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SAFEGUARDING POLICY

STATEMENT

Junior's Day Nursery Child Protection Policy has been developed in accordance with the principles established by The Children Act 1989 and 2004, The Early Years Foundation Stage 2014 Welfare Requirements, Sections 175 and 176 Education Act 2002 and related guidance including The Framework for the Assessment of Children in Need and their Families (1999), Working Together to Safeguard Children (2015) and What to do if you're worried a child is being abused (2015).

The staff and members of Junior's Day Nursery take seriously our responsibility to promote the welfare and safeguard all the children and young people entrusted to our care.

The Designated Safeguarding Lead for Child Protection, who have overall responsibility for child protection practice in the Setting are Rebecca Taylor and Stephanie Allen. Debbie Older is the Designated Lead at our Tonbridge nursery or Denise Fuller (Owner).

As part of the ethos of the setting we are committed to:

- Maintaining children's welfare as our paramount concern.
- Providing an environment in which children feel safe, secure, valued and respected, confident to talk openly and sure of being listened to
- Providing suitable support and guidance so that children have a range of appropriate adults who they feel confident to approach if they are in difficulties
- Using learning at the setting to provide opportunities for increasing self awareness, self esteem, assertiveness and decision making so that young children have a range of contacts and strategies to ensure their own protection and understand the importance of protecting others.
- Working with parents to build an understanding of the setting's responsibility to ensure the welfare of all children including the need for referral to other agencies in some situations.
- Ensuring all staff are able to recognise the signs and symptoms of abuse and are aware of the setting's procedures and lines of communication.
- Monitoring children who have been identified as 'in need' including the need for protection, keeping confidential records which are stored securely and shared appropriately with other professionals.
- Developing effective and supportive liaison with other agencies.

This policy is in line with The Kent & Medway Safeguarding Children Procedures (2014) www.proceduresonline.com/kentandmedway (This replaces Purple Book") and the KSCB and Eligibility & Threshold criteria **Junior's Day Nursery staff's role and responsibility in Child Protection**



Everyone involved in the care of young children has a role to play in their protection. As a member of staff at Junior's Day Nursery you are in a unique position to observe any changes in a child's behaviour or appearance. If you have any reason to suspect that a child in your care is being abused, or is likely to be abused, you have a 'duty of care' to take action on behalf of the child by following the setting's Child Protection Policy.

As well as the above all staff have supervision meetings every three months with the setting manager and room head to discuss their key children's learning and development, any concerns and how they are working within their staff team. New staff have monthly reviews which again allows them to express any concerns and how they feel they are settling into the setting. Any concerns raised are addressed and monitored by the manager and room heads. These are all written up in their staff files.

Rebecca Taylor and Stephanie Allen Designated safeguarding Leads for Child Protection

The Setting Designated safeguarding Leads for Child Protection are responsible for:

- Co-ordinating child protection action within the setting
- Liaising with other agencies
- Ensuring the locally established procedures are followed including reporting and referral processes
- Acting as a consultant for other setting staff to discuss concerns
- Making referrals as necessary
- Maintaining a confidential record system
- Representing or ensuring the setting is represented at inter-agency meetings in particular Strategy Discussions and Child Protection Conferences.
- Managing and monitoring the setting's part in child care and child protection plans
- Ensuring all setting staff have received appropriate and up to date child protection training.
- Liaising with other professionals.

In the event the Designated Safeguarding Leads are unavailable, or you wish to speak to someone else, staff should talk to Rebecca Taylor or Stephanie Allen without delay.

What is child abuse?

The Children Act 1989 refers to "Significant Harm" rather than abuse. However, abuse is any behaviour, action or inaction, which significantly harms the physical and/or emotional development of a child. A child may be abused by parents, other relatives or carers, professionals and other children, and can occur in any family, in any area of society, regardless of social class or geographical location.

Abuse falls into four main categories (The following definitions are from Working Together to Safeguard Children 2014):



- **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

- **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectation including interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet) or by child exploitation. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



Female genital mutilation

. FGM is child abuse and a form of violence against women and girls and therefore forms part of our safeguarding policy. According to UNICEF there are an estimated 130 million women and girls living with FGM worldwide. Most of these women are located in 29 African countries. In the UK FGM is increasingly identified amongst migrants from FGM-practising countries. We must be alert to the possibility of a girl being at risk from FGM. There is a range of potential indicators that a child or young person may be at risk. Victims of FGM are likely to come from a community that is known to practise FGM. We should note that girls at risk from FGM may not be aware of the practice or that it may be conducted to them. Warning signs that FGM may be about to take place can be found on page 16-17 of the multi agency guidelines at www.gov.uk/governmentpublications/female-genital-mutilation-guidelines

Radicalisation and Extremism

The counter-terrorism and security act 2015 places a duty on us to “Have due regard to the need to prevent people from being drawn into terrorism” This act is referred to as **Prevent Duty**. The government has defined extremism as; “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.” We also include in our definition of extremism calls for the death of members of our armed forces. Details of Prevent strategy can be found on www.gov.uk/prevent.

If you have any concerns about child/ sibling or parents activity you **must** refer the matter to your Designated Safeguarding Lead.

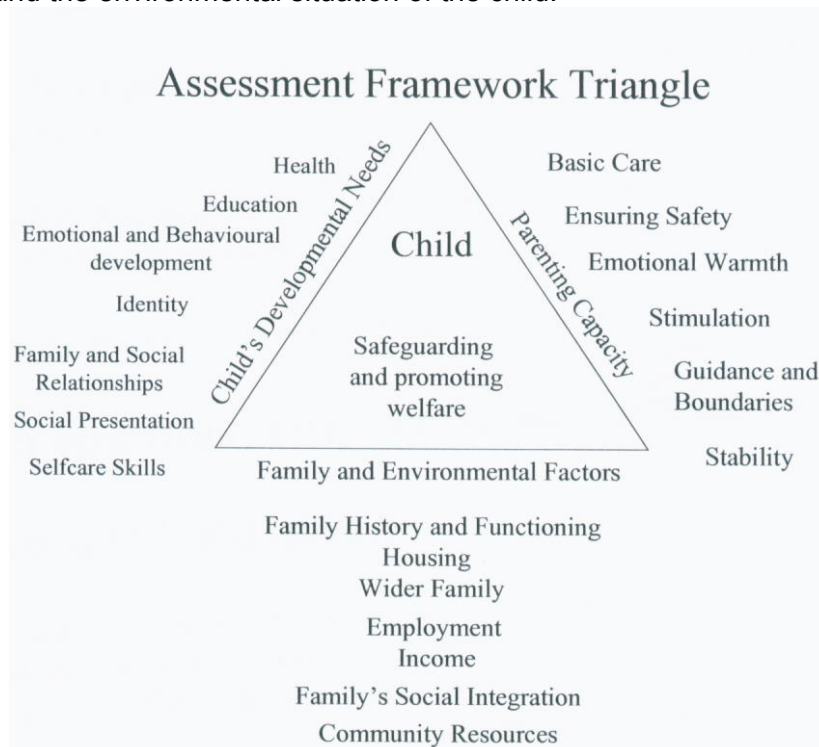
The leaflets “Safeguarding children and child protection.” which describes signs and symptoms of abuse, “What to do if you are worried about a child being abused.” Working together to safeguard children is available to all staff and displayed in the staff area with the full version being available on the PC in the pre-school room.

What may give cause for concern?

- Bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby), etc.
- Any bruising or injury to a very young, immobile baby.
- Burns or scalds
- Bite marks
- Any injuries or swellings, which do not have a plausible explanation.
- Bruising or soreness to the genital area.
- Faltering growth, weight loss and slow development.
- Unusual lethargy.
- Any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn.
- A child whose play and language indicates a sexual knowledge beyond his/her years.
- A child who flinches away from sudden movement.
- A child who gives over rehearsed answers to explain how his/her injuries were caused.
- An accumulation of a number of minor injuries and/or concerns.
- A child who discloses something which may indicate he/she is being abused.

Understanding the child's world

As a Junior's day nursery member of staff, you are familiar with the many factors, which can affect how children learn, how they react, and how they develop. When you are concerned about any child, it is helpful to be familiar with government guidance to help agencies to work together in taking a common approach to assessment and service planning: the Framework for the Assessment of Children in Need and their Families (1999). A child's developmental needs are affected in different ways by the parenting capacity of carers, and by the family and the environmental situation of the child.



How to share your concerns

Keep a factual note of any concerns, i.e. what you have observed and heard. Discuss your concerns with Rebecca Taylor or Stephanie Allen. If there are serious concerns and officers above are not available but immediate advice is needed then contact:

Central Duty Team at the Central Referral Unit 03000 41 11 11

Sign and date your records for future reference.

If appropriate share any initial concerns with the child's parents, as there may be a perfectly innocent explanation for changes which you have observed, for example:

- A sudden change in behaviour could be due to the death or illness of a close family member or a pet.
- Weight loss and/or failing to thrive could be a symptom of an illness.
- A sibling or another child could have inflicted an injury accidentally.



However, if:

- You suspect sexual abuse,
- **Or**
- You do not get an explanation which you feel is consistent or acceptable from the parents/carer
- **Or**
- You feel that discussing the issue with parents may put the child at further risk of significant harm.
- **Or**
- You think a criminal offence has been committed.

Then you must discuss your concerns with Rebecca or Stephanie without delay.

Concerns or uncertainties

There may be occasions when you have concerns about a child, which do not appear to justify a referral of suspected child abuse, but nonetheless leave you feeling uncomfortable. In these circumstances, following consultation with Rebecca or Stephanie they must telephone either:

- **Claire Ray 03000 412284/ 07920108828 or**
- **Children's Social Services Central Duty Team for advice, (03000 41 11 11)** and ask for **"A consultation with the Duty Social Worker on a child protection issue"** to talk through your concerns.

You do not need to give the child's name at this point, although it may be helpful to ascertain if there is a previous social services history. The Duty Social Worker will advise you whether or not your concerns do justify making a child protection referral.

The Social Worker may consider the child to be 'a child in need' rather than 'a child at risk of significant harm'. In this case, a referral to Children's Social Services should be made but only **with the parent's agreement**.

Families sometimes have a negative perception of the role of Children's Social Services, and are reluctant to contact them, fearing that their children may be taken into care. The reality is that Children's Social Services can offer a lot of help, both directly and through other agencies, to families who are experiencing difficulties, so your influence and support in the referral process will be very important. Children's Social Services will assess the family, probably along with other agencies, and put in a support package if appropriate, of which Junior's Day Nursery may well be part.

If the family concerned is reluctant for Children's Social Services to be contacted and following a discussion with the designated person, you could ask the parents' permission to contact another relevant agency on their behalf such as the Health Visitor. It is important to document that parental consent had been obtained.



Serious Concerns

If you are reasonably confident that the child concerned is likely to be at risk, you must immediately discuss this with Rebecca or Stephanie. She will then telephone the Central Duty Team immediately, and ask to speak to the Duty Social Worker stating that she has serious concerns about a child in our care. If Rebecca or Stephanie are not available, then you should speak to Denise Fuller or Debbie at our Tonbridge setting. If they are not available you should contact the Central Duty Team or Claire Ray.

Telephone numbers:

Children's Social Services, open 9-5pm Mondays to Fridays (03000 41 11 11) (Ask for duty and assessment team for children and families stating that you want **"A consultation with the duty social worker on a child protection issue"**).

Out of Hours Social Services: **03000 41 91 91**

When making a referral, The Designated Safeguarding Leads will need to provide the following information, and will have it to hand when telephoning:

- The name, address, date of birth, ethnic origin and gender of the child.
- The names and contact telephone numbers of parents, and other carers or close family members if known.
- The name, address and telephone number of the child's Doctor, and Health Visitor if applicable.
- The incidents which gives rise for concern with dates and times
- The nature of the injuries observed, and/or the reason for your concerns.

Following a telephone referral, it will be expected to follow this up in writing, within 24 hours by completing a inter-agency referral form. These are available from the Kent Safeguarding Children Board Website (www.kscb.org.uk) or within Safeguarding Children's file, which is located in the filing cabinet in the office.

Under Section 47 of the Children Act 1989, Local Authorities have a statutory duty to make enquiries, where they have "reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm". The Children's Social Services Department carries this responsibility on behalf of the Local Authority. Once we have made a referral, we have fulfilled our responsibility to the child. It is at this point that Children's Social Services will take over and a decision will be made on what happens next. All referrals are taken seriously, and the needs of the child and family will be assessed, so that appropriate enquiries are followed up and support can be put into place where relevant. Enquires will be made to other professionals and the child's family. Junior's Day Nursery may be included in these enquiries, and we may be part of any on-going support for the child. Under Section 47(9) all staff at Junior's day nursery has a duty to co-operate" with these enquiries if required to do so.



What will be the outcome?

Having made a referral about a child, you will probably want to know the outcome of the investigation. You should receive some information, but for reasons of confidentiality, this will be on a 'need to know' basis. The designated person should be invited to participate in any meetings set up for the child.

How to respond to a child who discloses something to you.

If a child tells you something, it is important that you respond appropriately:

- Do listen to the child and avoid interrupting except to clarify.
- Allow the child or young person to make the disclosure at their own pace and in their own way.
- Do not interrogate the child. It is alright to ask for clarification, but you should not ask leading questions. Misguided or inappropriate questioning in the first instance can do more harm than good, and may contaminate evidence, which could be needed in an investigation. The interviewing of children must be undertaken by the trained Social workers or Police Officers.
- Do not make any promises to the child about not passing on the information – the child needs to know that you have to talk to someone who will be able to help them.
- Record the information as accurately as you can, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way.
- Inform the Designated Safeguarding Leads

Record Keeping

Staff can play a vital role in helping children in need or at risk by effective monitoring and record keeping. Any incident or behavioural change in a child or young person that gives cause for concern should be recorded on an incident sheet, copies of which are kept in the office filing cabinet in the Safeguarding Children's File. There will be a note on the general Child's file to indicate further notes held within the Safeguarding file. It is important that records are kept factual and reflect the words used by the child or young person. Records must be signed and dated with timings if appropriate.

Information to be recorded:

- Child's name and date of birth
- Child in normal context
- The incident with dates and times
- A verbatim record of what the child or young person has said
- If recording bruising/injuries indicate position, colour, size, shape and time on body map.
- Action taken.

Please also refer to the setting Recording guidelines policy.



What to do if you need to take emergency action to protect a child

On very rare occasions, it may be necessary to act quickly, for example, to protect a child from a drunken or violent parent. In these circumstances, it would be appropriate to discuss this with Rebecca or person in charge immediately who should telephone the police.

In an unlikely event that a child is brought to the setting with serious injuries, it would be appropriate to discuss this with Rebecca, Stephanie or the person in charge immediately who should telephone for an ambulance.

However, it is important to remember that these types of scenarios are very unlikely to happen.

What support is available to you?

Any member of the team affected by issues arising from concerns for children's welfare or safety can seek support from their Designated Safeguarding Leads for Child protection. In addition, regular supervision is provided for all staff on a three monthly bases.

The Designated Safeguarding Leads for child protection can put staff and parents in touch with outside agencies for professional support if they wish so.

Monitoring and Review

All setting personnel and visiting staff will have access to a copy of this policy and will have the opportunity to consider and discuss the contents prior to approval of the owner being formally sought. The policy will also be available to parents.

This policy has been written on 01.08.14 to reflect the new guidance and legislation issued in relation to safeguarding children and promoting their welfare.

The policy forms part of our Setting development plan and will be reviewed annually.

All staff should have access to this policy and sign to the effect that they have read and understood its contents.

SAFE PRACTICE

Our setting complies with the current guidance for Safer Working Practice for those working with Children and Young People.

Safe working practice ensures that the child is safe and that all staff:

- are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions
- work in an open and transparent way
- work with other colleagues where possible in situations that could be open to question
- discuss and/or take advice from the nursery management over any incident which may give rise for concern



- record any incidents or decisions made
- apply the same professional standards taking into account diversity issues
- be aware of information sharing and confidentiality policies
- are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

Allegations of abuse made against a member of staff.

Refer to whistle blowing policy. When an allegation is made against a member of staff the designated person MUST consult with the LADO team, who will help determine how the matter is to be investigated. Each local authority must have a designated office (LADO) responsible for ensuring that the allegations are managed in a proper way. The LADO can be contacted on 03000 410888

This Policy was adopted on	Signed on behalf of Junior's	Date for review
May 2015	Denise Fuller	October 2015
Reviewed on	By	Date for review
4th April 2016	Rebecca Taylor	June 2016



COMPLAINTS PROCEDURE

STATEMENT OF INTENT

At Junior's Day Nursery we understand that by listening to you the parent/ carer, we are able to evaluate and improve our service. We therefore welcome your suggestions as to how we can improve the nursery, to which we will give prompt and serious attention. We aim to ensure that all your concerns are resolved quickly in an informal manner. If you are not satisfied with the way the matter has been dealt with we have a set of procedures for dealing with such concerns.

AIM

At Junior's Day Nursery we take all complaints very seriously. We aim to deal with all complaints to ensure that they are resolved appropriately for all parties involved. Complaints must be responded to the parents' satisfaction within 7 days of receipt of the complaint, be it verbal or written.

PROCEDURE

Junior's Day Nursery will keep a 'summary log' of all complaints. This will be made available to parents as well as to Ofsted inspectors upon request.

When a concern has been raised about any aspect of the child's care, Junior's Day Nursery follow the following procedure:

- In the first instance, any concerns should initially be discussed with the child's key person or a Room Head based in the child's room. Wherever possible this should be done on the day the concern arises so that it can be dealt with promptly. The staff member dealing with the concerns will make every attempt to resolve the matter with the parents.
- If, following these discussions, the matter is still unresolved and the parents are still concerned, they should discuss the matter with the Nursery Manager.
- The Nursery Manager will fully investigate the complaints and make every attempt to resolve the matter with the parents. The Nursery Manager will notify the complainants of the outcome of the investigation within 28 days of having received the complaint. Junior's Day Nursery will keep a record of the complaint in the complaint log and a summary log of all complaints.
- Parents have a right to appeal against the outcome of this investigation to Denise Fuller. Parents should put their concerns in writing to: denise@juniorsdaynursery.co.uk. This should be done within 10 working days of them receiving the outcome of the investigation. Denise Fuller will consider the appeal fully and will notify parents of the outcome of the appeal within 10 working days.

All information relating to individuals involved in the complaint will be kept confidential. These records will be kept for a minimum of three years.

Junior's Day Nursery are regulated by OFSTED (The Office for Standards in Education). Any parent who feels that their complaint has not been dealt with appropriately should contact OFSTED at the address given below.



The National Complaints Team
Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester
M1 2WD
Email: enquiries@ofsted.gov.uk
Telephone: 0300 123 1231

This policy was adopted on	Signed on behalf of Juniors	Date for review
May 2015	Denise Fuller	May 2016
Reviewed on	By	Date for review
October 2015	Rebecca Taylor	October 2016



FEE'S POLICY

At Junior's Day Nursery we believe in open communication with all parents/carers and staff and are therefore presenting this fee's policy in order to ensure that everyone fully understands our charging structure. Our fee structure is fully inclusive of all drinks and snacks, all meals relative to the session attended, nappies and wipes. We are open for 51 weeks a year, closing on Bank Holidays. Our Christmas break will be for 1 week plus the Bank Holidays. In addition we reserve the right to hold 2 inset staff training days each year, advance notification will be given of the dates. Our fees do not include any outings, celebrations or entertainment that is in addition to our usual session activities.

Fees: Fees are payable monthly in advance, in accordance with the rates in force at the time. Fees are reviewed annually, in January of each year, or in the event of any changes to the Code of Practice or any unforeseen events. Any changes to current rates will be advised in writing, at least one month in advance.

Full Day Under 2 Year olds	£54.00 per day
Full Day 2 - 3 years	£54.00 per day
Full Day 3 years +	£52.00per day
Half day session(8am – 1pm or 1pm 6pm)	£31.50 per session
Extra Session	£31.50 per session paid on the day

Fees will be the responsibility of the person named on the registration form. Full time places are charged for only 50 weeks, otherwise fees are calculated on the basis of the weekly charge for the number of sessions attended, multiplied by 51 (weeks) and then divided by 12 (months) to create a fixed monthly charge.

Prices quoted per child are for a full day (8am – 6pm), or a session (8am – 1pm or 1pm – 6pm). Extra sessions or full days (if available) outside the contracted weekly sessions must be paid for on the day or in advance.

One calendar month's written notice is required if you no longer require your nursery place, or wish to withdraw your child from the nursery, or reduce attendance. Fees are payable during this notice period. Fees are also payable if there is any delay taking up the nursery place once the place has been confirmed to you in writing.

Illness/absence: No refund will be given in the event of a child's absence due to illness, holidays, bank or public holidays, closure due to bad weather or any other reason.

Late pick up: Children must be collected promptly at the end of the session. Should a parent fail to collect their child within 15 minutes of the session end, you will be asked to sign the 'late book' and a late collection fee of £15.00 will be charged, and a further £10.00 for every 15 minutes thereafter.

Late payments: Fees are to be paid by Direct Debit on or before the 1st of the month for which they relate. Junior's Day Nursery reserves the right to charge 10% of the total outstanding fees which are 10 or more calendar days overdue. For represented payments a charge of £20 per occasion will be automatically applied. Children may be excluded from the nursery if fees remain outstanding more than 15 days beyond their due date and



registration may be terminated. If you are experiencing financial hardship please speak, in confidence, to Denise or Rebecca so alternative payment arrangements can be made. If without negotiation, fees are not settled we are left with no alternative but to withdraw your child's place and if necessary take legal action to recover the amount owed. Children in receipt of the Free Early Education Entitlement will not be able to access additional fee paying hours until any outstanding fees are settled.

Payment methods: By Direct Debit collected on or around the 1st of the month that they relate to. We do also accept cheque or childcare vouchers with prior agreement. Please make cheques payable to Junior Childcare Ltd.

Free Early Education Entitlement: - 3 & 4 Year Olds - Please see table below on the Free Early Education Entitlement (FEEE) and how your child can access their hours at Junior's Day Nursery and the associated costs for additional hours. You will be invoiced in the usual way. You will receive notification in advance of your child becoming eligible for the free entitlement. For further information please speak with the Management team and visit http://www.kelsi.org.uk/curriculum_and_pupil_learning/early_years/free_entitlement_3-4yrs.aspx .

2 Year Olds – Free for 2 funding is available at Junior's Day Nursery providing that the family meets the requirements set out by Kent County Council. These places are offered on a termly basis and are subject to availability. Please speak with the Management team for further information on accessing these places and visit http://www.kelsi.org.uk/curriculum_and_pupil_learning/early_years/free_entitlement_2_yrs.aspx .

Free Early Education Entitlement & Additional Fees:

A child is eligible for the Free Early Education Entitlement (FEEE) in line with the Department for Education table below:

A child born on or between	Will become eligible for a free place from
1 April and 31 August	Start of term 1, in September, following their 3 rd birthday
1 September and 31 December	Start of term 3, in January, following their 3 rd birthday
1 January and 31 March	Start of term 5, in April, following their 3 rd birthday

Each child will be funded to a maximum of 15 hours each week, of not less than 2.5 hours per day or no more than 10 hours per day. Funding is only available for 38 weeks each year. Currently these 38 weeks are in line with Kent County Council school term dates.

At Junior's Day Nursery the FEEE hours are offered in the following formats. Children wishing to attend for the duration of free entitlement hours only can do so between 2.30pm and 5.30pm Monday to Friday term time only, subject to termly availability.



Full Day	9, 6 or 3 hours FEEE plus an additional fee of £16.81, £28.54 or £40.27 respectively
Morning session	4 ½ or 3 hours FEEE plus an additional fee of £13.90 or £19.77 respectively
Afternoon session	4 ½ or 3 hours FEEE plus an additional fee of £13.90 or £19.77 respectively

Children attending non-funded days/session in addition to their Free Entitlement will be charged at our current rates shown in the table above. You will be invoiced in the usual way.

Termly funding will be equalled out over 4 months and deducted from your monthly fee. This enables the monthly fees to stay the same for the term.

Please see the booklet 'FREE Early Education Entitlement for 3 and 4 Year Olds' for frequently asked questions.

If you would like further clarification on any of the points above please speak with Rebecca or Denise.

This Policy was adopted on	Signed on behalf of Junior's	Date for review
April 2015	Denise Fuller	April 2016
Reviewed on	By	Date for review
December 2015	Rebecca Taylor	December 2016



MEDICATION POLICY

Junior's Day Nursery promotes the good health of children attending nursery and take necessary steps to prevent the spread of infection (see sickness and illness policy). If a child requires medicine we will obtain information about the child's needs for this, and will ensure this information is kept up-to-date.

When dealing with medication of any kind in the nursery, strict guidelines will be followed.

PRESCRIPTION MEDICATION

Staff members are permitted to give medication to the children providing the following are adhered to:

- Prescription medicine will only be given to the person named on the bottle for the dosage stated
- Medicines must be in their original containers
- Those with parental responsibility of any child requiring prescription medication should allow a member of staff to have sight of the bottle. The staff member should note the details of the administration on the 'Junior's Medicine Form' and another member of staff should check these details
- Medical authorisation forms are to be completed on a daily basis for each medication. A new form should be used for every child to ensure confidentiality is kept.
- Those with parental responsibility must give prior written permission for the administration of each and every medication by completing the 'Junior's Medicine Form'
- Parents should notify us IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter
- The parent must be asked when the child had last been given the medication before coming to nursery; this information will be recorded on the medicine form. Similarly when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times
- At the time of administering the medicine, a member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. Another staff member should witness to ensure the correct dosage has been given. (It is important to note that staff working with children are not legally obliged to administer medication)
- Only qualified members of staff may give medicine to children. This person is responsible for ensuring the medication form has been completed correctly
- If the child refuses to take the appropriate medication then a note will be made on the form and parents informed. Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate action.

All medications must be in their original containers, legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.



NON- PRESCRIPTION MEDICATION

- The nursery will administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought
- If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner
- If a child needs Infant Suspension medication during their time at nursery , such medication will be treated as prescription medication with the nursery's Calpol Infant Suspension Paracetamol should parents wish to use this
- On registration, parents will be asked to fill out the 'Parent Consent Form', for a specific type of Infant Suspension medication, which can be given in the case of an increase in the child's temperature. This form will state the circumstances in which this can be given e.g. the temperature increase of their child, the specific brand name or type of Infant Suspension and a signed statement to say that this may be administered in an emergency if they CANNOT contact the parent
- If a child does require Infant Suspension during the day and the parents cannot be contacted then the nursery manager will take the decision as to whether the child is safe to have this medication based on the time the child has been in the nursery, the circumstances surrounding the need for this medication and the medical history of the child on their registration form. Giving Infant Suspension medication will be a last resort and the nursery staff will use other methods first to try and reduce a child's temperature, e.g. remove clothing, fanning, tepid cooling with a wet flannel. The child will be closely monitored until the parent collects the child
- For any non-prescription cream for skin conditions e.g. Sudocreme, prior written permission must be obtained from the parent on the 'Parent Consent Form' and the parent is to provide the cream which should be clearly labelled with the child's name
- If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form
- As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
- The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine

Junior's Day Nursery may reserve the right to request a letter from the child's GP before allowing them to return to the nursery.

SICKNESS & MEDICATION – LONG TERM MEDICAL NEEDS

For children who have long term medical treatment, an individual health care plan is drawn up to support the child's medical needs and the support required for this. It is important to develop an individual care plan depending on the child's medical condition. In developing a care plan for each child the 'Care plan for long term medical treatment' must be completed.

All emergency care plans must be checked and signed by GP or other health care professionals (depending on the level of support the child needs). All Emergency care plans are printed onto bright red coloured card to highlight awareness for staff of the child's medical condition. Emergency care plans are kept inside the child's room where it is



accessible for staff to follow the care plan in case of an emergency. All practitioners will be informed of child's medical condition and its emergency care plan.

If the administration of prescribed medications requires technical/medical knowledge, individual training is to be provided to staff members from a qualified health professional. Training is specific to the individual child concerned.

INJECTIONS, PESSARIES, SUPPOSITORIES

As the administration of injections, pessaries and suppositories represents intrusive nursing, they should not be administered by any member of staff unless appropriate medical training is given to each member of staff caring for this child. This training would be specific for each child and not generic. If this causes a problem in providing appropriate care of a child, please consult with Junior's Day Nursery and Ofsted.

STAFF MEDICATION

The first aid box for staff should be kept in a readily accessible position, but out of reach of the children.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressing, bandages, and eye pads. No other medical items, such as paracetamol should be kept in the first aid box.

Staff are required to immediately inform the manager or owner of any medication that they are taking which may impair their ability to work.

For staff who have long term medical treatment, an individual healthcare plan is written up to support the staff members medical needs and the support required for this. This is shared with the management team and the room head the staff member is working under. The healthcare plan is kept in the individual staff members file.

STORAGE

All medication for children or staff must have the child's/staff name clearly written on the original container and kept in a closed box, which is out of reach of all children and under supervision at all times. Staff are responsible for their own medication.

Emergency medication, such as inhalers and epipens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach and under supervision at all times.

Any antibiotics requiring refrigeration must be kept in an area inaccessible to children.

All medications must be in their original containers, legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.



SICKNESS AND ILLNESS POLICY

On arrival at Junior's Day Nursery, it is essential for parents to notify staff about their child's state of health, whether the child is suffering or has recently suffered from any illness, has had a loose motion, an above normal temperature or has been vomiting.

Junior's Day Nursery follow the Health Protection Agency guidance on infection control and seek advice from them if necessary. Any notifiable illness will be reported to the HPA. Any serious illness will be reported to Ofsted.

Children should not be left at nursery if they are unwell. If a child is unwell then they will prefer to be at home with their parent(s) rather than at nursery with their peers. We will follow these procedures to ensure the welfare of all children within the nursery:

- If a child becomes ill during the nursery day, their parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person
- Should a child have an infectious disease, such as an eye/ear infection or sickness and diarrhoea, they should not return to nursery until they have been clear for at least 48 hours
- It is vital that we follow the advice given to us by our registering authority and exclude specific contagious conditions, e.g. sickness and diarrhoea, conjunctivitis and chicken pox to protect other children in the nursery. Illnesses of this nature are very contagious and it is exceedingly unfair to expose other children to the risk of an infection
- If a contagious infection is identified in the nursery, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection
- Children that have been prescribed antibiotics should be excluded from the nursery for a minimum of 48 hours allowing for recovery for the child and any reactions to the medication to become known.
- The nursery has the right to refuse admission to a child who is unwell. This decision will be taken by the manager or deputy on duty and is non-negotiable
- Information/posters about head lice are readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair and treated.

MENINGITIS PROCEDURE

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Infection Control (IC) Nurse for their area and Ofsted. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given.

If a staff member observes a rash and symptoms of suspected meningitis the manager should be informed and an ambulance called. The Hospitalisation Policy is to be followed.



MINIMUM TIME CHILDREN SHOULD BE AWAY FROM NURSERY DUE TO ILLNESS:

Junior's Day Nursery must be informed if a child has a contagious disease/illness in order to prevent the illness spreading. This information will be treated sensitively and in a confidential manner.

Junior's Day Nursery follows the 'Guidance on infection control in schools and other childcare settings' to prevent the spread of the infection. Please see the separate sheet on Exclusion for Illnesses.

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374

(PLEASE SEE ATTACHMENT)

Junior's Day Nursery reserve the right to request a letter from the child's GP before allowing return to nursery

Minimum time children should be away from nursery due to illness:

Prescribed antibiotics = The child must remain at home for the first 48 hours after first dose of antibiotics has been given. The child can return once they are well again.

Temperature = will be sent home and cannot return until the child is well again

Vomiting and Diarrhoea = child must be kept away from nursery for 48 hours after the last bout of vomiting or diarrhoea

Conjunctivitis = child will be sent home and can return 48 hours after medication has been prescribed and given. **Can only return once the eyes are clear.**

Chickenpox = seven days after the appearance of the rash. Can return once spots have scabbed over

Gastro-enteritis, food poisoning, salmonellosis and dysentery = until authorised by a doctor.

Measels = five to seven days from onset of rash

Mumps = until all swelling has gone, approximately 10 days.

Pertussis (whooping cough) = 21 days from onset of paroxysmal cough

Rubella (German measles) = four days from appearance of rash.

Shingles = seven days from appearance of rash.

Thread worm = until treated

Tonsillitis = minimum 48 hours after antibiotics

Impetigo = until skin has completely healed

Pediculosis (lice) = until appropriate treatment has been given.

Ring worm of scalp = until cured



Ringworm of body = seldom needs exclusion.

Hand, Foot and Mouth = Until the blisters have disappeared

PLEASE CALL THE NURSERY AND SPEAK WITH THE MANAGER BEFORE BRINGING YOUR CHILD IN IF THEY HAVE BEEN UNWELL

Junior's Nursery must be informed if a child has a contagious disease/illness in order to prevent the illness spreading however such information will be treated sensitively and in a confidential manner.

Juniors Day Nursery may reserve the right to request a letter from the child's GP before allowing them to return to the nursery
HOSPITALISATION POLICY

If a child is taken to hospital in an emergency the following procedure will apply:

- Parent/emergency contacts informed immediately. Contract and Policy document to be checked to see if child has any allergies etc
- Child to be taken ASAP to hospital and parents met on the premises
- If Parents/emergency guardian are unable to reach hospital before treatment is likely, a discussion is to take place on what treatment they will or will not allow
- Staff member to remain with child until parent/emergency contact arrives



FOOD AND DRINK POLICY

Mealtimes at Junior's Day Nursery are a happy, social occasion for all children and staff alike. Positive interaction should be shared at these times and enjoyed. Junior's Day Nursery is committed to offering children healthy, nutritious and balanced meals and snacks which meet individual needs and requirements.

We will ensure that:

- A balanced and healthy breakfast, midday meal, tea and a daily mid morning snack are provided for children attending a full day at the nursery
- Menus will be planned in advance, rotated regularly and reflect cultural diversity and variation. These will be displayed for the parents to view
- With guidance from our nutritionist we aim to ensure, as far as is reasonably possible, all meals we provide are nutritious and free from large quantities of fat, sugar, salt and artificial additives, preservatives and colourings
- Menus will include several servings of fresh fruit and vegetables per day
- Parents and children will be involved in menu planning
- Fresh drinking water will be constantly available and accessible. It is frequently offered to children and babies
- Individual dietary requirements will be respected. We will gather information from parents regarding their children's dietary needs including any special dietary requirements, cultural requirements and food allergies that a child has and any special health requirements before a child is admitted to the nursery. Such information is recorded in the child's registration records which parents will sign to confirm that it is correct. Where appropriate we will carry out a risk assessment in the case of allergies and work alongside parents to put into place an individual dietary plan for their child
- All children are provided with place mats bearing the child's name, red place mats are given to children with specific requirements highlighting to staff the need for extra care when serving food
- Staff will show sensitivity in providing for children's diets and allergies. They would not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy
- Meal and snack times will be organised so that they are social occasions in which children and staff participate in small groups. During meals and snack times children will be encouraged to use their manners and say 'please' and 'thank you' and conversation will be encouraged
- Staff will use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves. Staff will support children to make healthy choices and understand the need for healthy eating
- We provide foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones. Cultural differences in eating habits will be respected
- Any child who shows signs of distress at being faced with a meal he/she does not like will have his/her food removed without any fuss. If a child does not finish his/her first course, he/she will still be given a small helping of dessert. Children not on special diets will be encouraged to eat a small piece of everything
- Children who refuse to eat at the mealtime will be closely monitored and maybe offered food later in the day
- Children will be given time to eat at their own pace and not rushed
- Quantities offered will take account of the ages of the children being catered for
- We will promote positive attitudes to healthy eating through play opportunities and discussions



- The nursery will provide parents with daily written records of feeding routines for all children
- No child is ever left alone when eating/drinking to minimise the risk of choking
- All staff that prepare and handle food are competent to do so and receive training in food hygiene

Ofsted will be notified of any food poisoning affecting two or more children looked after on the premises as soon as reasonably practicable but in any event within 14 days of the incident.



BEHAVIOUR MANAGEMENT POLICY

Junior Day Nursery operates according to our Equal Opportunities Policy and believes that it is important for all children to learn to behave in a caring and appropriate way, to enable them to develop socially and to increase their self-esteem. We believe that everyone has a right to be treated with respect, addressed correctly and politely and to be treated with equal concern. All children may from time to time display signs of unacceptable behaviour. When this happens in the nursery it will be managed appropriately and according to the child's understanding.

We aim to do this by:

- Treating children and adults with courtesy and respect
- Providing positive role models for children
- Working in partnership with parents
- Encouraging children to share and to care for each other
- Encouraging children to be kind to each other
- Encouraging children to care for and to respect the environment
- Encouraging acceptable behaviour through praise and encouragement
- Developing a sense and understanding of what is right and wrong
- Setting children clear and consistent goals and boundaries
- Developing consistent approaches to behaviour management both at home and in the setting
- Appointing a Designated Behaviour Management Officer to liaise with and support staff and parents

The designated Behaviour Management Officer is Rebecca Taylor

The role of the Behaviour Management Officer is to:

- Keep up to date with legislation, research and thinking on promoting positive behaviour and on handling children's behaviour where it may require additional support
- Advise and support staff and parents in appropriate ways of dealing with challenging behaviour
- Check that all staff have relevant training on promoting positive behaviour and advise staff on appropriate training in relation to behaviour management.

All adults coming into contact with the children (including staff members, students, parents and visitors) are expected to provide a good role model and to behave in an appropriate way. Any adult behaving inappropriately will be asked to leave the area and to discuss the matter with a senior member of staff.

Strategies for dealing with children who engage in inconsiderate behaviour

- Distracting children if they become frustrated
- Early intervention to avoid disagreements
- Time out with adult support, if appropriate
- Encouraging children to settle disputes by compromise and negotiation
- Helping children to understand what is and what is not acceptable behaviour
- Encouraging children to empathise with other people

Preventing inappropriate behaviour

Organisation within the setting will limit the possibilities for inappropriate behaviour, such as lack of supervision, unnecessary waiting, lack of resources and inappropriate tasks. Clear expectations, alongside absorbed and motivated children, will eliminate many behavioural issues.



Through our curriculum planning we lower the chances of children misbehaving by including exciting, stimulating activities which are differentiated appropriately, ensuring that children are not bored or frustrated with the activity. In order to promote a child's confidence and self-esteem Junior's Day Nursery staff praise children with spoken words and signing. When appropriate, we ignore unwanted behaviour and praise good behaviour to ensure that a child's misbehaviour is not linked to the need for attention, whether it be positive or negative.

When dealing with a situation staff members will maintain a calm and consistent approach at all times. Situations will be dealt with immediately to avoid escalation. We have a strict policy that we do not shout or raise our voices in a threatening manner in response to children's inconsiderate behaviour. Neither will we use techniques intended to single out and humiliate individual children.

If the child is continually showing signs of unacceptable behaviour the Key Person will discuss this with the child's parents and the Behaviour Management Officer. The Key Person, Behaviour Management Co-ordinator and parents will agree a plan of action, whereby staff and parents can work in partnership to provide a consistent approach.

If a child's behaviour has caused harm to another child, adult or piece of equipment at the nursery, then an incident report will be written in the Incident Book and the parent will be asked to sign this document and will be given a copy of the report to take away with them. A second copy of the report will be retained by the nursery. Serious incidents may require further action and the nursery would work in partnership with the parent to overcome the issues.

When disputes occur between children, the identity of the children involved in the dispute will remain confidential. Staff will be alert to signs of bullying and will challenge it in a way that is appropriate to the children's age, stage of development and understanding.

If the child continues to require help to develop positive behaviour, every effort will be made to provide for their needs. Where appropriate to do so, the Behaviour Management Officer will seek advice from the Local Authority Behaviour Management expert. Physical intervention will only be used to manage a child's behaviour if it is necessary to prevent personal injury to the child, other children or an adult. Any occasion where physical intervention is used to manage a child's behaviour will be recorded and parents will be informed about it on the same day.

All staff are positive role models to children.

Children under 3 years

At Junior's Day Nursery staff are trained to recognise that when under threes behave in inconsiderate ways we realise that strategies for supporting them will need to be developmentally appropriate and differ from those for older children. We recognise that very young children are unable to regulate their own emotions, such as fear, anger and distress; therefore our staff are required to be sensitive to these situations to help them to do this. Common inconsiderate or hurtful behaviour of young children includes tantrums, biting and fighting. Staff will be calm and patient, offering comfort, helping children to manage their feelings and talking about them to help to resolve issues and promote understanding. We focus on ensuring that a child's attachment figure in the setting, their key person, is building strong relationships to provide security to the child.

BITING POLICY

Juniors Day Nursery understands this is a difficult situation for parents whether it is your child that has been bitten or your child biting others.

Why do some children bite?

Exploration – babies and young children explore the world around them using their senses to understand the taste or texture of different things.

Teething – some children chew or mouth to gain relief from teething pain. Most children truly do not understand the difference between an object and a human.

Attention – when children are in situations where they feel they are not receiving enough attention biting is a quick way of becoming the centre of attention.

Frustration – children can be frustrated by a number of things such as wanting to do things themselves or not having the right words to convey a message or express themselves clearly. This can lead to biting as a way of dealing with this frustration.

How we will deal with biting

Working with parents

The Behaviour Management Officer will support both sets of parents and the staff team. Staff will not tell parents which child their child has bitten or which child has bitten their child. This is to protect both the children involved and their families. We ask the parents of the child who has bitten to work with us as a team. Observations may identify a possible trigger for the biting incident. We would then make changes to reduce or remove the cause, for example we may increase the supervision of a child that is biting so that we can support them to find different ways to express themselves. We may encourage the child to take part in activities which help release frustration such as play dough or other physical activities.

The child that has been bitten

After being bitten, staff will instantly comfort the child and treat any injury with a cold compress being applied to the affected area. This process continues until the child has settled and feels comfortable to play again.

The child who has bitten

If the child is old enough we will explain to them that they have hurt another child and that biting is not acceptable. We always encourage the child to give a cuddle to the other child that has been hurt. If the biting/attempting to bite becomes a regular occurrence we will make changes by increasing the supervision of the child to support them to find ways to express themselves appropriately.

Recording the incidents

All incidents are recorded on an incident/accident form for both the child who has been bitten and the child who has bitten. Both parents are asked to sign the forms when they collect their children at the end of the day.

REMEMBER

Biting is not anyone's fault. It is a phase of development some children go through. Everyone needs to be realistic about the expectations of the child.