

04.02a Health care plan form

04.03 Life-saving medication and invasive treatments

04.04 Allergies and food intolerance

04.05 Poorly children

04.05a Infection control

04.06 Oral health

05 Promoting inclusion, equality and valuing diversity policy

05.01 Promoting inclusion, equality and valuing diversity

06 Safeguarding children, young people and vulnerable adults policy

06.01 Responding to safeguarding or child protection concerns

6.01a Child welfare and protection summary

6.01b Safeguarding incident reporting form

6.01c Confidential safeguarding incident report form

06.02 Concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

06.03 Visitor or intruder on the premises

06.04 Uncollected child

06.05 Missing child

06.06	Incapacitated parent
06.07	Death of a child on-site
06.08	Looked after children
6.08a	Care plan for looked after children form
06.09	E-safety
07	Record keeping policy
07.01	Children's records and data protection
07.01a	Privacy notice
07.02	Confidentiality, recording and sharing information
07.03	Client access to records
07.04	Transfer of records
08	Staff, volunteers, assistants and students policy
08.01	Recruitment checks
08.02	Staff deployment
08.03	Deployment of volunteers and parent helpers
08.04	Student placement
08.05	Lone working
08.06	Holiday Club ratios
09	Early years practice policy
09.01	Identification, assessment and support for children with SEND
09.01a	SEN Support: Initial record of concern form
09.01b	SEN Support: Action plan
10	Working in partnership with parents and other agencies policy
10.01	Complaints procedure for parents and service users

Introduction

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

As working documents policies and procedures govern all aspects of the setting's operations and are vital for consistency and quality assurance across the provision. Policies describe the approach of operating and incorporate current legislation and registration requirements. Procedures detail the methods by which the policies are implemented. Some may need adjustment following risk assessment carried out in the setting.

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

Each of the policies and procedures that group and school-based providers are required to have in place are provided in this publication, as well as others recommended by the Alliance as good practice.

Adopting, implementing and reviewing policies

- Copies of the policies and procedures to be adopted should be made available to all parents and staff; giving everyone the opportunity to discuss and fully understand each policy and procedure.
- It should be explained to parents, employees and volunteers that the policies contain the rules required for running the setting in a way which complies with the requirements of the EYFS and Ofsted registration and must be adhered to.
- All staff and volunteers should be aware of the content of the policies and procedures, and their role and responsibility in implementing them.
- Each policy and procedure should be continually monitored by collecting evidence about the results of their implementation. The evidence should be used to make any necessary changes to the policies and procedures and/or the way they are implemented.
- All staff and parents should contribute to the evidence collected and share in decisions about any necessary changes.
- Named/designated safeguarding leads in each setting have a delegated responsibility to make sure that relevant procedures are known by all members of staff and are adhered to, bringing any cause for concern to the manager's attention.

If any adaptations are needed to any policy or procedure, it must still meet the requirements of the relevant regulations. Some providers may decide to develop further policies, which are not required by regulations, but which would enable a clear direction for any specific issue pertaining to the setting. For example, some providers may require a policy on sharing premises with another facility. Or in

some cases a local authority or a funding body may require a policy or procedure that is not included in this publication.

Risk assessment is vital to implementation of many procedures. The providers ensure that risk assessments where helpful, are carried out and updated regularly and will amend or add to the procedures as required. Risk assessment procedures are detailed in procedures 01.1 Risk assessment and 02.1 Fire safety.

Children's rights and entitlements statement

This statement underpins the policies and procedures—in particular, section 06 Safeguarding Children, Young People and Vulnerable Adults procedures. It is important that all staff uphold and work with the principles and ethos within this statement.

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

The Early Years Alliance's 'four key commitments' are broad statements against which policies and procedures across the organisation are drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided.

1. The Alliance is committed to empowering children, young people, and vulnerable adults, promoting their right to be '**strong, resilient, actively listened to, and heard**'.
2. The Alliance upholds a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.
3. The Alliance is committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.
4. The Alliance is dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.

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

To be **strong** means to be:

- *secure* in their foremost attachment relationships where they are loved and cared for, by at least one person who can offer consistent, positive, and unconditional regard and who can be relied on
- *safe and valued* as individuals in their families and in relationships beyond the family, such as day care or school

- *self-assured* and form a positive sense of themselves – including all aspects of their identity and heritage
- *included equally and belong* in early years settings and in community life
- *confident in abilities* and *proud* of their achievements
- *progressing optimally* in all aspects of their development and learning
- *to be part of a peer group* in which to learn to negotiate, develop social skills and identity as global citizen, respecting the rights of others in a diverse world
- *to participate and be able to represent themselves* in aspects of service delivery that affects them as well as aspects of key decisions that affect their lives.

To be **resilient** means to

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

To be **actively listened to and heard** 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 can *tune in* to their verbal, sign, and body language to understand and interpret what is being expressed and communicated
- adults who are close to children can *respond appropriately and, when required, act upon their understanding* of what children express and communicate
- adults *respect children's rights and facilitate children's participation and representation* in imaginative and child centred ways in all aspects of core services.

0 Policy and procedures implementation and review

Alongside associated procedures, this policy was adopted by *Rainbow Children's Corner LTD* on 23/06/2025.

Aim

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

Objectives

We adhere to and implement operational policies and procedures by:

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

Legal references

Childcare Act (2006)

Education Act (2011)

0. Policies and procedures implementation and review

0.0 Implementation and review procedure

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

- Policies and procedures are written and reviewed annually.
- Changes are only made to the policies and procedures by the owners/directors/trustees in liaison with the setting manager where risk assessment or other reasons indicate that this is required.
- Policies and procedures are risk assessed and reviewed following any incident that is reportable under RIDDOR.
- Disciplinary action may be taken where individuals have disregarded policies and procedures.

Familiarisation and implementation

- It is the responsibility of every member of staff, agency worker, **assistant**, volunteer and student (**hereon referred to as staff for clarity**), within the setting to adhere to and always implement the policies and procedures.
- The setting manager offers advice and support to staff regarding procedure implementation.
- An overview of policies and procedures is included in induction for individual members of staff, with specific emphasis given to safeguarding procedures.
- Members of staff must sign to say that they are aware of and will adhere to the current policies and procedures.
- Members of staff understand that they must refer to the procedures as they support all aspects of their work within the setting.
- Staff meetings and in-house training events are used as opportunities to focus on procedures as required, and to discuss their implementation.
- Where there is an outbreak of a communicable disease or infection, the relevant procedure is photocopied and displayed for parents' reference during the outbreak.
- Other procedures may be displayed where a situation arises, for example to highlight health and safety concerns such as closing the gate.
- Following implementation of a procedure, such as emergency evacuation or other health and safety procedures, the setting manager will conduct a review as follows:
 - did all members of staff follow the procedure?
 - is further training required on any aspect of implementation?
 - did the procedure fit the circumstance; does it need adapting or changing?

Parents

- Parents/carers know how to access a full set of policies and procedures.
- Parent/carer forums (if in place) are used as opportunities to explain and discuss the implementation of the policies and procedures.

01 Health and safety policy

Alongside associated procedures in 01.1 to 01.22 Health and safety, this policy was adopted by *Rainbow Children's Corner LTD* on 23.06.2025

Designated Health and Safety Officer: Leah Curtis

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

Objectives

- We recognise that we have a corporate responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.
- Insurance is in place (including public liability) and an up-to-date certificate is always available to view in our certificates folder as we run from multiple venues.
- Risk assessment is carried out where it is helpful to do so, to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- Smoking and vaping are not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking or vaping, members of staff ensure that there is adequate ventilation to clear the atmosphere. The use of electronic cigarettes is not allowed on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they **must** seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed.
- Alcohol must not be bought onto the premises for consumption.
- A risk assessment (01.1a Generic risk assessment) and access audit (01.1b Access audit form) are carried out for each area as required and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are monitored and reviewed by those responsible for health and safety.

Legal references

Health and Safety at Work etc Act 1974

Health and Safety (Consultation with Employees) Regulations 1996

Policies and Procedures Rainbow Children's Corner LTD. 2024/25 (Early Years Alliance 2024)

Management of Health and Safety at Work Regulations (1999)

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

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

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

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

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

Further guidance

[Dynamic Risk Management in the Early Years](#) (Alliance Publication)

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

Food Standards Agency www.food.gov.uk

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

01 Health and safety procedures

01.1 Risk assessment

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

- 01.1a Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures
- 01.1b Access audit is completed to ensure inclusion and the health and safety of all visitors, staff, and children. The relevant procedure is modified if required to match the assessment.

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

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

Daily safety sweeps and checks indoors and outdoors.

- Safety sweeps are conducted when setting up for the day or closing in the evening. Sometimes a safety sweep will identify a risk that requires a formal risk assessment on form. For example, if a window latch is stiff and an educator must stand on a chair to reach it to ensure it has closed properly.

Health and safety risk assessments

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

The setting manager undertakes training and ensures staff have adequate training in health and safety matters. The setting manager ensures that checks/work to premises are carried out and records are kept. The setting manager ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety, in each of the following areas of the premises:

- Entrance and exits.
- Outdoor areas.
- Passageways, stairways and connecting areas.

- Group rooms.
- Sleep areas.
- Main kitchen.
- Milk kitchen (if applicable).
- Staff/parent/carers room.
- Rooms used by others or for other purposes.

The setting manager ensures staff members carry out risk assessment for off-site activities, such as children's outings (including use of public transport), including:

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

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

- changing babies, and the intimate care of young children and older children
- arrivals and departures
- preparation of milk and other food/drink for babies
- children with allergies and special dietary needs or preferences
- serving food in group rooms
- cooking activities with children
- supervising outdoor play and indoor/outdoor climbing equipment
- settling babies/young children to sleep
- Assessment, use and storage of equipment for disabled children.
- Visitors bringing equipment or animals for children are learning experiences, for example fire engines.
- following any incidents involving threats against staff or volunteers
- following any accident or incident involving staff or children

01.1a Generic risk assessment form

***Please find master copies at back of folder.**

Risk area:		Carried out by:		Date:
Risk identified	Who is at risk	Level of risk	Control measure and person/s responsible	Review

01.1b Access audit form

***Please find master copies at back of folder**

0.1 Health and safety procedures

01.2 Group rooms, stair ways and corridors

- Significant changes such as structural alterations or extensions are reported to Ofsted, or the childminder agency (CMA), if registered with an agency. A risk assessment is done to ensure the security of the building during building work.
- Door handles are placed high, or alternative safety measures are in place.
- Chairs are stacked safely and not too high.
- There are no trailing wires; all radiators are guarded.
- Windows are opened regularly to ensure flow of air.
- Floors are properly dried after mopping up spills.
- Staff and visitors remove outdoor shoes in baby areas.
- Children do not have unsupervised access to stairways and corridors.
- Stair gates are in place at the foot and top of the stairs.
- Floor covering on stairways and corridors is checked for signs of wear and tear.
- There are child height stair rails as well as adult height in place.
- Children are led walking upstairs one at a time and hold the rail.
- Staff hold the hand of toddlers and children who require assistance.
- Materials and equipment are not generally stored in corridors, but where this is the case, it does not block clear access or way out.
- Walkways and stairs are uncluttered and adequately lit.
- Stairways and corridors are checked to ensure that safety and security is maintained, especially in areas that are not often used, or where there is access to outdoors
- Socket safety inserts are unnecessary, as there is no safety reason to use them, modern plug sockets are designed to remove risk of electrocution if something is poked into them. Socket covers (that cover the whole socket and switch) may be used, please note these are different to socket inserts.
- The use of blinds with cords is avoided. Any blinds fitted with cords are always secured by cleats. There are no dangling cords.

01 Health and safety procedures

01.3 Kitchen

General safety

- Doors to the kitchen are kept always closed.
- Shutters to hatches are kept closed when cooking is taking place.
- Children do not have unsupervised access to the kitchen.
- Children are not taken to the kitchen when meal preparation is taking place.
- Staff do not normally take tea breaks in the kitchen unless there is no alternative, in which case, tea-breaks are not taken in the kitchen when food is being prepared.
- Wet spills are mopped immediately.
- Mechanical ventilation is used when cooking.
- A clearly marked and appropriately stocked First Aid box is kept in the kitchen.

Cleanliness and hygiene

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

- Floors are washed down at least daily.
- All work surfaces are washed regularly with anti-bacterial agent.
- Inside of cupboards are cleaned monthly.
- Cupboard doors and handles are cleaned regularly.
- Fridge and freezer doors are wiped down regularly.
- Ovens/cooker tops are wiped down daily after use; ovens are fully cleaned monthly.
- If dishwashers break down, washing up done by hand is carried out in double sinks, where available, one to wash, one to rinse.
- Where possible all crockery and cutlery are air dried.
- Plates and cups are only put away when fully dry.
- Tea towels, if used, are used once. They are laundered daily.
- Any cleaning cloths used for surfaces are washed and replaced daily.
- There is a mop, bucket, broom, dustpan, and brush set aside for kitchen use only.
- Any repairs needed are recorded and reported to the manager.
- Chip pans are not used. **Further guidance** Safer Food Better Business: Food safety management procedures and food hygiene regulations for small business: www.food.gov.uk/business-guidance/safer-food-better-business

01 Health and safety procedures

01.4 Children's bathrooms/changing areas

- Children are provided with baskets (or other storage) for spare clothing and nappies/pants
- Older babies/toddlers have low changing surfaces they can **be assisted to** climb on to, or floor surface is used. Staff should not have to lift heavy toddlers on to waist high units.
- Changing mats are cleaned and disinfected in baby change areas.
- Disposable nappies/trainers are cleared of solid waste and placed in nappy disposal units.
- Staff use single use gloves and aprons to change children and wash hands when leaving changing areas. Please note that gloves are not always required for a wet nappy if there is no risk of infection, however, gloves are always available for those staff who choose to wear them for a wet nappy. Gloves are always worn for a 'soiled' nappy.
- Staff never turn their backs on or leave a child unattended whilst on a changing mat.
- Changing areas or stands are provided for older (disabled) children, if required.
- Changing mats used for babies are covered in tissue roll for each change.
- Changing mats are disinfected after each change.
- Anti-bacterial spray is not used where residue may have direct contact with skin.
- Anti-bacterial sprays used in nappy changing areas are not left within the reach of children.
- Natural or mechanical ventilation is used; chemical air fresheners are not used.
- All other surfaces are disinfected daily.

Children's toilets and wash basins

- Children's toilets are cleaned twice daily using disinfectant cleaning agent for the bowls (inside and out), seat and lid, and whenever visibly soiled.
- Toilet flush handles are disinfected daily.
- Toilets not in use are checked to ensure the U-bend does not dry out and are flushed every week. Taps not in use are run for several minutes every two to three days to prevent infections such as Legionella.
- There is a toilet brush available for children's toilets. This is stored in the cleaning cupboard, along with a separate cleaning cloth.
- Cubicle doors and handles (or curtains) are washed weekly.
- Children's hand basins are cleaned twice daily and whenever visibly soiled, inside, and out using disinfectant cleaning agent. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets. Colour coded cloths are used.

- Mirrors and tiled splash backs are washed daily.
- Paper towels are provided.
- Bins are provided for disposal of paper towels and are emptied daily.
- All bins are lined with plastic bags.
- Staff who clean toilets wear rubber gloves.
- Staff changing children wear gloves and aprons as appropriate.
- Wet or soiled clothing is sluiced, rinsed, and put in a plastic bag for parents to collect.
- Floors in children's toilets are washed twice daily.
- Spills of body fluids are cleared and mopped using disinfectant.
- Mops are rinsed and wrung after use and stored upright, not stored head down in buckets.
- Mops used to clean toilets or body fluids from other areas are designated for that purpose only and kept separate from mops used for other areas. Colour coding helps keep them separate.
- Used water is discarded down the sluice or butler sink.
- Butler sinks and sluices are cleaned and disinfected at the end of each day.

01 Health and safety procedures

01.5 Short trips, outings and excursions

Planning and preparation

- If staff are 'borrowed' from another area to maintain ratios on an outing, they are fully briefed about the children they are accompanying.
- The excursion does not go ahead if concerns are raised about its viability at any point.
- Parents/carers are informed of an outing and staff check that **consent forms*** on children's registration were signed. **Consent form master copy at back of folder.*
- Staff : Child ratios are adhered to.
- Children are specifically allocated to each member of staff/volunteer; they are responsible for supervising their designated children for the duration of the excursion.
- Parents/carers on outings are responsible for their own children only.
- Parents/carers who have undergone vetting as volunteers may be included in the ratio.
- A mobile phone belonging to the setting, and small first aid kit is taken out.
- Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are out for.
- Sun cream is applied as needed and children are clothed appropriately.
- Children wear badges or 'high viz' vests.
- Staff have emergency contacts, medication and equipment needed for children.

Risk assessment

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

Outing venue (larger outings)

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

Transport

- If coach hire is required for an outing, only reputable companies are used.
- The setting manager ensures that seat belts are provided on the coach, and that booster seats and child safety seats are used as appropriate to the age of the children.
- The maximum seating capacity of the coach or minibus is not exceeded.
- Contracted drivers are not counted in ratios.
- Public transport should always be within a ratio of 1-2 (unless agreed with the setting manager).

Where transport is provided by the setting

- Records are kept including insurance details and a list of named drivers.
- Drivers using their own transport should have adequate insurance cover.

Forest School and Beach School sessions (not on site)

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

Farm and zoo visits

Staff are aware of the risks posed by infections such as E. coli being contracted from animals. They are also aware of toxic substances used on farms that could be hazardous to health. Staff are vigilant of the natural dangers presented by a farm or zoo visit and conduct a risk assessment prior to the visit.

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

For further guidance, refer to the insurance provider.

Larger outings checklist

There is an identified lead person for the outing.

- The outing has an educational purpose and has been agreed with the setting manager.
- Risk assessments if required, are completed/updated and shared with every staff, student/volunteer accompanying the children.
- Staff understand the potential risks when they are out with children and takes all reasonable measures to remove minimise risks.
- Bouncy castles and similar attractions are not accessed by children on an excursion.
- The designated lead is the last to leave the venue, or transport being used.
- The designated lead conducts a 'safety sweep' before during and after the outing.

Further guidance

[Daily Register and Outings Record](#) (Alliance Publication)

[Introducing Forest School in the Early Years](#) (Alliance Publication)

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

01 Health and safety procedures

01.6 Outdoors

- All gates and fences are childproof, safe, and secure.
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear rubber gloves to do this.
- Bushes or overhanging trees are checked to ensure they do not bear poisonous berries.
- Stinging nettles and brambles are removed if they pose a risk to younger children.
- Safety mats are provided under climbing equipment, even when on grass
- Wooden equipment is maintained safely, put away daily and not used if broken.
- Wooden equipment is sanded and varnished as required.
- Broken climbing equipment or outdoor toys are removed and reported to the setting manager.
- Children are always supervised within ratios outside.
- Children are suitably attired for the weather conditions and type of outdoor activities.
- Sun cream (if parents have given permission) is applied and hats are worn during the summer months. Outdoor play is avoided in extreme heat between noon and 3pm.
- Children who have no adequate means of sun protection, such as hat, long sleeves and trousers or sun cream, will not be able to play outdoors in un-shaded areas.
- Children are supervised on climbing equipment, especially younger children.
- Water play is not left out but is cleared, cleaned and stored after each use.
- Receptacles are left upturned to prevent collection of rainwater, this is important in areas where there are vermin to prevent urine/faeces contaminating the water.
- Sightings of vermin are recorded and reported to the manager who reports to the Environmental Health's Pest Control Department.
- Outdoor areas that have flooded are not used until cleaned down and restored. Grassed areas are not played on for at least one week after the floodwater has gone.
- If paddling pools are used, a risk assessment is conducted, and consideration given to the needs of disabled children or those less ambulant.

Drones

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

- Children will be brought inside immediately.

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

Where this is the case, 06 Safeguarding children, young people and vulnerable adults procedures are followed.

Further guidance

[Reportable Incident Record](#) (Alliance Publication)

01 Health and safety procedures**01.7 Staff cloakrooms**

- All areas are kept tidy and always uncluttered.
- Doors to staff/visitor toilets and cloakrooms are kept always shut.
- Staff are provided with lockers or a secure area for storing personal belongings, including any medication they are taking. Lockers are emptied each evening.
- Toilet areas are not used for storage due to the risk of cross-contamination.
- Staff/visitor toilets are cleaned daily using disinfectant.
- Toilet flush handles are disinfected daily.
- There is a toilet brush provided per toilet and separate cleaning cloth.
- Toilets that are not in use are checked to ensure that the U-bend is not drying out and are flushed every week. Taps that are not in use are run for several minutes every two to three days to minimise the risk of infections such as legionella.
- Cubicle doors and handles are washed weekly.
- Staff hand basins are cleaned daily using disinfectant. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets.
- Floors in staff toilets are washed daily.
- Mirrors and tiled splash backs are washed daily.
- Paper towels or hot air dryers are provided for hand drying.
- Bins are provided for sanitary wear and cleared daily (or as per contract agreement).
- Bins are provided for disposal of paper towels and are cleared daily.
- All bins are lined with plastic bags.
- Members of staff who are cleaning toilets wear rubber gloves that are kept specifically for this purpose to prevent cross contamination.

01 Health and safety procedures

01.8 Maintenance and repairs

Any faulty equipment or building fault is recorded, including:

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

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

- Any broken or unsafe item is taken out of use and labelled 'out of use'.
- Any specialist equipment (e.g. corner seat for a disabled child) which is broken or unsafe should be returned to the manufacturer or relevant professional.
- Any item that is beyond repair is condemned. This action is recorded as the action taken and the item is removed from the setting's inventory.
- Condemning items is done in agreement with the setting manager. Condemned items are then disposed of appropriately and not stored indefinitely on site.
- Where maintenance and repairs involve a change of access to the building whilst repairs are taking place, then a risk assessment is conducted to ensure the safety and security of the building is maintained.

01 Health and safety procedures

01.09 Staff personal safety

General

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

Dealing with agitated parents/visitors in the setting

- If a parent or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time'.
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will ensure that the language they use can be easily understood.
- Staff will make it clear that they want to hear issues and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, avoiding expressions like 'calm down' or 'be reasonable'.
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.
- **Procedure 01.10 Threats and abuse towards staff and volunteers** is implemented where staff feel threatened or intimidated.
- After the event, it is recorded in the child's file together with any decisions made with the parents to rectify the situation. Any situation involving threats to members of staff are reported to the line manager, **following procedure 01.10 Threats and abuse towards staff and volunteers**. Copies of correspondence regarding the incident will be kept in the relevant child's file.

01 Health and safety procedures

01.10 Threats and abuse towards staff and volunteers

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

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

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

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

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

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

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

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

- there is danger to life

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

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

Harassment and intimidation – including sexual harassment

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

A person must not pursue a course of conduct:

(a) which amounts to harassment of another, and

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

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

Banning parents/carers and other visitors from the premises

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

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

Dealing with an incident

- We would normally expect all cases of harassment, assault, and all but the most minor of other incidents, to be regarded as serious matters which should be reported to the setting manager and/or the police and followed up with due care and attention.
- A record of the incident must be made whether the police are involved or not.
- Whilst acknowledging that service users i.e. parents and families, may themselves be under severe stress, it is never acceptable for them to behave aggressively towards staff and volunteers. Individual circumstances along with the nature of the threat are considered before further action is taken.
- **All parties involved should consider the needs, views, feelings and wishes of the victim at every stage. We will ensure sympathetic and practical help, support and counselling is available to the victim both at the time of the incident and subsequently.**
- A range of support can be obtained:
 - from the setting manager, owners/directors/trustees and/or a staff colleague
 - from Victim Support on giving evidence in court
- In non-urgent cases, where the incident is not thought to be an emergency, but police involvement is required, all staff and volunteers are aware of the non-emergency police contact number for the area.
- 999 calls receive an immediate response. Unless agreed at the time, non-emergency calls are normally attended within 8 hours (24 hours at the latest).
- When they attend the setting or service, the police will take written statements from the victim (including a 'Victim Personal Statement') and obtain evidence to investigate the offence in the most appropriate and effective manner.
- The police will also consider any views expressed by the setting manager and owner/directors/trustees as to the action they would like to see taken. The manager should speak to the victim and be aware of his or her views before confirming with the police how they wish them to proceed.
- In some cases, the victim may be asked by the police if he/she wishes to make a complaint or allegation against the alleged offender. It is important to ensure that the victim can discuss the matter with their line manager, a colleague or friend before deciding on their response. It is helpful for the victim to be assured that, if there is a need subsequently to give evidence in court, support can be provided if it is not already available from Victim Support.

- The decision regarding whether an individual is prosecuted is made by the police or Crown Prosecution Service (CPS) based on the evidence and with due regard to other factors.
- After the incident has been dealt with, a risk assessment is done to identify preventative measures that can be put in place to minimise or prevent the incident occurring again.

Harassment or intimidation of staff by parents/visitors

- The setting manager should contact their line manager for advice and support.
- Where the parent/carers behaviour merits it, the setting manager, with another member of staff present, should inform the parent/carer clearly but sensitively that staff feel unduly harassed or intimidated and are considering making a complaint to the police if the behaviour does not desist or improve. The parent/carer should be left in no doubt about the gravity of the situation and that this will be followed up with a letter drafted by the setting manager but sent to their line manager for approval before being issued.
- The setting manager and/or owners/directors/trustees might wish to consider advising the parent/carer to make a formal complaint. Information about how to complain is clearly displayed for parents/carers and service users.
- If the investigation concludes that the parents/carers expectations and demands are unreasonable, and that they are having a detrimental effect on staff, the findings can strengthen the setting manager's position in further discussions with the parent/carer and subsequently, if necessary, with the police.

Complaints relating to potential breaches of the EYFS Safeguarding and Welfare requirements will be managed according to the 10.2 Complaints procedure for parents/carers and service users.

Further guidance

[Complaint Investigation Record](#) (Alliance Publication)

[Reportable Incident Record](#) (Alliance Publication)

01 Health and safety procedures

01.11 Entrances and approach to the building

- Entrances and approaches are kept tidy and always uncluttered.
- In public or shared buildings, staff ensure that members of the public cannot access areas used by children during sessions.
- All gates and external fences are childproof and safe.
- Main doors are always kept locked and shut.
- Where possible, entry phones and 'spy holes' are used in the main door at a suitable height. If CCTV is used, the setting manager adheres to 01.22 CCTV procedure.
- The identity of a person not known to members of staff is checked before they enter the building, or at the point they seek access to the area where children are being cared for.
- All staff and visitors to the setting sign in and out of the building.
- A member of staff is available to open and close the door and to greet arrivals, say goodbye to parents/carers and to make sure that doors and gates are shut.
- Back doors are always kept locked and shut if they lead to a public or unsupervised area, unless this breaches fire safety regulations or other expectations.
- Where building works or repairs mean that normal entrances/exits or approaches to the building are not in use, a risk assessment is conducted to maintain safety and security whilst the changes are in place.
- Building works or other changes to the premises which may affect the space available to children and the quality of childcare available to them, must be notified to Ofsted.

01 Standard Health and Safety Procedures**01.12 Control of Substances Hazardous to Health (COSHH)**

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

01 Health and safety procedures

01.14 Manual handling

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

Guidelines:

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

Please note this is not an exhaustive list.

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

01 Health and safety procedures

01.15 Festival (and other) decorations

General

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

Decorations

- Only fire-retardant decorations and fire-retardant artificial Christmas trees are used.
- Paper decorations, other than mounted pictures, are not permitted in the public areas of the buildings, for example, lobbies, stairwells etc.
- Lit candles are never used.

Electrical equipment.

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

Location

- Trees and decorations must never obstruct walkways or fire exits.
- Do not place decorations on or close to electrical equipment (e.g. computers); they are a fire hazard.
- Decorations must be clear of the ceiling fire detectors, sprinklers, and lights.

Children's areas

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

01 Health and safety procedures

01.16 Jewellery and hair accessories

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

- Health and safety take precedence over respect for culture, religion or fashion.
- Members of staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to them or to young children. These include large rings with sharp edges, bracelets with attachments that can be pulled off, or belts with large buckles.
- Parents/**carers** must ensure that any jewellery worn by children poses no risk, for example, earrings which may get pulled, bracelets which can get caught when climbing, or necklaces that may pose a risk of strangulation.
- Children may wear small, smooth stud earrings.
- Children, staff, and volunteers do not wear anything with sharp edges that could scratch children, or jewellery with small elements that could become detached and swallowed.
- Hair accessories that may come loose pose a choking hazard are removed before children sleep or rest.
- Hair accessories that may pose a choking hazard to other children should they become detached, should be removed if members of staff consider this to be a possibility.

01 Health and safety procedures

01.17 Animals and pets

Animals brought in by visitors

- The owner of the animal/creature maintains responsibility for it in the setting.
- The owner carries out a risk assessment detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.
- **No dogs on the Government's Banned Dogs list are to be brought on site at any time. All other dogs brought on site by parents/carers during arrival and departure times must be on a lead and under control. The manager reserves the right to request that a dog is not brought on site, if the animal is out of control, or likely to pose a risk.**

Further guidance

<https://www.gov.uk/control-dog-public/banned-dogs>

01 Health and safety procedures

01.18 Face painting and mehndi

Children are face painted only if parents/carers have given prior consent *(included in permissions form found at back of folder)*. Verbal consent is fine at events where parents/carers are present.

- A child who does not want to have their face painted will not be made to continue.
- Children with open sores, rashes or other skin conditions are not painted.
- Glitter based face paints are not used on children under two years of age.
- Members of staff painting children's faces wash their hands before doing so, cover any cuts or abrasions and ensure they have the equipment they need close to hand.
- Only products with ingredients compliant with EU and FDA regulations are used.
- Clean water is used to wash brushes and sponges between children. Ideally a sponge is used once only before being machine washed on a hot cycle.
- Staff face painting at an event ensure they have a comfortable chair or shoes if standing, to reduce the risk of back or neck strain. Face painting is an activity that can cause repetitive stress injuries; therefore, regular breaks are taken at events such as fetes.

Mehndi painting

- Staff never mehndi paint children under three years old using henna/henna-based products.
- Parental permission must be gained before staff mehndi paint children over the age of three years old.
- Children prone to allergies, anaemic or suffering from any illness that may compromise their immune system are never painted under any circumstances.
- Black henna is never used and only 100% natural red henna (diluted with water) is used on children
- Non-henna products are preferable to create mehndi patterns but if the setting operates in an area where mehndi is practiced by families and the criteria above is followed then henna may be used.

01 Health and safety procedures

01.19 Notifiable incident, non- child protection

Staff respond swiftly, appropriately and effectively in the case of an incident within the setting.

Notifiable incidents in this procedure are those not involving child protection.

A 'notifiable' incident' could include:

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

The designated health and safety officer **or another named person**:

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

Emergency evacuation

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

- There is an emergency evacuation procedure in place which is unique to the setting and based upon risk assessment in line with others using the building.
- Emergency evacuation procedures are practised regularly and are reviewed according to risk assessment (as above).

- Staff evacuate children to a pre-designated area (as per the fire drill), unless advised by the emergency services that the designated area is not suitable at that time.
- Once evacuated, nobody enters the premises, until the emergency services say so.
- Members of staff will always act upon the advice of the emergency services.

Potter Street Academy: Use school playing field as evacuation area or if not possible use front entrance and gather at nearby park with enclosed gates.

The Parent Hood of Harlow: Use far end of car park as evacuation area.

Emergency Closure

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

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

Recording and reporting

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting manager and/or deputy are informed (if not on the premises at the time) and that the owners/trustees/directors are informed.
- The setting manager completes and sends an incident record to the owners/trustees/directors, who, according to the severity of the incident notifies Ofsted, **the childminder agency**, and/or RIDDOR.
- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

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

This may include:

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

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

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

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

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

If an insurance claim is likely:

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

01 Health and Safety Procedures

01.20 Emergency evacuation and lock-down

Lockdown

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

- The setting manager assesses the likelihood of an incident happening based on their location.
- The setting manager ensures that the emergency evacuation and lockdown procedures are included in staff training and induction.
- The setting manager will check their police website for advice and guidance.
- Local police contact numbers are clearly displayed for staff to refer to.
- Staff rehearse simple 'age appropriate' actions with the children such as staying low to the floor, keeping quiet and listening to instructions. Lock-down should be rehearsed and recorded termly.
- The setting manager is aware of the terrorist alert level, as available at www.mi5.gov.uk/threat-levels.
- The setting manager follows any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information is shared with parents/carers and all staff are aware of their role during 'lockdown.'
- A text/phone message is issued to parents/carers when lockdown is confirmed.

Suggested wording for parent/carer message

Due to an incident, we have been advised by emergency services to secure the premises and stay put until we are given the 'all clear'. Please do not attempt to collect your child until it is safe to do so. We will let you know as soon as we are able to, when that is likely to be. In the meantime, we need to keep our telephone lines clear and would appreciate your cooperation in not calling unless it is vital that you speak to us.

Lock-down procedures

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

During 'lock-down'

- Staff and children stay in their designated areas if it is safe to do so.
- Doors and windows are secured until further instruction is received.

- Curtains and blinds are closed where possible.
- Staff and children stay away from windows and doors.
- Children are encouraged to stay low and keep calm.
- Staff tune into a local TV or radio station for more information.
- Staff do NOT make non-essential calls on mobile phones or landlines.
- If the fire alarm is activated, staff and children remain in their designated area and await further instructions from emergency services, unless the fire is in their area. In which case, they will move to the next room/area, following usual fire procedures.

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

During lockdown staff do NOT:

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

Following lockdown:

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

Recording and reporting

- The setting manager reports the lockdown to the owners/directors/trustees as soon as possible. In some situations, this may not be until after the event.
- A record is completed as soon as possible.

Further guidance

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

For non-emergency, call the police on 101.

Emergency evacuation

This emergency evacuation plan should be displayed clearly on the door of each room alongside a floor plan. In shared premises, the plan must be implemented alongside any other plans in place for the rest of the building.

1. The manager will walk into the room holding up an evacuation card. The fire alarm is not to be sounded.

2. The manager will gather, or ensure that staff for each group/room have the following with them:

- The visitor book.
- Signing in/out sheet.
- Register.
- Nursery management software tablets (if applicable).
- Essential medication that is required by individual children.
- The setting's mobile phone.
- An emergency 'grab bag'.

NOTE no other personal items are to be retrieved/collected. Staff do not empty their personal lockers

3. The manager identifies the safest evacuation route to be used, depending on whether there are visible signs of danger.

Evacuation of the building commences – LIFTS ARE NOT USED

4. As the building is evacuated the manager checks each area and closes doors on the way out. If safe to do so, electrical mains and gas supplies are switched off before leaving.

5. Key persons are responsible for their key children during evacuation and whilst at the assembly point.

6. Once the building is evacuated the manager checks with each room/group that all children/staff or visitors are accounted for by using paper register or pembee app on mobile.

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01 Health and safety procedures

01.21 Closed circuit television (CCTV)

CCTV is used for the purpose of providing additional security for children, staff, parents/carers, visitors and other agencies concerned with the setting.

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

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

The purpose will be to further support the perception of the safety and well-being of children, staff and visitors to the setting; to protect the setting and its assets; to assist in the detection of any crime that may have been committed and ultimately to further ensure that the safeguarding and welfare requirements of the Early Years Foundation Stage are adhered to at all times. CCTV is never used without a specified purpose and likewise is not reviewed by staff members who do not have authority and a specific reason for doing so.

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

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

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

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

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

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

5. Clear rules, policies and procedures must be in place before a surveillance camera system is used, and these must be communicated with all who need to comply with them.

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

- name of setting manager responsible for day-to-day CCTV use
- name of setting manager's line manager
- name of CCTV system used

- number and positions of cameras in use daily
 - names of staff authorised to view CCTV images (ensuring this is only staff with a legitimate reason to do so)
 - how VVTC procedures are explained to all staff, students, parents/carers and visitors
 - contact number for CCTV maintenance
6. No more images and information should be stored than that which is strictly required for the stated purpose of the surveillance camera system, and such images and information should be deleted once their purpose is discharged
 7. Images are recorded over or destroyed after 4 weeks and are only used as stated above. Images must not be destroyed before this time if an official request to view them is made.
 8. Access to retained images and information should be restricted and there must be clearly defined rules on who can gain access and for what purpose such access is granted; the disclosure of images and information should only take place for law enforcement purposes.

Only the setting manager, their line manager and deputy have access to retained CCTV images. If an instance arises where the CCTV images need to be reviewed to prove or disprove an allegation or incident, this is the responsibility of the setting manager who will share the images with the police, social care, Ofsted or their childminder agency to assist with an official investigation if required. A record is retained, containing the date of the incident/allegation; camera number of positions; brief description of the incident/allegation – with reference to related safeguarding forms; who the footage was viewed by date viewed and action taken – and counter signed by a senior member of staff. Images may also be requested by the owners/directors/trustees for the purpose of investigating an incident.

9. Surveillance camera system operators should consider any approved operational, technical and competency standards relevant to a system and its purpose and work to maintain those standards.

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

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

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

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

The setting manager is responsible for ensuring that policies and standards are always adhered to, seeking further advice from the owners/directors/trustees at any point when the images must be scrutinised for the purpose of investigating an incident.

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

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

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

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

Legal basis

Human Rights Act 1989

Data Protection Act 1998

Protection of Freedoms Act 2012

GDPR 2018

Guidance

Surveillance Camera Code of Practice (Home Office 2013 updated 2021)

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

02 Fire safety policy

Alongside associated procedures **in 02.1 Fire safety**, this policy was adopted by *Rainbow Children's Corner LTD.* on 23/06/2025

Designated Fire Marshalls are: Melissa Allen

Aim

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

Objectives

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

Legal references

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Further guidance

Fire Safety Record (Alliance Publication)

Fire Safety Risk Assessment: Educational Premises

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

02 Fire safety procedures

02.1 Fire safety

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

Fire safety risk assessment

02.1a Fire safety risk assessment form is carried out in each area of the setting by a competent person, **or a named fire marshal**, using the five steps to fire safety risk assessment as follows:

1. Identify fire hazards
 - Sources of ignition.
 - Sources of fuel.
 - Sources of oxygen (including oxygen tanks for disabled children).
2. Identify people at risk
 - People in and around the premises.
 - People especially at risk including very young babies, less ambulant disabled children or those using specialised equipment, such as splints, standing frames.
3. Evaluate, remove, reduce and protect from the risk
 - Evaluate the risk of the fire occurring.
 - Evaluate the risk to people from a fire starting on the premises.
 - Remove and reduce the hazards that may cause a fire.
 - Remove and reduce the risks to people from a fire.
4. Record, plan, inform, instruct, train
 - Record significant findings and action taken.
 - Prepare an emergency plan.
 - Inform and instruct relevant people; inform and co-operate with others.
 - Provide training.
5. Review
 - Keep assessment under review and revise when necessary.

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

- Electrical plugs, wires, sockets.
- Electrical items.

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

Fire safety precautions include:

- All electrical equipment is checked by a qualified electrician annually.
- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Sockets are covered. This is different to using plug sockets inserts, a socket cover, covers the whole socket, including the switch and is safe to use.
- Water and electrical items do not come into contact; staff do not touch electrical items with wet hands.
- All fire safety equipment is checked annually.
- Gas boilers and cookers are checked and serviced annually by a Gas Safe registered engineer.
- If matches are used in the kitchen, they are kept in a drawer.
- Oxygen tanks.

Fire Drills

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

Fire precautions

- Fire exit signs are the green 'running man' signs and are in place and clearly visible.
- Fire exits by doors are those that show a green light at night.
- Fire doors are not locked during normal working hours.
- Fire evacuation notices are in every room; these are displayed in print large enough to read from a short distance. They say where the assembly point is.
- Fire alarms are in place and tested monthly, and where necessary supplemented with visual warnings. This is recorded.

- Smoke alarms are in place and tested monthly. This is recorded.
- A fire blanket is in place in the kitchen (and any other location where there is a cooker).
- Fire extinguishers are in place and are appropriate.

Further guidance

[Dynamic Risk Management](#) (Alliance Publication)

[Fire Safety Record](#) (Alliance Publication)

Fire Safety Risk Assessment: Educational Premises (HMG 2006): www.gov.uk/government/publications/fire-safety-risk-assessment-educational-premises

02.1a Fire safety risk assessment form

***Master copy can be found at back of folder.**

03 Food safety and nutrition policy

Alongside associated procedures in 03.1-03.4 Food safety and nutrition, this policy was adopted by *Rainbow Children's Corner LTD.* on 23.06.2025.

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

Objectives

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- Procedure 01.3 Kitchen is followed for general hygiene and safety in food preparation areas.
- We provide nutritionally sound meals and snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.
- We ensure that children are supervised at mealtimes and that children are within sight and hearing of a member of staff.
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
 - meat, fish, and protein alternatives
 - milk and dairy products
 - cereals and grains
 - fresh fruit and vegetables.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents/carers share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.
- Foods provided by the setting for children have any allergenic ingredients identified on the menus.
- Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to.
- We notify Ofsted of any food poisoning affecting two or more children in our care as soon as possible and at least within 14 days.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.

Legal references

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

Policies and Procedures Rainbow Children's Corner LTD. 2024/25 (Early Years Alliance 2024)

Food Information Regulations 2014

The Childcare Act 2006

Further guidance

[Safer Food Better Business for Caterers](#) (Food Standards Agency)

03 Food safety and nutrition procedures

03.1 Food preparation, storage and purchase

General

- All staff have up to date certificated training on food safety.
- Cooks refer to Eat Better, Start Better (Action for Children 2017) and Example menus for early years settings in England (PHE 2017) which contains guidance on menu planning, food safety, managing food allergies and reading food labels.
- The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented.
- Cooks and all staff responsible for preparing food have undertaken the Food Allergy Online Training CPD module available at <http://allergytraining.food.gov.uk/>.
- The setting manager is responsible for overseeing the work of the cook and all food handlers to ensure hygiene and allergy procedures are complied with.
- The setting manager has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- Cooks carry out and record daily opening/closing checks, four weekly reviews and dated records of deep cleaning.
- The cook and setting manager maintain a **Food Allergy and Dietary Needs folder** with:
 - a list of all children with known food allergies or dietary needs updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment). This is displayed for all staff and the risk assessment shared.
 - a copy of the FSA booklet 'Allergen information for loose foods' available at www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf
 - a copy of the Food Allergy Online Training CPD certificate for the cook and each member of staff that has undertaken the training
- The setting manager is responsible for informing the owners/trustees/directors who then reports to Ofsted or the childminding agency of any food poisoning affecting two or more children looked after on the premises. Notification must be made as soon as possible and within 14 days of the incident.

Purchasing and storing food

- Food is purchased from reputable suppliers.
- Pre-packed food (any food or ingredient that is made by one business and sold by another such as a retailer or caterer) is checked for allergen ingredients and this information is communicated to parents alongside menu information. For example, a meat pie bought at a supermarket or a tin of baked beans or the ingredients for a recipe prepared on site.
- If food that is not pre-packed (described as 'loose food'), such as sandwiches bought from a bakery is served, then allergen information will have been provided by the retailer, this information must then be shared in the same way with parents.
- Parents/carers are requested not to bring food that contains (or may contain) nuts. Staff check packets to make sure they do not contain nuts or nut products.
- Bulk buy is avoided where food may go out of date before use.
- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- 'Squeezy' plastic bottles are not used for sauces.
- Items are not stored on the floor; floors are kept clear so they can be easily swept.
- Perishable foods such as dairy produce, meat and fish are to be used the next/same day. Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by use by dates.
- Food left over should not be frozen unless it has been prepared for freezing, such as home-made bread or stews. Hot food should be left to cool for up to 1.5 hours and then quickly frozen.
- Freezer containers should be labelled, dated and used within 1-3 months.
- Fridge and freezer thermometers should be in place. Recommended temperatures for fridge 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- Meat/fish is stored on lower shelves and in drip-free dishes.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E. coli contamination.

- Staff's own food or drink should be kept in separate designated area of the fridge; where possible, a fridge should be kept in the staff room to avoid mix ups.
- Items in fridges must be regularly checked to ensure they are not past use by dates.

Preparation of food

- Food handlers must check the content of food/packets to ensure they do not contain allergens.
- Food allergens must be identified on the menus and displayed for parents.
- Food handlers wash hands and cover any cuts or abrasions before handling food.
- Separate boards and knives are used for chopping food, usually colour coded.
- Raw and cooked foods are prepared separately.
- Meat and fish should be washed and patted dry with paper towels. This does not include chicken which must not be washed because of the risk of campylobacter.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.
- Frozen meat, fish and prepared foods are thawed properly before cooking.
- Meat and fish are cooked thoroughly; a food probe is to be used to check temperature of roasted meat or baked meat products.
- Where a microwave is used, food is cooked according to manufacturer's instructions. It is not used to reheat children's food and never used to heat babies' bottles.
- Microwaved food is left to stand for a few minutes before serving.
- A food probe is used to check temperature of food, including where heated in a microwave; it is checked in several places to avoid hot spots.
- Food is cooked in time for serving and is not prepared in advance of serving times.
- Hot cupboards or ovens are not used to keep food warm.
- Potatoes and vegetables are peeled when needed, not in advance and left in water.
- Food prepared and cooked for different religious dietary needs and preferences, such as Halal or Kosher meat is cooked in separate pans and served separately.
- Food cooked for vegetarians does not come into contact with meat or fish or products.
- Food cooked and prepared for children with specific dietary needs is cooked in separate pans and served separately.
- A separate toaster is kept and used for children with a wheat or gluten allergy.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.

- Raw eggs are not to be given in any form, such as mousse or mayonnaise.
- When given to children, eggs are fully cooked.

Serving Food

- Food is served for children in separate covered containers for each table.
- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children and must take appropriate action to prevent this from happening, for example:
 - check the list of children's dietary requirements displayed in the food preparation area
 - coloured plates
 - place mats
 - other methods as agreed by the setting manager
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked by the key person to ensure that the meal (and its ingredients) does not contain any of the allergens for that child.
- The child's key person remains present throughout the child's mealtime.
- Food is taken from the kitchen to the rooms on a trolley, not carried across rooms.
- Tables are cleaned before and after, with soapy water or a suitable non-bleach product.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster.

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

www.food.gov.uk/businessindustry/guidancenotes/hygguid/ecoliguide#.U7FCVGIOWdl

Further guidance

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

[Example Menus for Early Years Settings in England \(PHE 2017\) www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england](http://www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england)

[Safer Food Better Business www.food.gov.uk/business-guidance/safer-food-better-business-sfbb](http://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb)

[Allergen information for loose foods \(Food Standards Agency 2017\)](http://www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf)

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

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

Food allergy/anaphylaxis guidance

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2018NoAAI2981-2.pdf>

<https://www.nhs.uk/conditions/anaphylaxis/>

<https://www.nhs.uk/conditions/food-allergy/>

03 Food safety and nutrition procedures

03.2 Food for play and cooking activities

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

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

Children's cooking activities

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned; a plastic tablecloth is advised.
- Children should wear aprons that are used just for cooking.
- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.
- Members of staff encourage children to handle food in a hygienic manner.
- Food ready for cooking or cooling is not left uncovered.
- Cooked food to go home is put in a paper food bag and refrigerated until home time.

- Food play activities are suspended during outbreaks of illness.

Playdough and raw (uncooked flour)

All flour including cornflour is raw until the point it is heated or cooked. Raw flour poses a risk of E. coli to young children and current advice is that it should not be used for play, or for uncooked playdough recipes.

- Only playdough that has been cooked or made with precooked flour should be used.
- Only cornflour that has been cooked or made with precooked flour should be used.

If a child or member of staff is allergic to any of the ingredients they must be replaced, and a safe alternative used.

Staff have up to date information about children's allergies or concerns about a potential allergy and these are clearly displayed.

If a younger child is likely to put the playdough/ cornflour in their mouth, a safe alternative is provided.

If a child is likely to eat the playdough due to persistent sensory seeking behaviours the activity will be replaced with a safe alternative.

Children are always supervised when playing with playdough or cornflour.

Children and staff wash their hands before and after the activity.

Other activities with flour?

Uncooked flour should not be used for activities where children are exploring through touch or taste, or there is a likelihood they will put their fingers in their mouths.

Baking: You can do baking activities where flour is used and then the food is cooked. You must ensure that the activity is risk assessed, and children do not eat the uncooked flour or the mixture.

03 Food safety and nutrition procedures

03.3 Menu planning and nutrition

Food provides a healthy, balanced diet for growth and development. Foods containing any of 14 allergens identified by the FSA are identified on menus. Dietary guidance to promote health and reduce risk of disease is followed. When planning menus, the setting manager and cook ensure that:

- Parents/carers and staff can contribute ideas for menus which are confirmed each week in advance. A four-to six-week cycle reviewed seasonally is a good way of working out menus.
- Menus reflect cultural backgrounds, religious restrictions and food preferences of some ethnic groups.
- Menus are clearly displayed so that parents and staff know what is being provided.
- Foods that contain any of the 14 major allergens are identified on the menu that is displayed for parents/carers.
- Parents/carers must share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person.
- Key persons regularly share information about the children's levels of appetite and enjoyment of food with parents/carers.
- Staff refer to [Eat Better, Start Better - Foundation Years](#). (Action for Children 2017)
- The cook maintains a record of children's dietary needs in a Food Allergy and Dietary Needs folder.

Pre-prepared cook chilled meals and hot meals from suppliers

If the setting uses a food supplier to provide either hot meals prepared off site or chilled/frozen meals to be heated on site, the supplier's instructions for safe storage, heating and serving must be followed.

- Ingredients are checked to identify allergens (this will be clearly indicated on packaging).
- A temperature probe is used to check that cook chilled foods are heated correctly.
- Foods delivered hot are checked as above.
- Foods are served within the time stipulated by the supplier.
- Left-overs are not kept and reheated for another day.
- The guidance in Safer Food Better Business (Food Standards Agency 2020) is always followed.

Packed lunches

Where children have packed lunches, staff promote healthy eating, ensuring that parents/carers are given advice and information about what is appropriate content for a child's lunch box. Parents/carers are also advised to take measures to ensure children's lunch box contents remain cool i.e. ice packs, as the setting may not have facilities for refrigerated storage.

03 Food safety and nutrition procedures

03.4 Meeting dietary requirements

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

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents/carers. **A child's special dietary requirements are recorded on registration to the setting and information is shared with all staff.**
- If a child has a known food allergy, procedure 04.4 Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents/carers sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent/carer's wishes. **At each mealtime, a member of staff is responsible for checking that the food provided meets the dietary requirements for each child.**
- The menus of meal and snacks are displayed on the notice board for parents/carers to view. Foods that contain any food allergens are identified.
- Staff aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through on-going discussion with parents/carers and research by staff, staff obtain information about the dietary rules of religious groups to which children and their parents belong, and of vegetarians and vegans, as well as food allergies. Staff take account of this information when providing food and drink.
- Staff provide a vegetarian alternative when meat and fish are offered and make every effort to ensure Halal meat or Kosher food is available to children who require it.
- Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child's registration.
- All staff show sensitivity in providing for children's diets, allergies and cultural or ethnic food preferences. A child's diet or allergy is never used as a label for the child, they are not made to feel 'singled out' because of their diet, allergy or cultural/ethnic food preferences.
- Fresh drinking water is available throughout the day. Staff inform children how to obtain the drinking water and that they can ask for water at any time during the day.
- Meal and snack times are organised as social occasions.

Fussy/faddy eating

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

04 Health policy

Alongside associated procedures in **04.1-04.6 Health, this policy** was adopted by *Rainbow Children's Corner LTD.* on 23/06/2025.

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

Objectives

We promote health through:

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

Legal references

Medicines Act (1968)

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

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

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014

Further guidance

Accident Record (Alliance Publication)

04 Health procedures

04.1 Accidents and emergency treatment

Person responsible for checking and stocking first aid box: *Leah Curtis*

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in section 03 Food safety and nutrition.

- Parents/carers' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate **must** always be on the premises and available **when children are on the premises and must accompany children on outings**, [or all staff are paediatric first aiders], who regularly update their training. We take **into** account the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies.
- **Students and trainees have PFA training to be included in ratios at the level below their level of study.**
- First Aid certificates are renewed at least every three years. In line with the EYFS, all staff who obtained a level 2 and/or level 3 qualifications since 30 June 2016 must obtain a PFA qualification within three months of starting work to be counted in ratios.
- *All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:*
 - *20 individually wrapped sterile plasters (assorted sizes)*
 - *2 sterile eye pads*
 - *4 individually wrapped triangular bandages (preferably sterile)*
 - *6 safety pins*
 - *2 large, individually wrapped, sterile, un-medicated wound dressings*
 - *6 medium, individually wrapped, sterile, un-medicated wound dressings*
 - *a pair of disposable gloves*
 - *adhesive tape*
 - *a plastic face shield (optional)*
- *No other item is stored in a First Aid box.*
- *Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.*
- *There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.*
- *A supply of ice is kept in the main kitchen fridges.*

- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book or digital recording system. Parents/carers may have a photo-copy of the accident form on request.
- In the event of minor injuries or accidents, parents/carers are normally informed when they collect their child, unless the child is unduly upset, or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.07 Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents/carers are contacted and informed of what has happened and where their child is being taken to.
- The setting manager arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the setting manager notifies the owner/trustees/committee using 6.1c Confidential Safeguarding Incident report form, or other agreed reporting format, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent/carers, one for the child's file and one for the local authority Health and Safety Officer.
- The owners//trustees/committee are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care to be able to notify Ofsted or the **childminder agency (CMA if registered with a CMA)** and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events

Further guidance

[Accident Record](#) (Alliance Publication)

Choosing a first aid training provider <http://www.hse.gov.uk/pubns/geis3.htm>

04 Health procedures

04.2a Health care plan

***Master copy and any completed health care plans in folder labelled 'Medication, Allergies, SEN & Health Care Plans'**

04 Health procedures

04.3 Life-saving medication and invasive treatments

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

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan (04.2a) in place which considers the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another educator is usually present during the process.

Record keeping

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

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- written consent from parents/carers allowing members of staff to administer medication
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse

- a healthcare plan (04.2a)

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

Physiotherapy

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

Safeguarding/child protection

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

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

04 Health procedures

04.4 Allergies and food intolerance

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

- If a child has an allergy or food intolerance, **01.1a Generic risk assessment form** is completed with the following information:
 - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
 - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
 - control measures, such as prevention from contact with the allergen
 - review measures
- **04.2a Health care plan form** must be completed with:
 - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - managing allergic reactions, medication used and method (e.g. EpiPen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.
- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents/carers are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on children's menus.

Oral Medication

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

For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine.

04 Health procedures

04.5 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea* and/or pains, particularly in the head or stomach then the setting manager calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, top clothing **may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.**
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent/carer where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents/carers sign the medication record when they collect their child.**
- In an emergency an ambulance is called, and the parents/carers are informed.
- Parents/carers are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents/carers are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents/carers are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies the owner/trustees/directors if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA), Ofsted, or the childminder agency in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

HIV/AIDS procedure

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

- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

(www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis)

****Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

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

Further guidance

[Medication Administration Record](#) (Alliance Publication)

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

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

[High temperature \(fever\) in children - NHS \(www.nhs.uk\)](#)

04 Health procedures

04.5a Infection control

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

Prevention

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

Response to an infection outbreak

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

Informing others

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

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

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

Further guidance

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

04. Health procedures

04.6 Oral health

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

- Sugary drinks are not served.
- Children are offered healthy nutritious snacks with no added sugar.

Pacifiers/dummies

- Dummies that are damaged are disposed of and parents/carers are told that this has happened

Further guidance

Infant & Toddler Forum: Ten Steps for Healthy Toddlers www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/

05 Promoting inclusion, equality and valuing diversity policy

Alongside associated procedures in **05.1 Promoting inclusion, equality and diversity**, this policy was adopted by *Rainbow Children's Corner LTD.* on 23/06/2025.

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

Aim:

Our provision actively promotes inclusion, equality of opportunity and the valuing of diversity, not only for Early Years Children but for **all** children under our care, and their families.

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

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

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

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

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

Policies and Procedures Rainbow Children's Corner LTD. 2024/25 (Early Years Alliance 2024)

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

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

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

Legal references

General Data Protection Regulation 2018

Children and Families Act 2014 Part 3

Special Educational Needs and Disability Code of Practice 2015

Disability Equality Duty 2011

Equality Act 2010

Prevent Strategy 2015

Further guidance

[Guide to the Equality Act and Good Practice](#) (Alliance Publication)

05 Equality procedures

05.1 Promoting inclusion, equality and valuing diversity

We actively promote inclusion, equality of opportunity and value diversity. All early years providers have legal obligations under the Equality Act 2010. Those in receipt of public funding also have public equality duties to eliminate discrimination, promote equality, foster good relations with individuals and groups with protected characteristics namely disability, race (ethnicity), religion and belief, sexual orientation, sex (gender), gender reassignment, age, pregnancy and maternity, marriage and civil partnership. Providers also have obligations under the Prevent Duty (2015 updated 2023) which highlights the need to foster equality and prevent children from being drawn into harm and radicalisation.

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

- Promoting inclusive practice to ensure every child is welcomed and valued.
- Discussing aspects of family/child identity with parents/carers when settling in a new child.
- Maintaining a positive non-judgemental attitude and use of language with children to talk about topics such as family composition/background, eye and skin colour, hair texture, sex, gender, physical attributes and languages spoken (including signing).
- Becoming knowledgeable about different cultures, and individual subjective perceptions of these and being able to reflect them imaginatively and creatively in the setting to create pride, interest and positive self-identity.
- Discussing similarities and differences positively without bias and judgement.
- Celebrating festivals, holy days and special days authentically through involving parents, staff or the wider community to provide a positive experience for all.
- Providing books with positive images of children and families from all backgrounds and abilities. Avoiding caricatures or cartoon-like depictions, and ensuring individual differences are portrayed with sensitive accuracy. The central characters in individual stories should provide a positive, broad representation of diversity e.g. disability, ethnicity, sex and gender, age and social backgrounds. Individual storylines should contain a range of situations which are easily identifiable by children such as those that include disabled children/adults, different ethnic groups, mixed heritage families, gender diversity, single sex/same and different sex families, multi-generational households and cultural diversity.
- Providing visual materials, such as posters and pictures that provide non-stereotypical images of people, places and cultures and roles that are within children's range of experience. This includes

photographs taken by staff of the local and wider community, of parents/carers and families and local events.

- Using textiles, prints, sculptures or carvings from diverse cultures in displays.
- Providing artefacts from a range of cultures, particularly for use in all areas of the setting, not just in the home corner.
- Ensuring toys, learning materials and resources reflect diversity and provide relevant materials for exploring aspects of difference, such as skin tone paints and pens.
- Developing a range of activities through which children can explore aspects of their identity, explore similarities, differences and develop empathy including:
 - self-portraits, photograph albums and displays showing a range of families
 - books about 'me' or my family
 - persona doll stories which sympathetically and authentically represent diversity
 - food activities, such as tasting and cooking, creating real menu additions
 - activities about real celebrations such as new babies, weddings, cultural and religious events
 - use of textiles and secular artefacts in the room, and to handle and explore, that demonstrate valuing of the cultures from which they come
 - creating textiles such as tie dying, batik and creative use of textiles
 - provide mirrors at different heights for babies and other non-ambulant children
 - developing a music area with a variety of musical instruments for babies and children to use to create a range of music.
 - creating an art and mark making area with a variety of materials from other countries such as wood blocks for printing, Chinese calligraphy brushes etc.
 - home corner play which encourages all children to equally participate and provides domestic articles from diverse cultures
 - 'dressing up' materials which promote non-gendered roles and enable children to explore different gender identities/gender neutrality
 - providing dolls that sensitively and accurately portray difference such as disability and ethnicity
 - use of a variety of music to play to children of different genres and cultural styles with a variety of musical instruments for children to access
 - a language and literacy area with a variety of books, some with dual language texts and signs, involving parents in the translation where possible
 - tapes with stories read in English and other languages
 - examples of writing in other scripts from everyday sources such as papers and magazines, packaging etc. children's names written on cards in English as well as in their home language script where appropriate

- labels for children's paintings or other work are made with their name in English and home language script (parents can help with this)
- conversations with young children which explore unfamiliar objects and subjects to help foster an understanding of diversity and identity such as spectacles or hearing aids, religious and cultural practices
- Record keeping that refers to children's emerging bilingual skills or their use of sign language as achievements in positive terms.
- Record keeping that refers to children's differing abilities and identities in positive terms.
- Records that show the relevant involvement of all children, especially children with special educational needs and disabilities, those using English as an additional language and those who are 'more abled' in the planning of their care and education.

Fostering positive attitudes and challenging discrimination.

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

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

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

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

- It is recognised that members of staff in diverse teams bring a range of views and opinions to the setting regarding a range of issues to do with the job. It is important that a range of views and perspectives are shared and respected in staff meetings and that decisions are made on which way of looking at the situation will result in the best outcomes for the child.
- Staff views are sought where these offer individuals, social and/or cultural insight, although staff should not be put in an uncomfortable position of being an 'expert' or 'ambassador'.
- Staff respect similarities and differences between each other and users such as ability, disability, religious and personal beliefs, sex, sexual orientation, gender reassignment etc. Staff do not discriminate or harass individuals on the grounds of these or encourage any other member of staff to do so; evidence of such will be dealt with by management immediately.
- Members of staff make the best use of different perspectives in the team to find solutions to difficult problems that arise in socially/culturally complex situations.
- Members of staff support each other to highlight similarities and respect differences.
- Members of staff of both sexes carry out all tasks according to their job description; there are no jobs that are designated men's or women's jobs.
- Staff are sensitive to the fact that male workers are under-represented in the early years workforce so may be more likely to experience inequality and discrimination.
- Staff should be aware that male workers may be more vulnerable to allegations. Therefore, work practices should be developed to minimise this. These practices are valuable for all staff.
- Where staff may feel threatened, or under attack, from discriminatory behaviour, staff and managers follow procedure 01.12 Threats and abuse towards staff and volunteers.
- There is an ethos wherein staff, parents/carers and children are free to express themselves and speak their own languages in ways that enhance the culture of the setting.

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

- Barriers may include:
 - lack of understanding - where the language spoken at the setting is not that which is spoken at a child's home
 - perceived barriers – affordability where parents/carers are not aware of financial support available or assume that a service is not available to them. Perceived barriers may also be physical barriers for those children or parents with a disability or additional needs where they assume, they will not be able to access the service

- physical barriers – where there are environmental features which stop a disabled child or disabled parent accessing the setting such as stairs
 - negative attitudes – stereotypes and prejudices or commitment by staff and managers to the time and energy required to identify and remove barriers to accessibility
 - unconscious and conscious bias of staff towards some families such as those from other backgrounds, disabled parents/carers, same sex parents/carers and families with specific religious beliefs
 - gendered views of staff which limit children's aspirations and choices
 - misconceptions such as disabled children should not attend settings during a pandemic due to heightened risk
 - lack of effective Information Communication Technology (ICT) in the homes of families who are vulnerable or at risk and therefore unable to keep in close contact with the childcare provider
- Staff are aware of the different barriers to inclusion and equality and consider the wider implications for children and their families.

Supporting children to become considerate adults

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

British values

The fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs are already implicitly embedded in the Early Years Foundation Stage.

Democracy: making decisions together

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

Rule of law: understanding rules matter (PSED)

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

Individual liberty: freedom for all (PSED & UW)

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

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

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

It is not acceptable to:

- actively promote intolerance of other faiths, cultures and races
- fail to challenge gender stereotypes and routinely segregate girls and boys
- isolate children from their wider community
- fail to challenge behaviours (whether of staff, children, or parents/carers) that are not in line with the fundamental values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

If you are concerned about a child you can call the Children and Families Hub on 0345 603 7627 or report it to ECC online.

Out of hours or bank holidays, call the emergency **duty** team on 0345 606 1212.

E-mail: initialresponseteam@essex.gcsx.gov.uk

You can contact the council's designated Safeguarding Officer 01279 446192 or email christine.howard@harlow.gov.uk

You can also report concerns about a child to the NSPCC on 0808 800 5000.

If you are a child or young person, you can talk to someone in confidence by calling

Childline on 0800 1111.

06 Safeguarding children, young people and vulnerable adults policy

Alongside associated procedures in 06.1-06.09 Safeguarding children, young people and vulnerable adults, this policy was adopted by *Rainbow Children's Corner LTD.* on 23.06.2025

Designated safeguarding leads are: Leah Curtis & Melissa Allen.

Aim: We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '**strong, resilient and listened to**' at the heart of all our activities.

The Early Years Alliance 'four commitments' are broad statements against which policies and procedures across the organisation are drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults.

The four key commitments are:

1. *The Alliance is committed to empowering children, young people, and vulnerable adults, promoting their right to be '**strong, resilient, actively listened to, and heard**'.*
2. *The Alliance upholds a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.*
3. *The Alliance is committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.*
4. *The Alliance is dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.*

NB: A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, worker, or parent/carer.

A 'vulnerable adult' (see guidance to the Care Act 2014) as: '*a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*'. In early years, this person may be a service user, parent/carer of a service user, or a volunteer.

Key Commitment 1

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners.
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.

- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to and heard*.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

Key Commitment 2

- All staff are trained in line with the Criteria set out in Annex C of the EYFS (November 2025). Our training provider is Juniper / Essex County Council.
Safeguarding training is renewed every two years. The designated safeguarding lead ensures support, advice and guidance for all staff to meet their safeguarding responsibilities by:
- We regularly meet for 1:1 and team briefings, group supervision, to review safeguarding procedures together.
- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place for reporting abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.

- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Local Safeguarding Partners guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

Key Commitment 3

- We have a 'designated safeguarding lead person', who is responsible for carrying out child, young person, or adult protection procedures.
- The designated safeguarding lead is responsible for overseeing all child, young person or adult protection matters.
- The 'designated safeguarding lead' ensures they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated safeguarding lead' ensures they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise child abuse in the categories of physical, emotional, and sexual abuse and neglect.
- The 'designated safeguarding lead' ensures all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture and that these receive full consideration in child, young person, or adult protection related matters.
- The 'designated safeguarding lead ensures that staff are aware and receive training in social factors affecting children's vulnerability including
 - social exclusion
 - domestic violence and controlling or coercive behaviour
 - mental illness
 - drug and alcohol abuse (substance misuse)
 - parental learning disability
 - radicalisation
- The 'designated safeguarding lead' and the 'designated officer' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
 - abuse of disabled children

- fabricated or induced illness
- child abuse linked to spirit possession
- sexually exploited children
- children who are trafficked and/or exploited
- female genital mutilation
- extra-familial abuse and threats
- children involved in violent offending, with gangs and county lines.

The 'designated safeguarding lead' ensures they are adequately informed in vulnerable adult protection matters.

Key commitment 4

- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. Designated safeguarding leads should ensure all staff understand how to identify and respond to families who may need early help.
- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.
- Designated safeguarding leads contribute towards local safeguarding arrangements to ensure that the views of the sector are heard at the highest level by:
 - Finding out how education and childcare are represented at a strategic level within their Local Safeguarding Partnership (LSP) structures.
 - Sharing their knowledge of the experiences of children in their cohort with LSP local leaders

Legal references

Primary legislation

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counter-Terrorism and Security Act 2015

General Data Protection Regulation 2018

Policies and Procedures Rainbow Children's Corner LTD. 2024/25 (Early Years Alliance 2024)

Data Protection Act 2018

Modern Slavery Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Equalities Act (2006)

Equalities Act (2010)

Disability Discrimination Act (1995)

Data Protection Act (2018)

Freedom of Information Act (2000)

Legal references

Working Together to Safeguard Children (HMG 2023)

Statutory Framework for the Early Years Foundation Stage 2024

What to Do if You are Worried a Child is Being Abused (HMG 2015)

Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counterterrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)

Keeping Children Safe in Education **2024**

Education Inspection Framework (Ofsted **2024**)

The framework for the assessment of children in need and their families (DoH 2000)

The Common Assessment Framework (2006)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

Further guidance

Information sharing advice for safeguarding practitioners (**DfE 2024**)

The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)

The Common Assessment Framework (CAF) – guide for practitioners (CWDC 2010)

Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2016)

Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)

Policies and Procedures Rainbow Children's Corner LTD. 2024/25 (Early Years Alliance 2024)

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 2010)

Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)

Child sexual exploitation: definition and guide for practitioners (DfE 2017)

Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

6 Safeguarding children, young people and vulnerable adults procedures

06.1 Responding to safeguarding or child protection concerns

The designated safeguarding lead is Leah Curtis and the back-up designated safeguarding lead is Melissa Allen.

Safeguarding roles

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated safeguarding lead or a named back-up designated safeguarding lead.
- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated safeguarding lead or the back-up designated safeguarding lead.
- The designated safeguarding lead ensures that all educators are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time.
- The line manager of the designated safeguarding lead is the designated officer.
- The designated safeguarding lead informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to decide regarding notification. The designated safeguarding lead and designated officer must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees as appropriate. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section **01 Health and Safety procedures.**
- All settings follow procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to

concerns and complaints raised about quality or practice issues, through whistleblowing and escalation.

Responding to marks or injuries observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated safeguarding lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken after reviewing 06.1a Child welfare and protection summary and completing 06.1b Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated safeguarding lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required and 06.1b Safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated safeguarding lead.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated safeguarding lead who informs the designated officer.
- The parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the designated safeguarding lead without delay.
- A written record is made of the concern on 06.1b Safeguarding incident reporting form as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

Responding to a disclosure by a child

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

Decision making (all categories of abuse)

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

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

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

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

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

Informing parents/carers when making a child protection referral

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

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

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

Referring

- The designated safeguarding lead or back-up follows their LSP procedures for making a referral.
- If the designated safeguarding lead or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.

- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer for support.
- Arrangements for cover (as above) when the designated safeguarding lead and back-up designated safeguarding lead are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

Further recording

- Information is recorded using 06.1b Safeguarding incident reporting form, and a brief summary entered on 06.1a Child welfare and protection summary. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file).
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on 06.1b Safeguarding incident reporting form, as above.
- The referral is recorded on 06.1a Child welfare and protection summary.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

Reporting a serious child protection incident using 06.1c Confidential safeguarding incident report form

- The designated safeguarding lead is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4** it will be necessary for the designated safeguarding lead to complete 06.1c Confidential safeguarding incident report form and send it to the designated officer.
- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

Professional disagreement/escalation process

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

Whistleblowing

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- an injustice has occurred, is occurring or is likely to occur
- the health and safety of any individual has been, is being or is likely to be endangered
- the working environment has been, is being or is likely to be damaged
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/designated safeguarding lead.
2. Staff who are unable to raise the issue with their manager/designated safeguarding lead should raise the issue with their line manager's manager/designated officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with [insert name and contact details of most senior person].

If an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:

- their own or another employer will cover up the concern
- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

Female genital mutilation (FGM)

Staff should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding leads should contact the police immediately as well as refer to children's services local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSP guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

Further guidance

NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk

Government help and advice: www.gov.uk/female-genital-mutilation

Children and young people vulnerable to extremism or radicalisation

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.

- The designated safeguarding lead is required to familiarise themselves with LSP procedures, as well as online guidance including:

- Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism
www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
- Prevent Strategy (HMG 2011) www.gov.uk/government/publications/prevent-strategy-2011
- The prevent duty: for schools and childcare providers
www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty
- The designated safeguarding lead should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights. Training is available from the [Early Years Alliance](#). If available in the area, the designated safeguarding lead should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether consent should be sought on a case-by-case basis. Designated safeguarding leads should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP procedures should be followed regarding this.

If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

Concerns about children affected by gang activity/serious youth violence

Educators should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. Designated safeguarding leads should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.

Risks in relation to forced marriage are high and it is important that educators ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.

- Telephone: +44 (0) 20 7008 0151
- Email: fmu@fco.gov.uk
- Email for outreach work: fmuoutreach@fco.gov.uk

Further guidance

Accident Record (Alliance Publication)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

Creating a culture of safeguarding (Alliance Publication)

06.1a Child welfare and protection summary

***Master Copy can be found at the back of folder.**

This form is placed at the front of a child's personal file and is completed by the designated safeguarding lead after a concern has been raised about the child's welfare or if significant harm (actual or likely) is suspected. It is a summary only of the concerns already fully recorded.

06.1b Safeguarding incident reporting form (for concerns, child welfare, physical intervention, witness statement, fact-finding)

***Master Copy can be found at the back of folder.**

06.1c Confidential safeguarding incident report form

New case or Update (cross out to show correct option)

***Master Copy can be found at the back of folder.**

06 Safeguarding children, young people and vulnerable adults procedures

06.2 Concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

Concerns may come from a parent/carer, child, colleague, or the public. Allegations or concerns must be referred to the designated safeguarding lead person without delay - even if the person making the allegation later withdraws it.

What is a low-level concern?

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

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

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

- *inadvertent or thoughtless behaviour*
- *behaviour that might be considered inappropriate depending on the circumstances.*
- *behaviour which is intended to enable abuse.*

Examples of such behaviour could include:

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

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

Responding to low-level concerns

Any concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded. The designated safeguarding lead should be informed of all concerns, including those that may initially be considered 'low level' and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

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

If it is not clear that a concern meets the local authority threshold, the designated safeguarding lead should contact the LADO for clarification.

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

Identifying

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

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

Informing

- All staff report allegations to the designated safeguarding lead.
- The designated safeguarding lead alerts the designated officer for their setting. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to understand what explicitly is being alleged.
- The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The LADO is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
- A child protection referral is made if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated safeguarding lead asks for clarification from the LADO on the following areas:
 - what actions the designated safeguarding lead must take next and when and how the parents/carers of the child are informed of the allegation
 - whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so, who will inform them
 - whether the LADO is happy for the provider to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
 - whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the

children and staff attending the setting

- The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents/carers are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents/carers of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents/carers and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated safeguarding lead ensures staff fill in 06.1b Safeguarding incident reporting form.
- If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer/line manager about notifying Ofsted.
- The designated safeguarding lead ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the designated officer/line manager. If the designated officer is unavailable their equivalent must be contacted, for providers registered with a childminding agency, this may be the named person within the agency.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents/carers and staff are coming and going, and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against agency staff

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

Allegations against the designated safeguarding lead.

- If a member of staff has concerns that the designated person has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the designated officer who will investigate further.
- During the investigation, the designated officer/line manager will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer/line manager, then the owners/directors/trustees are informed.

Recording

- A record is made of an allegation/concern, along with supporting information. This is then entered on the file of the child, and the 06.1a Child welfare and protection summary is completed and placed in the front of the child's file.
- If the allegation refers to more than one child, this is recorded in each child's file
- If relevant, a child protection referral is made, with details held on the child's file.

Disclosure and Barring Service

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

Escalating and whistleblowing concerns

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

***LADO contact information found at back of folder**

06 Safeguarding children, young people and vulnerable adults procedures

06.3 Visitor or intruder on the premises

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

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

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

Intruder

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

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The setting manager is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstance this could lead to 'lock-down' of the setting and will be managed by the responding emergency service (see procedure 01.21 Terrorist threat/attack and lock-down).
- The designated safeguarding lead informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated person completes 06.1c Confidential safeguarding incident report form) and copies in their line manager on the day of the incident. The owners/trustees/directors ensure a robust organisational response and ensure that learning is shared.

Further guidance

[Visitors Signing In Record](#) (Alliance Publication)

06 Safeguarding children, young people and vulnerable adults procedures

06.4 Uncollected child

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

- The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents/carers by phone.
- If the parents/carers cannot be contacted, the designated safeguarding lead uses the emergency contacts to inform a known carer of the situation and arrange collection of the child.
- After one hour, the designated safeguarding lead contacts the local social care:

Out-of-hours duty officer 0345 606 1212.

- if the parents/carers or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents/carers.
- The designated safeguarding lead should arrange for the collection of the child by social care.
- Where appropriate the designated safeguarding lead should also notify police.

Members of staff do not:

- go off the premises to look for the parents
- leave the premises to take the child home or to a carer
- offer to take the child home with them to care for them in their own home until contact with the parent/carer is made
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. **06.1c Confidential safeguarding incident report form** should also be completed if there are safeguarding and welfare concerns about the child, or if Social Care have been involved due to the late collection.

If there are recurring incidents of late collection, a meeting is arranged with the parents/carers to agree a plan to improve time-keeping and identify any further support that may be required.

06 Safeguarding children, young people and vulnerable adults' procedures

06.5 Missing child

In the building

- As soon as it is noticed that a child is missing, the member of staff informs the designated safeguarding lead who initiates a search within the setting.
- If the child is found on-site, the designated safeguarding lead checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately. The parents/carers are then called and informed.
- The designated safeguarding lead contacts their designated officer/line manager 01279 446192 / christine.howard@harlow.gov.uk

Off-site (outing or walk)

- As soon as it is noticed that a child is missing, the senior staff present carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the senior staff calls the police and then contacts the designated safeguarding lead, (if not already on the outing).
- The designated safeguarding lead informs the parents/carers.
- Members of staff return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The designated safeguarding lead contacts the designated officer/line manager 01279 446192 / christine.howard@harlow.gov.uk

Recording and reporting

- A record is made on 06.1a Child welfare and protection summary and 06.1b Safeguarding incident reporting form. The designated safeguarding lead completes and circulates 06.1c Confidential safeguarding incident report form to the designated officer/line on the same day that the incident occurred.

The investigation:

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer/line manager carries out a full investigation.
- The designated safeguarding lead and the designated officer/line manager speak with the parents/carers together and explain the process of the investigation.
- Staff present during the incident writes a full report using 06.1b Safeguarding incident reporting form, which is filed in the child's file. Staff do not discuss any missing child incident with the press.

06 Safeguarding children, young people and vulnerable adults procedures

06.6 Incapacitated parent/carers

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

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

Informing

- If a member of staff is concerned that a parent/carers displays any of the above characteristics, they inform the designated safeguarding lead as soon as possible.
- The designated safeguarding lead assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made on form 06.1b Safeguarding incident reporting form.
- If intervention is required, the designated safeguarding lead speaks to the parent/carers in an appropriate, confidential manner.
- The designated safeguarding lead will, in agreement with the parent/carers, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated safeguarding lead and of the setting's requirement to inform social care of their contact details.
- The **designated officer/line manager/trustees/owners/directors** are informed of the situation as soon as possible and provide advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent/carers takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording: The designated safeguarding lead **completes 06.1b Safeguarding incident reporting form** and if social care were contacted **06.1c Confidential safeguarding incident report form is completed**. If police were contacted **06.1c Confidential safeguarding incident report form should also be copied to the /line manager/owners/directors/trustees**.

- Further updates/notes/conversations/ telephone calls are recorded.

06 Safeguarding children, young people and vulnerable adults procedures

06.7 Death of a child on-site

Identifying

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

Informing

- The designated safeguarding lead ensures emergency services have been contacted, ambulance and police.
- The parents/carers are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called, asking them to come straight to the setting or hospital as appropriate.
- The designated safeguarding lead calls the **designated officer/line manager** and informs them of what has happened.
- The owners/trustees/directors are contacted and **06.1c Confidential safeguarding incident report form prepared by the designated safeguarding lead.**
- A member of staff is delegated to phone all parents/carers to collect their children. The reason given must be agreed by the **designated officer/line manager** and the information given should be the same to each parent/carer.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted **or the childminder agency** are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

Responding

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

Further guidance

[Supporting Children's Experiences of Loss and Separation](#) (Alliance Publication)

06 Safeguarding children, young people and vulnerable adults procedures

06.8 Looked after children

Identification.

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

Services provided to Looked After Children

Two-year-olds

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

Three- and four-year-olds

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

Additional Support

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

Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.

06.8a Care plan for looked after children

***Master copy can be found at back of folder.**

06 Safeguarding children, young people and vulnerable adults procedures

06.9 E-safety (including all electronic devices with imaging and sharing capabilities)

Online Safety

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

Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks; the issues are:

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

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

I.C.T Equipment

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

Internet access

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

- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

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

Strategies to minimise risk include:

- Check apps, websites and search results before using them with children.
- Children in Early Years should always be supervised when accessing the internet.
- Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security. But remember you still need to supervise children closely.
- Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child's picture even if parental consent has been given.
- Make use of home visits to inform your understanding of how technology is used within the home and the context of the child with regards to technology.
- Check privacy settings to make sure personal data is not being shared inadvertently or inappropriately. (source: <https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety>)

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g, staff room. The setting manager completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in lockers or a locked office drawer.
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.

Parents/carers and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

07 Record keeping policy

Alongside associated procedures, this policy was adopted by *Rainbow Children's Corner LTD.* on 23.06.2025

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

Objectives

- Children's records are kept in personal files, divided into appropriate sections, and stored separately from their developmental records, or are kept electronically on management software systems.
- Children's personal files contain registration information as specified in procedure **07.1 Children's records and data protection.**
- Children's personal files contain other material described as confidential as required, such as Common Assessment Framework assessments, Early Support information or Education, Health and Care Plan (EHCP, case notes including recording of concerns, discussions with parents/carers, and action taken, copies of correspondence and reports from other agencies.
- Ethnicity data is only recorded where parents/carers have identified the ethnicity of their child themselves.
- Confidentiality is maintained by secure storage of files with access restricted to those who need to know. Client access to records is provided for within procedure **07.4 Client access to records.**
- Staff know how and when to share information effectively if they believe a family may require a particular service to achieve positive outcomes.
- Staff know how to share information if they believe a child is in need or at risk of suffering harm.
- Staff record when and to whom information has been shared, why information was shared and whether consent was given. Where consent has not been given and staff have taken the decision, in line with guidelines, to override the refusal for consent, the decision to do so is recorded.
- Guidance and training for staff specifically covers the sharing of information between professions, organisations, and agencies as well as within them, and arrangements for training takes account of the value of multi-agency as well as single agency working.

Records

The following information and documentation are also held:

- name, address and contact details of the provider and all staff employed on the premises
- name address and contact details of any other person who will regularly be in unsupervised contact with children

- a daily record of all children looked after on the premises, their hours of attendance and their named key person
- certificate of registration displayed and shown to parents on request
- records of risk assessments
- record of complaints

Legal references

General Data Protection Regulation 2018

Freedom of Information Act 2000

Human Rights Act 1998

Statutory Framework for the Early Years Foundation Stage (DfE 2023)

Data Protection Act 2018

Further guidance

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

07 Record keeping procedures

07.1 Children's records and data protection

During an outbreak of serious illness or disease there may be the need to keep additional records as part of outbreak management. A record is kept of individual cases of children/families who are self-isolating due to symptoms as per usual record-keeping procedures. In all cases the principles of data protection are maintained.

Principles of data protection: lawful processing of data

Personal data shall be:

- a) *processed lawfully, fairly and in a transparent manner in relation to the data subject*
- b) *collected for specified, explicit and legitimate purposes and not further processed in a manner that is not compatible for these purposes*
- c) *adequate, relevant and necessary in relation to the purposes for which they are processed*
- d) *accurate, and where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purpose for which they are processed, are erased or rectified without delay*
- e) *kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed*
- f) *processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ("integrity and confidentiality") Article 5 of the General Data Protection Regulations (2018)*

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

General safeguarding recording principles

- It is vital that all relevant interactions linked to safeguarding children's and individual's welfare are accurately recorded.
- All recordings should be made as soon as possible after the event.
- Recording should be to a good standard and clear enough to enable someone other than the person who wrote it, to fully understand what is being described.
- Recording can potentially be viewed by a parent/carer, Ofsted inspector, childminder agency, by the successors of the educators who record, and may be used in a Family Court as relevant evidence to decide whether a child should remain with their biological parents or be removed to live somewhere else.
- Recording needs to be fair and accurate, non-judgemental in tone, descriptive, relevant, and should clearly show what action has been taken to safeguard a child and reflect decision-making relating to safeguarding.

- Recording should be complete, it should show what the outcome has been, what happened to referrals, why decisions were made to share or not share information, and it should contain summaries and minutes of relevant multi-agency meetings and multi-agency communication.
- If injuries or other safeguarding concerns are being described the description must be clear and accurate and should give specific details of the injury observed and where it is located.

The principles of GDPR and effective safeguarding recording practice are upheld

- Recording is factual and non-judgemental.
- The procedure for retaining and archiving personal data and the retention schedule and subsequent destruction of data is adhered to.
- Parents/carers and children where appropriate are made aware of what will be recorded and in what circumstances information is shared, prior to their child starting at the setting. Parents/carers are issued with 07.1a Privacy notice and should give signed, informed consent to recording and information sharing prior to their child attending the setting. If a parent/carer would not expect their information to be shared in any given situation, normally, they should be asked for consent prior to sharing.
- There are circumstances where information is shared without consent to safeguard children. These are detailed below, but in summary, information can be shared without consent if an educator is unable to gain consent, cannot be expected to gain consent, or gaining consent places a child at risk.
- Records can be accessed by, and information may be shared with local authority professionals. If there are significant safeguarding or welfare concerns, information may also be shared with a family proceedings Court or the police. Educators are aware of information sharing processes and all families should give informed consent to the way the setting will use, store, and share information.
- Recording should be completed as soon as possible and within 5 working days as a maximum for safeguarding recording timescales.
- If a child attends more than one setting, a two-way flow of information is established between the parents/carers, and other providers. Where appropriate, comments from others (as above) are incorporated into the child's records.

Children's personal files (where nursery management software is not used)

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

- contractual matters: copies of contract, days and times, record of fees, any fee reminders or records of disputes about fees.
 - SEND support requirements
 - additional focussed intervention provided by the setting e.g. support for behaviour, language or development that needs an Action Plan at setting level
 - records of any meetings held
 - welfare and safeguarding concerns: correspondence and reports: all letters and emails to and from other agencies and confidential reports from other agencies
- Children's personal files are kept in a filing cabinet, which is always locked when not in use.
 - Correspondence in relation to a child is read, any actions noted, and filed immediately
 - Access to children's personal files is restricted to those authorised to see them and make entries in them, this being the setting manager, deputy or designated person for child protection, the child's key person, or other staff as authorised by the setting manager.
 - Children's personal files are not handed over to anyone else to look at.
 - Children's files may be handed to Ofsted, or the childminder agency (if registered with an agency) as part of an inspection or investigation; they may also be handed to local authority staff conducting a S11 audit if authorisation is seen.

07.1a Privacy notice

Rainbow Children's Corner LTD. Privacy Notice

Rainbow Children's Corner LTD.

07534164880 / koolkidsafterschool@outlook.com

Introduction

Personal data is protected in accordance with data protection laws and used in line with your expectations. This privacy notice explains what personal data we collect, why we collect it, how we use it, the control you have over your personal data and the procedures we have in place to protect it.

When we refer to "we", "us" or "our", we mean Rainbow Children's Corner LTD.

What personal data we collect

We collect personal data about you and your child to provide care and learning tailored to meet your child's individual needs. Personal details that we obtain from you include your child's: name, date of birth, address, and health, development and any special educational needs information. We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

Personal data that we collect about you includes: your name, home and work address, phone numbers, email address, emergency contact details, and family details.

We also process financial information when you pay your childcare and early education fees by chip and pin or direct debit. We may collect other data from you when you voluntarily contact us.

Where applicable we will obtain details of your child's social worker, child protection plans from social care, and health care plans from health professionals and other health agencies.

We may collect this information in a variety of ways. For example, data will be collected from you directly in the registration form; from identity documents; from correspondence with you; or from health and other professionals.

Why we collect personal data and the legal basis for handling your data

We use personal data about you and your child to provide childcare and early education services and to fulfil the contractual arrangement you have entered. This includes using your data in the following ways:

- to support your child's wellbeing and development
- to effectively manage any special education, health or medical needs of your child whilst at the setting
- to carry out regular assessment of your child's progress and to identify any areas of concern
- to maintain relevant contact about your child's wellbeing and development

- to contact you in the case of an emergency
- to process your claim for free childcare and early education, if applicable
- to enable us to respond to any questions you ask
- to keep you updated about information which forms part of your contract with us
- to notify you of service changes or issues
- to send you our e-newsletter, if you have subscribed to it

With your consent, we would also like to:

- collect your child's ethnicity and religion data for monitoring purposes
- record your child's activities for their individual learning journal (this will often include photographs and videos of children during play)
- sign you up for our free parent e-newsletter which provides resources and useful information for parents
- transfer your child's records to the receiving school when s/he transfers

If we wish to use any images of your child for training, publicity or marketing purposes we will seek your written consent for each image we wish to use. You are able to withdraw your consent at any time, for images being taken of your child and/or for the transfer of records to the receiving school, by confirming so in writing to the setting. You can also unsubscribe from receiving our parent e-newsletter by notifying the setting.

We have a legal obligation to process safeguarding related data about your child should we have concerns about her/his welfare.

Who we share your data with

As a registered early years provider to deliver childcare and early education services it is necessary for us to share data about you and/or your child with the following categories of recipients:

- Ofsted, or the childminder agency (if registered with an agency) when there has been a complaint about the childcare and early education service or during an inspection
- banking services to process chip and pin and/or direct debit payments
- the local authority if you claim up to 30 hours free childcare
- the governments eligibility checker as above, if applicable
- our insurance underwriter, where applicable
- an email newsletter service, where you have given consent to receive our e-newsletter

We will also share your data:

- if we are legally required to do so, for example, by a law enforcement agency or court

- to enforce or apply the terms and conditions of your contract with us
- to protect your child and other children; for example, by sharing information with medical services, social services, or the police
- if it is necessary to protect our rights, property, or safety or to protect the rights, property, or safety of others
- with the school that your child will be attending, when they transfer, if applicable
- if we transfer the management of the provision out or take over any other organisation or part of it, in which case we may disclose your personal data to the prospective seller or buyer so that they may continue using it in the same way

Our nursery management and communication software provider may be able to access your personal data when carrying out maintenance task and software updates on our behalf. However, we have a written agreement in place which place this company under a duty of confidentiality.

We will never share your data with any organisation to use for their own purposes.

How do we protect your data?

We take the security of your personal data seriously. We have internal policies and strict controls in place to try to ensure that your data is not lost, accidentally destroyed, misused, or disclosed and to prevent unauthorised access.

Where we engage third parties to process personal data on our behalf, they are under a duty of confidentiality and are obliged to implement appropriate technical and organisational measures to ensure the security of data.

Where do we store your data?

All data you provide to us is stored on secure computers or servers located within the UK or European Economic Area. We may also store paper records in locked filing cabinets.

Our third-party data processors will also store your data on secure servers which may be situated inside or outside the European Economic Area. They may also store data in paper files.

How long do we retain your data?

We retain your data in line with our retention policy a summary is below:

- You and your child's data, including registers are retained 3 years after your child no longer uses the setting, or until our next Ofsted, or childminder agency inspection after your child leaves our setting.
- Medication records and accident records are kept for longer according to legal requirements.
- Learning journeys are maintained by the setting and available at your request when your child leaves. Records are kept and archived in line with our data retention policy.

- In some cases (child protection or other support service referrals), we may need to keep your data longer, only if it is necessary to comply with legal requirements. We will only keep your data for as long as is necessary to fulfil the purposes it was collected for and in line with data protection laws.

Your rights with respect to your data

As a data subject, you have several rights. You can:

- request to access, amend or correct the personal data we hold about you and/or your child
- request that we delete or stop processing your and/or your child's personal data, for example where the data is no longer necessary for the purposes of processing or where you wish to withdraw consent
- request that we transfer your and your child's personal data to another person

If you wish to exercise any of these rights at any time please contact the manager at the setting by email, telephone or when you attend the setting.

How to ask questions about this notice

If you have any questions, comments, or concerns about any aspect of this notice or how we handle your data please contact the manager at the setting.

How to contact the Information Commissioner Office (ICO)

If the manager is not able to address your concern, please contact Leah on 07534164880.

If you are concerned about the way your data is handled and remain dissatisfied after raising your concern, you have the right to complain to the Information Commissioner Office (ICO). The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or <https://ico.org.uk/>.

Changes to this notice

We keep this notice under regular review. Any changes to this notice will be shared with you so that you may be aware of how we always use your data.

07 Record keeping procedures

07.2 Confidentiality, recording and sharing information

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

- Staff discuss children's general progress and well-being together in meetings, but more sensitive information is restricted to designated persons and key persons and shared with other staff on a need-to-know basis.
- Members of staff do not discuss children with staff who are not involved in the child's care, nor with other parents/carers or anyone else outside of the organisation, unless in a formal and lawful way.
- Discussions with other professionals should take place within a professional framework, not on an informal basis. Staff should expect that information shared with other professionals will be shared in some form with parent/carers and other professionals, unless there is a formalised agreement to the contrary, i.e. if a referral is made to children's social care, the identity of the referring agency and some of the details of the referral is likely to be shared with the parent/carer by children's social care.
- It is important that members of staff explain to parents that sometimes it is necessary to write things down in their child's file and explain the reasons why.
- When recording general information, staff should ensure that records are dated correctly, and the time is included where necessary and signed.
- Welfare/child protection concerns are recorded on 6.1b Safeguarding incident reporting form July 21. Information is clear and unambiguous (fact, not opinion), although it may include the educator's thoughts on the impact on the child.
- Records are non-judgemental and do not reflect any biased or discriminatory attitude.
- Not everything needs to be recorded, but significant events, discussions and telephone conversations must be recorded at the time that they take place.
- Recording should be proportionate and necessary.

- When deciding what is relevant, the things that cause concern are recorded as well as action taken to deal with the concern. The appropriate recording format is filed within the child's file.
- Information shared with other agencies is done in line with these procedures.
- Where a decision is made to share information (or not), reasons are recorded.
- Staff may use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the computer and only the hard copy is kept.
- Electronic copy is downloaded onto a disc, labelled with the child's name and stored in the child's file. No documents are kept on a hard drive because computers do not have facilities for confidential user folders.
- The setting is registered with the Information Commissioner's Office (ICO). Staff are expected to follow guidelines issued by the ICO, at <https://ico.org.uk/for-organisations/guidance-index/>
- Additional guidance in relation to information sharing about adults is given by the Social Care Institute for Excellence, at www.scie.org.uk/safeguarding/adults/practice/sharing-information
- Staff should follow guidance including Working Together to Safeguard Children (DfE 2023); Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2024 and What to do if you're Worried a Child is Being Abused (HMG 2015)

Confidentiality definition

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

- Information shared is confidential to the setting.
- Educators ensure that parents/carers understand that information given confidentially will be shared appropriately within the setting (for instance with a designated person, during supervision) and should not agree to withhold information from the designated person or their line manager.

Breach of confidentiality

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

Exception

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the right of the person about whom the data is stored with the possible need to share information about them.
- The Data Protection Act 2018 contains "safeguarding of children and individuals at risk" as a processing condition enabling "special category personal data" to be processed and to be shared. This allows educators to share without consent if it is not possible to gain consent, if consent cannot reasonably be gained, or if gaining consent would place a child at risk.
- Confidential information may be shared without authorisation - either from the person who provided it or to whom it relates, if it is in the public interest and it is not possible or reasonable to gain consent or if gaining consent would place a child or other person at risk. The Data Protection Act 2018 enables data to be shared to safeguard children and individuals at risk. Information may be shared to prevent a crime from being committed or to prevent harm to a child, Information can be shared without consent in the public interest if it is necessary to protect someone from harm, prevent or detect a crime, apprehend an offender, comply with a Court order or other legal obligation or in certain other circumstances where there is sufficient public interest.
- Sharing confidential information without consent is done only in circumstances where consideration is given to balancing the needs of the individual with the need to share information about them.
- When deciding if public interest should override a duty of confidence, consider the following:
 - is the intended disclosure appropriate to the relevant aim?
 - what is the vulnerability of those at risk?

- is there another equally effective means of achieving the same aim?
- is sharing necessary to prevent/detect crime and uphold the rights and freedoms of others?
- is the disclosure necessary to protect other vulnerable people?

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

Obtaining consent

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

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

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

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

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

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

Consent

- Parents/carers share information about themselves and their families. They have a right to know that any information they share will be regarded as confidential as outlined in 07.1a Privacy notice. They should also be informed about the circumstances, and reasons for the setting being under obligation to share information.
- Parents/carers are advised that their informed consent will be sought in most cases, as well as the circumstances when consent may not be sought, or their refusal to give consent overridden.

- Where there are concerns about whether to gain parental consent before sharing information, for example when making a Channel or Prevent referral the setting manager must inform their line manager for clarification before speaking to parents/carers.
- Consent must be informed - that is the person giving consent needs to understand why information will be shared, what will be shared, who will see information, the purpose of sharing it and the implications for them of sharing that information.

Separated parents/carers

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

Age for giving consent

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

Ways in which consent to share information can occur

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

Further guidance

[Working Together to Safeguard Children](#) (DfE 2023)

[Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers](#) (HMG 2024)

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

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

07 Record keeping procedures

07.3 Client access to records

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

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

- If a parent/carer wishes to see the file, a written request is made, which the setting acknowledges in writing, informing the parent/carer that an arrangement will be made for him/her to see the file contents, subject to third party consent.
- Information must be provided within 30 days of receipt of request. If the request for information is not clear, the manager must receive legal guidance, for instance, from Law-Call for members of the Alliance. In some instances, it may be necessary to allow extra time in excess to the 30 days to respond to the request. An explanation must be given to the parent/carer where this is the case. The maximum extension time is 2 months.
- A fee may be charged to the parent/carer for additional requests for the same material, or any requests that will incur excessive administration costs.
- The setting manager informs their line manager/owner/committee and legal advice is sought.
- The setting manager goes through the file and ensures all documents are filed correctly, entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party. The setting manager should always ensure that recording is of good quality, accurate, fair, balanced and proportionate and should have quality assurance processes in place to ensure that files are checked for quality regularly and that any issues are addressed promptly.
- Each of those individuals are written to explaining that the subject of the file has requested sight of the file which contains a reference to them, stating what this is.
- They are asked to reply in writing to the setting manager giving or refusing consent for disclosure of that material.

- Copies of these letters and their replies are kept on the child's file.
- Agencies will normally refuse consent to share information, and the parent should be redirected to those agencies for a request to see their file held by that agency.
- Entries where you have contacted another agency may remain, for example, a request for permission from social care to leave in an entry where the parent was already party to that information.
- Each family member and/or carer noted on the file is a third party, so where there are separate entries pertaining to each parent/carers, stepparent, grandparent etc, each of those must be written to regarding third party consent.
- Members of staff should also be written to, but the setting reserves the right under the legislation to override a refusal for consent, or just delete the name and not the information.
 - If the member of staff has provided information that could be considered 'sensitive,' and the staff member may be in danger if that information is disclosed, then the refusal may be granted.
 - If that information is the basis of a police investigation, then refusal should also be granted.
 - If the information is not sensitive, then it is not in the setting's interest to withhold that information from a parent. It is a requirement of the job that if a member of staff has a concern about a child and this is recorded; the parents/carers are told this at the start and in most cases, concerns that have been recorded will have been discussed already, so there should be no surprises.
 - The member of staff's name can be removed from an entry, but the parent/carers may recognise the writing or otherwise identify who had provided that information. In the interest of openness and transparency, the setting manager may consider overriding the refusal for consent.
 - In each case this should be discussed with members of staff and decisions recorded.
- When the consent/refusals have been received, the setting manager takes a photocopy of the whole file. On the copy file the document not to be disclosed is removed (e.g. a case conference report) or notes pertaining to that individual in the contact pages blanked out using a thick marker pen.
- The copy file is then checked, and legal advisors verify that the file has been prepared appropriately, for instance, in certain circumstances redaction may be appropriate, for instance if a child may be damaged by their data being seen by their parent/carers, e.g. if they have disclosed abuse. This must be clarified with the legal adviser.
- The 'cleaned' copy is then photocopied again and collated for the parent to see.

- The setting manager informs the parent/carer that the file is now ready and invites him/her to make an appointment to view it.
- The setting manager and their line manager/trustee/committee member etc... meet with the parent/carer to go through the file, explaining the process as well as what the content records about the child and the work that has been done. Only the persons with parental responsibility can attend that meeting, or the parent's/carer's legal representative or interpreter.
- The parent/carer may take a copy of the prepared file, but it is never handed over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. If recording procedures and guidelines have been followed, the material should reflect an accurate and non-judgemental account of the work done with the family.
- If a parent/carer feels aggrieved about any entry in the file, or the resulting outcome, then the parent/carer should be referred to section 10.2 Complaints procedure for parents/carers and service users.
- The law requires that information held must be accurate, and if a parent/carer says the information held is inaccurate then the parent/carer has a right to request it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional judgement, or represents a different view of the matter than that held by the parent/carer, the setting retains the right not to change the entry but can record the parent's/carer's view. In most cases, a parent/carer would have had the opportunity at the time to state their side of the matter, and this should have been recorded there and then.
- If there are any controversial aspects of the content of a client's file, legal advice must be sought. This might be where there is a court case between parents or where social care or the police may be considering legal action, or where a case has already completed, and an appeal process is underway.
- A setting should never 'under-record' for fear of the parent/carer seeing, nor should they make 'personal notes' elsewhere.

Further guidance

The Information Commissioner's Office <https://ico.org.uk/> or helpline 0303 123 1113.

07 Record keeping procedures

07.4 Transfer of records

Confidential records are passed on securely where there have been concerns, as appropriate.

Transfer of confidential safeguarding and child protection information

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

- If LSP requirements are different to the setting's this must be explained to the parent/carers, and a record of the discussion should be signed by parents/carers to indicate that they understand how the information will be shared, in what circumstances, and who by.
- Prior to sharing the information with the receiving setting, the designated safeguarding lead should check LSP retention procedures and if it becomes apparent that the LSP procedures are materially different to setting's procedures this is brought to the attention of the designated safeguarding lead's line manager, who will agree how to proceed.
- If a child protection plan or child in need plan is in place 06.1a Child welfare and protection summary is also photocopied and a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If a S47 investigation has been undertaken by the local authority a copy of the child welfare and protection concern summary form is given to the receiving setting/school.
- Where a CAF/early help assessment has been raised in respect of welfare concerns, the name and contact details of the lead professional are passed on to the receiving setting or school.
- If the setting has a copy of a current plan in place due to early help services being accessed, a copy of this should be given to the receiving setting, with parental consent.
- Where there has been a S47 investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting/school, regardless of the outcome of the investigation.
- Where a child has been previously or is currently subject to a child protection plan, or a child in need plan, the name and contact details of the child's social worker will be passed onto the receiving setting/school, along with the dates that the relevant plan was in place for.
- This information is posted (by 'signed for' delivery) or taken to the school/setting, addressed to the setting's or school's designated person for child protection and marked confidential. Electronic records must only be transferred by a secure electronic transfer mechanism, or after the information has been encrypted.
- Parent/carers should be made aware what information will be passed onto another setting via 07.1a Privacy notice.
- Copies of the last relevant initial child protection conference/review, as well as the last core group or child in need minutes can be given to the setting/school.
- The setting manager must review and update 06.1a Child welfare and protection summary, checking for accuracy, proportionality, and relevance, before this is copied and sent to the setting/school.
- The setting manager ensures the remaining file is archived in line with the procedures set out below.

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

Archiving children's files

- Paper documents are removed from the child's file, taken out of plastic pockets, and placed in a robust envelope, with the child's name and date of birth on the front and the date they left.
- The setting manager writes clearly on the front of the envelope the length of time the file should be kept before destruction.

This is sealed and placed in an archive box and stored in a safe place i.e. a locked cabinet for three years or until the next Ofsted or childminder agency inspection conducted after the child has left the setting and can then be destroyed.

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

08 Staff, assistants, volunteers and students' policy

Alongside associated procedures **08.1-08.5 Staff, volunteers and students**, this policy was adopted by *Rainbow Children's Corner LTD.* on 23.06.2025

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

Objectives

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

Legal references

Protection of Children Act 1999

Safeguarding Vulnerable Groups Act 2006

Childcare Act 2006

Further guidance

[Recruiting Early Years Staff](#) (Alliance Publication)

[People Management in the Early Years](#) (Alliance Publication)

08 Staff, volunteers, assistants and students' policy

8.01 Recruitment Checks

Obtaining references

As part of our commitment to safer recruitment we obtain references from applicants for roles in our setting. Robust recruitment checks are essential to ensuring that unsuitable persons cannot have contact with children through employment with us.

Obtaining references is an essential element of our recruitment process. We will always obtain a reference prior to employment commencing in line with the requirements of the EYFS as follows:

- Our application process requires candidates, including those applying for a childminder assistant role, to supply us with the contact details of a suitable referee from:
 - Their current employer, training provider or early years education and care setting
 - A senior person within the organisation who is authorised to provide a reference.
- If the applicant is not currently employed, or is not currently working with children we will:
 - Obtain verification of the applicants most recent relevant employment if they are not currently employed
 - Obtain a reference from the applicants most recent relevant employer from the last time they worked with children
- If the applicant has never worked with children we will obtain a reference from their current employer, training provider or education setting.
- We do not accept references from the following
 - Family members
 - A generic reference i.e. 'to whom it may concern'.

Once a reference is received

- A reference received electronically will be checked to ensure that it originates from a legitimate source.
- We will compare the information on the original application form against relevant information given in the reference, for example, checking that dates align, and roles and responsibilities listed are consistent. Where this is not the case, we will take up any discrepancies with the applicant.
- If information is incomplete or we feel it is insufficient for us to make an informed decision about the applicant's suitability, we will contact the referee for clarification.
- Before an offer of employment is made, we will ensure any concerns are resolved satisfactorily.
- In line with best practice, we will seek to gain explanations for any gaps in employment.

Further information and guidance

A120 New Employee Handbook (Alliance Publication)

A128 Recruiting Early Years Staff (Alliance Publication)

A129 People Management in the Early Years (Alliance Publication)

08 Staff, volunteers and students procedures

08.2 Staff deployment

Members of staff, including **assistants, bank staff and students (where eligible to be counted in ratios)** are deployed to meet the care and learning needs of children and to always ensure their safety and well-being.

- Two members of staff are on the premises before children are admitted in the morning and at the end of the day; one of which should be the manager or deputy **(refer to policy on lone working and policy on holiday club ratios)**.
- Only those staff aged 17 or over are included in ratios. Staff working as apprentices (aged 16 or over) may be included in the ratios if the setting manager is satisfied that they are competent and responsible. **Except in the cases of apprentices, only those aged 17 and over may be included in the ratios and only if the setting manager is satisfied they are suitable, (staff under 17 should be supervised at all times).**
- At least one Paediatric First Aider must always be on site when children are present, **and at least one Paediatric First Aider must be present at children's mealtimes.**
- The setting manager deploys staff to give adequate supervision of indoor and outdoor areas, ensuring that children are always within sight or hearing of staff. **Whilst eating, children must be within sight and hearing of a member of staff.**
- All staff are deployed according to the needs of the setting and the children attending.
- In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.
- Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.
- Staff plan their focus on activities.
- Staff inform colleagues if they must leave the room for any reason.
- There are staff outside in the garden when it is being used, one of whom supervises climbing equipment that has been put out.
- The setting manager may direct other members of staff to join those outside, if the numbers of children warrant additional staff.
- Staff always focus their attention on the children whilst having a wider awareness of what is happening around them.
- Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.

Staff children

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

If it is the setting manager's child, then their line manager ensures the criteria above is met.

08 Staff, volunteers and students procedures

08.3 Deployment of volunteers and parent helpers

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

The setting manager ensures that volunteers and parent/carer helpers are deployed to assist permanent staff.

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

08 Staff, volunteers and students' procedures

08.4 Student placement

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

- The setting manager ensures that students meet the 'suitable person' requirements.
- The setting manager discusses the aim of the placement with the student's tutor prior to the placement commencing. The expectations of both parties are agreed at this point.
- The good character of students under 17 years old is vouched for by the establishment that places them, the setting manager must be satisfied that all relevant checks have been made.
- Students do not have unsupervised access to children.
- Students and apprentices who are undertaking L3 or above may be counted in ratios if the setting manager is convinced that they are suitably experienced.
- Employed trainee staff over the age of 17 may be included in staffing ratios if deemed competent.

- Staff working as apprentices (aged 16 or over) may be included in staffing ratios if deemed competent.
- Public liability and employer's liability insurance is in place that covers students and voluntary helpers.
- Students are aware of confidentiality.
- Student induction includes how the setting and sessions are managed, and policies and procedures, in particular safeguarding, confidentiality and health and safety.
- Appropriate members of staff co-operate with students' tutors to assist them in fulfilling the requirements of their course of study.
- The setting communicates a positive message to students about the value of qualifications and training.
- The needs of the children and their families remain paramount at all times and students are only admitted in numbers that do not hinder the work of the setting.
- The setting manager ensures that students and trainees on placement are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

08 Staff, volunteers and students' procedures

08.5 Lone Working

Policy Statement:

The *Statutory Framework for the Early Years Foundation Stage* does not state a legal requirement to have a minimum of two members of staff on duty, so long as you are meeting all the safeguarding and welfare requirements of the applicable Ofsted register (taken from EYFS 2021). It is the responsibility of management to identify the hazards and minimise the risks of working alone.

- We ensure that there are at least two members of staff on the premises, in the rare occasion where this is not the case (for example, staff have an appointment, staff lunch break cannot be covered, employer cannot pay two members of staff for amount of children booked in) we implement a lone working policy.
- For early year's children, we always work to ratio of **2-3 year olds – one adult to five children**.
- We ensure a senior member of staff who is first aid trained and is the designated person for safeguarding is the lone worker.
- We ensure staff-child ratios are maintained with children aged 4+ (refer to policy 08.6 Holiday Club ratios).
- Risk assessments are completed.
- There is a member of staff on call in case of emergency.

Meeting the requirements

Ofsted has confirmed that it is only acceptable to have one member of staff on duty if the setting is still able to meet *all* the safeguarding and welfare requirements of the Early Years Register (and also the Childcare Register, if applicable). For example:

1. You must meet the correct staff:child ratios; in other words there can be no more than 30 children present (or no more than eight if they are younger than Reception age but aged 3 or over).

2. If children younger than Reception age are present, the member of staff must have a 'full and relevant' Level 3 qualification.
3. If only children of Reception age or older are present, the member of staff must have the necessary skills and experience to fulfil their role, but there is no longer a requirement for them to have a specific Childcare or Play work qualification.
4. The member of staff must fulfil the other skills or roles required at each session, ie they must hold a 12-hour paediatric first aid certificate, child protection training, food hygiene training, be fully competent in English, etc.
5. The member of staff must be able to keep the children in sight or hearing at all times.
6. You must have conducted the necessary risk assessments (eg When working alone how would you cope with an emergency involving a child or the member of staff? How would you ensure security of the premises? Is it possible to summon assistance? Does the layout of your setting enable a single member of staff to keep the children in sight or hearing at all times? What about children going to the toilet? etc)
7. Ideally you will have some form of Lone Working policy, setting out how an individual member of staff would be able to work safely on your premises, whilst also ensuring the safety and welfare of the children.

More information

For more information about staffing ratios for out of school clubs, see:

[EYFS Statutory Framework \(2024\)](#)

[Early Years and Childcare Registration Handbook](#)

08 Staff, volunteers and students' procedures

08.6 Holiday Club ratios

Staffing Ratios Best Practices

While legal requirements provide minimum standards, we adhere to lower ratios, allowing staff to focus more on each child, providing more personalised attention and higher-quality care. This practice also allows for better handling of emergencies and ensures that each child is effectively supervised at all times.

For children aged eight and above, a generally accepted best practice is a staffing ratio of 1:10 to 1:14. However, we adjust these ratios according to the needs and behaviours of the children, the type of activity, the level of risk involved, and the qualifications and experience of the staff available.

09 Early years practice policy

Alongside associated procedures in [09.1a-b Early years practice](#), this policy was adopted by *Rainbow Children's Corner LTD.* on 23.06.2025.

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

Objectives

- It is every child's *entitlement* to be settled comfortably into a new environment.
- We operate a positive behaviour management approach. Behaviour management procedures cover how staff should respond to all aspects of behaviour, including children who exhibit challenging behaviour towards other children. These procedures build on the Early Years Alliance's approach to learning based on three key statements.
 1. Learning is a lifelong process, which enables children and adults to contribute to and shape their world.
 2. We want the curriculum we provide to help children to learn to:
 - be confident and independent
 - be aware of and responsive to their feelings
 - make caring and thoughtful relationships with other people
 - become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.
 3. We provide a wide range of interesting child-chosen and adult-initiated activities which:
 - give children opportunities to use all their senses
 - help children of different ages and stages to play together
 - help children be the directors of their own learning
 - help children develop an inquiring and questioning attitude to the world around them

We operate in an inclusive manner which enables all children and families to access our services.

- We ensure that our provision is accessible to all sections of the community to the best of our ability. Services are advertised, and information is accessible to all sections of the community.

Legal References

Special Educational Needs and Disability Act 2001

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

Equality Act 2010

Childcare Act 2006

Policies and Procedures Rainbow Children's Corner LTD. 2024/25 (Early Years Alliance 2024)

09 Early years practice procedures

09.1a Identification, assessment and support for children with SEND

We have regard for the Special Educational Needs and Disability (SEND) (DfE and DoH 2015) which states that local authorities must ensure that all early years' providers that they fund in the maintained, private, voluntary and independent sectors are aware of the requirement on them to meet the needs of children with SEN and disabilities.

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

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

SEN action plan

- **09.1b SEN support: Action plan**, should show what support is required to help achieve outcomes for the child and detail the frequency of these interventions and who will apply them and with what resources.
- A copy of the plan is stored in the child's file so that any other member of staff or an inspector looking at the file will see how the child is progressing and what interventions have been or are being applied.
- If a child requires specific medical interventions during their time in the setting, **04.2a Health care plan form** should also be completed and integrated into the general plans to ensure the child's medical needs are known and safely met.
- The action plan should provide an accessible summary of the child's needs, which can be used if further assessment is required including a statutory Education Health and Care (EHC) Assessment, and development of an EHC plan.

Record keeping

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

- the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions). **09.13a SEN support: Initial record of concern form** can also be used for this purpose drawing information from other sources
- the initial discussion with parents/carers raising the possibility of the child's SEN

- the views of the parents/carers and other relevant persons including, wherever possible, the child's views
- the procedures followed regarding the Code of Practice to meet the child's SEND e.g. SEN action plan, referrals to external agencies and for statutory assessment
- evidence of the child's progress and any identified barriers to learning
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals

Records may include

- observation and monitoring sheets
- expressions of concern
- risk assessments
- access audits (01.1b)
- health care plans (including guidelines for administering medication)
- SEN action plans
- meetings with parents/carers and other agencies
- additional information from and to outside agencies
- agreements with parents/carers
- guidelines for the use of children's individual equipment; Early help CAF referrals
- referral to the local authority identifying a child's special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan

Seeking additional funding/enhanced/top up

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

External intervention and support

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

Further guidance

[SEND Code of Practice: 0 to 25 years](#) (DfE and DoH 2015)

[Ready, Steady, SENCO](#) (Alliance Publication)

09.1b SEN Support: Initial record of concern form

Name of child:

DOB:

Name and role of person recording
concern:

Date:

Nature of concern:

Observation notes
(detail evidence
here):

Parents informed of concern and their views are known?

Yes

☐

No

☐

Notes:

Curriculum differentiation applied?

Yes

☐

No

☐Notes
(detail when and
how)

Other adjustments made?

Yes

☐

No

☐Notes
(detail when and
how)

Next steps

10 Working in partnership with parents/carers and other agencies policy

Alongside associated procedures in **10.1-10.1 Working in partnership with parents/carers and other agencies**, this policy was adopted by *Rainbow Children's Corner LTD.* on 23.06.2025.

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

Objectives

- We believe that parents/carers are children's first and most enduring educators and our practice aims to involve and consult parents/carers on all aspects of their child's well-being.
- We consider parents/carers views and expectations and will give the opportunity to be involved in the following ways:
 - sharing information about their child's needs, likes, achievements and interests
 - taking part in children's activities and outings
 - contributing with ideas or resources as appropriate to enhance the curriculum of the setting
 - taking part in early learning projects, sharing with educators' knowledge and insights about their child's learning
 - taking part in discussion groups
 - taking part in planning, preparing, or simply participating in social activities organised within the setting
 - involvement in the review of policies and procedures
 - Ofsted, the childminder agency and setting contact details are displayed on the parent/carer notice board for parents/carers who have a complaint that cannot be resolved with the setting manager in the first instance, or where a parent/carer is concerned that the EYFS standards are not being maintained

Partnership and signposting to other agencies

- We are committed to ensuring effective partnership with other agencies including:
 - local authority early years services about the EYFS, training and staff development
 - local programmes regarding delivering children's centres or the childcare and early education element of children's centres
 - social welfare departments regarding children in need and children who need safeguarding or for whom a child protection plan is in place
 - child development networks and health professionals to support children with disabilities and special needs

- local community organisations and other childcare and early education providers
- Ofsted and setting contact details are made available to other agencies who have a complaint that cannot be resolved with the setting manager in the first instance, or where a parent/carers is concerned that the EYFS safeguarding and welfare standards are not being maintained.

Legal references

Childcare Act 2006

Education Act 2011

10 Working in partnership with parents and other agencies procedures

10.1 Complaints procedure for parents/carers and service users

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

Parents/carers

- If a parent/carer is unhappy about any aspect of their child's care or how they have been treated, this should be discussed with the manager. The manager will listen to the parent/carer and acknowledge what they are unhappy about. The manager will offer an explanation and an apology if appropriate. The issue and how it was resolved is recorded in the child's file and Complaint Investigation Record. The recording will also make clear whether the issue being raised relates to a concern about quality of the service or practice, or a complaint. For allegations relating to serious harm to a child caused by a member of staff or volunteer **procedure 6.2 Allegations against staff, volunteers or agency staff will be followed.**
- If the parent/carer is not happy with the manager's response or wishes to complain about any other member of staff, they can voice this to the manager/set up a meeting/phone call. Some parents/carers will want to make a written complaint; others will prefer to make it verbally; in which case the setting manager writes down the key issues of the complaint using the Complaint Investigation Record and keeps it in the child's file.
- The setting manager will investigate the complaint and provide time to feedback to the parent/carer within 28 days. A confidential written report of the investigation is kept in the child's file if the complaint relates directly to a child.
- If the parent/carer is still not satisfied, then they are entitled to appeal the outcome verbally or in writing to the setting manager's line manager who will pass the matter on to owners/directors/trustees for further investigation and will respond to the parent/carer within a further 14 days.
- If the complainant believes that the matter has not been resolved and there has been a breach of the EYFS requirements they are entitled to make a complaint to Ofsted. The manager will assist in any complaint investigation as well as in producing documentation that records the steps that were taken in response to the original complaint.
- The setting manager ensures that parents/carers know they can complain to Ofsted by telephone or in writing at any time as follows:

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

Other services

- If an individual from another service wishes to make a formal complaint about a member of staff or any practice of the setting, it should be made in writing to the setting manager.
- The complaint is acknowledged in writing within 10 days of receiving it.
- The setting manager investigates the matter and meets with the individual to discuss the matter further within 28 days of the complaint being received.
- An agreement needs to be reached to resolve the matter.
- If agreement is not reached, the complainant may write to the setting manager's line manager, who acknowledges the complaint within 5 days and reports back within 14 days.
- If the complainant is not satisfied with the outcome of the investigation, they are entitled to appeal and are referred to the owners/directors/trustees.

Ofsted complaints record

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted, or the childminder agency at inspection, or if requested by Ofsted, or the childminder agency at any other time.
- The record of complaints is a summative record only.
- A record of complaints will be kept for at least 3 years.
- In all cases where a complaint is upheld a review will be undertaken by the owners/directors/trustees to look for ways to improve practice where it is required.

This procedure is displayed on Parent/Carer Notice Board.

Further guidance

[Complaint Investigation Record](#) (Alliance Publication)