



Accident or Injury Policy

Rationale

I am committed to ensuring children are cared for in a safe environment that reduces the chance of accidents and injury.

Every accident to an adult or a child, however slight, will be recorded on the appropriate form: Child Incident/Minor Accident form, Adult Accident Form, or Official Accident folder.

Procedure

I hold a current Paediatric First Aid Certificate. Any assistants I employ will never have unsupervised access to children unless they hold a Paediatric First Aid Certificate and parental written permission has been given. All Paediatric First Aid Certificates are available for parents/carers to see upon request. A first aid box with appropriate content for the number and ages of children being cared for will be accessible at all times. This is regularly checked and re-stocked as necessary.

I will obtain written parental permission to seek emergency medical advice or treatment so that in an emergency, medical help can be accessed without delay.

Accident Procedure for Minor Accident/Injury

At all times the staff must wear protective clothing (disposable aprons and gloves).

If there is an accident or injury to a child, I will reassure the injured child whilst making sure that the other children in my care are safe and reassured. I will assess the extent of the injury and will carry out any first aid procedures that are necessary and that I have been trained to do.

Accident records need to be completed with details of the accident or injury and first aid treatment given and parents will be requested to sign these records on the same day or as soon as reasonably practicable.

Head Bumps

All bumps to the head, however minor, will result in a telephone call to the parents, as the child will need monitoring at the childminding setting and at home for signs of a head injury.

Incident/Minor Injury Folder

All incidents must be written up with the date, time and signed on the appropriate forms: Child Incident/Minor Accident form. Incidents also include any accidental or purposeful acts between the children e.g. pushing, biting, hitting. The incident report is filed in the locked room and administration shelf. Incidents, which have not led to an injury but give cause for concern, will also be recorded, as these can provide some insight into how safety could be improved in the future. I will review and analyse all *recorded accident/incidents/near misses*. (Look at what accidents are happening and where and how. This will help to identify what changes need to be made to the environment or to procedures).

Adult accidents

All adult accidents will be recorded on the **Adult Accident Form**.

Off-site accidents

If your child has an off-site accident you will be asked to fill in a Child Incident/Accident form.

If a parent reports an injury/incident or if staff notice one, the parent is requested to fill out a **Child Incident/Minor Accident form** to be marked 'Off-site'.

Accident Procedure for Major Accident

I will contact you straight away unless your child's injury requires emergency medical treatment, then I will contact the emergency services. I will then contact you as soon as possible and accompany your child to the hospital. I will either take the other children with me or call my emergency back-up cover to care for them.

A report of the accident will then be recorded on the incident/accident book. If an ambulance is called it will be recorded in the **Official Accident folder**.

I have a duty to inform Ofsted of any serious accident, injury to, or death of, any child whilst in my care and of the action taken. Notification must be made as soon as practicable, but within 14 days of the incident occurring otherwise I would be committing an offence. I also have a duty to inform the local child protection agencies and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) of any serious accident or injury to a child in my care and act on advice given from the agency.

I will need to inform my insurance company of any details relating to a serious accident or injury. It is important that you keep me informed regarding your child's condition following an accident or injury that has occurred whilst in my care and if you have sought medical advice. This will ensure I will continue to meet your child's needs whilst in my care and enable me to make the correct notification should it be necessary at a later date.

If I am outside of my premises your child may be treated or assessed by another trained professional such as the first aider within that premises or a first aid professional organisation such as the British Red Cross at events.

If I have an accident, I will get the nearest responsible adult to help, while my emergency back-up cover is being contacted. This is in line with my Safety on Outings Policy. After a significant event I will seek additional support to maintain children's well-being if needed.

Childminder's Signature:



Date: 01.12.2020

Review date: September 2021



Alcohol, Drugs and Adult Medication Policy

Rationale

I am committed to keeping children safe while in my care and in order to do this effectively, it is important that neither I nor any other adult who is responsible for children is not under the influence of alcohol, medication or any other substance that would affect their ability to care for or respond to children's needs.

Procedure

If I or anyone else working with children is taking medication that may affect their ability to care for children, medical advice will be sought to ensure that the medication is unlikely to affect the ability to care for children properly.

If I or anyone else working with the children has a reaction to medication during working hours then that person will stop caring for the minded children. This may result in the emergency back-up plan being put in place. Parents/carers will be kept informed of any changes to the care arrangements for their child under these circumstances.

I or anyone else working with children will not work under the influence of any alcohol or illegal drugs whilst minding your child or immediately before.

All medication, drugs and alcohol will be securely stored out of the reach of children at all times.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Bullying Policy

Rationale

Bullying is always viewed and treated as unacceptable behaviour. Bullying can be physical, verbal, emotional, racist or cyber-bullying. Very young children are unable to regulate their emotions and this can result in undesirable behaviour that is developmentally appropriate to their levels of understanding. These behaviours will be addressed according to our behaviour management policy. Bullying is carried out by individuals or groups over a period of time to intentionally hurt others and is different and more severe than misbehaviour that happens with all children as they learn the rules expected from them. By providing a supportive environment where children learn to recognise their own feelings and the impact of their behaviour on others, they will learn to be kind to each other and respect differences that will help to prevent incidents of bullying.

Procedure

I understand that there are many reasons a child will bully others and that some children become temporary bullies after a traumatic event in their lives and others become chronic bullies. I also understand that some children perceive events as teasing while others perceive the same event as bullying depending on their experiences or sensitivity. All actions that are perceived as bullying by the person receiving the behaviour will be treated as bullying.

I will ensure all children have the chance to talk to me about their worries about bullying. I will give children enough time to discuss their concerns with me and will endeavour to help them to feel safe while in my care. I will make it clear that the child

was right to discuss their worries with me and reassure them that the bullying is not their fault and that I will take actions to prevent it from happening again.

I will work with parents/carers and the child who has been bullied to help develop strategies to help prevent further incidents. These may include saying 'no' loudly and walking away, ignoring the bully or helping to increase their confidence by giving them praise and responsibility to help them feel valued.

In order to help prevent cyber-bullying children are not permitted to access the internet. Children will not have access to mobile phones whilst in my care without my permission. This is in line with my Safeguarding Children policy.

Children who bully will be treated with understanding while being given a clear message that the behaviour is not permissible and the reasons why. Bullies often need to feel some success to make them feel good about themselves, so I will work with parents/carers to find ways of the child being able to achieve this without resorting to bullying others. This may involve asking the child for suggestions of how they can make amends for their behaviour and supporting them to achieve this.

I will work with parents/carers of a child who bullies to set firm realistic boundaries for the child's future behaviour. I would expect these to be implemented at home and in the childminding setting to ensure consistency and help the child learn the wanted behaviour more easily and quickly. If in extreme cases, it isn't possible to change the behaviour of a child who bullies after working with parents/carers and the child, then in consideration of other children in the setting the childminding agreement may be terminated.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Complaints Procedure

Rationale

I am committed to work in close partnership with parents/carers in order to meet the needs of children and families and offer the highest quality education and care for all children. I believe children and parents/carers are entitled to expect courtesy and prompt, careful attention to their needs and wishes. I must follow the requirements of the Early Years Foundation Stage (EYFS), the General Data Protection Regulation (GDPR) and the Data Protection Bill (DPB). By maintaining good communication with parents/carers I hope that parents/carers will bring to my attention any aspect of the service they are unhappy with in order for the matter to be resolved quickly.

Procedure

Parents/carers can complain about any aspect of the childminding service verbally or in writing. If ever you are unhappy about any aspect of my childminding setting, please talk to me about your concerns. If you would rather discuss a concern out of hearing of your child, an arrangement can be made to discuss this either by telephone or in person at a more convenient time. If the nature of your complaint is in breach of one or more of the statutory requirements of registration and we have been unable to resolve your concerns by discussion, you will need to put your complaint in writing or in electronic form to me. I will keep a written record of the nature of the complaint, the action taken and whether the complaint was resolved. I will provide you with a copy of this within 28 days.

Other parents/carers at my setting will be able to see the record of complaints on request and they will also be shared with all new prospectus parents/carers. Records

of complaints will be kept for 3 years or between inspections whichever is the longest.
I must also make these records available to Ofsted upon request.

If you feel that the complaint cannot or has not been resolved or if you feel you cannot discuss it with me, you can:

Contact Ofsted on either the General Helpline number 0300 123 1231, or in writing to the Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD or through their website:

<https://contact.ofsted.gov.uk/onlinecomplaints>

or

If you feel your complaint shows I am in breach of Data Protection Law, you can report this concern to the Information Commissioners Office (ICO) which is the UK's independent authority to uphold privacy laws. You can ring them on 0303 123 1113. Their website has more information and a live chat facility:

<https://ico.org.uk/concerns/>

Childminder's Signature:



Date: 01.12.2020

Review date: September 2021



Confidentiality Policy

Rationale

In order to fully cater for children's individual needs and abide by the requirements of the Early Years Foundation Stage (EYFS) and the Childcare Register, I need to obtain personal information from parents/carers about their child. I respect parents/carers' privacy and am committed to ensuring that parents/carers can be confident that information will only be used to enhance the welfare of their child and that any information collected will be stored to retain confidentiality according to the GDPR (General Data Protection Regulation) 2018 and UK's Data Protection Bill 2018.

Procedure

Both written and verbal information gained about children and their families will be treated as confidential and not shared without parents/carers' permission unless there are concerns regarding child abuse. Sensitive conversations with parents/carers will be conducted outside the hearing of other parents/carers – this may be through an arranged meeting or phone call if not possible when child is collected.

To comply with my legal responsibilities, written information will be shared with Ofsted if requested. This can happen as part of an inspection or at any other time there is a reason for Ofsted to inspect it. Any requests for personal information regarding minded children or families by other parents/carers, childminders or members of the public will be strictly denied.

The GDPR requires me to keep and use all information in a safe and secure way. In the event of a data breach, (ICO describe a data breach as 'A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data'.) I will keep a record of the breach, and the actions taken to rectify the situation and to prevent it happening

again. If it is a risk that is severe enough to risk to people's rights and freedoms I must notify the ICO within 72 hours. To comply with GDPR parents would be informed of any breach of their data.

Written information will be kept after a child leaves for the amount of time stipulated by Ofsted and/or the setting's insurance provider before being shredded. General records relating to individual children will be kept until the Ofsted inspection after the child has left the childminding setting. Any Accident/medication records or records of safeguarding concerns will be kept until the child reaches the age of 21 or 24 respectively as recommended in the Limitation Act 1980.

Parents have the right under the GDPR to see any record of information kept about their child. You can ask to see your child's records at any time or requests can be made in writing and I must provide the relevant access within 1 month. The only exception to this will be for information that is exempt (For example, information such as some child protection records that would not be in the child's best interests to provide). To comply with the GDPR there will be no charge for this.

Any information or photographs that are stored on my computer will be protected by a strong password, firewall and virus checker. I have checked if I need to register with the Information Commissioner's Office (ICO) and have the relevant registration if required. As I keep children's records on a commercially produced system, I have checked that the site is a 'secure site'.

It is likely that you will also find out confidential information about my family through conversation and from spending time in my home. I request that you treat this information as confidential and not share with others without permission.

Childminder's Signature:



Date: 01.12.2020

Review date: September 2021

COVID-19 Risk Assessment

Working with Parents

To accompany this risk assessment, I will use the agreement form with all parents/carers and any assistants or co-workers to ensure a full understanding of the measures I am taking and to agree to the actions to be taken to keep everyone safe.

Date Risk Assessment Completed: 01.12.2020

Completed by: Alexandra Marginean



| Area of Risk | Materials needed | Action taken to remove/reduce risk | Date added/ removed/amended |
|----------------------------------|------------------|--|--------------------------------|
| Parents settling new children in | n/a | When parents are settling new children in, it is recommended they wear a face covering, stay for no longer than an hour and keep distanced from other children. | 01.12.2020 |
| Prospective parents | | <p>A virtual tour of the premises is recommended, but if parents want to visit, the recommendation is they visit outside childminding hours.</p> <p>If parents and carers are keen to visit in person:</p> <ul style="list-style-type: none">• face coverings need to be worn• there is regular handwashing, especially before and after the visit• visits after hours. If this is not possible, I will consider limiting visits to the outside play | 01.12.2020 |

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| | | <p>areas during regular hours, and ensure strict social distancing is observed</p> <p>Prior to a visit, I will ensure that parents and carers are aware:</p> <ul style="list-style-type: none"> • of the 'system of controls' • how this impacts them and their responsibilities during their visit • how to maintain social distancing from staff, other visitors, and children other than those in their care | |
| Pick up and drop off | | Stagger collection and pick up times to avoid parents arriving with others. Limited to 1 parent per child. Parents to not enter setting. Any information with parents to be shared digitally at the end of the day to reduce contact times. | 01.12.2020 |
| Outdoor clothing and shoes | Storage space | I have a set area to store these at door, so they are not in the main setting play areas. | 01.12.2020 |
| Handwashing/alcohol gel | <p>Running water, soap, individual towels or disposable towels in all sinks and wash basins. Sanitisers in all areas where hand washing facilities are not otherwise available. Moisturiser cream (with</p> | <p>I encourage handwashing or sanitiser gel on arrival. Wash hands in the normal way, especially before and after eating, after sneezing or coughing and after playing outside, touching pets. Use a moisturiser in case children's hands get sore from extra handwashing. (parents' permission needed). https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/</p> | 01.12.2020 |

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| | parents' permission) | | |
| Food – childminder preparing | Safe food safety practices | Normal food safety practice around preventing cross contamination is paramount. I am ensuring stringent cleaning processes for food preparation areas, dining areas and table coverings. Snacks and meals- I will plate out snacks and meals individually rather than let children help themselves. | 01.12.2020 |
| Food – parents providing | Safe food safety practices | Normal food safety practice around preventing cross contamination is paramount. I am ensuring stringent cleaning processes for food preparation areas, dining areas and table coverings. I will clean any containers that parents bring their children's food in before storing. Individual dishes and cutlery to be provided. | 01.12.2020 |
| Social Distancing | | Natural ventilation from opening doors and windows can help circulate air and help reduce the times door handles are used. The time in the garden will be used as much as possible as the risk of catching COVID-19 is lower outside. During mealtimes I will try to sit children as far away from each other as possible. | 01.12.2020 |
| Resources that children take home or bring to the setting | | I will limit the resources that children take home from the setting. No books will be lent for the time being. Limited toys and other items children bring to the setting from home – this should only happen if essential to the child's health and well-being- such as disability aids or transitional objects. Discussion with parents about how this can be managed as items must be able to be appropriately cleaned on arrival. | 01.12.2020 |
| Toys, resources and equipment | Hot soapy water, bleach, antibacterial cleaners, disinfectant. Cloths (disposed of | At the end of each session, toys, resources and equipment will be cleaned and disinfected before the next session. A reduced amount of toys, resources and equipment will be available each day to make this more manageable. Toy rotation may help children access a variety of equipment over different days. | 01.12.2020 |

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| | or washed at 60 degrees after each use) | | |
| General Cleaning | As above | Before each session, floors and surfaces that are touched regularly such as door handles, light switches, buggies, low windows, toilets and bins are cleaned and disinfected. Frequently touched surfaces, equipment, door handles and toilets used during the day will need to be cleaned several times during the day. | 01.12.2020 |
| Driving/travelling | | Government advice is that I shouldn't share a car journey with people who are not members of my household. Public transport is not recommended either. If I do need to travel by car, I will ensure that the car handles, car seats etc. are disinfected and I can travel with car windows open. | 01.12.2020 |
| Safe removal and disposal of face coverings | | The process for removing face coverings when staff or visitors who use face coverings arrive at the setting, and when face coverings are worn at the setting in certain circumstances. This process will be communicated clearly to staff and visitors. Safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of them in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully. | 01.12.2020 |

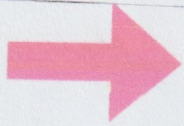
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| Response to any infection | | <p>1. Engage with the NHS Test and Trace process.</p> <p>I will ask parents, carers and staff to inform me immediately of the results of the test:</p> <ul style="list-style-type: none"> if someone begins to self-isolate because they have symptoms similar to coronavirus (COVID-19) and they get a test which delivers a negative result. If they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can also stop self-isolating. if someone tests positive, they should follow COVID-19: guidance for households with possible coronavirus infection. They must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to the setting only if they do not have symptoms other than cough or loss of sense of smell or taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The at least 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full 14 day. <p>2. Manage confirmed cases of coronavirus (COVID-19) amongst the setting community.</p> <p>3. Contain any outbreak by following local health protection team advice.</p> <p>4. Notify Ofsted: any confirmed cases of coronavirus (Covid-19) in the setting (either child or staff member), and/or if the setting is advised to close as a result, will be swiftly reported to Ofsted through the usual notification channels.</p> | |
| Child developing symptoms whilst in my care | Hot soapy water, bleach, antibacterial cleaners, disinfectant. | If a child develops symptoms whilst in my care, I will isolate that child by 2 metres from all others in setting. I will open a window to provide ventilation. Parents will be contacted to pick up the child immediately (unless an ambulance is needed) and I will supervise the child until parents arrive. If the child needs to use a toilet during this time, the toilet needs disinfecting before anyone else uses it. The area the child is in before going home needs disinfecting before anyone else uses that area. If it's not possible to social distance from the child while I | 01.12.2020 |

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| | Cloths (washed at 60 degrees after each use). PPE: gloves, masks and goggles. Lidded bin to dispose | wait for parents to arrive, as he/she needs personal care, I will wear a mask, gloves and apron. If there is a risk of being coughed on, I will wear eye protections such as goggles too. | |
| Testing | NHS 111 online for children over 5. NHS 111 for children under 5 | Any child who attends who has symptoms, or any member of their family who has symptoms can request a test. They need to stay away from the setting, self-isolate until test results are back and then follow the guidance given. If the child tests positive, all other children in the setting need to be sent home and the setting will close. The child will need to self isolate, but other household members will not need to self-isolate unless the child develops symptoms. I must also self-isolate. | 01.12.2020 |
| Soft furnishings/ soft toys etc. | | The virus can live on soft furnishings (e.g. pillows, bean bags and rugs) and soft toys so I will remove any that I can from the area as these are more difficult to clean daily. | 01.12.2020 |
| Sleeping children | | If children sleep while at the setting, separate bedding and sleeping spaces will be provided. These will be washed or disinfected before use by another child. | 01.12.2020 |
| Coughs and sneezes | Tissues, handwashing facilities/hand sanitising gel, lidded bin. | Tissues will be available in all rooms used. All people using tissues will 'catch it- bin it- and kill it'. If tissues are not available in time, people should cough or sneeze into their elbow. Handwashing or sanitiser gel to be used after each instance. | 01.12.2020 |
| Activities | | Items such as pencils, playdough tools etc. will be available, but will be provided for each child so that they do not need to share. Where children do use someone else's, they will be cleaned and disinfected before being used by anyone else. | 01.12.2020 |

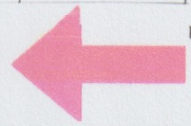
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|-------------------------------|------------------------------|--|-------------------|
| | | Malleable resources such as playdough will not be shared between children and sand pits should not be used at all as they can't be thoroughly cleaned between each use. | |
| Working with Assistants | Supply of PPE at the setting | Risk assessment is shared with assistants and co-childminders. Sanitising of any shared equipment as soon as possible after use and before anyone else uses it. Social distancing will operate within the setting e.g. by working in small groups with key children where possible. As far as possible, children should have the same member of staff leading their group. This will stay the same on subsequent days to limit contacts. Personal belongings will be managed safely. If an assistant or co childminder or any of their family has symptoms they must follow the self- isolation advice. | 01.12.2020 |
| Personal Hygiene and Clothing | | Clean clothing should be worn each day. Normal personal hygiene and laundering of clothes where people do not display Coronavirus symptoms is all that is needed. | 01.12.2020 |
| Wrap around Care | | Children should only attend one setting wherever possible and parents should be encouraged to reduce the number of settings their child attends. | 01.12.2020 |

Emergency Evacuation Plan

Fire exits



PAVEMENT

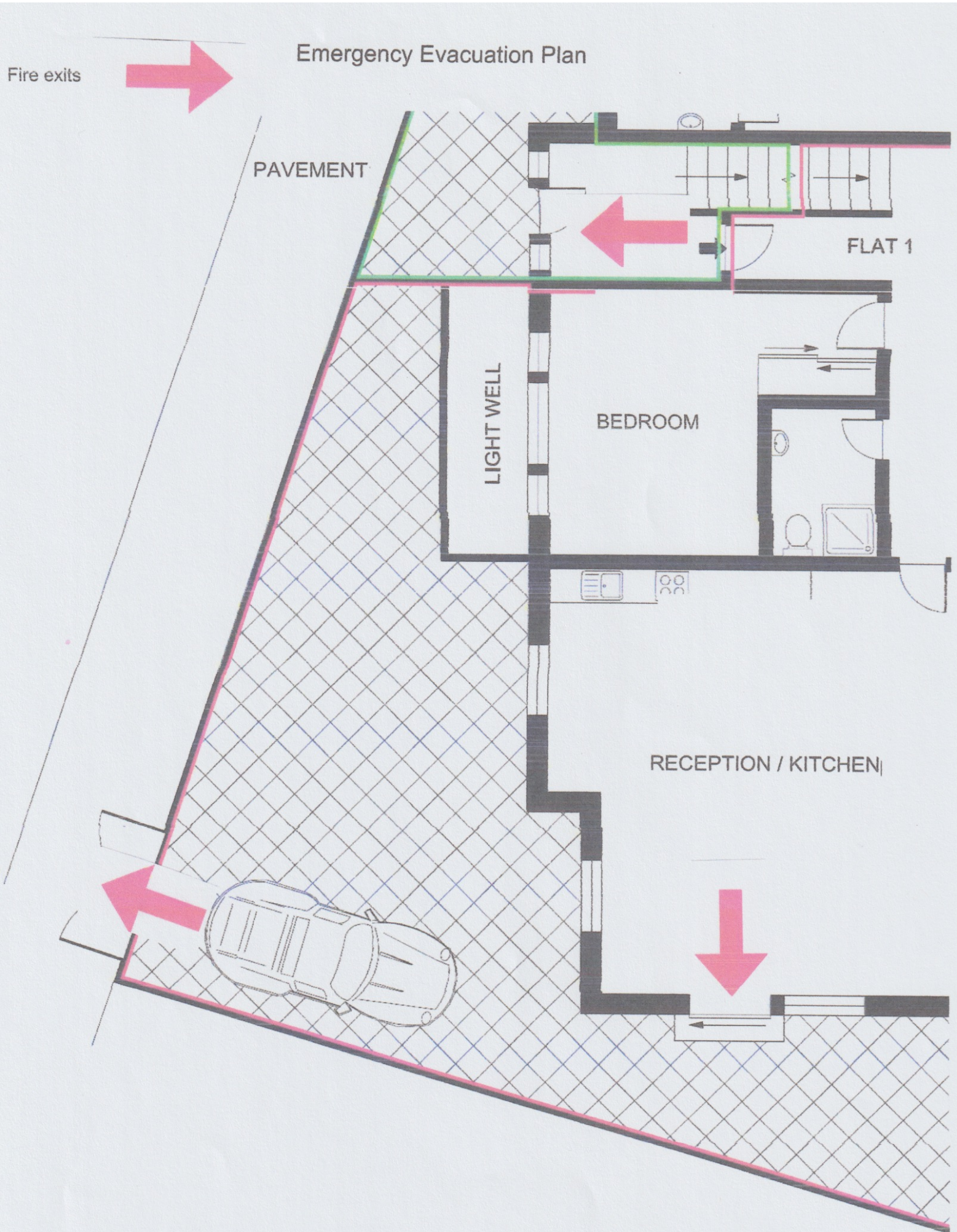
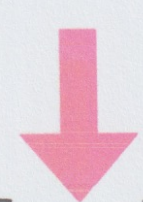
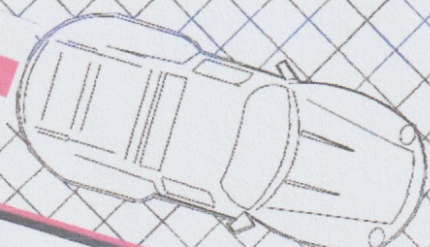


FLAT 1

LIGHT WELL

BEDROOM

RECEPTION / KITCHEN





Emergency Evacuation Procedure

Rationale

I am committed to ensuring that the children in my care are kept safe at all times and will take all necessary steps to aid this. However, there may be incidents outside my control, such as fire, flood or any other emergency, that mean that we need to evacuate the premises and/or area quickly and the following procedure will be followed to help keep the children safe.

Procedure

I aim to carry out practice evacuations to help the children to become familiar with the procedure that will be used in an emergency and to help prevent anxiety if an emergency should happen. Practice evacuations will be carried out at my premises to ensure that all of the children take part and a written record will be made. All children will be made aware of exits and the meeting point and these are clearly identifiable on my emergency evacuation plan.

In the event of an emergency situation, we will evacuate the building/area using the safest exit route available to us. I will take with me my attendance register, a mobile phone that is charged and has credit. As soon as we are all safely outside, I will contact the relevant emergency service if this has not already been done by another member of the public. I will fully comply with advice and instructions from the emergency services.

I will reassure any children who may be alarmed or upset by the event and arrange for a safe place to go to and wait until the emergency is over. I will aim to contact all the children's Parent/Carer(s) and ask that the children are collected as soon as possible. After a significant event I will seek additional support to maintain children's well-being if needed.

Childminder's signature:

Date: 01.12.2020

Review date: September 2021



Equal Opportunities/Inclusion/SEND Policy

Rationale

I value the individuality of all children and am committed to giving them opportunity to achieve their full potential irrespective of ethnicity, attainment, home language, religion, culture or belief, age, disability, sex or family background. I am committed to actively remove the barriers to learning and participation within my childminding setting. I aim to help children learn to value and respect people who are different to themselves. I am committed to treating all children and their families with equal concern, respect and I will ensure that I actively include all children and families within my practice.

Procedure

I provide a range of resources that reflect positive images of the diversity of the society in which we live, in order to aid children's self-esteem and to teach them about other cultures and lifestyles. All children will have access to toys that are traditionally for either boys or girls. Festivals from around the world are celebrated by using crafts, cooking, songs and artefacts, and I request that parents/carers share any information that would enhance these experiences for the children. I welcome parents/carers' involvement to ensure I have adequate information to meet each child's individual needs and to extend the opportunities I offer to all children.

Providing it is safe to do so, all children are given the opportunity to use all the toys and experiences on offer - this may involve some reasonable adjustments to ensure accessibility by all children.

I will observe and monitor individual children's progress and share with the parents/carers following the Assess, Plan, Do and Review cycle. Where either a child appears not to be making progress generally or in a specific area of learning, I will

discuss my observations and any proposed plans with the parents/carers. I will conduct this discussion in a way that encourages them to contribute their knowledge and understanding of their child and allows them to raise any concerns they may have about their child's needs and the provision that is being made for them. I will always include the voice of the child in any arrangements. I will follow the procedures set out in the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015). I will work closely with parents/carers and other agencies, with parental consent where appropriate, to ensure individual children's needs are met including writing any Action Plan with targets, Individual Care Plan (ICP), contributing to an Education Health Care plan (EHC) if necessary and writing any Personal Emergency Evacuation Plans (PEEP).

I will work closely with parents/carers, the child's social worker and other agencies where appropriate to ensure the individual children's needs for 'Children who are Looked After' are met including writing and carrying out Personal Education Plans (PEP).

I will not discriminate directly or indirectly to children and their families. I will challenge any anti-discriminatory language or behaviour by children or adults and explain why this is unacceptable because the achievements, attitudes and well-being of all children matter.

I regularly monitor the effectiveness of inclusive practices, record keeping, risk assessments and experiences offered to ensure that these procedures are up to date and the children's individual needs are being met. I am committed to ensuring that relevant documentation is accessible. Parents/carers are invited to request documentation being presented in other formats where needed. This may be translating to another language, a different font style or having the information explained verbally.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021

Exclusion Procedure for Illness/Communicable Disease

MINIMUM PERIODS OF EXCLUSION FROM THE SETTING FOR ALL STAFF AND CHILDREN

| Disease / Illness | Minimal / Exclusion Period |
|---|--|
| Antibiotics Prescribed | First two days at home |
| Chickenpox | 7 days from the appearance of the rash |
| Conjunctivitis | Kept home for 2 days; thereafter until eyes are no longer weeping |
| COVID-19 | <p>If a child develops symptoms whilst in my care, I will isolate that child by 2 metres from all others in setting. I will open a window to provide ventilation. Parents will be contacted to pick up the child immediately (unless an ambulance is needed) and child must be excluded for 14 days.</p> <p>If the child tests positive, the rest of the group within the setting should be sent home and advised to self-isolate for 14 days. The other household members of those advised to self-isolate do not need to self-isolate unless the child or staff member they live with subsequently develops symptoms.</p> <p>Where the child tests negative, they can return to the setting and the fellow household members can end their self-isolation.</p> |
| Diarrhoea | Until 48 hours after the last bout |
| Gastro-enteritis, food poisoning | Until authorised by doctor |
| Impetigo | Until the skin is healed |
| Infective hepatitis | 7 days from appearance of the rash |
| Measles | Until authorised by doctor |
| Meningococcal infection | Until recovered from the illness |
| Mumps | Until the swelling has subsided and in no case less than 7 days from onset of illness |
| Norovirus | Child must be excluded for the duration that symptoms occur plus an additional 24 hours. |
| Pediculosis (lice) | Until appropriate treatment is being given |
| Pertussis (whooping cough) | 21 days from the onset of paroxysmal |
| Plantar warts | No exclusion. Should be treated and covered. |
| Poliomyelitis | Until declared free from infection by doctor |
| Ringworm of body | Seldom necessary to exclude provided treatment is being given |
| Ringworm of scalp | Until cured |
| Rubella (German measles) | 4 days from appearance of rash |
| Scabies | Need not be excluded once appropriate treatment has been given |
| Scarlet fever and streptococcal Infection of the throat | Until appropriate medical treatment has been given and in no case for less than 24 hours from the start of treatment, and the child no longer has a fever |
| Temperature | If sent home ill child must be off for 24 hours |
| Tuberculosis | Until declared free from infection by the District Community Physician |
| Typhoid Fever | Until declared free from infection by the District Community Physician |
| Vomiting | Until 48 hours after the last bout |



Childminder Privacy Notice

Childminding Setting Details

Childminder's Name Alexandra Marginean

Childminder's Contact details: Email address: riemontessorichild@gmail.com

Tel: +44(0)7771451914

I have a duty to abide by the requirements of the Early Years Foundation Stage (EYFS), the General Data Protection Regulation (GDPR) and the Data Protection Bill (DPB).

The EYFS states that I need to collect and keep specific information to help ensure I can meet the needs of your child(ren). I also need to keep information about my income to submit to HM Revenue and Customs. The GDPR and the DPB require me to keep this information confidential and only share with others who have a right or professional need to see it. This is listed in the EYFS Information and Records section 3.68-3.71

https://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf

Collecting and keeping information about living people is called **data processing**. The GDPR requires that I identify which '**lawful base or bases**' I have for processing the data I need to keep. Some information is considered '**special category data**' because it is of a more sensitive nature. The information I need about your child's health fits in the special category and so I also need to identify the legal reason I have for processing this information.

Legal Bases and why they apply:

- **Legal obligation** - the EYFS states that I must collect and use information.
- **Consent** - If you ask me to keep additional information to that which is required in the EYFS. Consent is also needed if we agree to share information/ photographs using social media platforms such as WhatsApp or Facebook. You have the right to withdraw your consent at any time.

- **Vital Interests** – this relates to information that is processed to protect someone's life. This would be used when it is in the child's best interests in a medical or child protection situation
- **Contract** – for sending invoices etc.

Special Category Data Conditions:

- Processing is necessary for the purposes of carrying out obligations – the EYFS requires I keep this information

Information Needed

You will be asked to provide some of the information needed and some I will obtain through observing and working with your child(ren). I will not collect or use any information for any purpose that is not part of my role as childminder to your child(ren) unless you specifically ask me to.

Information will include:

About your child:

- Basic information about their name, date of birth, address, routines etc.
- Details about their general health, medication, vaccinations, allergies, dietary requirements etc.
- Information about your child's likes, dislikes, fears, stage of development, what they enjoy doing and how they learn.
- Accident/ medication/ safeguarding children records where appropriate.

Other Information:

- Contact details for parents/carers.
- Details of who holds Parental Responsibility (evidence needed).
- Details of your child's doctor and health visitor.
- Details of who the child normally lives with and other important people in their life.

How information is stored

All information will be stored to maintain confidentiality and prevent access to those who do not have a right to see it.

Information is kept in a locked room.

Information is stored where parents and other visitors to the setting can't access it.

Information is stored on a password protected laptop and tablet.

Information is stored on a secure childcare software system that is password protected and parents can only access information about their own child(ren).

Keeping information updated

The GDPR requires that all information is kept up to date. Please let me know if any of your details change. I will also ask you to revisit the information you have provided and update where necessary at regular intervals.

Parental Access

Records of your child's ongoing development and learning will be shared with you as we work together to meet your child(ren)'s learning and development needs. Please feel free to ask to see your child's records at any time.

How long information is stored for and how it is disposed of

General records relating to individual children will be kept until the Ofsted inspection after the child has left my childminding setting. Any Accident/incident/medication records or records of safeguarding concerns will be kept until the child reaches the age of 21 or 24 respectively as recommended in the Limitation Act 1980.

To comply with GDPR, I must destroy all information when it is no longer needed unless you have given me consent to keep them. To do this I will:

Shred all paper documents.

Delete all documents/ photos etc from all internet enabled devices such as laptop and tablet.

Electronically shred information using appropriate computer software.

Childminder's signature:



Date: 01.12.2020

Review date: September 2021



Head Lice Policy

Parents are advised to check their child's hair on a regular basis for head lice. If you use a nit comb at least once a week, you will help to prevent eggs from developing. If I have suspicions that your child has head lice, i.e. scratching head continuously I will inform you. If you then find your child has head lice, please treat. The child's hair must be treated before returning to the childminding setting. The main reason head lice keep going around is because the child is treated and not the whole family. Please ensure that other members of the family are treated as well.

For treatments / advice please go to:

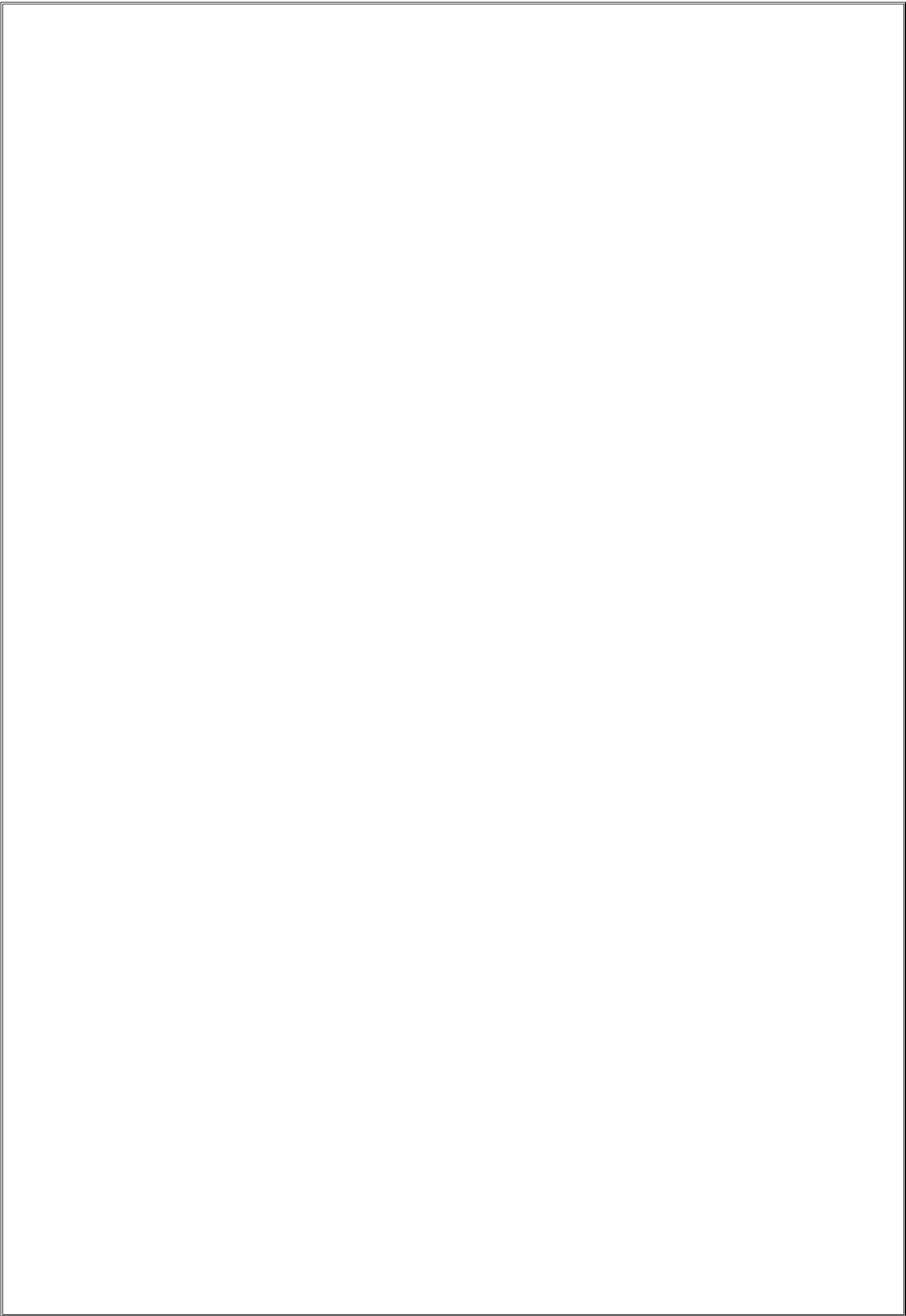
<http://www.nhs.uk/conditions/Head-lice/Pages/Introduction.aspx>

<http://www.nhs.uk/conditions/head-lice/Pages/Treatment.aspx>

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021





Health and Safety Policy

Rationale

I aim to ensure children are healthy and safe on my premises, in the garden and on outings. This Health and Safety Policy follows the requirements of the Early Years Foundation Stage (EYFS, 2017) and covers:

- EYFS overarching statement
- Fire safety
- Hygiene requirements
- Hand washing
- Paediatric first aid
- First aid box / kit
- Other considerations including:
 - Supervision of children
 - Food and allergies
 - Manual Handling
 - Electrical appliances
 - Chemicals
 - Staff training
- Risk assessment
- Outings
- Outside play
- No smoking
- Health and hygiene

I am committed to providing an environment where hazards and risks are identified and dealt with swiftly in order for children to play and learn in a safe environment. By ensuring the premises are kept clean and tidy and by including children in hygienic procedures, I believe children can develop healthy practices which they will abide by into adulthood.

Procedure

1. Overarching statement in the EYFS

EYFS requirement 3.54 - *Providers must ensure that their premises, including overall floor space and outdoor spaces, are fit for purpose and suitable for the age of children cared for and the activities provided on the premises.*

I aim to ensure the premises and outside areas are fit for purpose by carrying out regular risk assessments of all areas of provision including furniture, equipment and

toys. I clean the house and garden regularly and check for debris or dangers throughout the day. The front door is kept locked to prevent children leaving without adult supervision or unauthorised adults entering the house and the key is kept near the door for easy access in case of emergency, but out of the reach of the children.

Safety equipment suitable for the age and development of minded children is in place and checked regularly e.g. safety gates, cupboard locks etc. All equipment is regularly checked and replaced if observed to be faulty. Cleaning products and sharp objects such as knives are kept in a locked cupboard or out of the reach of children. All toys are regularly checked and if broken or soiled are removed immediately. All toys and equipment are checked to ensure they meet British and European Standards of safety.

2. Fire safety

I comply with fire safety requirements and have a written Fire Risk Assessment. There is at least one smoke alarm on each level of the house which are hardwired. There is a fire blanket in the kitchen cupboard. An emergency evacuation plan is available for parents on request and exits that can be used in the event of an emergency are kept free from obstruction. Regular fire drills are carried out with all children so that they can respond and evacuate the house quickly in the event of an emergency. After a significant event I will seek additional support to maintain children's well-being if needed.

3. Hygiene requirements

I keep the house and garden clean and hygienic for the children and staff.

- 4. Hand washing procedures** - the government advice is to wash hands regularly for 20 seconds, using soap and water or sanitiser if no soap is available. Hands should be dried well, using single use paper or cloth towels (hot washed after each use). With prior written parent permission, a dab of hand cream can then be rubbed in gently to stop hands cracking. My **Medication Administration Form** has been updated to reflect the changes.

5. Paediatric first aid

EYFS requirement 3.25 - *At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present and must accompany children on outings.*

I am committed to keeping children safe - however, accidents do sometimes happen. I have up-to-date paediatric first aid certificates and the children are within sight and / or hearing at all times. I risk assess constantly to help keep children safe and I teach them to do their own risk assessments (see below).

6. First aid box

EYFS requirement 3.50 - *Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written*

record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment given.

There is a fully equipped first aid box in the house and one for outings and, if necessary, for the car. The contents are suitable for children and are replaced after use or as required. I keep completed **Child Incident/Minor Accident** forms in each child's personal file and ask parents to complete a **Child Incident/Minor Accident** form if their child has had an injury at home.

Parents are asked to make themselves available on the same day (where possible) to read and sign incident/accident forms. I am aware of the requirement to notify Ofsted of any serious accident, illness or injury, or death to Ofsted within 14 days.

7. Risk assessment

EYFS requirement 3.64 - *Providers must ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and must be able to demonstrate how they are managing risks. Risk assessments should identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised.*

I take children's safety seriously and risk assess first thing in the morning and constantly during the day, covering outside play, inside activities, outings etc. The house and garden are visually checked for risks and faulty equipment, furniture, broken or dangerous resources etc are removed from the play areas immediately. Children are taught to do their own risk assessments of the house and garden and are reminded about safety during outings.

I teach children about keeping themselves safe and taking measured risks. For example, I plan regular activities linked to teaching children about personal safety, stranger danger, staying safe online, being careful around animals and road and rail safety etc. I use planned activities and spontaneous opportunities to talk to the children about keeping safe.

I share information with parents to support their child's health and safety at home.

Updated for coronavirus 04.2020

A new risk assessment has been completed to cover the specific hazards and risks surrounding coronavirus including how to keep children and staff safe. New policies and procedures including a Covid-19 Parental Agreement and Risk Assessment have been added to my file and shared with parents. Further information will be added and adapted as advised.

8. Outings

EYFS requirement 3.65 - *Children must be kept safe while on outings. Providers must assess the risks or hazards which may arise for the children and must identify the*

steps to be taken to remove, minimise and manage those risks and hazards. The assessment must include consideration of adult to child ratios.

EYFS requirement 3.25 - *At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings.*

EYFS requirement 3.66 - *Vehicles in which children are being transported, and the driver of those vehicles, must be adequately insured.*

Outings are risk assessed to ensure children are kept safe and we always work within my ratios. During outings, children might use large play equipment at parks or in soft play areas. These will be risk assessed first and children will be taught to inform an adult if they are worried about any aspect of the play areas.

All staff have a current paediatric first aid certificates and a first aid kit is taken on outings.

Updated for coronavirus – 04.2020

At the present time, to comply with social distancing rules, I have discussed outings with parents, and I am making an informed decision on a regular basis, with their input, about the types of outings I take with the children. For example, I might take the children on a safe, socially distanced walk to collect natural materials or play on the big field, but I do not take children to social events.

9. Outside play

EYFS requirement 3.58 - *Providers must provide access to an outdoor play area or, if that is not possible, ensure that outdoor activities are planned and taken on a daily basis (unless circumstances make this inappropriate, for example unsafe weather conditions). Providers must follow their legal responsibilities under the Equality Act 2010 (for example, the provisions on reasonable adjustments).*

The garden is as safe as possible and risk assessed before, during and after each working day. It is set up to support all children's learning: resources and equipment are provided which promote children's learning and development. Garden equipment, resources etc is risk assessed before, during and after use to ensure it is safe for the ages and developmental stages of the children in the setting on the day. The garden is totally enclosed with a locked gate out of the reach of young children. Garden tools are kept locked away. There are no poisonous or very prickly plants within reach of children. Any water present in the garden is made safe. Pathways and steps are maintained to ensure they are secure and level.

Parents are aware that it is a requirement of the Early Years Foundation Stage (EYFS) that their child goes outside every day apart from if there are unsafe weather conditions and are asked to provide appropriate clothing and spare clothes in case their child gets wet or muddy. I have spare clothes for children if required.

I am prepared to make reasonable adjustments as required by the Equality Act 2010 if requested.

Unsafe weather conditions might include storm warnings from the Environment Agency and very hot days when it is unsafe for children to stay in the sun for long periods. I use a weather app to check weather conditions every day and speak to parents about how we have supported their child's learning if I have not been able to offer them the opportunity to go outside.

Sun safety – I ask parents to provide a bottle of labelled factor 30+ sun cream for their child. Permission is in place to apply cream and children are taught how to do this independently (with supervision). Parents are asked to put the first layer of sun cream on their child in the morning and we will continue to apply it regularly through the day.

Vehicles for transporting children

EYFS requirement 3.66 - *Vehicles in which children are being transported, and the driver of those vehicles, must be adequately insured.*

I might, at times, use public transport. I teach children to be safe around buses, trains and trams etc and I risk assess before and during each journey.

Updated for coronavirus 04.2020

At the present time, outings including outings in vehicles are minimised to keep children safe and outings will not be taken on public transport. I will continue to follow advice from the Government on safe outings and share updated information with parents as relevant.

10. No smoking

EYFS requirement 3.56 - *Providers must not allow smoking in or on the premises when children are present or about to be present.*

I do not smoke, and I am committed to protecting children from the dangers of smoke and smoky atmospheres. Smoking and equipment in any form including e-cigarettes is not allowed on the premises. Where possible I protect children from smoking on outings. For example, I do not take the children into smoky environments and avoid places that allow smoking if possible. I teach children about the dangers of tobacco and smoking in age appropriate ways, working with parents where possible to ensure messages are consistent.

11. Health and hygiene

EYFS requirement 3.60 - *Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available.*

Nappy changing and toilet facilities can be inspected at any time: anti-bacterial cleaning products are used to keep them clean and children's hands are washed at appropriate times. Children are taught how to clean their hands effectively and I supervise them.

I wash hands before and after nappy changing. Children are placed on a plastic mat which is cleaned with antibacterial wipes before and after each use. Privacy is considered when children's nappies are changed but I must also be able to supervise the other children in the setting effectively.

Clean linen is available through the day and parents are asked to provide spare clothes for their child/ren.

Soiled clothes and other items are bagged up for parents to take home. All linen and cloths used in the setting is washed at high temperatures using non-biological powder or liquid from Ecover to reduce the risk of cross contamination and allergies.

Other health and safety considerations

- **Supervision of children** – to comply with the EYFS, children are within sight and / or hearing of a staff member at all times.
- **Food and allergies** - I comply with Safer Food Better Business for Childminders; This includes storing foods according to the manufacturer's recommendations and the use of fridge and freezer storage that has the temperature monitored regularly. Only food in date will be given to the children. Separate chopping boards are used for raw and cooked meat and all food preparation surfaces are cleaned with anti-bacterial cleaner after use. I ensure allergens are handled appropriately; I record allergens and make the information available to parents on request to comply with EU allergy legislation.
- **Manual handling** – I have updated myself to understand the dangers of manual handling and how to lift and bend appropriately.
- **Chemicals** – information is available online about chemicals used in the setting; staff are trained in using chemicals safely and personal protective equipment is supplied as required.
- **Staff training** – if relevant, staff are trained on health and safety procedures during induction; ongoing training is provided by the owner / manager.

Childminder's Signature:



Date: 01.12.2020

Review date: September 2021



Illness and Infection Policy

Rationale

I am committed to providing an environment for children that helps prevent the spread of infection. This will entail children who are known to be infectious being kept away from my setting in order to maintain the health of others.

Procedure

If your child is slightly unwell due to a simple cold, teething etc. and can join in and enjoy the normal routines of the childminding day, please discuss this with me because they may still be able to attend. However happy your child is here when well, when poorly s/he will be much happier with their family, so if they are feeling really unwell, please keep them at home.

As a general rule, if a child is unable to participate in normal daily routines, is irritable, continuously crying or requires more attention than can be safely provided without impeding the health, safety and wellbeing of other children in the setting or is not well enough to attend other provisions such as school or nursery, they should be at home with parents.

If your child is unwell with a high temperature and an infectious illness such, please keep them at home until the infection passes (see Exclusion Procedure for Illness/Communicable Disease). Please feel free to consult me if you are not sure if your child's symptoms mean that they need to stay at home.

If a child falls ill – parents will be asked to collect them as quickly as possible and keep them at home for the advised exclusion time including, for example –

- 48 hours after last bout for diarrhoea and sickness
- 7 days for coronavirus symptoms
- Until they are better after colds, flu etc
- Following Health Protection England guidance for other common childhood illnesses.
- 24 hours after starting antibiotic treatment.

Procedure if a child falls ill

- The child will be treated using first aid and / or medication (with prior written permission) if appropriate.
- I will keep your child as comfortable as possible until you arrive, but I will not be able to isolate them from other children, so a prompt collection is required.
- Every effort will be made to telephone parents to collect the child.
- In an emergency situation, 999 / 111 will be contacted for further advice.
- Emergency contacts will be telephoned if parents are not available.

Note: it is important that parents provide at least 2 emergency contacts for each child.

If parents are ill – please consider whether it is safe to bring your child to the setting, to protect your child, other children and staff members. If you need to ask someone else to collect your child, you must supply a password and photo of them for us to use.

If childminder/staff are ill – parents will be contacted as soon as reasonably practicable and asked to collect the child. Staff carry Emergency Contact Information for children on outings.

Note: if staff illness is related to coronavirus, Public Health England advice will be followed.

Confidentiality – where possible, confidentiality will be maintained; however, please note that details of illnesses will be shared if advised by the Local Authority, Public Health England, Ofsted or other agencies. Please see the Confidentiality Policy for more information.

Reporting a notifiable disease - it is the duty of the attending doctor to determine whether a disease is notifiable and then to inform the Local Authority. Children with a notifiable disease must not attend until they have been cleared by their GP. If you are not sure if an illness is notifiable, please ask your GP or Health Visitor. I will inform you if any other child or adult has an infectious or notifiable disease. If a child who attends my setting has a notifiable disease, I am required to notify Ofsted as soon as reasonably practicable but always within 14 days. I will also contact Public Health England (PHE) and act on any advice given.

Childminder's Signature:



Date: 01.12.2020

Review date: September 2021



Lost Child Policy

Rationale

I am committed to ensuring that children enjoy regular outings whilst in my care and can experience the freedom they need to enjoy co-operative play, decision making and risk taking in their play. I aim to keep all children within sight or hearing at all times to prevent them becoming lost in accordance with my Safety on Outings Policy. In the unlikely event that a child becomes lost, I will follow the procedure below.

Procedure

I will safely supervise children when we go on outings or trips and undertake a risk assessment.

I will teach the children about safety and what to do if they become lost. This will happen before and during the trip, while taking in account each child's level of understanding due to their age/stage of development. For example, when we get to the park we will talk about where to go if they can't see me and think that they are lost (a meeting place). I will also teach the children about stranger danger and shouting NO if they feel threatened.

If a child is lost or goes missing

- I would first check our arranged meeting place.
- I would shout their name and do a quick search of the immediate area.
- Other children in my care will be kept with me and reassured.
- If there is a lost child station or security staff station, I will alert them to the situation and follow their procedures.

- If a child goes missing in a public place e.g. a library, park, shop or shopping centre I will also alert the staff, park warden and security staff.
- If the child cannot be found then I will tell the police, provide a description of the child and their clothing and search the area.
- I will advise the relevant parents as soon as is reasonably practical to do so.

Actions to be taken after the event

I will record the incident, gain parent/carer's signature and review all arrangements for keeping children safe and amend as needed. I will talk with all the children in my care about the event and improvements we could make to how we look after each other when we are out and about. After the event I will record the incident and measures taken to try and prevent further incidents informing Ofsted as soon as possible, but no later than 14 days, using their online reporting system www.gov.uk/guidance/report-a-serious-childcare-incident.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Managing Behaviour Policy

Rationale

As a registered childminder I recognise the need to set out reasonable and appropriate limits to manage the behaviour of children in my care. By providing a happy, safe environment, the children in my care will be encouraged to develop social skills to help them be accepted and welcome in society as they grow up. Ground rules are concerned with safety and care and respect for each other.

Procedure

I keep up to date with behaviour management issues and relevant legislation by taking regular training and by reading relevant publications, such as The Childcare Professional, Montessori International.

All parents receive or have access to a copy of my Behaviour Policy. I agree methods to manage children's behaviour with parents before the placement starts. These are discussed with parents during initial visits before the contract is signed. Wherever possible I try to meet parents' requests for the care of their children according to their values and practices. Records of these requirements are agreed and kept attached to the child record forms. These records are revisited and updated during regular review meetings with parents to discuss their child's care and any issues or concerns, preferably when the child is not present. A consistent approach benefits the child's welfare and helps ensure that the child is not confused.

I expect parents to inform me of any changes in the child's home circumstances, care arrangements or any other change which may affect the child's behaviour such as a new baby, parents' separation, divorce, new partner or any bereavement. All information shared will be kept confidential unless there appears to be a child protection issue.

I will not administer physical punishment, cause pain, discomfort, humiliate or hurt any child in my care. I will take all reasonable steps to ensure that corporal punishment is not given by any person who also has contact with the child whilst in my care. I endorse positive discipline as an effective way of setting boundaries for children. I will help children maintain their self-esteem by showing I disapprove of challenging behaviour, not the child themselves.

I will only physically intervene, and possibly restrain, a child to prevent an accident, such as a child running into the road, or to prevent an injury or damage. Should this be necessary I will record any instances of physical intervention in writing in my incident book and inform parents on the same day, or as soon as reasonably practicable.

I aim to give children non-aggressive strategies to enable them to stand up for themselves so that adults and children listen to them. They are given opportunities to release their feelings more creatively i.e. through drama, role play etc. I acknowledge that children need their own time and space and it is not always appropriate to expect a child to share. I respect the children's feelings and help them understand how others might be feeling too.

I role model the positive behaviour I wish to see from the children including always saying please and thank you to the children. I set clear and realistic boundaries for children that are appropriate to their age and level of understanding and apply them consistently. I am aware of the different reasons why children misbehave and will endeavour to keep to routines so that the child feels safe, aware of what will happen next and are not over tired or hungry.

I record all significant behaviour incidents in an incident book. I will discuss these with the parents of the child concerned so that together we can work to resolve any behavioural issues and share strategies.

Significant or repeated instances of unwanted behaviour that are unable to be managed by the steps identified above are shared with parents/carers. Daily observations concerning the behaviour will be recorded and shared with parents. I aim to discuss this with you out of hearing of your child. This may mean an arrangement is made to discuss this either by telephone or in person at a more convenient time. Discussions are held with the parent/carer on new strategies to support the child's

unwanted behaviour. If I have concerns about a child's behaviour which I cannot resolve in partnership with parents, I will ask for permission from the parents to talk it through with another childcare professional. I may contact PACEY, the NSPCC, health visitor or the local early years team for confidential advice.

Childminder's Signature:

A handwritten signature in black ink, appearing to read 'Alex', with a stylized flourish at the end.

Date: 01.12.2020

Review date: September 2021



Medicines Policy

Rationale

I am committed to ensuring that children with short or long-term medical conditions receive the care and medication needed for them to participate in the setting if they are well enough to attend. In order to achieve this, I am willing to administer medication providing I have the medical or technical knowledge to do so and have written parental permission.

Procedure

During induction, I ask parents about their child's health and record their replies. If parents inform me about any health concerns, I will ask them more questions about their child's condition and attend training if required.

Medicines will not normally be administered unless a doctor, dentist, nurse or pharmacist has prescribed them for the child. I will only administer prescribed medicine for the child it is prescribed for. I will not administer any medication containing aspirin unless a doctor has prescribed it.

All medication must be supplied in the original packaging and clearly labelled with your child's name and will be stored according to product instructions. The first dose of each medicine should always be given at home with sufficient time to observe the child's responses to the medicine before the child is brought to my setting. Where possible, please try to arrange that medication will only be administered at home before and after attending my setting. Where this isn't possible, I will obtain written permission for each and every medicine including dosage from parents/carers before any medication is given. Parents/carers will be informed when medication has been administered and asked to sign medication records on the day the medication is given or as soon as reasonably practicable. In an emergency, if I do not administer the medicine whilst the child is in my care, I will inform parents of who will be responsible for the administration of medicines to their child (Emergency back-up cover). If a dose is missed this will be recorded and the parents informed. Children cannot be forced to take medication so in the event of a refusal this will be recorded, and parents will be contacted.

The following procedures must be followed when medication is administered to a child:

- Ensure medication is in a labelled container with dosage information / guidance;
- Ask parents to sign a Medication Consent form which includes information about when medication was last given;
- In case of onset of illness, ring parents to advise them that medication needs to be administered;
- Wash hands and prepare medication following information on the enclosed information sheet;
- Respect the child's privacy by ensuring the child is in a private place when taking medication;
- Complete, sign and date **Medication Consent** form on the same day (if possible).

Note - I will not normally give the first days' doses of a new medication including antibiotics in case of an allergic reaction. If the child fights or spits or refuses to take medication, I will contact the parents to come and administer.

The **Medication Consent** form requires parents to sign twice - once to confirm they want me to give medication / treatment and again to confirm I have given medication / treatment. When children require ongoing medication, permission forms are checked with parents every morning. If more than one medication is to be given, I need a separate form for each. I ask parents to make themselves available to sign acknowledging their child has been given medication on the same day as the medication has been administered.

Non-prescription medication- I will administer non-prescription medication. If medication is to be given on a 'when required' basis for example sun protection, nappy rash etc, parents must sign to give me permission in advance and I will inform parents that I have administered the medication or treatment for their child on collection.

Caring for children with SEND - I am prepared to make 'reasonable adjustments' to the house, garden and / or my ways of working as required by the Equality Act 2010 to support a child's medical needs. I am also prepared to work with other professionals or agencies with permission from parents to support a child – please see my **Permission Form** for more information.

Staying updated - I keep information regularly updated to ensure children's ongoing medication needs are met. If children need medication including liquid medicine, cream, tablets, inhalers, suppositories, specialist feeding equipment etc either short or long term, I aim to support parents and meet each child's needs and work closely with other agencies as required.

Allergic reactions - if a child has an allergic reaction or suspected reaction to any medication or treatment, I will stop administering it immediately and request medical advice. I will make every effort to inform parents as soon as practical.

All consent forms and completed records will be stored in accordance with my confidentiality policy.

Record retention – medication records are stored in the child's personal file and retained for 'a reasonable period of time' to comply with the EYFS.

Emergency medication administration procedures

If a child falls ill or there is a medical emergency and a child needs medication I will -

- Make every effort to contact parents and ask for written permission to administer medication;
- Contact NHS Direct (phone: 111) or the child's doctor (see **Emergency Contact Information** form) if I am unable to contact parents in an emergency situation and follow their advice;
- Make every effort to contact parents or emergency contacts to collect the child unless the child needs urgent hospitalization, in which case I will follow my **Emergency Procedures**;
- Complete paperwork for parents to sign as soon as possible.

Self-medication - I am aware of the need for some older children to carry medication on their person if it is needed at school - this is discussed with the child and parents during induction and regularly reviewed to ensure all children are safe. Parents are informed that I need to be aware of any medication on the premises and I must be confident it is stored safe. Full details of the medication and the child's requirements for it will be recorded and the parent will sign to give consent for the child to self-medicate.

Medication storage - medication is clearly labelled and stored out of sight and reach of children. Expiry dates are checked regularly and, if necessary, medication is returned to parents for replacement and safe disposal. Medication is stored in its original container and below 25° c, out of sight and reach of children but immediately accessible in case of a medical emergency. If the prescriber's instructions are not available with the medication they will be requested before the medication is given to the child.

Specialist training to administer medication - I am happy to attend additional training in addition to the training I received during my Paediatric First Aid course if required to help me appropriately care for a child and if the administration of prescription medicine requires technical/medical knowledge. The training will be specific to the child in question. If any of my staff are involved in the administration of a prescription medicine that requires technical/medical knowledge then I will

ensure that they have attended individual training from a health care professional, specific to the child in question.

Caring for children with long-term medical needs - if a child has long-term medical needs, I will work with parents to complete a Care Plan for the child which will detail their needs and give me permission to administer medication or treatment long-term or in an emergency situation. All medication administration will be recorded for parents to sign. Information about children's ongoing medical needs will be updated regularly. I will ensure that I and any co-workers have sufficient information about the child's medical condition and will work in partnership with parents and any other health professionals to assist the administration of any prescribed medication and the management of any other health needs such as a gastrostomy tube.

Update for the coronavirus outbreak 04.2020

Following Public Health England guidance and my own risk assessment –

- Medication administration forms will be available for parents to complete before dropping their child off in the setting. Medication cannot be given until the form has been fully completed and signed.
- If there is any risk of transfer of bodily fluids when administering medication – for example, a child spitting out medicine or a child spitting at the staff member who is giving the medication or treatment, parents will be asked to come and give their child the medicine.
- If a child falls ill with a high temperature or a new persistent cough, parents will be contacted for immediate collection. Current exclusion periods recommended by the Government will be followed at all times.
- Taking temperatures - symptoms of coronavirus typically appear 2 – 14 days after infection. This means that someone who is infected may have a normal temperature. However, a high temperature of over 37.8° is one of the symptoms and I reserve the right to take a child's temperature during the day if I am concerned about their health.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Nappy Changing Policy

Aims

The aims of this policy and associated guidance are:

- To safeguard the rights and promote the welfare of children
- To provide guidance and reassurance to staff who are required to change a child's nappy
- To assure parents/carers that staff are knowledgeable about personal care and that their individual concerns are taken into account
- To protect children from discrimination, and ensure inclusion for all

Basic Principles

I will bear in mind the following principles when nappy changing:

- Children have the right to feel safe & secure
- Children will be respected and valued as individuals
- Children have a right to privacy/dignity when staff are meeting their needs
- A child's understanding of toileting procedures is designed to lead to independence

Working with Parents/carers

I will work with parents when attending to nappy changing routines.

- If a child has any disability or medical needs that may affect their personal care routine, an Individual Plan (IP) and Health Care Plan will be drawn up in agreement with parents/carers.
- Parents will be asked when their child first starts whether or not their child has any special words/actions/particular needs during their nappy changing procedure
- Any significant observations made during a nappy changing procedure will be notified to the parents at the end of the session (i.e. badly soiled nappy/strong urine etc.)

Nappy Changing Procedure

I will follow the Nappy changing Procedure below:

- Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, cream if necessary (each child should have their own named cream and written permission obtained from the parent). I will provide a named box or bag for each child containing these items and spare clothes in case of accidents.

- Wash and dry hands.
- Put on gloves and apron. I will use a new set of gloves and apron for each nappy change.
- Invite/ask the child to sit on a nappy changing mat.
- Inform the child that you will remove his/her clothing; the child can help to remove his/her clothes. Remove the nappy and place it inside the nappy sack.
- If the child's clothes are soiled, I will bag them separately and send them home. I will not rinse them by hand.
- Inform the child that you will clean him/her from front to back using the provided wipes; place the used wipes in the nappy sack. Tie the nappy sack and put it in a pedal operated bin.
- Put on a clean nappy and apply cream if necessary (see above).
- Take off the gloves and apron and place them in a pedal operated bin.
- Dress the child, while informing him of each step and allowing the child to perform the steps that he/she can do.
- Help the child to wash their hands if necessary, using liquid soap, warm water and paper towels.
- Wash my hands using liquid soap, warm water and paper towels.
- Clean the nappy changing area using anti-bacterial wipes and paper towels, clean the changing mat, surrounding area and underneath the mat before leaving to dry and then wash and dry my hands.

Items needed:

- Pedal operated/hands free bin specifically for nappy disposal
- Yellow bags
- Nappy changing mat / nappy changing unit.
- Box/bag for each child's nappies, wipes and cream, if necessary.
- Spare clothes
- Disposable aprons and gloves
- Nappy sacks
- Anti-bacterial spray/wipes
- Paper towels
- Liquid soap
- Pedal operated bin for paper towel



No Smoking Policy

Rationale

I understand the importance of children not being exposed to passive smoking. Evidence shows that passive smoking increases the risk to young children developing lower respiratory tract infections that can result in hospitalisation. I am committed to ensuring that children are not exposed to passive smoking while in my care.

Procedure

No-one living or working in the childminding setting smokes. Visitors are not permitted to smoke in the house at any time. Visitors are not permitted to smoke in the garden while minded children are present. For health and safety reasons all smoking residue will be removed before minded children attend.

When on outings care will be taken to avoid areas where members of the public are smoking. If someone starts smoking in the vicinity of the minded children when we are out and about we will either move or I will ask the person to stop smoking around the children.

I will not visit premises that I know are used by smokers while caring for minded children unless I can ensure that adequate ventilation of the rooms is possible before children enter.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Non-Collection of Children Policy

Rationale

It is my policy to provide care for your child during contracted hours. The procedure below is to be followed if you fail to collect your child at the appointed time.

Procedure if a child is not collected

If you are running late to collect your child, please contact me.

I request that parents/carers keep me informed as to any changes to agreed collection times as soon as possible. If a child is not collected within 15 minutes of the agreed collection time and I have not been contacted with an explanation, I will try calling the parents' contact numbers.

Then I will try the emergency contact numbers provided on your contract. During this time, I will continue to safely look after the child. I will continue to try the parents' contact numbers and emergency numbers. If I have heard nothing after 60 minutes from the original agreed collection time, I have a duty to inform the local authority duty social worker and follow any advice given by them.

If I am unable to continue caring for your child until you can be contacted and make arrangements for the collection of your child, there is a possibility that your child may be placed with an alternative carer.

I charge an additional fee for late collection.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Nutrition Policy

Rationale

It is my policy to provide children with healthy, balanced and nutritious meals, snacks and drinks. Those responsible for the preparation and handling of food will be competent to do so.

Procedure

Parents/carers will be asked to provide written information about which meals and snacks are to be provided; any dietary requirements due to allergy, culture or lifestyle choice and these will be acted upon. If a child is on a special diet, the parents/carers may be asked to provide their child's food if it is not possible for the food to be provided or prepared by my setting. All food and drink are prepared to provide a healthy balanced diet in accordance with the recommendations by the Food Standards Agency. I involve the children in the preparation of some foods in order to create an interest in trying new foods while helping them to learn which foods help to keep our bodies strong and healthy and which foods need to be eaten less frequently. Children will be able to prepare their own snacks, but these won't be shared with others.

A menu for the term's meals will be available and recipes are available to parents on request. Parents will be informed about the foods their child has been offered and eaten. Children will never be made to eat foods they dislike or do not want as children do not always welcome a new food the first time it is offered. New additions to the menu will be offered a few times to give children a chance to try them and increase the variety of foods they will eat. If children refuse to eat their main course, dessert will still be offered as the dessert will be a nutritious part of the meal.

Children are offered a choice of water, milk, or diluted fruit juices with meals and snacks and fresh drinking water is available at all times, both in and outside my setting. I will also ensure children do not share drinking cups.

Food is prepared, stored and cooked in line with my Health and Safety Policy. I will ensure that I, and everyone caring for children, as well as the children themselves, are aware of good hand washing procedures and how these are carried out.

Where parents provide meals for their children to eat in my setting, I will provide chilled storage for packed lunches and appropriate storage areas for other foodstuffs. Any food containers brought into the house will be wiped with antibacterial wipes and stored in line with Government guidance. I will also provide children with clean and age-appropriate crockery and eating utensils, however I will respect the diversity of practice around mealtimes e.g. use of chopsticks or fingers for eating, while following appropriate hygiene practices.

In light of COVID-19 and the risk of infection I will ensure children's plates, cutlery and cups are not shared and are cleaned and disinfected regularly.

As a provider of meals and snacks I am aware of my responsibilities under food hygiene legislation. This includes, if necessary, registration with the relevant Local Authority Environmental Health Department. If this is the case, then I am happy to have my premises inspected by a food safety officer.

I will detail any allergens that are present in the food that I prepare for children in accordance with EU Information for Consumers Regulation 2014 and share this with parents/carers.

I will list any allergens in ingredients that are present in any food that I produce, as well as being aware when I take children out to eat at other settings. All registered food businesses have to comply with the legislation so I will make sure I am aware of any allergens contained and make this part of my risk assessment.

I will ensure suitable sterilisation equipment is used for babies' food. Baby changing facilities will not be near food preparation areas.

I will not undertake laundry during times of food preparation, and I will ensure that any detergents or soiled clothing will not come into contact with food preparation areas.

If there is an outbreak of food poisoning affecting two or more children looked after on my premises, I will notify Ofsted as soon as possible but definitely within 14 days of the incident occurring in order to comply with regulations.

I will keep all food receipts, including those under £10, so that if there is an outbreak of food poisoning on my premises, I will be able to trace the outlet where the food was purchased.

I have training in Level 2 Food Safety and Hygiene (7th April 2020).

Childminder's Signature:



Date: 01.12.2020

Review date: September 2021



Safeguarding Children Policy

Rationale

My first responsibility and priority is towards the children in my care and their welfare and well-being is paramount under Section 27 of the Children Act 1989, Section 40 of the Children Act 2006 and the government document Working Together to Safeguard Children 2018.

Child abuse happens to children and young people of both sexes, at all ages and in all cultures, religions and social classes and both to children and young people with and without disabilities. Abuse includes the risk of peer on peer abuse which may happen in person or online. If I have any cause for concern, I will report it, following the Local Safeguarding Children Board (LSCB) procedures to The Multi-Agency Safeguarding Hub (Wandsworth MASH). I am aware that I must have due regard to the need to prevent people being drawn into terrorism. This is referred to in the Prevent Duty. I am also aware of the signs and indicators of extremism or radicalisation. I must notify Ofsted of any allegations of abuse that are alleged to have taken place while the child is in my care, including any allegations against me, or any members of my family, or other adults or children in my home who have had contact with minded children.

I will ensure that no individual who is unsuitable to work with children has unsupervised access to a child in my care. I have read and understand the safeguarding and welfare requirements of EYFS. I have also read the national statutory guidance document Working Together to Safeguard Children 2018 and What to do if you are Worried a Child is being Abused - Advice for Practitioners 2015. I have also read and understand the Ofsted safeguarding guidance, Inspecting Safeguarding in Early Years, Education and Skills settings and the documents Information sharing: advice for practitioners providing safeguarding services and Keeping Children Safe in Education 2019.

As the registered childminder, I Alexandra Marginean, take the lead responsibility (designated safeguarding lead) for safeguarding children within the setting and ensure that policies and procedures are fit for purpose.

Procedure

I am familiar with the relevant local procedures and am aware of where to find the most updated information. The procedures can be found by viewing the LSCB or Safeguarding partners website Wandsworth Multi-agency Safeguarding Hub (MASH):

<https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/service.page?id=xAK5Du6kTY0&familychannel=0>

As the designated safeguarding lead, I will keep up to date with child protection issues and relevant legislation by completing frequent refresher training courses. The date of my last training is 4th October 2020. I regularly check that I have the latest version of the relevant procedures by accessing them online. I am registered with the National Society for the Prevention of Cruelty to Children (NSPCC) Learning's CASPAR to receive e-mails alerts and/or e-newsletters informing me of any changes. This helps me to ensure that I am kept up to date, stay aware of the signs of abuse or neglect and what to do if I have a concern.

I am aware of the indicators of physical, sexual and emotional abuse and neglect, or a mixture of these types of abuse; and of specific situations that may indicate that the main categories are involved, such as domestic abuse, forced marriage, peer on peer abuse, substance misuse, gang activity, female genital mutilation, child sexual exploitation, breast ironing, radicalisation and extremism. I am aware that inappropriate adult behaviour may constitute the grooming or conditioning of children for an abusive interaction.

Children who have special educational needs or disabilities are more vulnerable to abuse due to factors such as lack of communication skills, reliance on others for intimate care and limited social experiences. I recognise the need to consider changes of behaviour and not attribute them to their disability but consider abuse as for any other child.

Children will only be released from my care to the parent/carer or to someone named and authorised by them. A password agreed between us might be used to confirm identity if the person collecting the child is not previously known to me. Children will

not be released into the care of anyone that I have reason to believe is under the influence of drugs or alcohol.

Concerns

Parents/carers must notify me of any concerns they have about their child and any pre-existing accidents, incidents or injuries affecting the child, which will be recorded and signed by the parent/carers(s) on the day of entry.

Unless I believe that it would put the child at risk of further harm, I will discuss concerns with a child's parent if I notice:

- significant changes in a child's behaviour
- unexpected bruising or marks or signs of possible abuse or neglect
- children's or parents' comments made which give me cause for concern, including expressing extremist views
- deterioration in general wellbeing which causes concern
- signs of neglect or abuse outside the setting
- inappropriate behaviour displayed by other members of staff or any other person working with the children or any other child/young person encountering the child

I will keep a factual record of the concern and will ask the parents/carers for an explanation, and signature, on the same day, providing it would not put the child at risk. I will implement the local procedures without delay to minimise any risk to the child. Unless I believe it may place the child at risk, I will advise the parent/carers that I intend to make a referral.

If I am concerned about a child's welfare and wish to discuss my concerns, I may contact the NSPCC or other relevant local support services for advice including the local Wandsworth Multi-agency Safeguarding Hub (MASH) team. Confidentiality will be assured only when there is no risk of harm to a child. In the case of an emergency, the police will be contacted directly.

Disclosures

If a child tells me that they or another child is being abused, I will:

- acknowledge their allegation and reassure them that it will be taken seriously

- encourage the child to talk, without prompting or asking them leading questions. The child will not be interrupted when they are recalling significant events or made to repeat their account.
- explain what actions must be taken, in a way that is appropriate to the age and understanding of the child
- record what has been disclosed using exact words where possible
- make a note of the date, time, place and people who were present at the discussion

I would then report the concerns immediately to the Wandsworth Multi-agency Safeguarding Hub (MASH) team who have the experience and responsibility to assess the situation. I will record the concern and all contact with Children's Services thereafter.

In all instances, a record will be made of:

- the child's full name and address
- the date and time of the record
- factual details of the concern, for example bruising, what the child said, who was present
- details of any previous concerns
- details of any explanations from the parents/carers
- any action taken such as speaking to parents/carers

Allegations of abuse

If an allegation is made against me, any member of my family, or any other adult or child in my setting I will report it to the Local Authority designated officer (DO) within 1 working day of the allegation being made, following local procedures. I will also notify Ofsted at least within 14 days of the allegations being made and include the action taken in respect of the allegations. I will also contact PACEY's Helpline on 0300 003 0005 for advice and support and my insurance company.

If I, as the safeguarding lead, am observed displaying inappropriate behaviour then the observer must report the incident directly to Ofsted and the DO following the procedure stated above.

Prevent Duty

As a registered childminding setting, I have a duty to have due regard to prevent people from being drawn into terrorism under section 26 of the Counter-Terrorism and Security Act 2015. If I have concerns that a child or young person is at risk of radicalisation, extremism or being drawn into terrorism, I can seek advice from the Department for Education's dedicated helpline on 020 7340 7264 or email counter.extremism@education.gov.uk. If I identify patterns of behaviour that lead me to believe a child or young person is engaged in an ideology, is intent in causing harm or is capable of committing violent acts, the Wandsworth Multi-agency Safeguarding Hub (MASH) will be contacted.

If I am concerned that a child in my care is a victim of FGM, Breast Ironing, CSE or gang activity I will refer/report this immediately to Wandsworth Multi-agency Safeguarding Hub (MASH).

- **Female genital mutilation (FGM)** is a practice that takes place worldwide in at least 28 African countries and in parts of the Middle and Far East. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities. Women and girls from UK communities that are at risk of FGM include those whose families originate from these countries. Early years practitioners are required by law to report to the police known cases of (FGM) involving a girl under the age of 18 as it is illegal in the UK.
- **Breast Ironing or flattening** affects 3.8 million women around the world. It is carried out mainly in Cameroon and other African countries and in Britain in families who originate from these areas. Breast Ironing was made illegal in the UK in July 2019. When girls reach puberty, their breasts are pounded using hard instruments such as spoons or stones which are sometimes heated in the fire before hand, in order to slow down or prevent the breasts developing. Breast Ironing can cause extreme physical and mental side effects that can last a lifetime.
- **Child Sexual Exploitation (CSE)** affects girls and boys up to age 18 and involves exploitative situations, contexts and relationships where the young person receives something (eg food, money, drink, drugs etc) as a result of

them performing, on another or others performing on them, sexual activities. Grooming for CSE can happen online or in person.

- **Gang Activity** is often linked to drugs and violence and may be linked to radicalisation. Much of the grooming to recruit new gang members is through schools, where they target children who are not known to the Police.

I aim to provide an environment where all children feel safe and can talk to me when they are worried about anything, enabling me to provide or seek any additional support that may be required. Any instances of discriminatory or derogatory language or behaviour (including language that is about disabled people or is homophobic or racist) will be challenged and an explanation given as to why it is unacceptable.

Unexpected absences

I understand that children will be absent from the setting for varying reasons. For some children, repeated unexplained periods of absence; or leaving unexpectedly can mean that they are subject to, or at risk of, abuse or exploitation. I use attendance records to monitor children's attendance and absences and will report any concerning periods of absence to the local team. I will ensure I have at least three relevant contacts for the child, so that I have alternative contact details in the case of unexpected absences. Where the child fails to attend unexpectedly, I would take all necessary action to attempt to contact their parents. Where a family has a social worker and the child stops attending my setting, I am legally obliged to inform their social worker.

The use of mobile phones and cameras

I understand that mobile phones are an everyday part of life for parents and childminders and with that in mind have laid out my procedure for their use:

- I will ensure my mobile phone is charged and with me at all times in case of emergencies.
- I have the facility to take photographs on both my mobile phone and Ipad and will seek your permission to take any photographs of your child to record activities and share their progress with you.
- Any photographs taken will be stored, used and deleted in accordance with my data protection and privacy policies.
- I will not publish any photographs of your child on any social networking sites or share with any other person without your permission.

- All photographic devices used in my setting will be protected with a password known only to me. I aim to ensure that any photographic equipment including any mobile phones are not accessible to anyone else without permission.
- I ensure that all minded children are protected against exploitation from others by never leaving a child out of my sight with an individual who is in possession of a camera or photographic device which may be used inappropriately.
- I request that you do not use your mobile phone whilst dropping off and collecting your child/children.
- Any visitors to the setting will also be asked not to use their mobile phone.
- If your child has a mobile phone, games console etc with camera or recording facilities that they wish to bring into the setting please let me know. This is so that we can work together for the safety of all children in attendance and ensure appropriate access to material when using the internet.

In order to comply with the Data Protection Act 2018 and GDPR I have registered with the Information Commissioner's Office as a data controller to allow me to store digital images on a computer.

Online Safety

With the increase in usage of information technology (IT) within today's society, it is vital to safeguard children against potentially harmful exploitation. Any IT equipment used within my setting has appropriate filters in place to protect children from harmful online material. It is requested that any IT equipment children bring from home is also protected with appropriate filters. Children will be able to use IT equipment where I can safely supervise their activity and will only have access to computer games or use sites that are listed as suitable for their age or their development stage. I understand the risks involved with games that can be played online with users from outside the setting. I will help children to understand that they should not give any personal information to people they do not know because sometimes people pretend to be someone else when online. I will tell children that I understand that the internet is a great tool for fun and learning but that they should speak up and not keep secrets if something is worrying them. I will help them to know how to identify and use the report abuse buttons that appear on websites and games if they experience something that upsets them online. I use the National Society for the Prevention of Cruelty to Children (NSPCC) 'Share Aware' information to help me to understand the apps, games and

networks that are commonly used by children of different ages and the potential dangers with these. If I become aware of a situation that is potentially abusive, I will report it to the Wandsworth Multi-agency Safeguarding Hub (MASH).

It is not my responsibility to attempt to investigate a situation myself.

Useful Contacts:

NSPCC Helpline:

help@nspcc.org.uk

0808 800 5000

Ofsted

enquiries@ofsted.gov.uk

0300 123 1231

Wandsworth Family Information Service

020 8871 7899

Local Authority Designated Officer

020 8871 7440

LADO@richmondandwandsworth.gov.uk

The Duty Team Referral and Assessment Service

cssduty@wandsworth.gov.uk

020 8871 6622

Outside of normal hours (after 5 pm weekdays or on weekends)

020 8871 6000

Department for Education telephone helpline

020 7340 7264

In an emergency contact the Police by calling 999

Childminder's Signature:



Date: 01.12.2020

Review date: September 2021



Safety on Outings Policy

Rationale

Outings offer children valuable fresh air and exercise as well as enabling them to experience what the community has to offer. I am committed to providing a variety of outings for minded children and aim to keep them safe at all times whilst on outings.

Procedure

The ratio of adults to children on any outing will never be less than 1:4.

I carry out a trial run and full risk assessment of the proposed outing, noting opening times, timetables for public transport/car parking arrangements and toilets/nappy changing facilities etc.

*I obtain written parental permission for children to take part in regular, local outings whilst in my care and specific written permission for a longer outing.

On outings, we may be walking, travelling by public transport, taxi service or by car. Children are always transported safely and appropriate buggies, car seats and walking rings to hold on to are used where appropriate. I aim to keep all children within sight or hearing at all times to prevent them becoming lost. In the unlikely event of a child becoming lost, I will follow my lost child policy.

I take essential records and equipment for each child on outings as necessary, including contact telephone numbers for parents, a first-aid kit, a mobile telephone, sun cream, spare clothing, nappies etc. I also carry with me the contact details of my emergency back-up who will be able to collect your child or assist anyone trying to contact you should anything have happened to me. I keep records of my own and any

other vehicles in which children are transported, including insurance details and a list of named drivers, and I make these available to parents.

When using a bus, we wait on the pavement back from the kerb and children are not permitted to get on or off the bus until it has stopped moving.

Visual risk assessments are carried out for and during each outing. Children who are not in buggies are encouraged to walk close to me to avoid danger from moving traffic. When visiting parks, young children are closely supervised when playing near or on play equipment and older children are reminded of the dangers. Care is taken to avoid uneven surfaces that may encourage trips and falls for younger children. Children are discouraged from approaching unfamiliar dogs. In farm parks, children are shown how to safely touch and feed animals and hand-sanitising gel is used if soap and warm running water is not available after touching animals. Visual checks are carried out in parks and open spaces for dangers such as animal faeces and sharp objects and these are removed by me if safe to do so, or children are moved to a safe area to continue playing.

When near water, all children are closely supervised and where possible are encouraged to stay behind barriers. Children are reminded of how to remain safe if standing near the water's edge if feeding ducks and very young children are strapped in buggies. When walking near open water, care is taken to walk away from the water's edge.

When visiting other people's houses or toddler or childminding groups, visual checks are carried out to ensure that no hot drinks are left at child's height and that doors are secured or well supervised to prevent children leaving the building unsupervised. Toys and equipment that is in reach of children are checked to ensure they are clean and sound and are removed immediately if soiled or damaged. After a significant event I will seek additional support to maintain children's well-being if needed.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Toileting Policy

- All new children are shown the toilet procedure: how to use and flush the toilet, and wash and dry their hands.
- The very young children will be supervised at all times in the toilet area.
- It is likely that older children will not need the same assistance.
- Whilst maintaining levels of privacy, toilet door is never locked.
- Children will be encouraged to do as much as they can for themselves, e.g. remove clothing, wipe bottom. They will be assisted sensitively where necessary. This is the same in the event of a child wetting or soiling him/herself.
- Parents will be telephoned in the event of heavy soiling.
- Please ensure that a full set of named spare clothes are provided in the child's bag.
- Under Health and Safety policy, childminders wear gloves and an apron when changing children.
- The toilet is monitored regularly to ensure it is kept in a hygienic condition.

Childminder's Signature:

A handwritten signature in black ink, appearing to be "Alex", with a stylized flourish at the end.

Date: 01.12.2020

Review date: September 2021



Settling in Policy

Rationale

Research shows that children learn best when they are healthy, safe and secure, when their individual needs are met and when they have positive relationships with the adults caring for them. In order to achieve this for the children I care for, I aim to provide enough time for children to get to know me and my childminding setting before parents/carers leave their child with me.

Procedure

I will discuss with parents/carers the individual needs of the child before a place can be offered to ensure that the needs of all children can be catered for. Copies of all policies and procedures will be given to parents/carers before a place can be confirmed in order to help parents/carers decide if the setting is their choice of childcare provision.

Settling in visits both with and without parents/carers are provided to help the child become familiar with the setting, the routines, the other children and adults in the setting. This will also start to help me to build an emotional attachment with your child, which will be needed for your child to thrive in my setting. Settling in visits will be timed to allow the child to experience all aspects of care and routine including feed times, nappy changing, sleep times, outings and play. This will reassure parents/carers that their child is familiar with and happy for these routines and care to be carried out in parents/carers' absence.

Settling in visits will be carried out over as long a period of time as needed for both the child and the parents/carers, but are expected to take several days or weeks. Written information about the child, along with written parental consent and a contract need to be in place before the child can be left without parents/carers.

I will work with parent/carers to ensure I have adequate information about parents/carers' wishes for their child and will adhere to them wherever possible including likes, dislikes, routines, favourite activities and how to comfort them when needed. I can offer a written daily diary containing information about eating, sleeping and play alongside verbal information exchanges.

Within my setting, I operate a key person system. The key person must help ensure that every child's learning and care is tailored to meet their individual needs. The key person must also engage and support parents/carers in guiding their child's development at home. Within a childminding setting predominately the key person is the childminder, however when working with other childminders or assistants the key person role may be distributed equally.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Television and Games Consoles Policy

Rationale

I believe that watching television/videos in certain conditions can aid young children's attention, comprehension and vocabulary. However, I feel that these should be limited in order to encourage children to participate in a wide variety of experiences, which help build their all-round development. Good evidence suggests that screen viewing before the age of 18 months has lasting negative effects on children's language development, reading skills, and short-term memory. It also contributes to problems with sleep and attention. I aim to limit the use of television to educational videos of less than 10-15 minutes per day for children over the age of 3 only, carefully ensuring that children's learning is aided and not compromised. No game consoles are available at the setting.

Procedure

I ensure that programmes available to children are suitable for their age and stage of development and will discuss with parents/carers their wishes for the programmes they are happy for their child to view. I aim to only watch television with young children so that we can talk about the programme afterwards. Viewing time is limited and the television is switched off as soon as the programme is finished or when children lose interest.

Children will not be permitted to bring in games consoles. If children wish to bring in other games from home, I request this be discussed with me beforehand. This will ensure the content will be suitable for other children attending and brought on a day when our routines will allow time to play it.

A very small percentage of people may experience photosensitive epileptic seizures when exposed to certain visual images, including flashing lights or patterns that may

appear in videos and video games. If a child is vulnerable to these seizures, then such media will not be watched whilst this child is present.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Working in Partnership with Parents/Carers Policy

Rationale

Research shows that an on-going dialogue or sharing of regular two-way observations on learning and development with parents/carers, leads to improved cognitive, social and emotional outcome for children. I fully acknowledge that parents/carers are their child's primary educators. With this in mind and in order to fully meet the needs of the children in my care and to ensure they enjoy and achieve to their full capacity I actively promote and aim to develop a good working relationship with parents/carers.

Procedure

I understand that family is important and should feel valued, listened to and made to feel welcome in my home. I actively encourage the views of both parents/carers and children promoting two-way communication at all times. I will provide a warm, welcoming and professional atmosphere where parents/carers and I can feel at ease to share and celebrate relevant developmental and daily care information.

I will make parents/carers aware of the range and type of activities and experiences provided for their child and the daily routines of the setting, demonstrating how I deliver the [Early Years Foundation Stage](#).

I will strive for the most convenient way to communicate information with you for example via daily verbal feedback along with any of the following written observations/daily diary/developmental file, photographs, video, emails, text messages, phone calls and newsletters. I request that you too regularly share information with me, as it can be vital to identify learning needs, preferences, experiences and abilities of your child, thus enabling me to support your child's

progress more effectively and promote continuity of care. I am always happy to discuss your child and their care with you at any time that is convenient to us both.

To ensure your child has opportunity to reach their full potential their care and learning must be tailored to meet their individual needs. To do this I will carry out planned observations and make regular assessments on your child's learning and development. I will share this with you regularly, and you can take home their development file any time to read and make written comments - I encourage as much input from parents/carers and feedback as possible.

When your child is aged between two and three, I am required to review their progress and provide you with a short, written summary of their development. This summary of development aims to identify your child's strengths, and any areas where your child's progress is less than expected. If your child splits their time between my setting and another childcare setting the one where the child spends the most time will be responsible for completing the development summary. However, I or the other setting will be expected to contribute to its completion.

If I am responsible for the summary, I will share this with you and discuss how it can be used at home to support your child's learning. I may be required to share some information about your child's progress with other agencies, but I will discuss this with you and gain your consent prior to sharing. Wherever possible I will provide the summary in time for you to take to your child's 'Healthy Child Programme health and development review' with the health visitor. This will help the health visitor to identify your child's needs accurately and fully - I ask you to inform me when this review is due.

Wherever possible I will endeavour to meet parent/carer's requests in relation to the care of their children, with respect to beliefs, customs and values. I work in line with my Equal Opportunities policy to ensure all children can be included and empowered to feel valued and unique in my care. If I do not share the same spoken/written language as the family/child, I will take relevant action to facilitate effective communication.

Within my setting I operate a key person system. The key person must help ensure that every child's learning and care is tailored to meet their individual needs. The key person must also engage and support parents/carers in guiding their child's

development at home. Within a childminding setting predominately the key person is the childminder, however when working with other childminders or assistants the key person role may be distributed equally.

In order for me to provide your child with the best care I can it is mutually beneficial for all concerned to promote a consistent approach to caring for your child, therefore I ask parents/carers to discuss and record with me any routines, strategies, health and dietary requirements and expectations they have, not only during the settling in process, but as and when things naturally change and evolve, so not to confuse your child unnecessarily.

To establish a consistent approach, I ask parent/carers to adhere to my Managing Behaviour policy while on my premises. I will challenge any discriminatory and inappropriate behaviour in line with both my Equal Opportunities and Safeguarding policies to ensure the well-being of the children within my care.

Other documentation I will be required to record is your child's full name, date of birth, name and address of every parent/carer and other information about any other person who has parental responsibility for the child; which parent/carer the child normally lives with, emergency contact details for parents/carers and consent for various other procedures.

I will draw up and sign a written contract with parents/carers before the placement starts. The contract will be signed by the parents/carers and myself and dated; a copy will be provided for the parents/carers. I review the contracts with parents/carers annually or when circumstances change.

All information shared will be done so in confidence with the exception of a safeguarding concern, this is in line with my Confidentiality policy, however I will endeavour to discuss any concerns with you if appropriate to do so as in line with my Safeguarding policy.

If you have any concerns or issues regarding the care I am providing for your child please do let me know in line with my Complaints policy. Ofsted details are available on my Complaints procedure and on the Ofsted parent poster on view within my setting and my Ofsted registration certificate is also displayed within my setting. Parents/carers are given a copy of all my policies. Often a concern is a simple

misunderstanding that can easily be resolved; un-aided it can fester and become a major issue and goes against the ethos of my Partnership with Parent/carers policy. I will inform you if I am aware of an inspection enabling you to contribute your views to the inspector and will provide you with a copy of the inspection report.

I look forward to working together and being a part of your child's most precious years.

Childminder's Signature: 

Date: 01.12.2020

Review date: September 2021



Visitor Procedure

Rationale

I must only release children into the care of individuals who have been notified to me by the parent and I must ensure that children do not leave the premises unsupervised.

I must take all reasonable steps to prevent unauthorised persons entering the premises and I must have an agreed procedure for checking the identity of visitors.

Procedure

To keep children safe, I will:

- Speak to parents during induction and ask them to record details about their child's emergency contacts and any people who must not have access to their child;
- Doors are locked during working hours as well as the garden gate;
- Visitor ID will be checked before they are allowed on the premises;
- I shadow visitors and do not leave them unsupervised with children;
- Visitors are never asked to carry out intimate care routines;
- Visitors are asked to keep personal belongings out of sight and reach of children; to comply with my **Mobile Phone and Camera Policy** I ask visitors to keep mobile phones and cameras in their bags or pockets and not to use them while on the premises;
- I share my **Emergency Procedures** with visitors;
- Visitors are not allowed to smoke on the premises.

Unexpected visitors – if I receive an unexpected visitor during working hours, I reserve the right to ring the company to check that the visitor is genuine before allowing them onto the premises.

Record keeping – I record details of visitors for inspection by parents and Ofsted.

Allegations against visitors - if an allegation is made against a visitor, I will follow my **Safeguarding and Child Protection Policy and Procedures**.

Risk assessment update 04.2020 – visitors will not be allowed in the setting to comply with social distancing rules. A new **Arrival and Departure Policy** has been written and shared with parents.

Childminder's Signature:

Date: 01.12.2020

Review date: September 2021