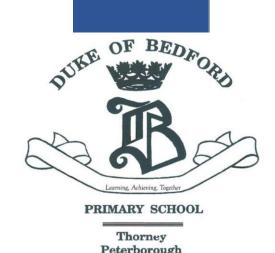
Duke of Bedford Primary School

Pre-School Policy

March 2023



Mission statement

At The Duke of Bedford Pre-School our school core HEART values (Honesty, Empathy, Achievement, Respect and Teamwork) are demonstrated and celebrated every day.

We encourage all children to become caring, independent, considerate people in charge of their own learning. We provide the basic foundations for life through our curriculum planning and the unseen curriculum (the way people behave towards each other). We want to show children how to respect all living things and their environment and teach them to love and care for them and each other.

Aims

Our setting aims to:

- Provide high quality care and education for children below statutory school age;
- Work in partnership with parents to help children to learn and develop;
- Add to the life and well-being of the local community; and
- Offer children and their parents a service that promotes equality and values diversity.

Staffing / Ratios

At The Duke of Bedford Pre-School, we value our staff highly. We believe that ongoing personal and professional development is essential for the delivery of high-quality learning and development opportunities for children in their early years. The overall quality of our Pre-School is underpinned by our staff having the appropriate qualifications, training, skills, knowledge, and a clear understanding of their roles and responsibilities. We strongly promote continuous professional development and this is discussed at supervision meetings.

The Pre-School is run by 4 key staff members, the Manager and Deputy manager both have Level 3 qualifications and two further staff members make up our wonderful team and are both level 2 trained. All of the staff offer a warm welcome to the pre-school, providing a caring, safe and educational environment in which children feel valued and can reach their potential in all areas of development. We ensure our staff ratios are adhered to at all times and all staff have the required childcare qualifications. Each child will be allocated a key worker before they start preschool to help settle them in. They will also carry out individual and group activities to monitor and track their development and progress.

Settling in Process

Before starting at our setting, we offer settling visits for your child. These are offered so the child and parent/carer can come into the setting, become familiar with the environment and get to know the other children and staff. This is a good opportunity to discuss with staff members the child's interests and individual needs, outlining any medical or dietary needs that the Pre-School need to be aware of. Any concerns or worries the parent/carer has about their child starting Pre-School can also be addressed during these settling visits. The settling visits will also help staff members to build their relationships with their key children.

The settling visits consist of;

- 1st Visit 1 Hour Session with Child and Parent/Carer
- 2nd Visit 1 hour Session for your child to stay on their own

We recognise that younger children may take longer to settle in, as well as children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re- settle them. At any time, if the child is finding it difficult to settle, we will always phone the parent to let them know how their child is getting on and that they may need collecting if they continue not to settle.

When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when. This helps to reassure the child that their parents will be coming back to collect them if they are struggling to separate.

Arrivals and Departures

Prime times of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Arrivals and departures are key times in the day when children need support from their carer to make the transition smooth and happy; these times of day also pose a certain level of risk as parents and carers come and go. All staff are aware of the potential risks and take measures to minimise them.

Arrivals

One staff member greets the parents/carers and takes time to hear information the parents need to share. The staff member receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs. If a child is noted to have visible injuries when they arrive at the setting, the parent will be asked about how they got the injury. The Designated Safeguarding Lead will be informed and safeguarding procedures followed where needed.

Departures

The key person always aims to greet parents when they arrive, ensuring that the person who has arrived to collect the child is named on the signing in/out form.

Only persons aged over 16 years are allowed to collect children. Practitioners verbally exchange information with parents.

Pre-school Day

We organise the day so that children can take part in a variety of child-led and adult-led activities. These take account of children's changing energy levels throughout the day and their individual needs and interests. Outdoor play opportunities are provided and contribute to children's health, their physical development and their knowledge of the world around them. We have several small group times where children spend time with their key worker, playing a game or carrying out a small activity. We have circle times together to welcome everyone in on each day and provide a chance for children to develop their listening and communication skills, through discussions with the adults and listening to their peers.

Snacks and meals

At the Duke of Bedford Pre-school, snack and lunch times are a home from home experience where children and adults eat together. We have a morning snack with the children and provide a healthy snack for your child or alternatively, you may wish to provide this yourself. If bringing in a snack from home, then please ensure you send in a piece of fruit/veg for your child. Lunch time is from 12:00 and children can have a paid school meal or bring in a packed lunch from home.

Drink bottles should be sent into Pre-School with your child. The bottles should be clearly named and should be separate to those intended for the packed lunch box. We encourage your child's drink's bottle to have water in but weak squash is acceptable if your child does not drink water.

Curriculum – see EYFS policy on the main school website.

The Early Years Foundation Stage

Provision for the development and learning of children from birth to five years is guided by the Early Years Foundation Stage. Staff use the children's interests to inform their planning of activities. Our provision reflects the four overarching principles of the *Statutory Framework for the Early Years Foundation Stage* (DfE 2021):

A Unique Child

Every child is a unique child who is constantly learning and can be resilient, capable, confident and self-assured.

Positive Relationships

Children learn to be strong and independent through positive relationships.

Enabling Environments

Children learn and develop well in enabling environments with teaching and support from adults, who respond to their individual interests and needs and help them to build their learning over time. Children benefit from a strong partnership between practitioners, parents and/or carers.

- Learning and Development
- Children develop and learn at different rates. The framework covers the education and care of all children in early years provision including children with special educational needs and disabilities (SEND).

How we provide for learning and development

Children start to learn about the world around them from the moment they are born. The care and education offered by our setting helps children to continue to do this by providing all the children with interesting activities that are appropriate for their age and stage of development.

The Areas of Learning and Development comprise:

- Prime Areas
 - Personal, social and emotional development.
 - Physical development.
 - Communication and language.
- Specific Areas
 - Literacy.
 - Mathematics.
 - Understanding the world.
 - Expressive arts and design.

For each area, the level of progress that children are expected to have attained by the end of the Early Years Foundation Stage is defined by the Early Learning Goals. These goals state what it is expected that children will know, and be able to do, by the end of the reception year of their education.

We refer to non-statutory curriculum guidance to support our professional judgment as we assess each child's progress and level of development as they progress towards the Early Learning Goals. We have regard to these when we assess children and plan for their learning by creating a curriculum that is ambitious and meets every child's needs. Our educational programmes support children to develop the knowledge, skills and understanding they need for:

Personal, social and emotional development

- self-regulation
- managing self
- building relationships

Physical development

- gross motor skills
- fine motor skills

Communication and language

- listening, attention and understanding
- speaking

Literacy

- comprehension
- word reading
- writing

Mathematics

- number
- numerical patterns

Understanding the world

- past and present
- people, culture and communities
- the natural world

Expressive arts and design

- creating with materials
- being imaginative and expressive

Our approach to learning and development and assessment

Learning through play

Being active and playing supports young children's learning and development through doing and talking. This is how children learn to think about and understand the world around them. We use the EYFS

statutory education programmes to plan and provide opportunities which will help children to make progress in all areas of learning. This programme is made up of a mixture of activities that children plan and organise for themselves and activities planned and led by practitioners.

Characteristics of effective learning

We understand that all children engage with other people and their environment through the characteristics of effective learning that are described in the Early Years Foundation Stage as:

- playing and exploring engagement
- active learning motivation
- creating and thinking critically thinking

We aim to provide for the characteristics of effective learning by observing how a child engages with learning and being clear about what we can do and provide to support each child to remain an effective and motivated learner.

Assessment

We assess children on entry into pre-school by observing them and engaging them in lots of different activities. This gives us a clear picture about how they are learning and developing. We use information that we gain from observations of the children, to understand their progress and where this may be leading them. We believe that parents know their children best and we will ask you to contribute to assessment by sharing information about what your child likes to do at home and how you, as parents, are supporting development. If a child is assessed as not being on track for their age, this will be recorded and further support put in place in this area to try to help the child catch up.

We may make assessment summaries of children's achievement based on our on-going observations. These help us to build a picture of a child's progress during their time with us and form part of children's records. We undertake these assessment summaries at regular intervals, as well as at times of transition, such as when a child moves into a different group or when they go on to school.

The progress check at age two

The Early Years Foundation Stage requires that we supply parents and carers with a short-written summary of their child's development in the three prime areas of learning and development - personal, social and emotional development; physical development; and communication and language - when a child is aged between 24 - 36 months. Your child's key person is responsible for completing the check using information from on-going observations carried out as part of our everyday practice, taking account of the views and contributions of parents and other professionals. The progress check will be completed in person with the parent/carer.

Clothing

We provide protective clothing for the children when they play with messy activities. We encourage children to gain the skills that help them to be independent and look after themselves.

These include taking themselves to the toilet and taking off, and putting on, outdoor clothes. Clothing that is easy for them to manage will help them to do this. If your child is going through toilet training, then clothing that is easy for them to pull up/down themselves is essential.

Children can bring a pair of named wellies that can be left at Pre-School. These are useful when the children use the outdoor play area all through the year.

Safeguarding children – please see the main school Safeguarding and child protection policy for further details.

Our setting has a duty under the law to help safeguard children against suspected or actual 'significant harm'. Our employment practices ensure children against the likelihood of abuse in our setting and we have a procedure for managing complaints or allegations against a member of staff.

We offer support to families for a wide range of needs. Referrals to appropriate agencies are also made where necessary to help families in difficulty and to safeguard children. Please approach Pre-school staff if you feel that you need support at any time and our safeguarding team can work with you.

Intimate care and nappy changing

Prime times of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration and learning.

Young children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times. Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for soiled nappies.

All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.

Key persons ensure that nappy changing is relaxed and a happy time. Key persons never turn their back on a child or leave them unattended on a changing mat.

Nappy changing records

Key persons record when they changed the child and will note / pass onto parents/carers if there was anything unusual about it.

- Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the
 changing area to prevent spread of infection. The parent should be called to inform them, and that if
 any further symptoms occur they may be required to collect their child.
- Sometimes a child may have a sore bottom. This may have happened at home as a result of poor care; or the child may have eaten something that, when passed, created some soreness. The child also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. This may include use of nappy cream or leaving the child without a nappy in some circumstances. If a medicated nappy cream such as Sudocrem is used, this must be recorded.
- Young children from two years may be put into 'pull ups' as soon as they are comfortable with this and if parents agree.
- Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned.
- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
- Each young child has his/her own basket to hand with their nappies/pull ups and changing wipes.
- Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.

- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used by young children, as they are no more effective than ordinary soap and water.
- Key persons are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies.
- The procedure for dealing with sore bottoms is the same as that for babies.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Key persons are responsible for changing where possible. Back-up key persons take over in the key
 person's absence, but where it is unavoidable that other members of staff are brought in, they must
 be briefed as to their responsibilities towards designated children, so that no child is inadvertently
 overlooked and that all children's needs continue to be met.
- Parents are encouraged to provide enough changes of clothes for 'accidents when children are potty training.
- If spare clothes are kept by the setting, they are 'gender neutral' i.e. neutral colours, and are clean, in good condition and are in a range of appropriate sizes.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the setting manager's line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.

Health and Safety Procedures – please see whole school Health and Safety policy

Changing mats are cleaned and disinfected in baby change areas.

Disposable nappies/trainers are cleared of solid waste and placed in nappy disposal units.

Staff use single gloves and aprons to change children and wash hands when leaving changing areas. Please note that gloves are not always required for a wet nappy if there is no risk of infection, however gloves are always available for those staff who choose to wear them for a wet nappy. Gloves are always worn for a soiled nappy.

Staff never turn their backs on or leave a child unattended whilst on a changing mat.

Changing mats are disinfected after each change.

Anti-bacterial spray is not used where residue may have direct contact with the skin. Anti-bacterial sprays are not left within the reach of children.

Special Educational Needs – please see the SEND Policy and Information Report on the Main School Website. To make sure that our provision meets the needs of each individual child, we take account of any additional needs a child may have. We work to the requirements of the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015).

Our Special Educational Needs Co-ordinator is: Jo Sewell

The setting is governed by: The Duke of Bedford Primary school

Contact us: 01733 270243

Please see the SEND Policy on the school website and approach a member of Pre-school staff if you have any concerns about your child.

Collection of Children

We will only release children to their parent/carer at the end of their session or Pre-School day. If your child is being collected by any other adult, written permission or a telephone call to Pre-School or the school office must be made.

If you fail to collect your child on time, we make every effort to contact you through the numbers that you have provided us with. Please also ensure that any contact information that has been shared with the Pre-School is kept up to date. Only those persons identified on the contact details/emergency contacts will be authorised to collect your child, unless permission has been provided by parents. If you or someone on your child's contact list changes their phone number, please inform the Pre-School Manager. We take this issue very seriously and will not hand over your child to anyone without your prior permission.

Promoting Positive behaviour

Positive behaviour is located within the context of the development of children's personal, social and emotional skills and well-being. A key person who understands children's needs, their levels of development, personal characteristics, and specific circumstances, supports this development. This ensures children's individual needs are understood and supported. Settling into a new environment is an emotional transition for young children especially as they learn to develop and master complex skills needed to communicate, negotiate and socialise with their peers. Skills such as turn taking and sharing often instigate minor conflicts between children as they struggle to deal with powerful emotions and feelings. During minor disputes, key persons help children to reflect and regulate their actions and, in most instances, children learn how to resolve minor disputes themselves. However, some incidents are influenced by factors, requiring a strategic approach especially if the behaviour causes harm or distress to the child or others. These situations are managed by the SENCO/key person using a stepped approach which aims to resolve the issue and/or avoid the behaviour escalating and causing further harm.

This is an unsettling time for young children. Practitioners are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour gives cause for concern, practitioners take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to

The setting manager/SENCO will:

- ensure that all new staff attend training on behaviour management such as *Understanding and Addressing Behyaviour in the Early Years* (EduCare)
- help staff to implement procedure Promoting positive behaviour in their everyday practice
- advise staff on how to address behaviour issues and how to access expert advice if needed

Rewards and sanctions

Children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.

Rewards such as excessive praise and stickers may provide immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a reward (or for fear of a sanction). If used the type of rewards and their functions must be carefully considered.

Children are never labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group to be left in 'time out' or on a 'naughty chair'. If a child is distressed or causing harm to others, it may help to remove them from the immediate environment where the incident occurred. They should be taken to a quiet area by their key person for up to 5 minutes to help them calm down. If appropriate, the key person can use this time to help the child reflect on what has happened. Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. If staff become aware that another person has given corporal punishment to a child, they follow Safeguarding children, young people and vulnerable adults procedures. Physical intervention to safeguard a child/children must be carried out as per the guidance in this procedure.

Step 1

- The setting manager, SENCo and other relevant staff members are knowledgeable with Promoting positive behaviour.
- Unwanted behaviours are addressed using an agreed and consistently applied approach to deescalate situations
- Behaviours that result in concern for the child and/or others must be discussed by the key person, SENCo/setting manager. During the meeting the key person must use their all-round knowledge of the child and family to share any known influencing factors such as a new baby in the family, child and/or parental illness, underlying additional needs to help place the child's behaviour into context.
- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment should be carried out.
- If the adjustments are successful and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

Step 2

• If the behaviour remains a concern, then the key person and SENCo must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.

- If a cause for the behaviour is not known or only occurs whilst in the setting, then the setting manager/SENCo must suggest using a focused intervention approach to identifying a trigger for the behaviour such as the ABC approach, i.e. Antecedents what happened before; Behaviour what was the behaviour observed; Consequences what happened after the event.
- If a trigger is identified, then the SENCo and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents of the perpetrator must be informed. If the setting has applied a physical intervention, they must follow the guidance as set out below. The designated person completes a Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded and parents are asked to sign.
- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and
 incorporated into the action plan. Other staff are informed of the agreed interventions and help
 implement the actions. The plan must be monitored and reviewed regularly by the key
 person/SENCo until improvement is noticed.
- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged on SEN Support - Action plan.

Step 3

If despite applying initial intervention to deescalate situations and focused interventions to identify triggers the child's behaviour continues to occur and/or is of significant concern, the SENCo and key person invite the parents to a meeting to discuss external referral and next steps for supporting the child. It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Area SENCo. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding procedures 06 Safeguarding children, young people and vulnerable adults procedures must be followed immediately.

- Advice provided by external agencies is used in SEN Support: Action Plan and regular multidisciplinary meetings held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an Education Health and Care Assessment which may lead onto an Education, Health and Care Plan.

Use of physical intervention

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS states that physical intervention from a staff member towards a child may be used for the purposes of "averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary".

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most cases this can be applied through the use of the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, a practitioner may use "reasonable force" to protect a child from injuring themselves or others. Legally a practitioner may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

Physical handling

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

- keeping the child's safety and well-being paramount
- a calm, gentle but firm approach and application of the intervention
- never restricting the child's ability to breathe
- side-by-side contact with the child
- no gap between theirs or the child's body
- keeping the adults back as straight as possible
- avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting)
- only holding the child by their 'long' bones to avoid grasping at the child's joints where pain and damage are most likely to occur
- avoiding lifting the child unless necessary
- reassuring the child and talking about what has happened
- only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g. British Institute of Learning Disabilities www.bild.org.uk/

Risks

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if a practitioner did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm a practitioner needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?
- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

Recording

Any instance of physical intervention is fully recorded immediately and reported to the designated person as soon as possible on 6.1b Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the form which is then kept on the child's file. The designated person decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

Temporary suspension (fixed term)

Any decision to temporarily suspend a child must be carefully considered lawful, reasonable and fair. If despite following the stepped approach for behaviour it is necessary to temporarily suspend a child, for no more than five days, on the grounds of health and safety, the following steps are followed.

- The setting manager provides a written request to suspend a child to their line manager; the request
 must detail the reason why the child must be suspended and the length of time of the proposed
 suspension.
- If the line manager approves, the parents must be invited to a meeting to discuss next steps. Parents are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting must aim for a positive outcome for the child and not to suspend.
- If no acceptable alternative to suspension is found then the setting manager must give both verbal
 and written notice of time related suspension to the parent, meanwhile the setting manager must
 ensure that continued resolution is sought and suitable adjustments are in place for the child's
 return.

Suspension of a disabled child

We have a statutory duty not to discriminate against a child on the basis of a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps

and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with SEND may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic and targeted. Plans and intervention must be recorded on the child's file and 9.12b SEN Support - Action plan. If little or no progress is made during the suspension period, the following steps are taken.

- The setting manager sends a written/electronic invite to the parents, a local authority
 representative and any relevant external agencies to attend a review meeting. Each attendee must
 be made aware that the meeting is to avoid_the situation escalating further and to find a positive
 solution.
- After the meeting the setting manager continues to maintain weekly contact with the parents and local authority to seek a solution.
- Suitable arrangements offer the parent continued support and advice during the suspension. The setting manager reviews the situation fortnightly and provides their line manager with a monthly update.

Exclusion at Pre-School

Children will only be suspended or excluded as a last resort, when there is no alternative action that could be taken, or when it is felt that other children and/or staff are potentially at risk.

In some exceptional circumstances a child may be excluded due to:

 if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to adequately meet the child's needs or cannot protect the health, safety and wellbeing of the child and/or others.

Exemptions

Only in the event of an extremely serious or dangerous incident will a child be suspended from Preschool by the Headteacher with immediate effect. In such circumstances, the child's parent/carer will be contacted immediately and asked to collect their child. Children will not be allowed to leave the premises until a parent/carer arrives to collect them. The Manager will inform the Headteacher of the incident as soon as possible. After an immediate suspension has taken place, the Manager will arrange a meeting with the child concerned and her/his parents/carers to discuss the incident and decide if it will be possible for her/him to return to Preschool. Suspensions and exclusions should be seen as consistent, fair and proportionate to the behaviour concerned. Consideration will be given to the child's age and maturity. Any other relevant information about the child and her/his situation will also be considered

Challenging unwanted behaviour from adults in the setting

We do not tolerate behaviour demonstrating dislike, prejudice, discriminatory attitudes or action towards any individual/group. This includes those living outside the UK (xenophobia). This also applies to behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and failure to do so may result in the adult being asked to leave the premises. Where a parent makes discriminatory or prejudice remarks to staff at any time, or other persons while on the premises, this is recorded on the child's file and is reported to the setting manager. The procedure is explained and the parent is asked to comply while on the premises. An 'escalatory' approach will be taken with those who continue to exhibit this behaviour. The second stage comprises a letter to the parent requesting them to sign a written agreement not to make

discriminatory remarks or behave in discriminatory or prejudice ways; the third stage may be considering withdrawing the child's place.

Other relevant policies:

- Safeguarding and Child Protection
- Safer Recruitment Policy
- Whistleblowing Policy
- Mobile Phone Policy
- Online Safety Policy
- Staff and Governor Code of Conduct
- Complaints Policy
- Equality Compliance
- Data Protection
- Data Retention
- Critical Incident Policy
- Intimate Care Policy
- SEND Policy and Information Report
- Health and Safety Policy
- First Aid Policy
- Supporting pupils with Medical Conditions Policy
- Adminstering Medication

Appendix 1

Pre-school Application to join

Personal details

| First name(s) of child | |
|--|--|
| Surname of child | |
| Date of birth | |
| Full address with postcode | |
| | |
| Parent/carer name | |
| Relationship to child | |
| Full address with postcode (if different to above) | |
| | |
| Daytime telephone number | |
| Home telephone number | |
| Work telephone number | |
| Parent/carer name (2) | |
| Relationship to child | |
| Full address with postcode (if different to those above) | |
| Daytime telephone number | |
| Home telephone number | |
| Work telephone number | |

| Sessio | on request | | | | | |
|--------|--|-------------------------------|---------------------------------|---|---|-----------------------------|
| | Preferred start date: | | | | | |
| | _ | | | | | |
| ı | Please tick the sessions you w | vould like vou | r child to att | end: | | |
| | Session | Monday | Tuesday | Wednesday | Thursday | Friday |
| | Full Day 9am-3:30pm | | | | | |
| | AM session 9am-12 | | | | | |
| | PM session 12.30pm-3.30pm | | | | | |
| 3:00p | e Preschool is open from 9am m making a full day session 6 nded hours. | • | | • | • | |
| to sta | e have lunch at 12-12:30pm. If y/come earlier for lunch, the cheir funded hours then the care already attending 15 hou | n you can do extra 30 minu | . The lunch s ites for lunch | ession costs <u>£1.</u> can be covered | <u>50</u> . If your chi I through thei | ld does less r hours. If |
| , | Hourly Rate: 2 year olds - £5. | 70 per hour | 3 and 4 y | ear olds - £4.77 | per hour | |
| - | or child eligible for funded ho | | | | | |
| availa | Taiting list. We will contact your ble. Please note that comple for your child, | | a suitable pla | ace becomes | | |
| family | your child is offered a place of the control of the | • | | • | | |
| If you | find that you no longer need | d the place, p | lease inform | [us/me] as soor | n as possible. | |

Date:

Signed parent/carer (1):

| Signed parent/carer (2): | | Date: |
|---|--|----------------|
| • | ication form and offer of a place is s signing this document, you acknowle terms and conditions. | |
| | | |
| Annandiy 2 | | |
| Appendix 2 Pre-School Registration form | | |
| Child's Details | | |
| Child's First Name(s) | | |
| Child's Surname | | |
| Name known as | | |
| Child's Gender | | |
| Child's Date of Birth | | |
| | whom the child lives: | |
| | | |
| Parent(s)/Carer(s) Details – | | |
| | Parent/Carer 1 | Parent/Carer 2 |
| | | |
| | | |
| | | |

| Relationship to Child | | | |
|--|---|--------------------------|---------------|
| Address | | | |
| Home/Mobile Number | | | |
| Work Address | | | |
| Work Contact Number | | | |
| Email | | | |
| Does this parent have parental responsibility? (Yes/No) | | | |
| Other person(s) with legal consequence separated and an S8 Order in Name | ontact to be completed where those persons in place | ons with parental respor | nsibility are |
| | | | - |
| | t we need to be aware of: | | _ What are |
| | | | |

Emergency Contacts Details

If parent(s)/carer(s) are not available, please provide your emergency contact details.

| Contact 1 - | |
|------------------------|--|
| Name | |
| Relationship to Child | |
| Full Address | |
| Daytime/Work Telephone | |
| Mobile Number | |
| | |
| Contact 2 - | |
| Name | |
| Relationship to Child | |
| Full Address | |
| Daytime/Work Telephone | |
| Mobile Number | |
| | |
| Contact 3 - | |
| Name | |
| Relationship to Child | |
| Full Address | |
| Daytime/Work Telephone | |
| Mobile Number | |

Persons other than parent(s)/carer(s) or Emergency Contacts authorised to collect the child. These persons must be over 16 years of age.

| Person 1 - | |
|------------------------|--|
| Name | |
| Relationship to Child | |
| Full Address | |
| Daytime/Work Telephone | |
| Mobile Number | |
| | |
| Person 2 - | |
| Name | |
| Relationship to Child | |
| Full Address | |
| Daytime/Work Telephone | |
| Mobile Number | |
| | |
| | |
| Person 3 - | |
| Name | |
| Relationship to Child | |
| Full Address | |
| Daytime/Work Telephone | |

| Mobile Number | | |
|------------------------------------|---|---------------------------------|
| Password for the c | ollection of the child by aut | horised persons: |
| = | will tell us a little more about your child ats through observation and progress th | - |
| Does your child have previo | ous experience of attending a childcare | setting? If so, please specify: |
| | | |
| Has your child received the given. | following immunisations? Please confi | · |
| Has your child received the | | Yes/No Date: |
| Has your child received the given. | 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes/No Date: |
| Has your child received the given. | 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b | Yes/No |
| given. | 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes/No Date: Yes/No |

| | T | |
|----------------------------------|--|--------------|
| Three Months Old: | 5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes/No Date: |
| | Meningitis C vaccine. | Yes/No |
| | | Date: |
| | Rotavirus, second dose. | Yes/No |
| | | Date: |
| | | |
| Four Months Old: | 5-in-1 (DTaP/IPV/Hib) vaccine, | Yes/No |
| | third dose - diphtheria, tetanus, pertussis (whooping cough), polio and | Date: |
| | Haemophilus influenzae type b (Hib). | |
| | Pneumococcal (PCV) vaccine, second dose. | Yes/No |
| | | Date: |
| | | |
| Between 12 and 13 Month Dose: | Hib/Men C booster - Haemophilus influenza, type b | Yes/No |
| | (Hib), forth dose and meningitis | Date: |
| | MMR vaccine – mumps, measles and rubella. | Yes/No |
| | | Date: |
| | 1 | |

| | Pneumococcal (PCV) vaccine, third dose. | Yes/No |
|--|--|------------------------------------|
| | | Date: |
| | | |
| Two – Three Years | Flu Vaccine | Yes/No |
| | | Date: |
| | | |
| Three Years and Four Months (or soon after) | MMR vaccine, second dose – mumps, measles and rubella. | Yes/No |
| Months (or soon areer) | mamps, measies and rubena. | Date: |
| For internal use: Has the child' | s health record book been seen to co | onfirm immunisation dates? |
| Yes □ No □ | | |
| | | |
| Does your child have any on-g | oing medical conditions? If so, please | e specify: |
| | | |
| | | |
| | | |
| L | ternal agencies are involved e.g. Paed | diatrician, Consultant, Dietician, |
| Special and Language merupis | | 1 |
| | | |
| | | |
| | | |
| | | |

Is your child known to have any allergies or food intolerances? If so, please specify: A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

Does your child require a health care plan? Yes $\hfill\Box$ No $\hfill\Box$

| What are your child's dietary requirements? Please specify: |
|---|
| |
| |

If your child is aged three years or over, does he or she have difficulty with any of the following:

| Speech and Communicating | Yes/No |
|--|--------|
| Listening and Attention | Yes/No |
| Understanding Simple Instructions | Yes/No |
| Eating/Drinking | Yes/No |
| Sitting and Sharing a Book | Yes/No |
| Walking and Climbing | Yes/No |
| Rolling a ball | Yes/No |
| Holding a pencil | Yes/No |
| Socialising with adults and other children | Yes/No |
| Using the toilet | Yes/No |
| Putting their socks and shoes on | Yes/No |

Any other concerns:

| Does your child have any Special Needs/Disabilities? If so, please specify below: |
|--|
| |
| |
| |
| |
| |
| |
| Are any of the following in place for your child? |
| SEN Action Plan Yes/No |
| |
| Education, Health and Care Plan Yes/No |
| What special support will your child require in our setting? |
| Trinat special support will your clima require in our setting. |
| |
| |
| |
| |
| |
| |
| Two Year Old Progress Check – For Children aged 24-36 months |
| f your child is aged between 24-36 months, has a two-year old progress check already been completed for your child? Yes $\ \square$ No $\ \square$ |
| Setting completing check: |
| |
| Date Completed: |

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

| Cultural Background How would you describe your child's ethnicity or cultural background? |
|---|
| |
| |
| |
| What is the main Religion in your family? (if applicable) |
| Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting? |
| What language(s) is/are spoken at home? |
| If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment? Yes/No |
| Does your child need a bilingual support plan? Yes/No |
| If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in: |

| General Information |
|--|
| Does your child nap/sleep during the day? Will they require a nap at preschool? If so, please specify |
| their sleep pattern: |
| |
| |
| |
| |
| |
| |
| |
| |
| What does your child enjoy doing at home, i.e. Drawing or Small world toys? |
| |
| |
| |
| |
| |
| What other information is it important for us to know about your child? For example, what they like, o |
| what fears they may have, or any special words they use. |
| |
| |
| |
| |
| |
| |

Details of Professionals involved with your child

| GP | Name |
|--------------------------------|-----------|
| | Address |
| | Telephone |
| Health Visitor (if applicable) | Name |
| | Address |
| | Telephone |
| Dentist (if applicable) | Name |
| | Address |
| | Telephone |
| | |

| Social Care Worker (if applicable) | Name |
|---|---|
| | Address |
| | Telephone |
| | |
| child protection plan, make a note here, but do | social care department with your family? If the child has not include details. We will ensure these details are bove and keep these securely in the child's file. |
| botainea jioin the social care worker hamea a | bove and keep these securely in the child's file. |
| | |
| | |
| Any other Professionals who have regular con | tact with the child? |
| Name 1 | Role |
| | |
| Agency | Address |
| | |
| Telephone | |
| | |

| Name 2 | Role |
|--|---|
| | |
| | |
| Agency | Address |
| | |
| Telephone | |
| Name 3 | Role |
| Agency | Address |
| | |
| Telephone | |
| | |
| General Parental Permissions | |
| Emergency treatment declaration | |
| to contact me immediately. Emergency services wi | g my child I understand that every effort will be made ill be called as necessary and I understand my child ager or authorised deputy for emergency treatment ny decisions on medical treatment in my absence. |
| Signed: | Date: |
| Print Name: | |

For inhalers/auto-injectors (e.g. Epipens) only

| I do/do not give permission for a named member | of staff who has been appropriately trained to |
|---|--|
| administer the inhaler/Epipen or Anapen (supplied | d by me) |
| | |

| Signed: | Date: |
|---|-------|
| | |
| Print Name: | |
| | |
| Nappy cream | |
| I do/do not give permission for nappy cream (supprequired, in accordance with manufacturer's instru | |
| Signed: | Date: |
| Print Name: | |
| Prescribed Medication | |
| I do/do not give permission for a member of staff t doctor's requirements are to be taken 4 times a da would require 1 dosage to be administered whilst | |
| Signed: | Date: |
| Print Name: | |

As a setting, we are unable to administer over the counter paracetamol based medication, e.g. Calpol, to your child in the case of a raised temperature. Any child who we feel has a temperature or is showing signs of being unwell we will send home. You will need to make arrangements for your child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

| Signed: | Date: |
|--|--|
| Print Name: | |
| Sun Cream | |
| On days where sun cream is required, please so | end your child into preschool with Suncream pre-applie needs to be re-applied throughout the day, I do/do not Suncream (supplied by me) to my child. |
| Signed: | Date: |
| Print Name: | |
| Photographs | |
| staff regularly take photographs of the children are used for this purpose, photographs taken a | ulum and for children's individual development records, in during their play. Only cameras supplied by the setting are used for display and for your child's records within thes on video. Photos/videos are stored on the setting's are period your child is with us. |
| do/do not give permission for my child to be p | photographed/videoed as per the above conditions. |
| Signed: | Date: |
| Print Name: | |