



**ROUGH COMMON
PRE-SCHOOL**

Policies and Procedures

2024 - 2025

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Smoking, Alcohol and Other Substances

Rough Common Pre-School's smoking, alcohol and other substances policy applies to all staff, parents, carers, volunteers and visitors. We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage April 2017 by promoting the good health of children. This includes not exposing children to smoking, alcohol (and the effects of) or any other dangerous substances.

it is a requirement of the Early Years Foundation Stage Statutory Requirements April 2017 that "Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication, which may affect their ability to care for children, those practitioners should seek medical advice. Providers must ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly".

Smoking inc Vape and e-cigarettes

This is prohibited in or on the premises during our opening hours or staff working hours which includes smoking in your own vehicles, in the car park and on the pavement surrounding the car park and on the field. During outings staff, volunteers or parent/carer helpers are not permitted to smoke. 'No smoking' signs are displayed within the setting and staff are not permitted to smoke, vape or use e-cigarettes whilst at work

Should we see a parent/carer or member of staff smoking on the premises we reserve the right to request them to either stop smoking or to leave the premises – this includes the car park and surrounding pavement and the field. In accordance with The Smoke-Free (Private Vehicles) Regulations 2015 it is an offence to smoke in a private vehicle with someone under the age of 18 present. Safeguarding procedures will be followed should persons be found to be breaching these regulations.

Alcohol and Other Substances

The use of alcohol and other dangerous substances are strictly forbidden on the premises during our opening hours or staff working hours. Any alcohol kept on the premises (for fundraising, raffles etc) will be safely stored in a cupboard out of reach of children. If we suspect that anyone collecting a child is under the influence of alcohol or any other substance, we will not release the child into their care and will make alternative arrangements with emergency contacts for the child to be collected. If alternative arrangements are unable to be made we will act on advice from social services. In situations such as these safeguarding procedures will be followed.

Visitors Policy

Rough Common Pre-School welcomes visitors and operates an open-door policy. Limitations may be placed on visitors to protect the safety of children and staff and to avoid unnecessary disruption.

Pre-School Management and staff have the authority to determine which visitors are to be permitted. Rough Common Pre-School reserves the right to refuse entry to any person of whom we may have reasonable doubt of their identity or visiting capacity, until that person's identity can be confirmed, for example by means of a phone call to a parent, carer, professional body or company.

Procedures

All staff will be advised of any pre-arranged expected visitors to the pre-school each day

On arrival staff will check the identity of any visitors they do not recognise before allowing them into the building. Unless the person is known to the pre-school or has a confirmed appointment, the visitor will be asked to wait outside the main door until the staff member has confirmed with the Management Team that the visitor can be allowed to enter the building. The member of staff seeing the visitor into or out of the building is responsible for ensuring that the external door is secured after arrival and departure. Parents, visitors and students are reminded not to allow entry to any person, whether they know this person or not. Staff within the pre-school should be the only people allowing external visitors and parents into the pre-school

All visitors must sign the Visitors' Book on arrival and departure, documenting times of arrival and departure and their purpose for visiting. The visitor must be asked to supply their name/and business and the reason for the visit/who they wish to see. Unless it is a parent enquiring about the pre-school, all other visitors should be asked for proof of identity

Upon arrival all visitors will be advised of the Designated Safeguarding Lead on duty and of the emergency evacuation procedures. All visitors should wear a visitor's badge to identify themselves to staff and parents within the pre-school. A member of staff must accompany visitors in the pre-school at all times while in the building; at no time should a visitor be left alone with a child or be allowed to move freely around the setting unaccompanied unless that person is on the premises in a direct professional matter

Use of mobile phones, cameras and personal devices are prohibited. These must be placed into a lidded box on arrival. In the event of a personal call needing to be made parents and visitors may, with authorisation of the manager, use the office to do this. Visitors must leave their bags and personal belongings on the stage unless the visitor is at the pre-school for business purposes in which case personal belongings can be kept in the office.

The pre-school will under no circumstances tolerate any form of harassment from third parties, including visitors, towards others, including children, staff members and parents/carers and in cases where this does occur the person will be immediately ejected from the building and the police will be informed, as well as the safeguarding team or Ofsted should this be necessary

If visitors require use of the toilet facilities they should speak to a member of staff who will accompany them.

Administering Medicines

At Rough Common Pre-School we believe it is in the best interests of unwell children to be cared for at home until they are well enough to return to the setting.

All medication must be in-date and prescribed for the current condition or illness. Only medication prescribed by a doctor (or other medically qualified person) will be administered in the setting, with the exception of the two circumstances listed below. All medication **MUST** be received in original packaging.

We will administer:

- Paracetamol to a child who is presenting unwell and has a temperature over 38.5 degrees while in pre-school. This will only be administered after verbal permission from a parent/carer has been obtained and the medication record on Family has been acknowledged.
- Routine pain relief provided by a parent/carer for babies that are teething, this is entered on to Family and acknowledged by the parent/carer as per other medication as listed below.

We do not administer:

- Medication containing aspirin unless it has been prescribed by the doctor.
- Routine pain relief or any other medication to children unless it has been prescribed by a doctor.

Medication before arrival

Whilst it is not our policy to care for sick children, we understand that there are some instances where children will have had medication before arrival at the setting. It is in the best interests of the parent/carer to advise of this on arrival which will then be logged onto Family under the “notes” section. This will help to eliminate any overdose of medication given in an emergency situation, ie calpol.

Administering Medication

The child’s key person is responsible for administering medication to the child and this must be witnessed by a Room Leader, Deputy Manager or Manager. The medication record is completed on Family each time medication is administered by the key person and acknowledged by the witness.

Parents or carers must acknowledge the administration of a medicine on Family, the date, quantity and time administered are all recorded and the record must be verified by the parent or carer.

Parents/carers must give prior written permission for the administration of medication on Family. Medication can only be administered after a parent or carer has acknowledged the medication form on Family. It is the parent or carer’s responsibility to ensure this is done. The staff receiving the medication will input the medication information on Family.

We **do not** allow children to self-administer medicines, where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person. However, this does not replace staff vigilance in knowing and responding to when a child requires medication.

Prescribed Medication

Children taking prescribed medication must be well enough to attend the setting. Children taking anti-biotics may return to pre-school after taking 2 doses of the medication provided there have been no adverse effects to the medication.

Prescribed medicines which are to be administered during a session must be received by the setting:

- in their original containers
- clearly labelled with the date prescribed and the child's name
- be given to the setting with the information leaflet

If the administration of medication requires technical or medical knowledge the member of staff must be trained – this is the responsibility of the parent/carer to arrange and must be done by a professional such as a nurse or GP.

Asthma Inhalers

Asthma inhalers must be provided to the setting in the original packaging with the prescription label on the packaging that shows the child's name and dosage. If a child requires a spacer for the administration of the inhaler, this must be provided by the parent/carer. We do not allow children to share spacers. The parent/carer must request an additional inhaler and spacer from the GP to be kept in the setting.

An Asthma Action Plan provided by the GP or other health professional must be provided for children who require inhalers for long term use. The action plan shows the required dosage, frequency and symptoms under which the inhaler is to be administered – inhalers are not administered without this information being received by the setting. A health care plan must also be completed as well as the parental agreement and medication record on Family.

Long-term medication, life-saving medication and invasive treatments

A Health Care Plan, parental agreement and medication record on Family must be completed for any child who requires long-term medication, life-saving medication, has a medical condition or illness, a known allergy or a child who requires additional assistance.

It is not our policy to administer invasive treatments to children, eg rectal Diazepam

Storage of medicines

All medication is stored securely in the office out of reach of children or refrigerated if required. The parent/care is responsible for asking for the medication to be handed back at the end of each session. Medication forgotten overnight will not be available for collection until the setting re-opens for the next session. The SENCo is responsible for checking that any medication kept in the setting is in date and any out-of-date medication is returned to the parent or carer.

Where a child requires long term medication we request that where possible additional medication is acquired which can be kept in the setting.

All staff medication is stored in the main office securely and out of reach of children.

Managing medicines on outings

Where a child who has a health care plan in place attends an outing, they must be accompanied by either their key person, or another member of staff who is fully informed about the child's needs and/or medication and trained to administer this. Medication for the child is taken in a sealed plastic bag clearly labelled with the child's name and name of the medication. The procedure for administering medication on an outing is the same as if the child was in the setting.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic bag clearly labelled with the child's name, name of the medication.

Managing Children who are Sick, Infectious, or with Allergies

At Rough Common Pre-School we provide care for healthy children. We promote the prevention of cross infection of viruses and bacterial infections and promote good health through identifying allergies and preventing contact with the allergenic substance.

It is not our policy to care for sick children - they should be at home until they are well enough to return to the setting.

If a child seems unwell or complains of feeling unwell during the day, the key person will call the parent or carer to advise them of this and if necessary asks for the child to be collected as soon as possible. On admission to the setting, parents and carers are given the option to consent to paracetamol being administered in an emergency situation. Paracetamol will not be administered to any child where written consent on Family is not obtained, regardless of the circumstances.

The setting can refuse admittance to children who have a temperature or appear unwell. This decision will be made by the pre-school staff based upon the child's symptoms, severity of the illness and affects it may have on other children. Children who have had sickness and diarrhoea within the last 48 hours or who have a contagious infection or disease will be refused admittance until they have been clear of symptoms for at least 48 hours.

Rough Common Pre-School follows the Health Protection Agency's "Guidance on infection control in schools and other childcare settings" and a list of excludable diseases and current exclusion times is available in the setting.

If a child is sent home due to being unwell, we expect parents or carers to make every possible effort to get to the setting as soon as possible after they are called. If a parent or carer knowingly leaves their child who is unwell until the end of the session, this could be seen as a safeguarding concern and therefore we will follow safeguarding procedures. This is also recorded in our telephone log. In the event we are unable to get hold of the parent or carer, we will call all the emergency contacts listed on the child's registration form. We can take verbal authorisation from a person with parental responsibility for another person to collect the child (who may or may not be on the authorised list) provided the person collecting the child is able to show photographic identification and use the password system for the child. In extreme cases of emergency an ambulance will be called and the parents/carers informed accordingly.

Temperatures

If a child has a temperature, they are kept cool, by removing excess clothing and encouraged to sip fluids. When possible we will take a child's temperature and a temperature which is over 37.5 degrees will be logged on Family.

37.5 – 37.9 degrees - Parents and carers will be notified by call or text message if a child has a temperature of 37.5 degrees or over (but below 38 degrees) to allow them to make a decision about whether or not they would like to collect their child.

38 degrees and above - Children with a temperature of 38 degrees and above **must** be collected as soon as possible. In this situation parents and carers will be given the option for paracetamol to be administered while they are on their way to collect their child. Verbal consent will be sought before this is administered.

38.5 degrees and above - Paracetamol will be automatically administered to a child who is presenting unwell and has a temperature over 38.5 degrees provided that they have been in the setting for a minimum of 4 hours, consent for this is covered by the consent form on Family and verbal consent will not usually be sought.

In the event that we are unable to contact a parent/carer or any emergency contacts and a child presents with a temperature of 38.5 degrees or above, we will contact the emergency services for advice.

Rashes

Any child who presents with a rash should have visited a GP or pharmacist prior to attendance to have it assessed. If a child has a rash the parents must notify the staff upon arrival at the setting. A prior incident form will need to be completed. If we notice during a session that a child develops a rash, we will call the parent or carer who must arrange for the child to be collected as soon as possible to have the rash checked.

Sickness and diarrhoea

A child who has 1 episode of sickness or 3 episodes of diarrhoea whilst in our care will be sent home. Where possible the child is kept away from the other children until they are collected to prevent the spread of infection. Parents may be contacted after a child has had 2 episodes of diarrhoea to pre-warn them that they may be asked to come and collect their child.

After a child experiences sickness and/or diarrhoea, parents are required to keep children away from the setting for 48 hours after the last episode of diarrhoea or vomiting.

If a child discloses that they have been sick in the last 48 hours we will contact the parent or carer to clarify this information and the parent or carer will be asked to collect the child as soon as possible if necessary.

Conjunctivitis

We do not usually exclude for conjunctivitis however depending on the severity of the child's conjunctivitis, other symptoms associated with it and the child's well-being, we may refuse admittance of the child.

Nits and head lice

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

We do not check children's hair for nits or head lice however on identifying cases of live head lice, the parent or carer of the child is informed upon collecting their child and asked to treat their child and all the family if they are found to have head lice. If a child is seen to have a case of severe head lice, parents/carers are asked to collect their child as soon as possible.

Re-occurring cases of head lice which are left untreated could be seen as a safeguarding concern and in such situations we will follow safeguarding procedures

Children with allergies

Children who have known, either suspected or diagnosed allergies, are required to have Health Care Plan in place. This is reviewed annually or more often if required, it is the responsibility of parents and

carers to advise the setting of any changes to a child's allergy. We will display a list of children with allergies for all staff to refer to when preparing snacks and meals. Depending on the severity of the allergy, a notification may be made to all parents / carers if a certain food type needs to be excluded from packed lunches.

In case of an allergic reaction, where a child requires medication, a member of staff must be trained in the administration of the medication by a trained person – this is the responsibility of the parent or carer to arrange and must be done by a health care professional such as nurse or GP.

Reporting of 'notifiable diseases'

If a child or adult is diagnosed as suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP is responsible for notifying the Health Protection Agency

When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted within 14 days and acts on any advice given by the Health Protection Agency

Cleaning of blood and bodily fluids spillages

Single use (disposable) gloves are available to be worn for cleaning blood or bodily fluids and when changing wet or soiled nappies, pants and clothing or attending to children's toileting needs if necessary.

Spillages are cleared using disposable paper towels and a disinfectant solution.

Children requiring long-term medication, life-saving medication and invasive treatments

The procedures for children requiring long-term medication, life-saving medication and invasive treatments are set out in our "Administering Medicines" policy.

Behaviour Management Policy

Rough Common Pre-School believes that all staff, children and their families should feel valued and respected, and that each person should be treated fairly. Our values are built on mutual trust and respect for all and aim to promote an environment in which everyone feels happy, safe and secure.

Our behaviour policy is designed to ensure all children, staff and families work together in a supportive and respectful way. It is a means of promoting good behaviour so that all children have the opportunity to learn and thrive in a safe and welcoming environment.

Our behaviour policy is not primarily concerned with rule enforcement. We believe we all have a responsibility to behave in ways that enable us to feel free to explore and learn without fear of being hindered or hurt. The guidelines outlined in this policy support this vision; it recognises that learning self-regulation and socially appropriate behaviour is a developmental process and that through staff modelling positive behaviour at all times and managing challenging behaviour appropriately and competently, we can provide for the needs of the individual as well as ensuring the safety and wellbeing of everyone at the setting.

We aim to listen to and acknowledge the individual views of everyone in the setting, embracing who we are and where we have come from. In recognition of this, our expectations of behaviour are underpinned by the following values:

- **RESPECT AND RECOGNITION:** to value and celebrate our own and others' contributions and uniqueness, and to show consideration for our own feelings and the feelings of others.
- **FREEDOM AND RESPONSIBILITY:** to enable children and adults to explore and express themselves freely in an environment which supports decision making and opportunities to consider the consequences of our words and actions.
- **INCLUSION:** to provide access to learning for all, considering everyone's needs, background and ability, working together to share the same vision and work towards the same goal.
- **HONESTY:** to empower everyone to communicate openly and honestly in their interactions with each other.
- **SAFETY and TRUST:** to help everyone to feel able to express their concerns and fears in an appropriate way and to thrive physically and emotionally in their learning.

At this age children are learning how to behave appropriately. Many of the things they do are normal for their stage of development and we help them to learn when something is dangerous or harmful to themselves or others, and to make positive choices in their behaviour.

As children learn to modify their behaviours in a way that is appropriate, they learn to accept the needs of others and tolerate delay when their own needs are not immediately met. This educational phase sees the development of sharing and turn-taking skills and the development of self-regulation. Our environment aims to support conflict-resolution by ensuring there are sufficient resources available for children and when this is not possible, by encouraging turn-taking through the use of sand timers.

We provide opportunities to discuss behaviour and feelings as a group and to acknowledge feelings and encourage empathy for each other. Our staff will role model positive behaviour, using a variety of strategies and props e.g. Makaton, gestures, visual timetables, puppets and stories.

Our practitioners will work in partnership with children and their families by:

- Sharing information with parents and carers about their children's behaviour in the setting
- Sharing information about all aspects of the child's development on a regular basis, as well as at regular parents and carers consultations.
- Being fair, non-judgemental and consistent when discussing children's behaviour with parents and carers
- Providing extra support for parents and carers to help manage children's challenging behaviour at home e.g. through Early Help Services and other outside agencies

We do not ask children to say "sorry" to others. We believe that at this age, children do not necessarily have the empathy to understand that their actions have caused upset or hurt to someone else, nor that children would have remorse or regret for their actions. Practitioners explain the consequences of behaviours and offer choices to support problem-solving. We involve the children in problem-solving by using these conflict resolution steps:

- Approaching children calmly with an open mind and getting down to their level
- Acknowledging the child's feelings using phrases such as "I can see you're feeling sad / angry / upset / hurt / etc"
- Gathering information from all the children involved asking questions like "what's happened / why are you sad / angry / upset / hurt / etc?"
- Reconfirming what has happened "so you are sad / angry / upset / hurt / etc because..."
- Asking the children involved for solutions and encouraging them to work together to problem-solve and find a solution that they are all happy with. We use phrases such as "I wonder what we can do to solve the problem/help you feel better?" to support this
- Providing strategies to support turn-taking e.g. using a sand-timer.

Our practitioners view conflict as a potential learning opportunity and use clear and consistent boundaries across the setting. Adults at the setting will intervene when behaviour is persistently disruptive or when children are having difficulty regulating their emotions. We do this by:

- Being clear about the behaviour that is unacceptable
- Supporting the child to think of solutions to their challenge
- Providing time away from the situation to calm down if necessary and reflect before talking things through
- Use of personalised Social Stories
- Working together with parents and carers and families to share strategies and ensure we are giving a consistent message
- In some cases, involving the SENCO in setting up an individual behaviour plan with specific targets related to the unwanted behaviour
- Liaising with other agencies e.g. health visitor, Specialist Teachers, to access further support and advice

We aim to work in partnership with our parents and carers and believe this is integral to the success of our Behaviour Policy.

Collection of a Child, Uncollected Child and Late Collection of a Child

This policy lays out Rough Common Pre-School's procedures for collection of children, the steps we take in the case of an uncollected child and details of our late collection procedures. In the event that a child is not collected by an authorised adult at the end of a session or day, we put into practice these procedures which ensure as far as possible the child is cared for safely by an experienced practitioner who is known to the child and who can provide reassurance to the child.

Procedures – Collection of a Child

Parents and carers of children starting at the setting are asked to provide the following specific information which is recorded on our Registration Form:

1. Home address, telephone numbers - home, mobile and work as applicable
2. Names and telephone numbers of adults who are authorised by the parent/carer to collect their child from the setting, for example a childminder or grandparent
3. Details of who has parental responsibility for the child
4. A Password

A copy of their child's full birth certificate is seen by the Business Manager and parental responsibility is verified. We do not allow children to leave the premises with anyone other than those named on the Registration Form or in their file except when a person with parental responsibility for the child gives prior permission.

On occasions when parents or carers are aware that they will not be at home or in their usual place of work, they must inform us of how they can be contacted in an emergency

On occasions when parents or carers or the persons normally authorised to collect the child are not able to collect the child, we must be provided with full details of the name of the person who will be collecting the child and an up to date photo must be sent to the setting mobile phone. If the person is not known to us, the person collecting the child must be able to show photographic identification and use the password that is on file for the child.

In the event that we are unable to get hold of the parent or carer when a child needs to be collected due to illness, we will call all the emergency contacts listed on the child's registration form. We can take verbal authorisation from a person with parental responsibility for another person to collect the child (who may or may not be on the authorised list) provided a photo is provided and the person collecting the child is able to show photographic identification and use the password that is on file for the child

Parents and carers are informed that if they are not able to collect the child as planned and no-one else is available to collect the child, they must inform us as soon as is reasonably practicable so that we can begin to take back-up measures.

If we suspect that anyone collecting a child is under the influence of alcohol or any other substance, we will not release the child into their care and will make alternative arrangements with emergency contacts for the child to be collected. If alternative arrangements are unable to be made we will act on advice from social services. In this situation safeguarding procedures will be followed

Procedures – Uncollected Child

The following procedures apply if a child remains uncollected after the setting has closed or the time that the child was due to be collected (applicable if a child attends shorter sessions)

We will always make reasonable attempts to contact the parents or carers and emergency contacts of a child before contacting Social Services however if we have been unable to make contact:

- In the first instance we will try to make contact with the parents/carers who as listed as having parental responsibility on the child's registration pack and/or the individual who usually collects the child.
- If we have not been able to make contact with anyone after 10 minutes – we will call the persons listed on the emergency / authorised contacts
- After 20 minutes – if we have been unable to make contact with the emergency / authorised contacts or the parents/carers we will contact the Central Duty Desk on 03000 41 11 11 and take advice from them
- The child will stay at setting in the care of a member of staff until they are safely collected either by the parents, one of the people listed as an emergency contact or by a social worker
- Social Services will aim to find the parent or relative. If they are unable to do so, the child will become looked after by the local authority
- Under no circumstances will a member of staff go to look for the parent/carer, nor will they take the child home with them regardless of personal relationships outside of the setting
- A full written report of the incident is recorded in the child's file and we may inform Ofsted or other relevant parties if deemed necessary
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff

Procedures – Late Collection of a Child

Should a parent/carer or authorised person be 10 or more minutes late collecting a child on more than 2 occasions within the same term a charge of £10 will be issued for each late collection thereafter. Late collection charges will be invoiced via the Family app and must be paid before the child's next session. Failure to pay may result in refusal to accept the child until late fees are paid and reoccurring lateness may be regarded as a safeguarding concern and may require relevant steps to be followed in accordance with our safeguarding policy

Procedures – General

Systems are in place for the safe arrival and departure of children. Registers are taken on the Family online system at the beginning of each session to record details of the children, staff and volunteers who are in attendance. The times children, staff or volunteers arrive and depart are recorded. Through thorough risk assessments, daily checks and staff vigilance we take steps to prevent unauthorised access to our premises and to prevent children from leaving our premises unaccompanied

Missing or Lost Child

At Rough Common Pre-School we regard children's safety as the highest priority at all times, both on and off the premises. Through thorough risk assessments, daily checks and staff vigilance we take steps to prevent unauthorised access to our premises and to prevent children from leaving our premises unaccompanied or from going missing during an outing. In the unlikely event of a child going missing, our missing child procedure is followed.

Procedures - Child going missing on the premises

Registers are taken at the beginning of each session using the Family online system on which we record details of the children, staff and volunteers who are in attendance and the times children, staff or volunteers arrive and depart are recorded.

As soon as it is noticed that a child is missing the Managers and Deputy Manager are alerted. Doors and gates are checked to see if there has been a breach of security whereby a child could have wandered out and the Managers will carry out a thorough search of the building and garden and all areas of the premises including the field and play park. If there are additional staff available that are not included in ratio for the children in attendance then they will also be asked to search the local area. All other staff and children remain in the premises with all usual procedures being followed.

A Manager will call the police and reports the child as missing and follows advice given by them

A Manager then calls the parent or carer to inform them that their child has gone missing

A Manager checks the register to make sure no other child has also gone missing

A Manager talks to the staff to find out when and where the child was last seen and records this on a "Missing Child Incident Report Form"

Procedures - Child going missing on an outing

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

On all outings out of the setting, children are allocated partners and a designated adult in accordance with ratio requirements. No adult will be allocated more than 4 children.

As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated adult and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity but does not search beyond that. If the outing is taking place at an off-site venue, the staff contact the venue's staff and the venue's missing child procedure is then followed

The staff member in charge will contact a Manager immediately who will make their way to the location (if not on the outing) The Manager calls the police and reports the child as missing and follows advice given by them. The Manager then calls the parent or carer to inform them that their child has gone missing

Staff take the remaining children back to the setting, if possible, however the Manager remains at the venue until the police arrive and takes further advice from them

Procedures – General

All details of any incidents involving a missing or lost child are recorded on a “Missing Child Incident Report Form” and a full investigation into the incident is carried out by a Manager. The Manager will conduct investigation meetings with all staff, helpers or volunteers who were present in the setting or on the outing and written statements are obtained. The setting’s disciplinary procedure will be followed if necessary. A conclusion is drawn as to how the breach of security happened if applicable.

If the incident warrants a police investigation, all staff will be expected to co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children’s social care may be involved if it seems likely that there is a child protection issue to address

The incident is reported under RIDDOR arrangements and the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.

The incident is reported to Ofsted as soon as possible but no later than 14 days after the incident and the settings insurance provider is informed

Procedures - Managing people

Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible. Staff will feel worried about the child, especially the key person or the designated adult responsible for the safety of that child in the setting or on the outing. They may blame themselves and their feelings of anxiety and distress will rise with the length of time the child is missing increases

Staff may be the understandable target of parental anger and they may be afraid. The Manager needs to ensure that staff under investigation are not only fairly treated but receive support whilst feeling vulnerable

The parents or carers may feel angry, distressed and worried. They may want to blame staff and may single out one staff member over others; they may direct their anger at the Manager. When dealing with a distraught and angry parent or carer, there should always be two members of staff, one of whom is the Manager . No matter how understandable the parent’s anger may be, aggression or threats against staff are not tolerated, and the police will be called if this happens. We may also inform the safeguarding team if this happens

The other children may also be sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. The staff provide comfort and reassurance to the children

In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The Manager will use their discretion to decide what action to take

Staff and parents or carers are not permitted to discuss any missing child incident with the press

Safe Sleeping

Rough Common Pre-School aims to ensure that children have an opportunity to sleep to support their overall development and wellbeing. We actively promote safer sleeping practices as recommended by The Lullaby Trust and provide a variety of sleeping areas which include approved baby beds and sleeping surfaces. Babies and children are encouraged to regulate their own sleep patterns and by providing a range of sleeping areas we encourage children to be independent in their sleep routines.

To ensure we meet the need of each individual baby and child our staff will discuss individual routines with parents and carers when babies and children join our setting. These will be reviewed with parents and carers on a termly basis. Our staff will, where possible, ensure we work with parents and carers to follow home routines in the setting, however we will not force a baby or child to sleep or keep them awake against his or her will.

Staff will gently wake children after a specified time following parents and carers wishes, however should the child be reluctant to wake, we will follow the child's needs which take priority over parents and carers wishes

Our policy is to put all babies to sleep on their back as recommended by The Lullaby Trust, if a baby has a medical condition which requires them to be put to sleep on their stomach or side, parents and carers are asked to provide a medical note from the baby's doctor specifying their sleeping position. This note will be kept on file and placed on the baby's cot whilst they are asleep.

We provide information to support parents and carers with safe sleeping practices at home and recommend that parents and carers follow guidance from The Lullaby Trust as follows:

*"You should always place your baby on their back to sleep and not on their front or side. Sleeping your baby on their back (known as the supine position) every night is one of the most protective actions you can take to ensure your baby is sleeping as safely as possible. There is substantial evidence from around the world to show that **sleeping your baby on their back at the beginning of every sleep or nap (day and night) significantly reduces the risk of sudden infant death syndrome (SIDS).**"*

All of our staff will receive training on our Safe Sleeping Policy as well as keeping themselves up to date about recommendations about Safe Sleeping practices.

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's medical history. Rough Common Pre-School believes that proactive steps can be taken to lower the risk of SIDS and that together with parents and carers, our staff can keep babies safe while sleeping. In order to support this belief, we practice the following procedures.

Procedures – Creating a Safe Sleeping Environment

We create relaxing sleeping environments that are monitored regularly to ensure that they are at the recommended temperatures. Spaces around sleep areas are kept clear from hanging objects such as blind cords, hanging bags and any objects which could cause a hazard. Sleep areas are kept clear from soft toys however, if provided by parents/carers a comforter will be offered for those children who use one. Only cots approved by the British Standard or approved sleep surfaces are used. Firm, flat, mattresses will be used in all of our cots. Beds will be cleaned weekly and where applicable mattresses will be cleaned and sanitised after each child's use

We do not allow babies to sleep in car seats, bouncers or nesting rings. Babies who fall asleep in a pushchair are moved to a sleep area. This is to ensure that babies have the ability to move comfortably when sleeping and so that their heads do not drop which can lead to suffocation

Each child and baby will be allocated their own bedding which is used solely by them. This is washed weekly or more regularly if required

Procedures – Sleeping Babies and Children

We will follow each child's own sleeping routine and individualise our care to ensure we meet each baby and child's needs. Babies are always put to sleep on their back. If a baby rolls onto their tummy they are turned onto their back again. Once a baby can roll from back to front and back again, on their own, they can be left to find their own position

Babies will be put in the "feet-to-foot" position when being put to sleep and babies and children who fall asleep on a member of staff will be transferred to a safe sleeping area. Older children who fall asleep will be made comfortable and regularly checked

Clean, light bedding will be used and babies will be appropriately dressed to avoid overheating. Baby and children's heads will never be covered with blankets or bedding, beds will never be covered with blankets or bedding

When checking a baby during sleep our staff will look for a rise and fall of the chest, check the child's sleeping position and check their temperature by feeling their tummy or back of their neck. All sleeping babies and children will be checked every 10 minutes and this information will be recorded. These checks are monitored by the Management Team

Complaints Procedure

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

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

Procedures – record keeping

We keep a written record of all complaints received, their investigations and outcomes. This information is available upon request to Ofsted inspectors. If the complaint involves a safeguarding investigation or member of staff the Manager may wish to store all information relating to the investigation in a separate file designated for this complaint

Procedures - Making a complaint

Stage One – Verbal, Informal

We request that any parent who has a concern about an aspect of the setting's provision discusses this with a member of the Management Team and we aim to resolve complaints amicably and informally at this stage

Stage Two – Writing, Formal

If stage one does not have a satisfactory outcome, or if the problem recurs, the parent or carer moves to stage 2 of the procedure by putting the concerns or complaint in writing to the Management Team. When the investigation into the complaint is completed, a member of the Management Team meets with the parent or carer to discuss the outcome. Parents or carers must be informed of the outcome of the investigation within 28 days of making the complaint

Stage Three – Meeting, Formal

If the parent or carer is not satisfied with the outcome of stage one or two of the complaints procedure, they can request a meeting with a member of the Management Team. The parent is entitled to be accompanied by a friend or partner and the Manager should have a note-taker present. An agreed written record of the discussion is made as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it. This signed record signifies that the procedure has concluded

Stage Four – Mediation

If at stage three of the complaints procedure the parent or carer and the Management cannot reach an agreement, an external mediator is invited to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers but can help to define the problem, review the action taken so far and suggest further ways in which it might be resolved. The mediator keeps all discussions confidential. They can hold separate meetings with the Manager and the parent or carer, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice they give

When the mediator has concluded their investigations, a final meeting between the parent or carer and the Manager is held. The purpose of this meeting is to reach a decision on the action to be taken to deal



with the complaint. The mediator's advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached

A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded

Stage Five - Ofsted

If after the above stages a satisfactory resolution cannot be met, parents can contact Ofsted and follow their complaints procedure

The number to call Ofsted with regard to a complaint is: 0300 123 1231 and these details are displayed within the setting.

The role of the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Local Safeguarding Children Board

Parents or carers may approach Ofsted directly at any stage of this complaints procedure. In addition, where there seems to be a possible breach of the setting's registration requirements, it is essential to involve Ofsted as the registering and inspection body with a duty to ensure the Safeguarding and Welfare Requirements of the Early Years Foundation Stage are adhered to. If a child appears to be at risk, our setting follows the procedures outlined in our Safeguarding Exemplar Policy

