Kiveton & Wales Nursery

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Reviewed September 2026 by Joanne Davies- Manager
Next review September 2027

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Safeguarding and Child Protection

Safeguarding is the preferred term for the holistic approach to the welfare of children, staff and vulnerable adults.

The principles underpinning safeguarding;

The following **evidence based** principles should be followed,

- **Child centred**, the needs of the child should be the major consideration.
- **Child development**, safeguarding should be informed by a knowledge of child development.
- **Outcomes for children**, any developed plan should be based on an assessment of,

the likelihood of significant harm,
the child's developmental needs,
the caregivers' capacity to respond,
the community context.

- **Holistic approach**, take into account all factors.
- **Equality of opportunity**, all should have the opportunity to achieve their optimum development.
- **Involve children and families**, work in partnership as far as possible.
- **Build on strengths**, don't just focus on the difficulties.
- **Multi / inter agency approach**, should start whenever there are concerns about a child's welfare.
- **Continuing process**, service provision should be continually
- reassessed.
- **Evidence**, professional judgements must be underpinned by a rigorous evidence base.
- **Safer working practices**, this includes following safe recruitment and supervision practices.

Child Protection is part of safeguarding

The Designated safeguarding lead (DSL) is; Joanne Davies
The Deputy DSL is; Gaynor Garcia

All staff are expected to attend regular basic child protection/safeguarding training, with senior staff attending the RLSCB Designated Lead Training workshop every 2 years. The designated officer and all senior staff who are left in charge attend the Designated Lead Training workshop every 2 years. The setting also refers to 'Working Together to Safeguard Children 2026'. There is always a designated member of staff for safeguarding available at all times when the setting is open to discuss concerns with. All staff receive updates on Safeguarding and Child Protection at least annually via emails, e-bulletins and newsletters.

Any concerns about the well being of a child or family should be discussed with the DSL or deputy DSL

The designated safeguarding lead is responsible for overseeing all child, young person or adult protection matters.

The 'designated safeguarding lead' ensures they have links with statutory and voluntary organisations regarding safeguarding children.

The 'designated safeguarding lead' ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.

The 'designated safeguarding lead' ensures all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.

The 'designated safeguarding lead' ensure that staff are aware and receive training in social factors affecting children's vulnerability including

- social exclusion
- domestic violence and controlling or coercive behaviour
- mental Illness
- drug and alcohol abuse (substance misuse)
- parental learning disability
- radicalisation

The 'designated safeguarding lead' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:

- abuse of disabled children
- fabricated or induced illness
- child abuse linked to spirit possession
- sexually exploited children
- children who are trafficked and/or exploited
- female genital mutilation

- extra-familial abuse and threats

- children involved in violent offending, with gangs and county lines.

Operation Encompass

Operation Encompass is a scheme that our nursery is part of and is an initiative between South Yorkshire police to share information on any domestic abuse incident, where it is identified that a child was present, witnessed or exposed to such an incident. The sharing of this information will allow the designated safeguarding lead to carry out an assessment of the needs of that child during the day to determine if any early intervention support is required to be put in place, using guidance set out in our Safeguarding policy.

This duty is set out in Section 49A of the Domestic Abuse Act 2021, as outlined in section 20 of the victims and Prisoners Act 2024.

Procedures that are followed if staffs have concerns about a child's welfare are in line with the guidance and procedures of the Rotherham Safeguarding Children's Partnership (RSCP)- Multi Agency Arrangements for Safeguarding Children- Homepage-Rotherham Safeguarding Children Partnership (rscp.org.uk)

First be aware that;

- An allegation may lead to a criminal investigation so don't do anything to jeopardise a police investigation. Follow procedures.
- All staff have a responsibility for safeguarding children.
- Social services, Police and the NSPCC are the only agencies who can investigate allegations of child abuse.
- All other agencies (including schools and Children's Centres) must report concerns to the Social Services.
- Procedures are followed in accordance to the "Working Together to Safeguard Children" document.

Concerns about welfare are usually based on staff observations and knowledge of the child this can lead to;
A general concern, when something just does not "feel right" or is out of character.
A specific concern when something is definitely not right, eg. a bruise or burn, acting out or phrases used.
Welfare concerns can also be raised by disclosure to staff, this can be from the child or from another adult eg. family member, neighbour.

- www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

GENERAL CONCERNS;

There may be occasions when children give staff "a cause for concern,"

-
- there is a change in behaviour, more tearful, more aggressive, more tired, quieter etc.,
- there may be bruising,
- there may be unkempt appearance / clothing,
- there may be punctuality or attendance issues where previously there had been none.

What to do;

- record this on the **cause for concern record sheet (which will be kept with their learning journey)**
- discuss with colleagues involved with the child,
- raise the concern with the parent / carer and note their explanation. It may be that staff can support the family by suggesting behaviour strategies, adapting session times, referring to Outreach / Family support / Health Visitor / GP if they feel this would be appropriate. Also record this on the cause for concern sheet.

Record any marks on the appropriate body map and keep with the record sheet. At this stage staff will observe the child and monitor the situation, if the concern is explained and satisfactorily resolved no further action needs to be taken however if a series of three concerns are recorded or a pattern is detected the evidence needs to be discussed with the DSL to ascertain the next appropriate action which may involve other policy procedures eg. SEN, Inclusion or a referral to MASH (Multi Agency Safeguarding Hub) and a (MARF) multi Agency referral Form (See form at end of Safeguarding and Child Protection Policy) will be completed and sent within 24 hours of making refer

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Cause for concern record sheet for;

Name;

Date	Incident / concern	Discussed with ? Their response What next?

SPECIFIC CONCERNS; Staff need to record such concerns on the **Safeguarding children incident form,** using body map if required and discuss the issue with the DSP urgently.
The DSP will talk with the parent/carer about the issue unless the welfare of the child or staff is deemed to be at risk by doing so.
The DSP can seek further advice from the (MASH) Multi Agency Safeguarding Hub, 01709 336080 Email MASH-Referral@rotherham.gcsx.gov.uk , and then follow referral procedures if thought necessary.
All incidents need to be recorded and put in the child's file or in the safeguarding file. MASH needs to be informed once 3 safeguarding incidents are recorded, or immediately for child protection matters.

DISCLOSURE;
If a child discloses information to staff which gives them cause for concern, first of all listen to the child and try not to show shock, accept what they say and try not to ask too many questions, stay calm and reassure the child but do not promise confidentiality. The DSP needs to be informed immediately; a decision will then be made as to what to do next. As soon as possible the disclosure details need to be recorded on the **Safeguarding children Incident sheet.**
If an adult discloses information to staff about a child which gives them cause for concern, staff need to follow the above procedures and report to the DSP, staff should not attempt to investigate any allegations. The DSP will seek advice if it is needed.
Contact MASH 01709 336080
Remember whatever the concern is to make sure that everything is recorded, including discussions, decisions made, reasons for those decisions, names, dates and times.

The Concept of Significant harm;
The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the child.

"Harm" means ill treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill treatment of another.

"Development" means physical, intellectual, emotional, social or behavioural.
"Health" means physical or mental.
"Ill treatment" includes sexual abuse and forms of ill treatment which are not physical.
Where the question of whether the harm suffered is significant or not then the child's health and development shall be compared with that which could be reasonably expected of a similar child.

To understand and establish significant harm, it is necessary to consider;

- The nature of the harm, ill treatment or failure to provide adequate care.
- Risk of future harm.
- The family context.
- The child's development within their family and the wider social / cultural environment.
- Any special needs eg. a medical condition / disability, which may affect development and care.
- The impact of the child's health and development
- The adequacy of parental care.

If staff are unsure whether the threshold for significant harm to a child has been met advice can be requested from;

- **MASH 01709 336080**

Refer to and follow the guidance / procedures of the Rotherham Safeguarding Children Partnership (RSCP) - Multi-Agency Arrangements for Safeguarding Children Homepage – Rotherham Safeguarding Children Partnership (rscp.org.uk)

Forms of Child Abuse	What to look for
Sexual Abuse Both boys and girls can be sexually abused In the following ways: ● Full sexual intercourse, masturbation, oral sex fondling ● Showing children pornographic books and videos ● Asking children to take part in making videos or taking pornographic photographs	Pain, itching bruising or bleeding in the genital area ● Stomach pains ● Discomfort when walking ● Unexplained sources of money ● Inappropriate drawings, language or behaviour ● Aggressive withdrawn behaviour or Fear of one person
Physical Abuse Physical abuse can be in the form of injuries sustained through hitting, shaking, squeezing, biting or burning. In certain cases abuse may occur when the nature and intensity of training exceeds the capacity of the child's body.	Unexplained or untreated injuries ● Injuries on unlikely parts of the body ● Cigarette burns, bite or belt marks scalds ● Fear of parents being contacted, going home or receiving medical advice ● Flinching when touched ● Refusal to discuss injury ● Covering arms and legs

Neglect Where adult Fail to meet a child's basic physical needs eg. for food, warmth and clothing ● Constantly leaves children alone or unsupervised ● Fails or refuses to give children love, affection or attention ,Neglect might also occur during organised activities if children are placed in an unsafe environment, are exposed to extreme weather conditions or where they risk being injured.	● Poor personal hygiene ● Constantly hungry ● Inappropriate clothing or dress ● Constantly tired ● Lonely, no friends ● Underweight ● No parental support or interest ● Dishevelled appearance
Emotional Abuse This form of abuse includes; ● Persistent lack of love or affection ● Frequently shouting at children ● Taunting children ● Over protection which can lead to poor social skills **Emotional abuse may include situations where parents, coaches or organisers subject children to constant criticism, bullying or unrealistic pressure to perform to high expectations.**	● Over reaction to mistakes ● Sudden speech disorders ● Extremes of emotions ● Self-mutilation

Don't worry that you may be making things worse by reporting your concerns – few things are worse than allowing child abuse to continue. Many children are devastated by the experience of abuse and, in the most severe cases, may be seriously harmed.

Child sexual exploitation(CSE) is a form of child sexual abuse. Sexual abuse may involve physical contact, it may also include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities and encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).
Child sexual exploitation is a complex form of abuse and it can be difficult to identify and assess. Staff are aware of the indicators and through their knowledge, skills, professional curiosity analyses the risk factors and personal circumstances of individual children to ensure that the signs and symptoms are interpreted correctly and appropriate support is given.

Female Genital Mutilation (FGM) FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003.

FGM is abuse of the human rights of girls and women and is therefore a child protection issue.

FGM is illegal in the UK and it is illegal to prepare, send or take a child to another country.

If you suspect that any girl in Rotherham is at risk of being subjected to any form of FGM you must take action to report it immediately by contacting either:

- South Yorkshire Police, Rotherham Public Protection Unit on 0114 220 2020
- Rotherham's Children's Social Care Services, MASH on 01709 336080
- *Multi-agency Statutory Guidance on Female Genital Mutilation*

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

Further guidance

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

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Safeguarding Children Incident form;

- **Child details; (include full name,age, DOB, address)**

- **Setting Information; (include name of Key worker, session times, attendance record)**

- **Nature of the allegation / incident; (include as much detail as possible, include dates and times, any other person you have spoken to, only report what you have seen or been told verbally do not interpret, use a body map if you need to record marks on the body**

- **Details of anyone else involved / spoken to;(include full name, contact details, relationship to child)**
- **Name of person completing this form;**
- **Name of setting DSO;**
- **Next steps;**

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The Prevent Duty

The Prevent strategy, published by the Government in 2011 is part of an overall counter-terrorism strategy with the aim to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Prevent strategy states that 'terrorist groups often draw on extremist ideology', extremism is defined by the Government as;

"Vocal or active opposition to the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs, also calls for the death of members of our armed forces is included" (HM Government, 2015, Revised Prevent Duty Guidance: for England and Wales. All staff should have regard to and reference the 'Prevent duty guidance for England and Wales'

https://www.gov.uk/government/publications/prevent-duty-guidance

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.

Kiveton & Wales Nursery is subject to a duty under section 28 of the Counter Terrorism & Security Act 2015, to have due regard to the need to prevent people from being drawn into terrorism. This is referred to as 'The Prevent Duty'.

Staff will have and are expected to have training that gives them the knowledge and confidence to identify children at risk of being radicalised

and drawn into terrorism, and that this is part of wider safeguarding duties in protecting children from other forms of harm and abuse.
Here at Kiveton & Wales Nursery we are vigilant to the signs and indicators of possible extremism and radicalisation. Staff are aware that even very young children may be vulnerable to radicalisation by others and this could be displayed by concerning behaviour:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means

All staff promote British Values by having an awareness and respect for peoples' differing Spiritual, Moral, Social and Cultural views and orientation.
The Equality Act, 2010 has nine protected characteristics:

- Race and Ethnicity
- Religion and Belief
- Sexual orientation
- Sex
- Disability
- Age
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership

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

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

- Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism www.gov.uk/government/publications/channel-and-

prevent-multi-agency-panel-pmap-guidance

- Prevent Strategy (HMG 2011)
  www.gov.uk/government/publications/prevent-strategy-2011

- The prevent duty: for schools and childcare providers
  www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty

Here at Kiveton & Wales Nursery we foster good relations between persons who share relevant protected characteristics and persons who do not share it.

Any concerns need to be reported immediately to (MASH) Multi Agency Safeguarding Hub, 01709 336080 Email MASH-Referral@rotherham.gcsx.gov.uk

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Next Review September 2027

Reviewed by Joanne Davies

Incidents occurring out of nursery

All incidents /accidents that happen in nursery are recorded and parents are always informed. We also ask that all parents/carers inform us of any incidents /accidents that happen out of nursery. This may be bruising, scratches, nappy rash etc. This information is recorded on incidents occurring out of Nursery form, and if there are marks to the child these are recorded on the appropriate body map and signed by the child's parents/carers. The form is then kept in the child's individual file. Forms and body maps for incidents occurring out of the nursery are kept in children's individual files.

Procedure for allegations against staff members

Such allegations can come from a member of the staff team, a parent / carer, a member of the public. Ideally the person raising the concern should talk to the DSO but if the concern is made anonymously the DSO

can take advice from The Local Authority Designated Officer (LADO). In all circumstances we will seek advice about allegations from the LADO as they lead any investigations and are available for advice. contact MASH 01709 336080.
The person concerned will need to be supported through the allegation but the welfare of the children must be paramount. The Committee will need to decide in view of the allegation if it is appropriate for the staff member to continue their duties whilst the allegations are investigated.
The DSO will need to obtain a written report of the allegation.
Inform the Committee.
Arrange for staff to be interviewed to ascertain whether they witnessed the alleged incident.
The outcome of these will determine whether the staff member accused

will be suspended. Advice from Ofsted will be sought where there is a possible disqualification. If this is the case OFSTED 0300 123 1231 will be informed within 14 days. If the staff member is dismissed due to putting a child at risk of harm the disclosure and barring service will be informed under the **Safeguarding Vulnerable Groups Act 2006.**
Any reports obtained should be handed to the appropriate agencies to take any necessary action. Copies of any reports will also be kept in the nursery.
Once the allegations have been investigated and a conclusion reached the Committee will act appropriately which may include;

- A full return to duties within the setting
- Dismissal from the setting
- A report submitted to the Police
- A report submitted to Social Services
- A report submitted to OFSTED.

The Disclosure and Barring Service will be informed if a staff member is dismissed due to putting a child at risk of harm.

Low level concerns form

Name of setting:

This form is to share any concern or 'nagging doubt' that a colleague may have acted in a manner that could be described as a 'low level' concern that may not meet the threshold of harm or be considered serious enough to refer to the LADO (Local Authority Designated Officer). A low-level concern may include behaviour that:

- is not consistent with the setting's code of conduct, for example, discriminatory or unsafe working practice or, being subject to a police caution, conviction or investigation that they have not disclosed to their line manager.
- relates to conduct outside of work that has caused a sense of unease about their suitability to work with children, for example, behaving in a way that would bring the setting into disrepute.

The above examples are not exhaustive. The person who has the concern must speak to the designated person as soon as possible. It is also helpful to document concerns, which can be done using this form and then passed to the designated person. If the concern is about the designated person, please speak to the designated officer (The Deputy DSL).

If the concern has been raised through the setting's whistleblowing process, the designated person/setting manager will be informed and should complete this form as a record of the concern.

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Low level concern for for allegations against staff

- **Staff Name (**include date of birth, times/day's of work)

- **Nature of the allegation/incident** (including report from person making the allegation)

- **Details of anyone else involved**
- **Name of person completing this form**
- **Name of setting DSL**

- **Next steps**

Whistle Blowing Policy

Kiveton and Wales Nursery requires committee members and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As members of Kiveton and Wales Nursery we must practise honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

This whistle-blower policy is intended to encourage and enable employees and others to raise serious concerns internally so that Kiveton and Wales Nursery can address and correct inappropriate conduct and actions. It is the responsibility of all committee members and employees to report concerns immediately.

Concerns could be-

- Conduct which a member of staff may consider to be a criminal offence;
- Disclosure relating to miscarriages of justice;
- Health and safety risks, including risks to the public as well as other staff;
- Possible fraud or corruption;
- Breaches of procedures;
- Environmental risks;
- Failure to comply with legal obligations;
- Sexual, physical or verbal abuse of children, parents, staff or any other behaviour which a member of staff genuinely finds unacceptable or inappropriate;
- Other unethical conduct;

- The deliberate concealing of information relating to any of the above matters.

Any serious concerns that a member of staff has about any aspect of their employment can be reported under this policy.
These procedures are in addition to any other statutory reporting procedures that may be applicable.

Staff can speak up without fear of harassment, victimisation, discrimination or disadvantage. Any investigation into allegations of potential malpractice will not influence or be influenced by any disciplinary or other procedures that already affect the member of staff. There will be no 'come back' if a member of staff reasonably believes that they have made a disclosure in good faith.
Staff who are unable to raise the issue with their manager/designated safeguarding lead should raise the issue with a senior member of staff.

If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with [Committee Chairperson- Katrina Rhodes- kdevlin86@live.co.uk].

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

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

How to raise a concern and the procedure

The procedure for individuals to disclose information depends on the seriousness and sensitivity of the issues involved and who is suspected of any wrongdoing.

The DSO (Joanne Davies /Gaynor Garcia) may be the person you take the concern to in the first instance or
The chair of our Committee (Katrina Rhodes) or
Directly to LADO through our MASH contact (01709 336680)
MASH can also be contacted at any time for advice.
Concerns can also be reported to Ofsted you can do this using the following link: whistleblowing@ofsted.gov.uk
or by phone 03001231231
We will respond to all concerns confidentially and every effort will be made not to reveal a staff member's identity, if they so wish.

Untrue allegations
We accept that deciding to report a concern can be difficult and uncomfortable. If a staff member makes an allegation in good faith, but it is not confirmed by the investigation, no action will be taken against him/her. If however a member of staff makes an allegation frivolously, maliciously or for personal gain, disciplinary action may be taken against them.

The outcome of these will determine whether the staff member accused will be suspended. Advice from Ofsted will be sought where there is a possible disqualification. If this is the case OFSTED 0300 123 1231 will

be informed within 14 days. If the staff member is dismissed due to putting a child at risk of harm the disclosure and barring service will be informed under the **Safeguarding Vulnerable Groups Act 2006**.
Any reports obtained should be handed to the appropriate agencies to take any necessary action. Copies of any reports will also be kept in the nursery.
Once the allegations have been investigated and a conclusion reached the Committee will act appropriately which may include;

- A full return to duties within the setting
- Dismissal from the setting
- A report submitted to the Police
- A report submitted to Social Services
- A report submitted to OFSTED.

The Disclosure and Barring Service will be informed if a staff member is dismissed due to putting a child at risk of harm. In the event of a disqualification of a registered provider, the person must not continue as an early year's provider.

Links for further guidance
htts://www.legislation.gov.uk/ukpga/2006/47/contents

https:///www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006/disqualification-under-the-childcare-act-2006

Contacts

MASH (Multi Agency Safeguarding Hub) 01709 336080

LADO, MASH , Local Authority Designated Officer…. 01709 336080

South Yorkshire Police, Central Referral Unit, 8am – 4 pm Monday – Friday……01709 832793

OFSTED 0300 123 1231

South Yorkshire Police 01142 202020

National Guidance 0845 6022260
Reviewed September 2026
Next review September 2027
By Joanne Davies, Manager

Kiveton and Wales Nursery

Safeguarding Policy

This Policy was accepted by the Management Committee of Kiveton & Wales Nursery at a Special Meeting held on September 2012. Our group is committed to safeguarding the welfare of all children in our care and maintaining a safe environment for these children.
We do this by
Recognising that any child is entitled the protection afforded by the contents of this document whatever their age, culture, disability, gender, racial origin, language or religious beliefs, have the right to protection from physical, mental, sexual or emotional abuse.
Acknowledging that the welfare of the child is paramount.

Staff Disqualification

To ensure that our staff and volunteers (committee) are carefully selected and that they accept responsibility for helping to prevent the abuse of children in our care. It is a requirement by us that we always check all adults associated with our provision for their ongoing suitability to work or be associated with our nursery. This entails making them aware of what constitutes a dis-qualifiable offence or conviction. All staff will be asked as part of their annual appraisal about their ongoing suitability to work with children. Following a committee member's DBS check. They will also be asked to confirm their ongoing suitability, this will be recorded and they will sign to say it is their responsibility to disclose anything in their private life that could impact on their suitability immediately. A copy of the Disqualification under the Childcare Act 2006 (31 August 2018) is used during appraisals and is also

emailed to all staff and volunteers, so a dis-qualifiable offence is known to everyone.

https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006/disqualification-under-the-childcare-act-2006

We respond swiftly and appropriately to all suspicions or allegations of abuse, and provide parents, carers and children with the opportunity to voice any concerns they may have. Any suspicions or allegations of abuse will not be ignored.

Appointing a Child Protection Officer and Deputy who will take specific responsibility for child protection matters and who will act as the main points of contact for children, parents, carers and outside agencies.

Ensuring access to confidential information is restricted to the Child Protection Officer and the Deputy, or the appropriate authorities.

Reviewing annually the effectiveness of our Child Protection Policy.

What to do if a child tells you about abuse

When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.

- Most importantly you should listen to their worries and let them know it was right to tell someone about their worries. Take all confidences by children seriously but not promise to "keep a secret".
- Stay calm and make sure that the child feels safe and knows that they are not to blame for what has happened.
- Explain that you have to tell someone else about the abuse if it is to stop.
- Try to establish the facts but leave detailed questioning to the professionals.
- Make a note of what the child has said and the date and time of your conversation.
- Do not act without seeking help from the group's Child Protection Officers, or from. Social Care or the Police, who must be informed about all suspected cases of child abuse.
- Seek advice before telling parents or carers about the conversation or let any person suspected of abuse know what

has happened – you could be putting the child in greater jeopardy by doing so.

- Don't worry that you may be making things worse by reporting your concerns – few things are worse than allowing child abuse to continue. Many children are devastated by the experience of abuse and, in the most severe cases, may be seriously harmed.

How we respond to signs of abuse

It is not the responsibility of everyone working with children to decide if child abuse is taking place, It is, however, their responsibility to act on any concerns and to safeguard children in order to allow the appropriate agencies to take any action necessary. All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated person or a named back-up designated person.

If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their Deputy DSL or equivalent.

Social Care and the Police have a legal responsibility to safeguard the welfare of a child and have a duty to investigate any potential case of child abuse.

When concerns about the safety of a child arise the following action should be taken.

If any staff member or volunteer has concern that a child is being abused they must report their concerns to the Child Protection Officer (Joanne Davies) or in her absence her Deputy (Gaynor Garcia). The Child Protection Officer and Deputy of our group are also Manager and Deputy Manager.

The Child Protection Officer will decide whether to involve MASH . If the signs are insufficient to warrant reporting the incident, a note should

be made, recording date, time, nature of injury or behaviour and the child's explanation of what happened. The note should be based on fact only and should not refer to child abuse.
If a referral is to be made this will be carried out by the Child Protection Officer or her Deputy by informing MASH. In their absence, the staff member or volunteer who was first concerned should contact MASH. If the Child Protection Officer decides not to report the incident but the staff member or volunteer continues to be seriously concerned they may decide to contact MASH in their own right.

Out of office hours it may be difficult to contact MASH. In these circumstances where it is necessary to avoid delay we will contact the police.
Parents are the most important people in the child's life and should be involved in all discussions relating to their child. Where Social Care are to be involved, decide with them when and how parents or carers are to be informed.
All concerns regarding child abuse should be treated as priority and acted upon immediately.

Professional disagreement/escalation process

- If an educator disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve it with them.

- If the disagreement cannot be resolved with the designated person and the educator continues to feel a safeguarding referral is required then they discuss this with the designated officer.

- If issues cannot be resolved the whistle-blowing policy should be used.

Recording Information

When there are concerns a personal file will be set up that is only available to senior staff. All concerns are to be recorded, whether Social Care is involved or not.
The following information should be recorded;
Name and address of the child.
Age and date of birth.
Name and address of adults involved, if known.
Date and time of alleged incident.
Nature of injury and behaviour.
If the child arrived with an injury, child's explanation of what happened in their own words.

Adult's explanation of what happened.
Date and time of the record.
Any questions that were asked.
Body maps
Signature of person recording the incident.
If the concern is reported to MASH a MARF will be completed and reporting procedure will be followed.

Attendance and non attendance
The attendance and non attendance of all children is recorded daily, this enables us to identify any patterns of non attendance so this can be acted upon. We will make contact with absent children's parents/carers when no contact has been made to us regarding a reason for this. Contact will be made by us within 30 minutes of the child's normal arrive time. If no contact is achieved by us we will then use our emergency contact information . We will continue trying to make contact for 3 days then the police will be contacted if no contact is made.

The Child Safety Code for Staff and Volunteers
We should treat all children with respect and take notice of their reactions to the tone of your voice and manner.

Signed consent is sought from parents, before the child starts attending our group, to allow our staff to assist children who need help using the toilet and change those children still in nappies.
Make sure that allegations or suspicions are recorded and acted upon.
We should remember that the welfare of the child is paramount at all times and all reasonable steps must be taken to protect them from harm.

Kiveton and Wales Nursery

Privacy, Confidentiality and the retention of documents
DATA PROTECTION POLICY

This Data Protection Policy is in line with the new EU General Data Protection Regulation (GDPR).
From 25th May 2018 the GDPR set out new laws regarding the collection and retention of personal information and Kiveton & Wales Nursery has reviewed it's procedures taking into account the changes to comply with all necessary requirements.
Alongside the new Data Protection Act 2018 (DPA 2018), the GDPR form part of the data protection regime in the UK.
Kiveton & Wales Nursery have day-to-day responsibility for the data protection of service users, their families, staff and other multi-agency professionals. This business used the guide to the GDPR which explains the provisions of the GDPR to help our organisation to comply with its requirements, to inform change which is explained in this policy.
The guide refers to the DPA 2018 and includes links to relevant sections of the GDPR, to other Information Commissioner's Office (ICO) guidance and to guidance produced by the EU's Article 29 Working Party - now the European Data Protection Board (EDPB).

Kiveton & Wales Nursery

The transparency requirements of the GDPR create a number of overarching legal obligations for how you collect and use people's personal data. The right to be informed encompasses some of the primary requirements in this area. It is about being open with people and providing them with clear and concise information about what you do with their data.
Articles 13 and 14 specify the types of information that you need to provide individuals with; we call this 'privacy information'.

If you only obtain personal data as part of simple transactions, then it should be relatively straightforward for you to develop a clear and effective way to provide privacy information.

However, more complex uses of data can make it more difficult to convey all the required information, especially if you try to contain it in a single notice. The GDPR recognises this and allows you to use several different techniques to deliver the information.
It is good practice to provide the name and contact details of the supervisory authority that individuals are most likely to complain to if they have a problem. In practice, if you are based in the UK, or you regularly collect the personal data of people that live in the UK, you should inform people that they can complain to the ICO and provide our contact details.
Information Commissioner's Office
Registered office: Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF
Information regarding any of our children given by parents or any other source must be treated in the strictest confidence.
All children's records, which contain telephone numbers, addresses, emergency contacts etc are confidential and should only be accessed by senior staff members and the child's parents. All documentation is locked away in a secure cupboard.
When new staff or students join the setting they are informed that everything they see or hear within the setting remains confidential and should not be discussed with anyone other than senior members of staff.
Any parent/carer wishing to discuss confidential information about their

child can do so in a private room.
The only time such discussions will not take place will be if there are issues around Safeguarding or when it is not in the best interests of the child. In such circumstances the safeguarding/ child protection policy will be triggered.
If other agencies request access to information about a family or child, written permission will be obtained from the main carer, unless there are issues around Safeguarding or when it is not in the best interests of the child. In such circumstances the safeguarding/ child protection policy will be triggered.
If a parent withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

Any safeguarding/child protection issues must be discussed with the DSO and be kept confidential to the setting.
Failure by staff, volunteers or students to conform to the confidentiality policy will result in disciplinary procedures being put into place.

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

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

- to support your child's wellbeing and development
- to effectively manage any special education, health or medical needs of your child whilst at the setting

- to carry out regular assessment of your child's progress and to identify any areas of concern

- to maintain relevant contact about your child's wellbeing and development

- to contact you in the case of an emergency

- to process your claim for free childcare and early education, if applicable

- to enable us to respond to any questions you ask

- to keep you updated about information which forms part of your contract with us

- to notify you of service changes or issues

- to send you our-newsletter

With your consent, we would also like to:

- collect your child's ethnicity and religion data for monitoring purposes

- record your child's activities for their individual learning journal (this will often include photographs and videos of children during play)

- transfer your child's records to the receiving school when s/he transfers

If we wish to use any images of your child for training, publicity or marketing purposes we will seek your written consent for each image we

wish to use. You are able to withdraw your consent at any time, for images being taken of your child and/or for the transfer of records to the receiving school, by confirming so in writing to the setting.

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

Who we share your data with

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

- Ofsted, when there has been a complaint about the childcare and early education service or during an inspection
- banking services in order to process direct debit payments
- the local authority, if you claim up to 30 hours free childcare
- the government's eligibility checker as above, if applicable
- our insurance underwriter, where applicable

We will also share your data:

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

- to enforce or apply the terms and conditions of your contract with us

- to protect your child and other children; for example, by sharing information with medical services, social services or the police

- if it is necessary to protect our rights, property or safety or to protect the rights, property or safety of others

- with the school that your child will be attending, when s/he transfers, if applicable

- if we transfer the management of the setting out or take over any other organisation or part of it, in which case we may disclose your personal data to the prospective seller or buyer so that they may continue using it in the same way

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

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

How do we protect your data?

We take the security of your personal data seriously. We have internal policies and strict controls in place to try to ensure that your data is not

lost, accidentally destroyed, misused or disclosed and to prevent unauthorised access.

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

Where do we store your data?

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

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

How long do we retain your data?

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

- You and your child's data, including registers are retained 3 years after your child no longer uses the setting, or until our next Ofsted inspection after your child leaves our setting.
- Medication records and accident records are kept for longer according to legal requirements.

- Learning journeys are maintained by the setting and are passed onto you when your child leaves. Records are kept and archived in line with our data retention policy.

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

Your rights with respect to your data

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

- request to access, amend or correct the personal data we hold about you and/or your child

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

- request that we transfer your and your child's personal data to another person

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

How to ask questions about this notice

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

How to contact the Information Commissioner Office (ICO)

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

Changes to this notice

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

The following information and documentation are also held:

- Name, address and contact details of the provider and all staff employed on the premises
- name address and contact details of any other person who will regularly be in unsupervised contact with children
- a daily record of all children looked after on the premises, their hours of attendance and their named key person
- certificate of registration displayed and shown to parents on request
- records of risk assessments
- record of complaints

Legal references

General Data Protection Regulation 2018

Freedom of Information Act 2000

Human Rights Act 1998

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

Data Protection Act 2018

Further guidance

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

ICT/ E safety

All staff have access to three desktop computers that are all password protected, no personal information of the children are stored on these. We have internet access on the computers in our office.
In our nursery room the children have access to one desktop computer with internet connection. This computer has the appropriate filters to protect children from harmful online material. When the internet is being used this is always supported by an adult. These computers also have installed programs suitable for the age range of the children in this

room. For parents who have no internet access we have provided one computer that is only used for them to assess our online learning journal (Tapestry).
Managing e-mail
Children do not have access to Email
Staff using email will use a nursery email address. This address must not be used for personal email.
We have a facebook page that our parents can join and we share information on events we do and where permission is granted we share photos of activities happening in the nursery.
We also have a secure website that is updated by a nominated staff member and this is used to promote our nursery providing up to date information about our provision.

E-safety (including all electronic devices with internet capacity)

Online Safety

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

Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to fixed and mobile technologies that adults and

children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks.The issues are:

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

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

I.C.T Equipment

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

Internet access

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- All computers for use by children are sited in an area clearly visible to staff and always supervised.

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

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used in a safe place e,g, staff room.
- Personal mobile phones are switched off and stored with staff personal belonging
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

Cameras and videos Members of staff do not bring their own cameras or video recorders to the setting.

Photographs/recordings of children are only taken for valid reasons, e.g. to record learning and development, or for displays, and are only taken on equipment belonging to the setting.

Camera and video use is monitored by the setting manager.

Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents for their children to be included.

Parents are told they do not have a right to photograph or upload photos of anyone else's children.

Photographs/recordings of children are only made if relevant permissions are in place.

If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g. children may be identified if photographed in a sweatshirt with the name of their setting on it.

Kiveton and Wales Nursery

Sun care policy



Timescale for the sun care policy;

UV levels are at their highest in the UK,

- between the months of April and September
- between 11am and 3pm
- on cloudless days
- when UV is reflected eg. concrete, water, sand and snow reflect UV and increase its intensity.

Our policy will operate between the months of April and September.

Skin colour and risk;

Some people are more at risk of skin cancer than others so there are different risk levels involved. Staff will need to be more proactive with those in a risk group,

Most risk;

- people with fair or freckled skin
- babies (regardless of skin type)

Less risk;

- people with brown skin
- people with black skin

burning is less of a risk with the above skin types but dehydration and overheating can occur.

Sun care protection involves;

- use of sun creams
- appropriate clothing
- shelters and shade
- access to water
- staff awareness

Sunscreen products;

Sun Creams are usually available in the form of creams, lotions or sprays. They act either as a physical barrier to the sun reflecting UV rays from the skin or as an absorbent soaking up UV radiation reducing the amount that reaches the skin. Some products may do both.

The protection levels of sunscreen are measured in SPF (sun protection factor), the higher the number the more protection there is. All sun creams applied should be factor 50 or above.

Suncreams should not be used to lengthen the amount of time spent in the sun.

Sun Creams are not classified as medicines.

Sun Creams do not contain peanut oil so allergies are very rare.

If an allergy does occur the advice is to remove the cream from the skin and bathe the skin in cool water. If the allergy continues, seek medical advice.

If a child does become sunburnt first aid procedures will be followed.

Application of suncream;

- Parents will be expected to apply sunscreen to their child before attending the setting.
- Staff administer sun cream on a voluntary basis so there is no legal obligation for them to do so.
- Parents can provide their own suncream for their own child to be used during the session but this must be labelled with the child's name and must be a cream or lotion NOT SPRAY OR AEROSOL.
- The setting will have a supply of sun cream factor 50 or above, for use if permission is given, parents will be notified of the type and SPF.
- Cream will be applied to the exposed areas of the body, ie. face, neck, arms and legs. With particular attention to the ears and nose.

- Where possible children will be encouraged to participate and rub in the cream.
- Staff do need to be aware that such touching may be unwelcome to some children because of cultural or abuse reasons, conversations with parents and knowledge of the children will support decisions about this.

Refusal of suncream;

If a child and/or parent refuses to have sun cream applied or give permission for suncream to be applied during the session staff will use their discretion and assess the situation and act in the interests of health and safety for the child this may result in the child being refused access to the outdoors. In such a situation the setting will work with parents and children to improve the situation.

Appropriate clothing;

Children are encouraged to wear appropriate clothing at all times but when this policy is active children will be expected to wear;

- Loose clothing which covers the shoulders
- Footwear which encloses the feet
- Sun hat

The setting does have some spare clothing but parents will be encouraged to provide their own hats etc.

Shelters and shade;

Staff will provide shaded areas outdoors as much as possible but if staff feel children are overheating they will take them indoors and cool them down with a damp cloth and cool water.

Access to water

Children have access to water at all times but during hot weather water and cups will be taken outside and children reminded to have regular drinks.

Staff awareness

- Staff will use their knowledge of children in their care to keep them safe and healthy when outdoors.

Reviewed September 2026 by Joanne Davies- Manager
Next Review September 2027



Sun care pointers;

The setting will;

- Provide water and shade
- Ensure children wear appropriate clothing
- Reapply sunscreen when necessary
- Make judgements about health and safety based on knowledge of the children.

Parents /carers will be expected to;

- Apply sun cream prior to children starting the session
- Supply your own sun cream or give permission for staff to use the Setting's and give permission for staff to reapply cream.
- Provide a sun hat for their child.
- Ensure their child wears appropriate clothing ie. footwear and shoulders covered.

Sun care permission parent / carer form

Child's name;
Parent/carer's name;

- I give permission for staff to reapply sun cream as they think necessary. Yes No

- I give permission for staff to use sun cream provided by the Setting if I do not provide my own. Yes No

If you have any concerns or have specific information you wish the setting to be aware of please speak to staff.

Thank you.

Kiveton and Wales Nursery

Food and hygiene

Aim

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

All staff have up to date certificated training on food safety

When children are eating we always have a member of staff in the room with a valid paediatric first aid certificate.

The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented. Management carry out and record daily opening/closing checks, four weekly reviews and dated records of deep cleaning.

The setting promotes healthy eating and drinking for all users.

Healthy food;

The setting will provide healthy and nutritious snacks for children, this can include fruits, vegetables,toast and cereals.

Meeting dietary requirements

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

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents.
- If a child has a known food allergy, procedure for Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent's wishes.

Allergies and food intolerance

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

- If a child has an allergy or food intolerance, a Generic risk assessment form is completed with the following information:
- the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
- the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
- control measures, such as prevention from contact with the allergen
- review measures
- Health care plan form must be completed with:

- the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- managing allergic reactions, medication used and method (e.g. Epipen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file.
- Parents show staff how to administer medication in the event of an allergic reaction.

Oral Medication

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

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

Cooked lunches can be accessed through a third party provider (Dolce) who we Kiveton & Wales Nursery have a contract with. Parents access menus and payments through an app on their individual account. For children who bring packed lunches we ask parents to avoid sweets and chocolate. We also provide information on Healthy lunches.

If children bring Birthday cake, rock, sweets etc. to share with friends these will be saved until the end of the session and given for children to take home so parents can decide when/ if the child eats them.
A healthy snack table will be available every day, children will be shown how to wash hands and follow good hygiene practices.

Fussy/faddy eating

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

Healthy Drinks;

The setting will provide fresh drinking water and milk for children. Parents can provide formula milk, breast milk, soya milk for their child but not sweet milk products eg. milk shakes, or juices.

Breast Feeding Food safety and nutrition procedures

Breast feeding

We recognise the important benefits of breastfeeding for both mothers and their babies. All mothers have the right to make informed choices and staff will ensure that clear and impartial information is available to all mothers. Staff will fully support parent's choices.

We promote the Department of Health's recommendations on feeding infants, as follows.

- Breastmilk is the best form of nutrition for infants.
- Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life.
- Six months is the recommended age for the introduction of solid foods for infants.

- Breastfeeding (and/or breast milk substitutes, if used) should continue beyond the first six months, along with appropriate types and amounts of solid foods.

General

- Support is offered to promote and maximise the benefits of breastfeeding to new and expectant mothers attending the setting. Information is provided in the form of leaflets and 'signposting' to support groups and other sources of information.
- Publicity materials for bottle feeding and formula milk are not displayed within the setting.
- Mothers are enabled and supported to feed their babies within the setting. Every effort will be made for mothers who wish to feed their babies in private to do so.
- Toilet and baby changing areas are not offered as areas for breastfeeding as these cannot offer a hygienic environment.
- If a visitor to the setting objects to a mother breastfeeding, the 'complainant' will be moved to an area where s/he can no longer view the mother. The mother will not be disturbed.
- Staff co-operate with healthcare professionals and voluntary support groups to ensure a consistent approach to the promotion of breastfeeding benefits throughout the setting. This will be achieved by sharing of information and resources
- Staff do not discriminate against any mother in her chosen method of feeding and will not dictate choices to mothers

Further Information and resources

Breastfeeding and bottle-feeding advice (NHS)

www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/

To ensure that babies can continue to be breastfed whilst in our setting we will:-

- Provide a warm, private, quiet room to enable parents to feed their child whenever needed.
- Encourage working parents to bring in expressed milk that can be stored in the Fridge/Freezer and warmed to the appropriate temperature when needed. This must be labelled clearly with the child's name.
- Keep within the child's routine wherever possible.

Formula Milk

The children's individual needs will be discussed with parents to ensure that they are met. Feeds will be prepared as and when they are required by the babies and not as part of the nursery routine.The babies have been allocated an individual basket to keep all of their items together with their name clearly marked on it. There is a baby room area of the kitchen that is equipped for the babies only, with items such as a steriliser and kettle. This area should be used for the babies only. All staff must ensure that they have washed their hands thoroughly prior to making or giving a feed. A suitable sterilised bottle which should be clearly labelled with the baby's name will be used for feeds. Staff will record the amount of formula consumed by the baby on their daily care sheet so that the parent can be informed of the child's intake for that day.

Parents are able to send their child's formula milk in either the original tin for us to measure out or measure out the quantity and label the amount. This can be checked by using a scoop to scoop in the amounts. Parents may also provide ready made, shop bought formula.

When bottles need to **Step-by-step guide to preparing a formula feed**

- Step 1: Fill the kettle with at least 1 litre of fresh tap water (do not use water that has been boiled before).
- Step 2: Boil the water. Then leave the water to cool for no more than 30 minutes, so that it remains at a temperature of at least 70C.
- Step 3: Clean and disinfect the surface you are going to use.
- Step 4: It's important that you wash your hands.

- Step 5: If you are using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse them with cooled boiled water from the kettle (not tap water).
- Step 6: Stand the bottle on the cleaned, disinfected surface.
- Step 7: Follow the manufacturer's instructions and pour the amount of water you need into the bottle. Double check that the water level is correct. Always put the water in the bottle first, while it is still hot, before adding the powdered formula.
- Step 8:Loosely fill the scoop with formula powder, according to the manufacturer's instructions, then level it using either the flat edge of a clean, dry knife or the leveller provided. Different tins of formula come with different scoops. Make sure you only use the scoop that comes with the formula.
- Step 9: Holding the edge of the teat, put it into the retaining ring, check it is secure, then screw the ring onto the bottle.
- Step 10: Cover the teat with the cap and shake the bottle until the powder is dissolved.
- Step 11: It's important to cool the formula so it's not too hot to drink. Do this by holding the bottle (with the lid on) under cold running water.
- Step 12: Test the temperature of the formula on the inside of your wrist before giving it to your baby. It should be body temperature, which means it should feel warm or cool, but not hot.
- Step 13: If there is any made-up formula left in the bottle after a feed, throw it away.

Babies are only encouraged to use bottles until they are one years old and after this age using a tommee tippee cup will be offered containing the milk. Nursery is able to provide full fat cows milk.
During a feed babies will never be left unsupervised. A member of staff (if possible their key person) should hold the baby and sit on the sofa . Staff are not required to wear gloves or aprons when feeding bottles to

babies as it is important to make them feel comfortable and to feed them in a home-like environment.

Food Preparation and Storage;

- Eating surfaces will be cleaned with anti bacterial spray prior to and after use.
- Chopping boards will be washed and cleaned with anti bacterial spray prior to and after use.
- All feeder cups will be sterilised daily using the steriliser.
- All other cups will be washed in hot soapy water after each use.
- Any cutlery will be washed and cleaned to normal standards.
- Work surfaces will be cleaned with anti bacterial spray.
- Spillages etc. will be cleaned immediately.
- Cupboards, containers, plates etc will be cleaned by staff to good hygiene standards.
- Fridges will be cleaned each half term.
- Produce will not be used once it has passed its best before date.
- Food placed in the freezer must be in a sealed package and be dated. Freezers will be defrosted at the end of each term. **Any foods left in the freezer at defrosting time will be disposed of.**

Safer Eating in Early Years Settings

The new Safer Eating regulations, 3.63 – 3.70, sit within the Food and Drink section. They appear on pages 36-37 in the EYFS Statutory Framework for Group and School based providers.

- At any time when children are eating, a paediatric first aid (PFA) trained member of staff must be present.
- Food must be prepared suitably in order to prevent choking. Guidance on food preparation safety is available at https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/food-safety.
- Children must be closely observed and listened to while eating and drinking. Supervising staff should face the children during mealtimes; this allows them to react quickly in the case of choking or allergic reactions. It also enables them to watch for children swapping their food - especially dangerous for children with allergies and intolerances.
- Any choking incidents must be recorded and the parents / carers must be made aware. Review records of any near miss incidents or accidents

often to identify any patterns or common issues that need to be addressed.

Any issues relating to food poisoning will be reported to Environmental Health and OFSTED of two or more cases of food poisoning(tel; 0300 123 1231) within 14 days.
If a child is suspected of having a notifiable disease advice will be sought from Environmental Health and the Health Protection agency. (tel – 0114 2717000, Public Health Department)

Reviewed September 2026 by Joanne Davies- Manager
Next review September 2027

Kiveton and Wales Nursery

Mobile phones / Cameras



- The use of personal mobile phones is not allowed during session times and should not be kept in any of the rooms.
- Should a parent / carer need to make or receive a call please leave the room ensuring your child is either with you or with a known adult.



- The nursery will always adhere to your permission before taking / using any photographs or moving images.
- Personal cameras / Camera phones can not be used during activities unless it has been discussed and agreed with staff in advance.

These decisions have been made to ensure all Users of the Setting are in a safe and secure environment.
Nursery has a land line number (01909 774932) . This is given to all parents. Any staff receiving a phone call should do so on this number.
All staff phones are not used and must only be checked during break times away from the children.
During outings outside nursery staff will carry nursery's mobile phone; this will only be used to contact people in an emergency. See outings policy.

During a child's induction parents must sign to give consent to photographs being taken of their child. Without consent no photographs will be used or taken including these children.
From time to time we may record children at play for observation purposes or to be used for staff training. These will be used solely for this purpose and only used within our nursery.
Thank you for your cooperation.

Reviewed September 2026 by Joanne Davies – Manager
Next review January 2027

Kiveton and Wales Nursery
Health and Well-being Policy
Administration of Medicines

At Kiveton & Wales Nursery we would like to ensure that all children are able to access our setting and understand that children may need to be administered medication either for a short term or long term illness.
No child will be discriminated against as a result of requiring medication.
We promote the good health of the children and take the necessary steps to prevent the spread of infection.

Health policy

Aim

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

Objectives

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

Legal references

Medicines Act (1968)

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

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

Health and Safety (First Aid) Regulations 1

Oral health

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

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.

- In partnership with parents, babies are introduced to an open free-flowing cup at 6 months and from 12 months are discouraged from using a bottle.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionery as a snack or treat.

Where children clean their teeth when at the setting

- Children are encouraged to brush their teeth as part of the daily routine. Teeth should not be cleaned for at least one hour after a meal as this can cause loss of enamel.
- Each child has their own toothbrush, which is stored individually to prevent accidental contact and cross contamination.
- A small amount of toothpaste is put onto a blue paper towel before applying to the brush to prevent cross contamination.
- Toothbrushes are changed termly and provided by the local authority.
- The setting coordinates with local oral health and ensure procedures are reviewed regularly.

Pacifiers/dummies

- Parents are *advised* to stop using dummies/pacifiers once their child is 12 months old.
- Dummies that are damaged are disposed of and parents are told that this has happened

Further guidance

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

Infection control

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

  Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness, do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).

- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.

- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an infection outbreak

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

This was Last updated 21 May 2026 and a copy is displayed in the nursery entrance.

Informing others

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

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

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

Further guidance

Good Practice in Early Years Infection Control (Alliance Publication)

Children with long term/complex medication needs

Sufficient evidence will be gained from the parents and other professionals to ensure the needs of the child are fully met. Additional training from the appropriate health official will be given to staff if

there is a need to administer more complex/specialist medication or use equipment.

Procedures for administering prescribed medicines during the setting day

In circumstances where parents/carers are not available staff will only administer medicines if they have been prescribed for that child by a doctor, dentist, nurse or pharmacist. The administration of any form of pain relief other than teething crystals, gel or medicine prescribed by a medical professional will not be given to a child including the use of paracetamol and ibuprofen from the 1st January2023. New children to the setting, parents will be informed within their welcome pack with immediate effect. This will then apply to all children as of the date stated above.

A child under 16 should never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.

Written permission must be given by the parent/carer saying when the medication needs to be given, the dosage as well as details of any previous medication given. This must be signed and dated, the staff member administering the medication must also sign and record the time when they have given the required dosage and a witness signature also gained. All medication must be checked before administering and be in the prescribed package.

Under no circumstances is any medication to be given without written consent from the parents/carers. Due to the age of our children, no child will be allowed to carry or administer their own medication.

On-going medication consent form

Written permission must be given by the parent/carer saying they agree to administer the medicine, the dosage as well as details of any previous medication given. The form also states the child's need for the medication. The parent/carer must also give details of the expiry date of medication. This then must be signed and dated by the parent/carer. The staff member administering the medication must also sign and record the time when they have given the required dosage on the grid attached.

Storage of Medication

All medication must be clearly marked with the child's name and in its original packaging/container along with any instructions & information. Medication which is required to be kept in a fridge will be put in a secure container and clearly labelled. Medication not required to be in a fridge will be kept in a clearly marked container in a high raised cupboard in the kitchen. All medication will be given back to the parents/carer at the end of the child's session. Under special circumstances medication such as inhalers are kept in nursery and are checked regularly to make sure it is kept in date .

Administration of medication whilst on outings & trips

All written documentation will be taken along with the medication and kept secure by a senior member of staff. All documentation to be signed as in nursery when medication has been given along with the time/date and the signature of another member of staff as witness.

Health procedures Accidents and emergency treatment

Person responsible for checking and stocking first aid box: *Joanne Davies*

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

- Parents consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate is based in each room at all times when children are present, First Aid certificates are renewed every three years.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
- 20 individually wrapped sterile plasters (assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins

- 2 large, individually wrapped, sterile, un-medicated wound dressings
- 6 medium, individually wrapped, sterile, un-medicated wound dressings
- a pair of disposable gloves
- adhesive tape
- a plastic face shield (optional)
- No other item is stored in a First Aid box.
- a thermometer is also kept in each room
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book. Parents may have a photo-copy of the accident form on request.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

Serious accidents or injuries

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

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the setting manager notifies the trustees, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The trustees are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the trustees, inform local child protection agencies of these events.

Safeguarding/child protection

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

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

Emergency Procedures

Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea* and/or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.

- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts.
- A child's temperature is taken and checked regularly, a thermometer.
- If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents sign the medication record when they collect their child.
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies the trustees if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS 111 and informs parents.

HIV/AIDS procedure

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

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

Nits and head lice

Nits and head lice are not an excludable condition; although in In exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.

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

*Diarrhoea is defined as 2 or more liquid or semi-liquid stools in a short period. (www.gov.uk/government/publications/health-protection-in-

schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis)

Paracetamol based medicines (e.g. Calpol)

Kiveton & Wales Nursery will not administer paracetamol/ibuprofen for general illnesses including teething.

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

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

Further guidance

Good Practice in Early Years Infection Control (Alliance Publication)

Medication Administration Record (Alliance Publication)

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

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

Reviewed September 2026
Next review September 2027

Medication Consent Form

Name of child ……Date……..
I consent to nursery staff administering medicine to my child.
Medication……..
Reason for medication……

……..
This is / is not a prescribed medicine. Expiry date……
Dosage ……
Times ……
Time of last dose given……

Medication was administered by ……
at ……..Witnessed by ……..

Signature of witness ……
To be signed by parent on arrival; this will be placed in the individual child's file for their records.Signature of parent/ Carer ……

COVID-19
All latest guidance, including isolation periods set by the Government are implemented, with hygiene and ventilation routines followed.

Reviewed September 2026 by Joanne Davies Manager
Next review September 2027

Kiveton and Wales Nursery

Intimate Care

No child will be excluded from the setting because of toileting issues.

There are toilets in each room which children are encouraged to use independently as part of their personal and social development but staff will support and help children where necessary. Personal hygiene is routinely discussed and modelled with children throughout the session eg. hand washing, drying hands, wiping noses etc.

Toileting is discussed with parents during the admission period, consents are given for staff to change / clean children as necessary. If children wet / soil clothing staff will clean and change them either in the toilet area or in the room. Dirty clothing is put in a bag for children to take home and parents are informed verbally on collection.
If a child wears a nappy or pull ups staff use the changing room and will follow the procedure for the room.
Staff wear protective clothing when changing children and are always in view of another member of staff. Only staff members change children.
There are no set changing times, staff will follow the needs of the child.
Staff will follow the nappy changing protocol at all times.
Staff will treat children with respect and dignity during these sessions.
If there are concerns about toilet training staff will encourage parents/carers to work with the Health visitor, Family support Outreach workers.

Reviewed September 2026 by Joanne Davies- Manager
Next review September 2027

Kiveton and Wales Nursery

Sleep Policy

We acknowledge the importance of providing children with a quiet area for sleep and relaxation. We have sleep areas available as well as clean blankets and sheets for children to use when tired. We provide cot's, nests and sleep mats for children to sleep in if this is required. Under no circumstances will any items be hung or placed on the cots/ nests for example: drapes or mobiles.
We will endeavour to follow the child's routine pattern, as discussed with parents, but we will not force a child to sleep when s/he does not want to or

wake them before they are ready unless there is an emergency or the parent arrives to take them home.

Staff will;

- Supervise children when asleep, checking on them every 10 minutes, ensuring they are not too hot / cold (ideal temperature is between 16 - 20 degrees) and that they are breathing normally.
- Babies will be placed on their back to sleep as in accordance with the most recent advice from Lullaby Trust unless there is a medical reason not to. Babies aged one and under must only be placed to sleep in a cot and always make sure their feet are placed at the bottom of the cot.
- Babies under 6 months must always have an adult with them in the same room for every sleep.
- Cots/ nests must not contain any extra items such as toys, pillows, extra blankets, bumpers, wedges or straps.
- Bibs, shoes, coats will be removed to ensure children are comfortable and do not over heat. Ensure their head is not covered and blankets are tucked in, ensuring it is below their shoulders.
- If the child has a familiar comforter this will be offered.
- If a dummy is used it should not be replaced into the mouth if it falls out whilst the child is asleep.
- Sleep times will be recorded.
- Children must always be within sight and hearing of staff when sleeping.

Reviewed September 2026 by Joanne Davies- Manager
Next review September 2027

Sleep Checks (Check every 10 minutes)

Please ensure bibs and shoes are removed before sleep

Name of child	Time asleep	Checked at	Checked at	Checked at	Checked at	Checked at	Time awake

Kiveton and Wales Nursery

Staff Recruitment

At Kiveton and Wales Nursery we work towards an equal opportunities policy, seeking to offer job opportunities equally to both women and men, with and without disabilities, from all religious, social, ethnic and cultural groups following our legal responsibilities under the Equality Act 2010.. Our aims are to ensure that no individual receives unfavourable treatment on the grounds of age, religion/belief, marital status,

disability, race or ethnic origin, sexual orientation, gender identity/expression or caring responsibilities and to employ the most suitable person based on their skills and competencies for any vacancy that arises. We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation. We will publicise as widely as possible to ensure as wide a range of potential applicants see our advert. Vacancy advertisements will be placed in the local job centre and local papers. All applicants will be sent out an application form that will be considered by a panel of our committee and the management of the nursery. A shortlist of applicants will be drawn up from these applications and will be offered an interview. Unsuccessful applications will not be informed.

Successful applicants will be offered an interview that will include a shadowing session prior to the interview commencing and the interview will include safeguarding questions. The interview panel will consist of the chair of the committee and the nursery management.

Employment history, medical suitability and qualifications will be discussed at the interview. Job offers will be made subject to two satisfactory references being received from current/previous employers or training provider.

DBS checks will always be obtained before a prospective employee is left in a position of responsibility, and the disclosure and barring service will be informed if a staff member is dismissed due to putting a child at risk of harm. This is a legal requirement we must meet under the **Safeguarding Vulnerable Groups Act 2006**. All unsuccessful applicants who attend an interview will be informed verbally or in writing of our decision.

The safety and well-being of the children and adults at our pre-school is paramount and careful consideration is given to employing ex-offenders/rehabilitated offenders.

All new positions are subject to a three month probationary period. This will be reviewed by the management and management committee.

Procedures will be adhered to in accordance with the "Safeguarding Children and Safer Recruitment in Education" (2007) document.
We have an induction procedure for all new staff, which includes going through an induction checklist, policies, procedures and contracts prior to starting date. Regular meetings are held throughout the probationary period, with any training/ supervision requirements addressed.
All documentation with regard to staff members will be stored in our office cupboard and only accessed by management.
Wages will be reviewed annually by our management committee in September.
Having successfully completed their probationary period, all staff are required to give four weeks written notice of termination of their employment.

Reviewed September 2026 by Joanne Davies- Manager
Next review September 2027

Kiveton and Wales Nursery

Staff Induction

At Kiveton & Wales Nursery we aim to provide a strong, qualified , committed , professional, experienced and caring team of staff who work well together in harmony to provide good quality childcare and education for all children attending our nursery. The staff, committee and parents/carers will operate as a team. As an organisation we value each team members contribution and are committed to providing effective training and development opportunities to facilitate this.

When employing new staff members, committee and existing staff members are involved in the interview process.
All staff will be provided with an induction process.
All staff will have a yearly appraisal at which individual training plans will be discussed.
Training opportunities will also be discussed regularly at staff meetings and supervision/one to one meetings.
The management will ensure that wherever possible, staff will attend chosen training courses to broaden their knowledge.
A full induction will be carried out with the new employee by either the manager or deputy with additional assistance by existing staff members.
The new employee will receive information about the nursery during the induction and the following information will be discussed;

1. Staff/committee information.
2. Sessions
3. General routines of the group/day to day running of the session.
4.Our aims.
5. Policies and procedures which will be discussed and signed by the employee.
6. Confidentiality and data protection.
7. A copy of information given to parents.
8. Copy of job description to agree and sign which is within the contract.
9. The teams expectations of staff e.g. punctuality, dress code, attendance at meetings, specific responsibilities, key person duties, adherence to policies and procedures, and level of performance.
10. Uniform and time sheets.
11. Terms and conditions e.g. hours of work, pay structure, probationary period, holidays, P46, and contract.
12. Training/staff development- regular probationary meetings, appraisal meetings, training opportunities, roles and responsibilities.
13. The building- where things are stored, first aid, fire extinguishers etc.
14. Support information by outside agencies.
15. Health and safety issues- registration form, policies and procedures, fire exits/ drills, security, emergency procedures, accident/incident books and first aid.
16. security issues.
17. Curriculum, observation and planning information.
18. The early years foundation stage .
19. Latest OFSTED report.
20. Key person information.
21. Emergency evacuation procedures.
22. Safeguarding and child protection.
23. Equality policy.
24. Health and safety policy.

Staff appraisal and supervision

Performance appraisals are essential for the effective management and evaluation of staff. Appraisals help develop individuals and improve organisational performance.
Appraisals enable management and monitoring of standards, agreeing expectations, objectives and delegation of responsibilities and tasks.
Appraisals will establish individual training needs and enable organisational training needs, analysis and planning.
The management will appraise all staff.
Each staff member will have a yearly appraisal.
Reviews will be undertaken at supervision/one to one meetings or by informal discussion.

Supervision/ one to one meetings
The benefits of holding regular meetings are- open communication, staff needs identified early, grievances avoided, enables all the team to be fully involved in the running of the sessions.
These meetings will be held as required- requested either by the staff or management.
These will be conducted by the management.
The discussions will be recorded on a file note and stored within their individual staff file.
These discussions are then fed back into the appraisal process.

Staff meetings
These will be held each half-term at nursery.
All staff are expected to attend and will get paid.
The management will set the agenda, but staff are free to add to this agenda.
The purpose of the meetings is to discuss forthcoming planning, children's development, and other issues relating to the smooth running of the nursery.
All meeting notes are typed and placed in the staff meetings file.
Wherever possible, all staff attend the half-termly meetings.
Training
The management is responsible for ensuring that training requirements/ needs are facilitated.
Nursery recognises the importance of training as a key factor in

implementing an effective service and enabling staff to become reflective practitioners.
In order to ensure that the best possible care and education is provided for the children in our care, staff are encouraged regularly to attend training courses to update their knowledge.
We support the continual upgrading of the knowledge of our staff and training needs are identified during appraisals and mentoring systems.
Management is responsible for the booking and organisation of the training days.
Staff may be paid if out of normal working hours.
The training flyer is circulated to all staff and they are invited to discuss with management courses in which they are particularly interested.
Some training is free through Rotherham Early Years.

All staff are required at least to attend First aid, food hygiene, and safeguarding.
Staff attending courses are expected to share information learnt at staff meetings.
All staff are required to attend a first aid course.
Where unqualified staff are employed, childcare training will be considered a priority and arrangements made to facilitate this training.

Staff Medication
Staff who take medication need to inform management if the medication causes side effects which will impact on their ability to work in a safe manner. Staff will complete a health form where there is a section to fill in for medication. Any medication brought into the nursery must be stored safely and out of reach from all children.
Staff must not be under the influence of alcohol, any other substance or medication that may affect their ability to work with children.

Reviewed September 2026 by Joanne Davies- Manager
Next review September 2027

New employees induction program

	Comments and sign by staff	Comments and sign by management
• P45 brought in • Health form completed • DBS application completed and submitted • and identity verified • Staff to disclose any convictions or cautions, to them personally. • Bank details supplied • Qualification and training certificates checked		
• All nursery policies read and sign to adhere to, A discussion around safeguarding. • procedures on recording incidents linked to safeguarding, accidents, incidents occurring outside of nursery and the administering of medication		
• Discussion around the key role parents play in their child's time at nursery • an understanding of multi-agency working • their role as a key person/EYFS/planning		
• contract/overtime • punctual/flexible • dress code • staff meetings • routines/day to day running • no smoking • work ethic		

• training • appraisals • peer observations • documentation monitoring. • Staff Medication policy		

New employees induction program

Any other information

When the induction process has been completed please sign.

Staff:
Management:
Date:

Early Help

The Early Help strategy has been set up to ensure problems for children and families are identified early, with an aim to ensure that the problem does not escalate to become for acute, and more costly, to the detriment of children and families.
Nursery will work with families and a range of different services in a collaborative way to prevent an escalation of needs into acute services.
Consent to complete the assessment and share information appropriately is required, and this will be explained properly so that families understand it is a way of getting the right support that is needed. Parents/guardians must provide a signature which will be kept in their child's file.
An Early Help Request for Support form will be completed (see back) and returned securely to the triage team on :-
ehtriage@rotherham.gov.uk
Once the triage team has made the decision that the child/family require support, Nursery could take lead or contribute to a coordinated plan, this will be monitored through Team Around the Family reviews and outcomes set.

Reviewed September 2026 by Joanne Davies- Manager
Next review September 2027