



# Early Years Education



## Policies and Procedures Information

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As a registered childcare provider, I work hard to provide children and families with the best possible care. The policies and procedures set out in this document explain in detail how I ensure my service is managed professionally. I request that all service users and visitors respect these policies and work with me to support the delivery of high-quality care.



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## Accident & Incident Policy

As a registered childcare provider, I will take every measure I can to ensure the safety of the children I care for and protect them from harm.

My premises has been checked by the [Care Inspectorate](#) and meets the requirements of [The Health and Social Care Standards](#).

Risk assessments have been completed for all areas used for childcare purposes, including the garden, and any places that regularly visited with children. These assessments are regularly reviewed to ensure adequate measures are in place to minimise risk. Daily safety checks are carried out prior to the arrival of children and fire evacuation procedures are regularly practised and reviewed. Through age-appropriate activities children learn about safety and how to protect themselves from harm.

Emily, George and I have received paediatric first aid training by an approved trainer. This training is refreshed every 3 years. Our current certificates expire on 16/09/2026 and are available to view on request.

We can administer basic first aid and keep a first aid box within the setting which is clearly labelled and stored in the playroom. I also carry a travel first aid kit in my changing bag so as it is always with me on outings. The contents of the first aid box and kit are checked annually, and items replaced as required. Emergency contact cards with mobile numbers for all minded children are also kept securely within the first aid box, and carried in the changing bag as well as in the phones of Emily and I, so that parents can be contacted in the event of an emergency. Emergency contacts are also pinned on the noticeboard for easy reference in an emergency.

As detailed in my **Emergency and Alternative Care Policy**, I have an arrangement with the following East Renfrewshire Council partner childminders to provide temporary or emergency care if necessary:

Name: Jane Snowden Registration Number: CS2013319855 Phone Number: 07810 635634

Name: Valentina Pesiri Registration Number: CS2023000294 Phone Number: 07446 525777

Alternatively in an emergency our neighbour Margaret Milton, 07963 284342, who is a teacher, can be called to assist if she is at home. My neighbour Charlene Kennedy , 07870 863052, who is a General Practice Doctor can be called to assist if she is at home. Both our neighbours are DBS / PVG (Disclosure) checked as they care for children as their profession.

### Accident & Incident Procedure

Despite all these safety precautions, unfortunately accidents can still happen. I have therefore written the following procedure on how I will deal with such a situation:

In the event of an accident or incident, we will:

- Comfort and reassure the injured child whilst making sure any other children in our care are safe. We may, for example strap younger children into a buggy and sit older children somewhere safe where we can see them.
- Assess the extent of any injuries and where necessary call for medical support/an ambulance.
- Use our knowledge of first aid and carry out any first aid procedures that are necessary and that we have been trained to do.
- Contact the child's parents as soon as possible to inform them of the accident and if necessary, ask them to



return to collect and care for their child or to meet me at the hospital.

- If the accident or incident leads to a minor injury we will send photos of the injury and accident/incident form detailing action taken, this ensures parents are aware of the situation immediately.

Should we be required to accompany an injured child to hospital, I will either take the other children in my care with me, or call my emergency care contacts named above for assistance. I will do my best to make sure children in my care are safe, reassured and kept calm.

In the event of a serious accident, my emergency care contacts may contact parents on my behalf to request that all children are collected immediately.

### **Accident & Incident Reporting**

After every accident, however minor I will complete a report on an accident/incident form which will include:

- the date, time and location of the accident / incident
- the names and dates of birth of all children involved
- the circumstances leading to and a description of the accident
- what immediate action was taken
- details of any injuries sustained, and First Aid administered
- any follow up action required
- details of anything that can be done to prevent or reduce the chances of similar accidents / incidents from happening again
- the names and contact numbers of any witnesses to the accident / incident

Parents of the affected child will be asked to read and sign the form on collection and provided with a copy by WhatsApp.

In the event of a serious accident or incident, where medical treatment is required, I will:

- Inform the **Care Inspectorate** within 14 days
- Inform my Insurance Company
- Contact SCMA / My local childcare team for additional advice/support
- Inform the Health & Safety Executive of any serious reportable accidents or injuries / death of a child whilst in my care and act on any advice given.

**Please Note: It is extremely important that you inform me of any accident your child may have had prior to arriving at the setting, particularly if they have bumped their head.**

**Should you be contacted to collect your child following an accident, please keep me informed regarding your child's condition and if you have sought medical advice.**

If you have any concerns regarding this policy, please discuss them with me.

Scotland's Health & Social Care Standards	Accident & Incident Policy
Responsive care and support	
3.17 - I am confident that people respond promptly, including when I ask for help.	



## Admissions Policy

All children and parents will be treated with equal concern and will be made to feel welcome in my home. However, as childcare provider registered by the [Care Inspectorate](#), I am restricted to the number and ages of children that I can care for at any one time. These details can be found on my registration certificate, which is displayed during my minding hours.

I am registered to care for:

*Six children under the age of 12 at any one time of whom no more than three are not yet attending primary school and of whom no more than one is under 1. These numbers exclude my children as they are both over 16 years old.*

*If Emily or George are working as my assistant then we are registered to care for 7 children of whom 6 can be pre school children of whom no more than one is under 1.*

I am happy to take on any baby or child within my registered numbers as stated on my registration certificate. I will not discriminate against children or their families for reasons such as race, religion, sex or ability. I would however like to make the following statements:

- We are happy to provide care for children with special needs, providing that our setting is suitable and that we have received the appropriate training to provide them with the care they need. (For example we will not be able to provide one to one care or look after a child in a wheelchair). This is in accordance with additional support needs legislation / the SEN Code of Practice. If your child has additional needs please discuss them with me.
- We are happy to provide care for children funded by the Scottish government, whether fully funded or shared funding with a council or private nursery, as parents choose.
- I understand the funding follows the child and I am currently contracted as a partner of East Renfrewshire council.
- We are able to drop off and collect children from Crookfur Primary school.

My aims as a childminder are to provide children with a stable, loving and safe environment to play in, have fun and learn and develop to their full potential. All children will be welcomed into our home and we will encourage the other children in our care to support us with this. I offer 3 hours free settling in session (which can be separate hours or combined) followed by a four-week settling in period in our contract, so if you, your child or I am not happy with the arrangement it can be terminated easily. I must also take into consideration the children already in my care who are happy and settled.

If you have any concerns regarding my admissions policy, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Admissions Policy
<b>Compassion</b>	
1.8 - If I experience care and support in a group, the overall size and composition of that group is right for me.	
5.5 - I experience a service that is the right size for me.	
<b>Be Included</b>	
4.5 - If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me.	
5.8 - I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.	
5.9 - I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate.	
<b>Responsive care and support</b>	
3.15 - My needs are met by the right number of people.	
<b>Wellbeing</b>	
4.24 - I am confident that people who support and care for me have been appropriately and safely recruited.	
5.20 - I have enough physical space to meet my needs and wishes.	



## Adult Protection / Safeguarding Policy

In addition to protecting the children in our care, I also have a responsibility to ensure the safety and welfare of all adults I am in contact with. This includes any assistants or other staff employed by my service or family members and carers of minded children. In particular, I must consider any vulnerable adults or young persons who may be at risk.

*A vulnerable adult is defined as someone aged 16 years or over who demonstrates all of the following:*

- are unable to safeguard their own well-being, property, rights or other interests,
- are at risk of harm, and,
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

*Harm can be defined as any form of harmful conduct including:*

- Conduct which causes physical harm
- Conduct which causes psychological harm (for example by causing fear, alarm or distress)
- Unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)
- Conduct which causes self-harm.

Should I suspect that any adult is experiencing any form of abuse or is at risk of harm, I will take action immediately to seek advice and report my concerns to the appropriate agencies / Social Services and / or the police.

All staff and parents are made aware of the existence of this Adult Protection Policy and their responsibilities when first introduced to the setting. Staff and parents are sent this policy by email and can access this policy at all times within the setting's Policies and Procedures saved on my laptop. Additional copies of all the setting's policies are available on request.

I adopt strict recruitment procedures when recruiting staff which includes Protecting Vulnerable Groups (PVG) checks, and references (preferably one from most recent employer but may also be personal, professional or from a school). All staff must undergo child protection training within the first six months of employment and refresh this training annually. Staff are reminded that in addition to children, adults and young persons may also be at risk of harm. They are asked to keep this policy in mind and discuss with myself should they have concerns about anyone they know or come into contact with.

As per my whistleblowing / raising concerns policy, all staff and parents are encouraged to discuss any concerns they may have with me in the first instance but where they feel this is not appropriate, or when the matter remains unresolved, then they can talk in confidence to the [Care Inspectorate](#) or Social Services. Where there are concerns for the immediate safety and well-being of an individual, the Social Services or Police should be contacted immediately. Once satisfied that the individual is safe, the member of staff / parent should then inform me of their concerns.

Any concerns or incidents, along with any action taken and the outcome will be recorded in my record of concerns logbook which will be made available to the [Care Inspectorate](#), the Police and /or Social Services where required for evidence or further investigation.



### Useful Numbers:

• <a href="#">Care Inspectorate</a>	Tel: 0345 600 9527
• East Renfrewshire Council Early Years Team	Tel: 0141 577 3578
• Local Police:	Tel: 101
• Social Services	Tel: 0141 577 8300

Scotland's Health & Social Care Standards	Adult Protection / Safeguarding Policy
<b>Responsive care and support</b>	
3.17 - I am confident that people respond promptly, including when I ask for help.	
<b>Wellbeing</b>	
3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.	
3.21 - I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.	
3.22 - I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.	
3.24 - If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.	
3.25 - I am helped to feel safe and secure in my local community.	



## Adverse Weather Policy

During times of adverse weather, we are happy to care for your child as normal so long as you feel it is safe and reasonable to do so. If I feel that the situation is worsening over the course of the day I may call you to collect your child early or text you to update you on the situation. I understand that during adverse conditions you may be late to collect your child due to travel problems. We will of course continue to care for your child and provide them with any necessary snacks / meals until you arrive. I would appreciate if you could call me to let me know if you are going to be late so we can inform your child and make arrangements for their extended care.

Adverse weather conditions may also affect our usual activities such as playgroups and being outside. We will not take your child out if my risk assessment shows it is not safe to travel. We would appreciate if you could ensure your child is dressed appropriately for the weather with plenty of warm clothes, wellington boots, hats, gloves, scarfs in bad weather and cool clothes with sunscreen in hot weather etc. Whilst time spent outside in bad weather will be very limited, we try to get fresh air everyday and so protective clothing is essential.

In very exceptional circumstances, for example very heavy snow or a red weather warning in place, then I may make the difficult decision to close the setting for the safety of the children, my staff and myself. If this happens then full fees will still apply.

Please take extreme care when parking for drop off and pick up in bad weather. When there has been heavy snow, it is advisable to park on the main road rather than coming into the cul-de-sac as the road is seldom gritted.

### Non-Attendance

Please call and let me know as soon as possible if you are not going to be bringing your child. If you decide that your child will not be attending or you are unable to bring them, full fees will still apply. During adverse weather, unless I contact you, you should assume your child's place is available and that I am ready and willing to care for them.

I understand that these times can be difficult and that you may not be able to get to your work due to your own transport arrangements but that should not affect my ability to work. If you will struggle to pay your child's fees during these times, please do not hesitate to speak to me in confidence and we can arrange a payment plan over a reasonable time period to settle what is due.

I would like to stress again that it is down to your own discretion whether you feel it is safe to bring your child. You will know the route to your home best and are therefore the best equipped to make that decision. The safety of your child is paramount.

Please do not hesitate to discuss this policy further with me if required.

Scotland's Health & Social Care Standards	Adverse Weather Policy
Responsive care and support	
4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.	



## Allegations of Abuse Policy

As a home based early years educator I am vulnerable to allegations of abuse being made against me or members of my family. I take the following precautions to protect myself and family from this happening:

- I ensure all members of my household over the age of 16 and any staff or assistants I employ have been PVG checked.
- I keep note of any bruises / marks on children when they arrive and ask parents to inform me of any accidents that have occurred whilst outside my care.
- I record every accident or incident that occurs in my setting, inform parents and request them to sign my records.
- I ensure children are supervised at all times.
- I ensure all visitors to my childcare setting sign the visitor's logbook and do not have unsupervised access to the children under any circumstances.
- I will endeavour, when possible, to arrange for any maintenance work to my property to be carried out at weekends or during non-minding hours, or not to enter the area used for childminding.
- I keep accurate records for every child in our care.

Should an allegation of abuse be made against me or a member of my staff or household, I will contact the following organisations for support and professional advice:

- Local Child Protection Team
- [Care Inspectorate](#) (within 14 days of any allegations)
- SCMA
- Police
- Insurance Provider

I will also write a detailed report of all related incidents, recording what was said by whom including times and dates. I will refer to my own documentation where relevant including our accident / incident forms. I will also ask any witnesses (if there were any) to write a report detailing events and giving their contact details. All this information shall be passed on to the relevant authorities as required.

Should you have any concerns regarding this policy, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Allegations of Abuse Policy
Responsive care and support	
3.17 - I am confident that people respond promptly, including when I ask for help.	



## Anti-Bullying Policy

**Bullying of any kind will not be tolerated within my service.**

This includes:

- Physical : pushing, kicking, hitting, biting, etc
- Verbal: name-calling, sarcasm, rumour spreading and teasing
- Emotional: excluding, ridicule, humiliation, tormenting
- Racist: taunts, graffiti and gestures

Any incidents which I feel could be classed as bullying, shall be dealt with as much discretion as possible.

I take the following steps to prevent bullying from occurring in my service:

- I promote and nurture friendships between all the children in my care.
- I promote and award good behaviour and discourage negative behaviour. Please see my **Behaviour Management Policy**.
- I try to create a sense of belonging and discourage the isolation of any individual children by others.

If I have any concerns that a child in my care is being bullied at nursery or school, I will discuss the matter with you immediately. I will work with you and your child to resolve the problem. With your support I will:

- Reassure them that the bullying is not their fault
- Tell them that I care about them and am 100% on their side
- Give them lots of praise, encouragement and responsibilities to help them feel valued
- Work with you to help the child to develop techniques to deal with the bully, for example being assertive, walking away etc.

If I have any concerns that your child is bullying another child, I will again discuss the matter with you immediately and work with you and your child to resolve the problem. With your support I will:

- Reassure your child that I still care about them but it is their behaviour I don't like and I will work with them to help change this
- Work with your child to find ways to make amends for their actions
- Develop a reward structure for good behaviour
- Discuss the matter with you, not in front of your child, to see if there are any problems that may have triggered the bullying.

If you have any concerns or suspect your child is being bullying or is bullying another child, please discuss them with me as soon as possible. It is much better to deal with these problems before they become major issues.

Scotland's Health & Social Care Standards	Anti-Bullying Policy
<b>Be Included</b>	
2.15 - I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.	
<b>Responsive care and support</b>	
2.18 - I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing. 2.19 - I am encouraged and supported to make and keep friendships, including with people my own age. 3.17 - I am confident that people respond promptly, including when I ask for help.	
<b>Wellbeing</b>	
1.29 - I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect. 3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.	



## Behaviour Management and Promoting positive behaviour Policy

In order provide a quality care service, I need to set reasonable and appropriate limits to help manage the behaviour of the children. We aim to promote positive behaviour in our setting and I do this by:

- Giving praise and awarding good behaviour.
- Making children feel valued by giving them individual attention
- Being a role model and setting a good example
- Listening to the children and responding as appropriate

We are aware of the different reasons why children misbehave and will endeavor to keep to routines so that your child feels safe and is not over tired or hungry.

We have house rules and a house rules poster which we use to help even the youngest of children understand what is and what is not acceptable behaviour. We are consistent in enforcing rules and do not give out confusing signals. Saying 'No' means 'No'! (Our House rules are listed below this policy)

Children will however try to test boundaries, and it is normal for all children to misbehave at some time. We will use the following strategies on to deal with a child who is misbehaving. We use different ones depending on the age/stage of ability of the child and the situation:

- Distraction - we will remove the child from the situation and give them an alternative activity or toy.
- Ignore - Depending on the situation we may ignore the bad behaviour if we feel it is being done to get a reaction.
- Talk with the child - If the child is able to understand we will discuss their behaviour and try and get them to appreciate the consequences of their actions. We will explain to them that it is their behaviour that we do not like not them.
- Time Out - We may remove the child from the activity / play area and ask them to sit quietly for a few minutes
- Removal of toy / activity or treats.

We will never smack, shake, hurt or humiliate your child.

Wherever possible we do try to meet parents' requests for the care of their children according to their values and practices. Records of these requirements are agreed and kept in the child's care plan.

These records are revisited and updated during regular reviews with parents.

I expect parents to inform me of any changes in the child's home circumstances, care arrangements or any other change which may affect the child's behaviour such as a new baby, parents' separation, divorce, new partner or any bereavement.

All information shared will be kept confidential unless there appears to be a child protection issue. I work together with parents to make sure there is consistency in the way the children are cared for.

A consistent approach benefits the child's welfare and helps ensure that the child is not confused. I offer regular review meetings with parents to discuss their child's care and any issues or concerns, preferably when the child is not present.

If a child misbehaves, we will let you know at collection or arrange a time to video call to discuss. Children can become upset if the incident is retold in front of them, so we are mindful of this when we speak to parents at collection. We will also inform you of how the matter was dealt with.



We will only ever use physical intervention to manage behaviour if it is necessary to prevent personal injury to the child, another child or adult. We will inform you if this has occurred and record it on an incident form which will be sent to parents by WhatsApp and you will be asked to read and sign on collection.

Where a child continues to misbehave despite trying a variety of techniques, and requesting parent intervention, I may need to consider termination of the childcare contract. A continually disruptive child risks taking our time and attention away from the care of other children and is unfair and upsetting for other children. I have the right to terminate a contract immediately where a child's behaviour causes safety concerns or puts other children, myself or my own family at risk of harm. Likewise, if a child continues to disrespect our home and cause deliberate damage to my property, I may cease the childcare arrangement with immediate effect.

If you have any concerns regarding the managing of your child's behaviour, please do not hesitate to contact me. It is important that we work together on managing behaviour in order not to confuse your child, teach them respect and develop positive social skills.

#### House rules

Here is a list of our house rules, we enforce these to encourage positive behaviour:

- We take off our outside shoes when we go into the house to keep the house clean.
- We do not swear, call each other names, fight or deliberately hurt anyone else.
- We eat and drink at the table or in the highchair to help keep the house clean and to avoid accidents.
- We keep the air free from smoke.
- We are kind to each other and our house pets.
- We take care of the toys, furniture, and other equipment. Children are guided away from doing things which:
  - Are dangerous, hurtful or offensive to someone else
  - Are dangerous to the child
  - Will make the child unwelcome or unacceptable to other people
  - Damage other people's property

Scotland's Health & Social Care Standards	Behaviour Management Policy
<b>Dignity and respect</b>	
3.3 - I have agreed clear expectations with people about how we behave towards each other, and these are respected.	
<b>Responsive care and support</b>	
1.24 - Any treatment or intervention that I experience is safe and effective.	
<b>Wellbeing</b>	
2.25 - I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.	
3.24 - If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.	



## Care, Learning & Play Policy

Registered by the [Care Inspectorate](#), I am required to keep personal care plans for every child in my care and to monitor and support their learning and development progress. As per Scottish Government guidelines I adopt the **Getting It Right For Every Child (GIRFEC)** approach, and the eight **SHANARRI wellbeing indicators**. (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included.) I keep wellbeing records for every child to ensure I am meeting each of these indicators and delivering the best possible care.

I aim to provide a safe and caring environment where children are stimulated through play. Children learn best through play so I strive to offer a variety of activities that will support them in developing skills, knowledge and understanding as they explore the world around them.

When monitoring and supporting children's development, I follow principles set out in **Realising the Ambition** – the National practice guidance for early years in Scotland and the **Curriculum for Excellence**.

I provide activities and resources that will support children's learning in each of the development and curriculum areas:

Realising the Ambition (0 to 3 years)	Curriculum for Excellence (3 years plus)
<ul style="list-style-type: none"><li>• <b>Wellbeing</b> – My self, social, emotional and communication development</li><li>• My <b>movement and coordination</b> development</li><li>• My <b>confidence, creativity and curiosity</b></li><li>• My <b>literacy learning</b></li><li>• My <b>numeracy and mathematical learning</b></li></ul>	<ul style="list-style-type: none"><li>• Expressive Arts</li><li>• Languages and literacy</li><li>• Health and wellbeing</li><li>• Mathematics and numeracy</li><li>• Religious and moral education</li><li>• Sciences</li><li>• Social studies</li><li>• Technologies</li></ul>

### Learning and Play Experiences

The following list gives an example of the activities and resources I use to support and encourage learning in my setting:

- Books and DVDs
- Small world toys
- Construction toys (Lego, Duplo, mega blocks etc)
- Pretend play (toy kitchen, shop, doctors set etc).
- Dressing Up / Role Play
- Sand / Water play
- Sensory Resources / Messy play
- Arts and Crafts.
- Music, singing and rhymes
- Cooking & Baking
- Gardening
- Natural Resources
- Outdoor play and equipment
- Computers / ICT Equipment
- Outings & Playgroups

I provide a good mix of indoor and outdoor activities and regularly make use of local parks, groups and other places of interest within the community to allow for further opportunities to explore and expand on learning.



## Activity Planning

When planning for each child it is important to consider the **interactions, experiences and spaces** on offer and how we can add value to what children already know and can do.

When a child begins in my care, I will work with parents to establish **starting points** through observation of the child and by gathering as much information as possible regarding individual needs and abilities, likes and dislikes, routines, interests, favourite activities and family life. This information will enable me to understand what children already know and plan appropriately to meet their needs.

Through regular observations I am able to assess the development stage of each child, monitor progress, and plan next steps and learning focus. I take into consideration children's interests and preferred learning styles (Schemas) when planning activities, play opportunities and interactions, and aim to promote children's self-esteem by building on strengths whilst also recognising and working on weaknesses. Children are encouraged to contribute their ideas and help with planning so as to ensure a balance of adult led and child-initiated activities.

## Working with Parents and Sharing Progress

Development information is shared regularly with parents via informal discussions, messaging, notes in children's contact diaries / emailed activity reports and learning folders. I ensure parents are kept informed of their child's progress and share ideas of how learning can be further supported at home.

If there is a particular activity that you would like me to do with your child, please let me know. I am happy to support activities that you are doing at home or focus learning on current / recent events. For example, if you have been to a wedding, a new baby is expected or has arrived or you are celebrating a religious or cultural festival. I can continue this theme by providing the children with material to use and support their understanding through books and other resources.

## Moving on to school / new care setting / shared care arrangements

If your child is moving on to school, a new care setting or their care is to be shared with another setting then it may be beneficial for me to liaise with your child's teacher / school / other care provider so as we can work together to best support your child. We will prepare a communication passport document for their new setting with lots of information about them and their abilities and support required. The document will be given to parents to hand over to the setting. With your permission, I am happy to discuss any aspect of your child's learning and / or share learning and development records. Please discuss this with me and let me know your wishes.

If council funded hours are split between our setting and another setting we will share information and work in partnership to support your child's learning journey.

**Please do not hesitate to discuss any aspect of your child's learning with me.**

For further information about **GIRFEC / SHANARRI** please go to:

<https://www.gov.scot/policies/girfec/>

And links to **Realising the Ambition** and the **Curriculum for Excellence** can be found here:

<https://education.gov.scot/parentzone/curriculum-in-scotland/>



## Scotland's Health & Social Care Standards

## Care, Learning & Play Policy

### Dignity and respect

- 2.2 - I am empowered and enabled to be as independent and as in control of my life as I want and can be.
- 2.6 - I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.
- 3.4 - I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.
- 5.1 - I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

### Compassion

- 1.6 - I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.
- 1.7 - I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.

### Be Included

- 1.9 - I am recognised as an expert in my own experiences, needs and wishes.
- 1.10 - I am supported to participate fully as a citizen in my local community in the way that I want.
- 1.11 - I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.
- 2.11 - My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.
- 3.13 - I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.
- 4.6 - I can be meaningfully involved in how the organisations that support and care for me work and develop.
- 5.11 - I can independently access the parts of the premises I use and the environment has been designed to promote this.

### Responsive care and support

- 1.12 - I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- 1.13 - I am assessed by a qualified person, who involves other people and professionals as required.
- 1.14 - My future care and support needs are anticipated as part of my assessment.
- 1.15 - My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.
- 1.19 - My care and support meets my needs and is right for me.
- 1.23 - My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 2.17 - I am fully involved in developing and reviewing my personal plan, which is always available to me.
- 2.18 - I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.
- 2.19 - I am encouraged and supported to make and keep friendships, including with people my own age.
- 2.20 - If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.
- 3.18 - I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
- 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.
- 4.15 - I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.
- 4.16 - I am supported and cared for by people I know so that I experience consistency and continuity
- 4.18 - I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.
- 5.16 - The premises have been adapted, equipped and furnished to meet my needs and wishes.

### Wellbeing

- 1.25 - I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.
- 1.26 - I can choose to spend time alone.
- 1.27 - I am supported to achieve my potential in education and employment if this is right for me.
- 1.29 - I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.
- 1.30 - As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.
- 1.31 - As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.
- 2.21 - I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.
- 2.22 - I can maintain and develop my interests, activities and what matters to me in the way that I like.
- 2.27 - As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.
- 4.25 - I am confident that people are encouraged to be innovative in the way they support and care for me.
- 4.27 - I experience high quality care and support because people have the necessary information and resources.
- 5.20 - I have enough physical space to meet my needs and wishes.
- 5.21 - I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.



## Child Protection and Safeguarding Policy

It is my responsibility as a childminder to ensure the safety and welfare of all children in my care.

My assistants and I have received training on child protection and safeguarding and am aware of the signs and symptoms of all types of child abuse, physical, emotional, sexual, and those of neglect.

I keep up to date with current legislation and have read and obtained a copy of the [National guidance for child protection in Scotland](#).

Due to the seriousness of this issue, I refresh and further my knowledge in this area regularly. My assistants and I refresh our child protection and safeguarding knowledge annually with refresher training.

### Forms of Abuse, Signs and Symptoms

**Physical Abuse** is where deliberate physical harm is inflicted and can involve hitting, kicking, punching, throwing, shaking, scalding, burning, poisoning, drowning or suffocating. Physical abuse also includes where someone has deliberately caused the ill health of another through fabricated or induced illness in order to seek attention.

**Symptoms of physical abuse include:** *unexplained bruising, marks or injuries on any part of the body, cigarette burns, human bite marks, broken bones, scalds, flinching when approached or touched, reluctance to get changed, depression, withdrawn behaviour, running away from home.*

**FGM** (Female genital mutilation) is a collective term for procedures which involve the full or partial removal of external female genitalia for cultural or other non-therapeutic reasons. This practice is not required by any religion, causes extreme pain and serious health consequences. FGM is illegal, medically unnecessary, and is regarded as a form of physical abuse. Further information, legislation and guidance can be found on the NSPCC website here:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/>

**Signs that FGM might be happening include:** *Frequent absences, long holidays, children talking about a 'special' ceremony, relative (cutter) arriving from abroad, family members being cut.*

**Breast Ironing** also known as "breast flattening" is another harmful cultural practice where young pubescent girl's breasts are ironed, massaged or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. A traditional practice in parts of West Africa, this secret act is often carried out by mothers or grandmothers in an attempt to protect their daughters from harassment, rape, abduction, unwanted pregnancy and early forced marriage and therefore be kept in education. Breast ironing is extremely painful and exposes girls to numerous health problems including tissue damage, burning and scaring, abscesses, life threatening infection and in some cases the onset of breast cancer. In addition to all of these physical health consequences, this form of mutilation also has a profound effect on social and psychological well-being. Condemned by the United Nations and identified as gender-based violence, breast ironing is a form of physical abuse. Further information can be found on the Safeguarding Hub website here:

<https://safeguardinghub.co.uk/breast-ironing-a-guide/>

**Some indicators that a girl has undergone breast ironing are as follows:** *Unusual behaviour after a period of absence from school or college such as depression, anxiety, aggression, withdrawn etc, Fear of getting dressed for*



physical activities so as not to expose scars or bandages, Reluctance to undergo normal medical examinations. Some girls may ask for help, but may withhold detail due to embarrassment or fear.

**Emotional Abuse** is when a person's emotions are deliberately ignored, taken advantage of or not met. Children require love, security, praise and recognition in order to grow and develop emotionally. Someone may be regarded as being emotionally abusive where they are consistently hostile, rejecting, verbally abusive or threatening towards another individual. Domestic abuse can also be regarded as a form of emotional abuse and can include situations where inappropriate expectations are placed on an individual or when someone is prevented from having social contact with others.

**Symptoms of emotional abuse include:** neurotic behaviour e.g. sulking, hair twisting, rocking, withdrawn behaviour, being unable to play, fear of making mistakes, too eager to please, sudden speech disorders, self-harm, eating disorders, very low self-esteem, developmental delay in terms of emotional progress

**Sexual Abuse** occurs when someone is forced or enticed into taking part in sexual activities, regardless of whether they are aware of what is happening. Sexual abuse can include both penetrative or non-penetrative physical contact or being made to watch sexual activities for example pornographic material.

**Symptoms of sexual abuse include:** pain, itching, bruising or bleeding in or near the genital area, sexually transmitted disease, vaginal discharge or infection, stomach pains, discomfort when walking or sitting down, pregnancy, sudden or unexplained changes in behaviour, fear of being left with a specific person or group of people, sexual knowledge which is beyond their age or developmental level, sexual drawings or language, acting in a sexually explicit way towards adults

**Neglect** is when there is persistent failure to meet a child or vulnerable person's basic physical or psychological needs. Neglect can cause significant harm to an individual's health and development and can include being left unsupervised or alone for long periods of time, being inadequately fed or clothed, ignoring or failing to assist with medical (e.g. failure to seek medical treatment or administer medication) or personal hygiene needs (e.g. toileting, washing, toothbrushing, etc). Being kept in inappropriate, unsafe or unhygienic accommodation can also be viewed as neglect as can lack of stimulation, social contact or education.

**Signs of neglect include:** constant hunger, sometimes stealing food from other children, constantly dirty or 'smelly', loss of weight, or being constantly underweight, inappropriate clothing for the conditions, complaining of being tired all the time, not requesting medical assistance and/or failing to attend appointments, having few friends, mentioning being left alone or unsupervised.

## Safeguarding Concerns

If I have any concerns about any child in my care, I will:

- Discuss the matter with the child's parents or, where I feel this is not appropriate or fear this could put the child into further danger, seek advice from my East Renfrewshire council **Social Work Request for Assistance team (children and families)** Phone: 0141 577 8300 or for out of hour assistance, contact: **Glasgow and Partners Emergency Social Work Services** Phone: 0300 343 1505



- Report the matter immediately to East Renfrewshire council **Social Work Request for Assistance team (children and families)** if, following discussions, the matter remains unresolved or I believe that any child in my care is being abused in any way.
- Seek the involvement of the police and /or social workers where I believe a child is at immediate risk of harm.
- Keep written records of any concerns about a child in my Safeguarding / Record Of Concerns Logbook. Each record will contain the child's name and date of birth, the date the record was made, details of concerns, any explanation given by parents, a body map detailing any visible injuries or marks, what action was taken as a result of the concern, what follow up action is required and my signature. All records will be kept confidentially and securely but will be shared with the local child protection team, social workers, the **Care Inspectorate** or the police as part of child protection procedures where there is immediate concern for a child's wellbeing.

Please also refer to my **Non-mobile Child Policy** for further details of the procedures I follow in order to protect non-mobile babies and children.

#### If a child discloses abuse

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

- Show the child that I am listening, let them know that I take their allegations seriously and that I will do my best to help.
- Reassure them that they can feel comfortable talking to me, encourage them to open up but never prompt them or ask them leading questions. I will not interrupt when a child is recalling significant events or make a child repeat their account of events that have caused trauma or upset.
- Explain in a way that is appropriate to the age and understanding of the child the actions I must take in order to help them.
- Record what I have been told using exact words where possible in my safeguarding / record of concerns logbook. I will include in this record the date, time, place and any other people present at the discussion so as they can be recalled as a witness if necessary.
- Report my concerns immediately to my Local Child Protection team who will advise me on how to deal with the situation and if necessary, seek the involvement of social workers and/or the police.

#### Prevent Duty Guidance

In addition to the most common forms of abuse, I also understand the risk of radicalisation and extremist behaviour and am aware of my responsibilities in relation to the Prevent Duty Guidance.

The Prevent Duty Guidance can be found here:

<https://www.gov.uk/government/collections/prevent-duty-guidance>

I will:

- Promote British Values in my setting as required by the Prevent Duty Guidance through our daily activities and routine to teach children about; Democracy, The rule of law, Individual liberty and personal responsibility, Mutual respect and Tolerance of those of different cultures, faiths and beliefs.
- Ensure children and young people are protected from being radicalised or drawn into terrorism by enforcing strict safeguarding procedures.
- Refer to the Prevent Duty guidance and undergo regular training that will help me to identify children or young people who may be at risk and how to challenge extremist ideas that may lead to terrorism.
- Enforce strict safeguarding procedures when allowing children to access the internet to ensure they are safe from terrorist and extremist material. I will also pass on internet safety information and guidance to parents.



- Seek advice from my Local Child Protection team and contact the police immediately if I have concerns about a child or their family members.

#### Peer On Peer Abuse

I am also aware that children and young people are capable of abusing their peers. I will not tolerate bullying within my setting and have an **Anti-Bullying Policy** in place which explains the methods I use to prevent bullying and what action I would take should I suspect that a child was being bullied or is bullying another child. Unfortunately, in extreme cases, peer on peer abuse may lead to gang violence, sexual exploitation, financial abuse, coercive control or domestic abuse. It is therefore extremely important that children feel they have someone they can talk to about their worries and their relationships with others. I like to think I am approachable and try to make children feel as safe as possible in my care. Meetings with parents will be arranged where concerns have been raised either in my care or at home. I encourage parents to discuss any worries they have with me so as we can work together in the best interests of their child.

I will log any concerns and the action taken in my Safeguarding – Record Of Concerns logbook.

Please also see my **Allegations of Abuse Policy** which outlines how I will deal with allegations being made against myself or members of my family / household.

#### Further Safeguarding Procedures

In addition to this Child Protection and Safeguarding policy, please also refer to the following which further outline the procedures I have in place to safeguard the children and families in my care:

- Health & Safety Policy
- Accident & Incident Policy
- Non-Mobile Child Policy
- Physical Contact Policy
- Allegations of Abuse Policy
- Adult Protection Policy
- Anti-Bullying Policy
- Independent Arrival / Departure & Travel Policy
- Lost Child Policy
- Emergency & Alternative Care Policy
- Emergency Evacuation Procedure
- Terrorist Attack / National Emergency Policy
- Internet Safety & Electronic Devices Policy
- Television, Streaming and Games Console Policy
- Social Media Policy
- Food Safety Policy
- Dental Hygiene Policy
- Visitors Policy
- Recruitment Policy

I have a duty of care to protect children in my care and will always seek further advice from my Local Child Protection team or the NSPCC should I have any child protection concerns. Should I feel that the response of my Local Child Protection team has been unsatisfactory or concerns are ongoing, I will request further assistance and where necessary involve the police.



If you have any concerns regarding this policy or child protection procedures, please discuss them with me.

### **Safeguarding / Child Protection Contacts:**

**NSPCC Helpline:**  
[help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**Tel 0808 800 5000**

**East Renfrewshire Child Protection team**

**Tel 0141 577 8300**

**Care Inspectorate Helpline:**

**Tel 0345 600 9527**

**Police:**

**Tel 101 OR 999 for emergencies**

Scotland's Health & Social Care Standards	Child Protection / Safeguarding Policy
<b>Dignity and respect</b>	
2.4 - I am supported to use independent advocacy if I want or need this	
<b>Responsive care and support</b>	
3.17 - I am confident that people respond promptly, including when I ask for help. 4.18 - I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.	
<b>Wellbeing</b>	
1.29 - I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect. 2.26 - I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish. 3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. 3.21 - I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm. 3.22 - I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. 3.24 - If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies. 3.25 - I am helped to feel safe and secure in my local community.	



## Complaints Procedure

I aim to provide a quality childcare service. I hope that you will feel comfortable enough to discuss any concerns or issues that you may have with me directly should our service fall short of your expectations. Often a concern is a simple misunderstanding that can easily be resolved. If you would rather not discuss matters in front of your child(ren) then we can arrange a more convenient time to talk, for example in the evening or at the weekend.

It is a requirement by the [Care Inspectorate](#) that all complaints are logged along with the outcome and any action taken. I have a complaints logbook for this purpose. Should you have any complaints or concerns (however minor) I will record them in my logbook and ask you read and sign the entry. These records must be available to show a [Care Inspectorate](#) inspector if required.

If you feel that you are unable to talk to me, or that after talking the matter remains unresolved, then you can talk in confidence to:

- East Renfrewshire Early Years Team  
Email: [earlylearningandchildcare@eastrenfrewshire.gov.uk](mailto:earlylearningandchildcare@eastrenfrewshire.gov.uk)  
Tel : 0141 5773265/ 3288
- The SCMA (Scottish Childminding Association)  
[www.childminding.org](http://www.childminding.org)  
Tel : 01786 449063
- The Care Inspectorate  
[concerns@careinspectorate.gov.scot](mailto:concerns@careinspectorate.gov.scot)  
Tel: 0345 600 9527

Further details of how to raise a concern / make a complaint can also be found on the [Care Inspectorate](#) website: [www.careinspectorate.com](http://www.careinspectorate.com)

Scotland's Health & Social Care Standards	Complaints Procedure
<b>Dignity and respect</b>	
2.3 - I am supported to understand and uphold my rights.	
<b>Compassion</b>	
4.4 - I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.	
<b>Be Included</b>	
2.13 - If a decision is taken against my wishes, I am supported to understand why.	
2.15 - I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.	
<b>Responsive care and support</b>	
3.17 - I am confident that people respond promptly, including when I ask for help.	
4.20 - I know how, and can be helped, to make a complaint or raise a concern about my care and support.	
4.21 - If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.	



## Confidentiality Policy

In order to provide a high quality care service which caters for children's individual needs it is necessary for me to obtain personal information from parents / carers about their child. I understand that some of this information may be sensitive and I therefore use strict data collection and processing procedures in order to ensure confidentiality. I am registered with the Information Commissioners Office as a data controller and have a **Privacy Notice** in place which explains in detail my data collection, processing and storage procedures.

Any information given to me, either verbally or in writing, regarding your child or your family will be treated as private and confidential. Information will only be shared with parents, or where consent has been given to do so, any other named individuals on a signed Multiple Contact Information Sharing Form. A multiple contact situation is when the dropping off and collection of a child is shared with other family members or friends. Please refer to my **Multiple Contact Policy** for further information.

I will never discuss your child with others without your permission however, certain situations may require me (or my staff / assistants) to share information. These situations include:

- As evidence to the [Care Inspectorate](#) on request or inspection.
- To work efficiently with my assistant / other members of staff and ensure continuity of care.
- To seek advice from other professionals for example to assist with additional support or medical needs.
- To support transition when a child is moving onto a new setting or to support wellbeing and development where there is to be a shared care arrangement.
- To apply for funding / early years entitlement

Where information about your child is to be shared with others, I will ask you to sign a Data Sharing Agreement to ensure that you understand fully who information is being shared with and the reasons for this. Only in exceptional circumstances, for example in an emergency situation or where there are safeguarding concerns, will information be shared without consent in order to inform the emergency services, alert the local safeguarding team or notify the police. Please refer to my **Child Protection / Safeguarding Policy** for further information about my child protection procedures.

I will share information regularly with parents regarding children's daily activities and their learning and development progress. In addition to this, parents have the right to request access to information, for example to have a closer look at their child's learning and development folder. Parents will only have access to their own child's records and any requests for access are recorded. Any documentation containing personal or sensitive information is stored either in a lockable file or on my computer which is secured with a password and virus protection.

During the course of our relationship, it is likely that you will also find out confidential information about me and my family. I would be very grateful if you could also respect our confidentiality and do not share information with others without permission.

Scotland's Health & Social Care Standards	Confidentiality Policy
<b>Dignity and respect</b>	
2.5 - If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.	
2.7 - My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.	
<b>Be Included</b>	
2.14 - I am fully informed about what information is shared with others about me.	
<b>Responsive care and support</b>	
4.18 - I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.	



## Contingency Plan

In the event of closure of my setting, due to an emergency or planned closure, I will always try my best to assist families in finding alternative childcare arrangements.

Should closure of my setting be necessary in an emergency or due to sudden unforeseen circumstances, I will follow my **Emergency & Alternative Care Policy** and advise parents as soon as possible of the situation.

My Assistants Emily Haigh and George Haigh will be the first people who will take responsibility for the children until parents are able to collect. My Husband, Stuart Haigh will assist them if he is present.

My neighbour Margaret Milton, 07963 284342, who is a teacher, can be called to assist if she is at home.

My neighbour Charlene Kennedy , 07870 863052, who is a General Practice Doctor can be called to assist if she is at home. Both our neighbours are DBS / PVG (Disclosure) checked as they care for children as their profession.

I have an arrangement with the following childminders that will, where possible, provide temporary or emergency care for my minded children:

Name: Jane Snowden Registration Number: CS2013319855 Phone Number: 07810 635634

Name: Valentina Pesiri Registration Number: CS2023000294 Phone Number: 07446 525777

I regularly meet with these childminders at local playgroups, parks and play areas and have built up a strong support network with them. These childminders and the children they care for are therefore familiar faces and already have established relationships with my minded children. Jane and Valentina are also partners of East Renfrewshire council so should closure of my setting be necessary in an emergency or due to sudden unforeseen circumstances, they can also take council funded children.

In the event of long term or permanent closure of my setting, I will endeavor to provide a minimum of 1 months' notice to parents and families and will do my best to assist them in arranging alternative placements. I may be able to recommend other providers I know who have suitable vacancies and I will direct parents to East Renfrewshire partner provider list where they will find a full list of registered providers in the area.

During this time, I will also work with families to support the transition, help to prepare children for the changes and, with the permission of parents, share relevant information with new settings to ensure the best possible outcome for each child.

I will follow the necessary procedures regarding retention of documentation and data protection. Prior to the closure of my service I will check that each child's care plan and development records are up to date ready to give home to families or pass on to the new care setting where requested. As per my **Retention Policy**, I will ensure that relevant documents such as safeguarding and financial records are stored securely for legal purposes and then appropriately destroyed / deleted at the end of the required retention period.

I will notify the [\*\*Care Inspectorate\*\*](#) and the local authority as soon as possible of my intentions to close my service and follow their advice.

If you have any questions or concerns regarding this policy please do not hesitate to contact me.

Scotland's Health & Social Care Standards	Contingency Plan
Responsive care and support	
1.16 - As a child or young person needing permanent alternative care, I experience this without unnecessary delay.	
2.20 - If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.	
4.12 - I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.	
4.13 - I have enough time and support to plan any move to a new service.	
4.15 - I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.	
4.22 - If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.	



## Dental Hygiene Policy

I have a responsibility to promote good oral hygiene awareness including the importance of tooth brushing and healthy eating habits. I do not offer foods and drinks with high sugar content within my service and discourage parents from providing sugary items.

I talk to children about the foods and drinks that we can eat and drink to help grow strong, healthy teeth and promote good oral health through reading stories about teeth and smiles.

I follow the Child Smile programme and have a copy of their guidance document 'Introducing Toothbrushing – A guide for childminders'.

I understand the benefits of teaching children how to clean their teeth properly and offer the opportunity for children to clean their teeth at my setting once per day as part of the recommended minimum of twice per day.

I have the following procedures in place to maintain good practice and hygiene:

- Each child is provided with their own identifiable toothbrush and tube of toothpaste. (different colours are used and names written on with permanent marker)
- After each use, brushes are rinsed, shaken dry and stored in a jar in the bathroom.
- Toothbrushes are replaced every 3 months (or sooner if bristles are splayed). Each time child a child is issued with a new toothbrush or tube of toothpaste, I record this alongside their tooth brushing consent form.
- Children are supervised at all times during tooth brushing.

If you would like me to include your child in this programme and support you in teaching your child to clean their teeth properly, I will require you to complete a consent form. Consent will require to be updated every six months as part of your child's care plan review or as circumstances change.

Further details and information about the Child Smile programme can be found here:

<https://www.childsmile.nhs.scot/>

If you have any concerns regarding this policy or the toothbrushing programme please do not hesitate to discuss them with me.

### Scotland's Health & Social Care Standards

### Dental Hygiene Policy

#### Wellbeing

1.28 - I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.  
2.26 - I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.



## Dropping Off & Collection Policy

### Dropping Off

Drop off times should be pre-arranged or if variable advised by WhatsApp once known.

I may not be ready to care for your child if you arrive unexpectedly early. I may have to take children to school or nursery and will not be able to wait for you if you are late.

On some days I leave my house at 8.30 for the school run. If you are running late please phone or WhatsApp me so we can make arrangements for the drop off. If you need to change your contracted hours, please discuss this with me.

### Collection

Please let me know who is going to be collecting your child each day so as I know who to expect. I will only release your child from my care to adults who have permission to collect him/her as you have listed in our care plan and listed in the *Multiple Contact Information form*. In the event of an emergency, we can operate a system where you can send me a WhatsApp picture and number of the person who will collect and only then will I release your child to someone not noted in your care plan. Please discuss with me if you would like to use this system.

I understand that sometimes delays are unavoidable but would appreciate if you could contact me to let me know if you are going to be late. Children learn routine very quickly and know when their parents are due. If you are late your child may become distressed so it is important that you try to arrive at the arranged time. In the event of you being delayed I will reassure your child that you are on your way and if necessary organise additional activities and a meal.

If I have not heard from you and you are very late (30 minutes) I will try to make contact with you. If I am unable to make contact with you then I will try your emergency contact numbers.

During this time, I will continue to safely look after the child.

I reserve the right to make an additional charge for late collection.

### Scotland's Health & Social Care Standards

### Dropping Off & Collection Policy

#### Responsive care and support

4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.



## Emergency and Alternative Care Policy

I will endeavor to provide care for your child for the days and times agreed as per our childcare contract. There may however be situations where unforeseen circumstances arise resulting in the necessary closure of my service. Such events may include:

- Illness. If myself or one of my family members is unwell, it may be necessary to close the setting to prevent the spread of infection. If I am unwell, I may not be capable of providing your child with the care and attention that they need. Please also refer to my illness policy.
- Loss of services, for example gas, electricity, water or broken heating system. I may not be able to keep your child warm, provide them with cooked meals or have adequate washing and cooking facilities.
- Flood, fire or other emergency. Should such an incident happen during minding hours, my emergency evacuation procedure shall be followed to ensure the safety of all children.
- Adverse weather where access to my home becomes difficult and the transportation of children dangerous.
- Medical emergency to myself or family member.
- Death within the family.

I will advise parents as soon as possible if I am unable to provide a service and will try where possible to find alternative temporary childcare arrangements. In an emergency my Assistants Emily Haigh and/or George Haigh will be the first people who will take responsibility for the children in my absence until parents are able to collect. My Husband, Stuart Haigh will assist her if he is present.

I have an arrangement with the following childminders that we will, where possible, provide temporary or emergency care for each other's minded children:

Name: Jane Snowden Registration Number: CS2013319855 Phone Number: 07810 635634

Name: Valentina Pesiri Registration Number: CS2023000294 Phone Number: 07446 525777

I regularly meet with these childminders at local playgroups, parks and play areas and have built up a strong support network with them. These childminders and the children they care for are therefore familiar faces whom I believe your child would be comfortable staying with should the need for temporary or emergency care arise.

There may also be short intervals where I may ask someone else to supervise children for a few minutes whilst I deal with a situation. Examples of this would be:

- When we are out at a group or park and one child requires to be taken to the toilet or to be changed.
- When dropping off or collecting a child from school or nursery and the teacher has asked to speak with me.

In such circumstances, I will only leave children under the supervision of a responsible person who is known to me and whom I know will have been PVG (Disclosure) checked for example another childminder or teacher.

Should a circumstance or emergency arise where you require care for your child out with our contracted hours, please contact me as soon as possible. I will always try to help where I can so long as I have a place available and can accommodate your child within my ratios as determined by the [Care Inspectorate](#). You will find my permitted ratio information displayed on my registration certificate on my noticeboard.

If you have any questions or concerns regarding this policy please do not hesitate to contact me.

Scotland's Health & Social Care Standards	Emergency and Alternative Care Policy
Responsive care and support	
3.17 - I am confident that people respond promptly, including when I ask for help.	
4.12 - I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.	
4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.	
4.22 - If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.	



## Emergency Evacuation Procedure

For the safety of the children in my care, my family and myself I have developed the following procedure to evacuate our home as quickly as possible in the event of an emergency. This may be as a result of a fire, a flood or gas leak etc.

We will run through the evacuation procedure every six months with the children and once every time a new child comes into our care. We do this with the children so as they will not be alarmed in the event of the situation being real and so that the children learn of the importance of being able to escape from the house quickly and safely in an emergency. Details of all practice evacuations will be recorded in the Fire Drill Log Book.

The following procedure should ensure a swift, safe evacuation:

1. Sound the alarm. As well as any smoke alarms that may be sounding, We will alert all children by calling to them.
2. Evacuate the children using the safest and nearest exit available (Babies and toddlers will be carried to safety)
3. If it is safe to do so we will take:
  - Attendance Record for the day
  - My mobile phone with Emergency Contact numbers saved.
  - My quad buggy stored by the playroom door as I can use this to keep younger ones secure.
4. We will assemble all children safely. If escape is through the back doors then we will make our way to the corner of the garden by the fence, behind the shed. If this is the front door, we will make our way to the left of the front garden. In the unlikely event that we cannot get safely out of the house we will take the children to the furthest away room from the emergency, close all the doors seal the doors with towels or similar items and I will then call the emergency services.
5. Contact the emergency services and then parents to collect their children
6. Comfort and reassure the children and arrange a safe place to wait with them (neighbour's house / local childminder's house.) until they can be collected.
7. Follow the instructions of the Emergency Services
8. We will not return to the building until the Emergency Services have declared it safe to do so

Any real situation that has required an emergency evacuation will be reported to the [Care Inspectorate](#) along with a full report of the actions taken.

<b>Scotland's Health &amp; Social Care Standards</b>	<b>Emergency Evacuation Procedure</b>
<b>Responsive care and support</b>	
4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.	



## Environment & Sustainability Policy

The effects of climate change are a worldwide concern. We all have a responsibility to do what we can to protect the environment and encourage methods and resources that will contribute to a sustainable future.

We champion eco-friendly practices in my setting and help children learn to respect and care for the environment.

- We provide regular outdoor play experiences, allowing children to interact with and appreciate the world outdoors. I support them in learning about nature, habitats, life cycles, weather and climate.
- We offer activities that encourage connection with the nature and the natural environment, exploring natural materials such as wood, stone, sand and water.
- We involve children in gardening activities, learning about plants, making use of gardening tools and growing our own plants, fruit and vegetables.
- We engage children in learning about the food cycle, where food comes from, how it is harvested and cooked. We often use vegetables we have grown in the garden and I encourage children to help with the preparation of meals and snacks allowing them to see what whole foods look like before they are prepared, cooked and served.
- We use and teach children about the concept 'Reduce, Re-Use and Recycle', encouraging water conservation, energy efficiency and waste reduction. For example, turning off lights and equipment when not in use, ensuring taps are turned off properly, minimising waste by using play materials in a sustainable way, reusing water by emptying water play containers in the garden, recycling and re-using materials for play and learning activities, etc
- We regularly talk with children about the importance of looking after our planet and the environment.
- We celebrate children's environmental knowledge and show appreciation when they show respect for the environment and use eco-friendly procedures.
- We make use of environmental teaching resources and encourage children and families to take part in environmental awareness events such as Earth Day, Walk to School Week, World Oceans Day, etc.
- We source sustainable resources and equipment for use in my setting, making use of sustainable or recyclable materials whenever possible.
- We recycle or disposing of any waste in ways that are safe to children, families and for the environment.
- We are moving to more paperless systems and digital methods to share information and communication with parents and families therefore minimising the use of paper and reducing waste. This includes use of the emails, Microsoft forms and WhatsApp .
- Sustainable ideas and suggestions are always welcomed and implemented wherever possible. Information about our environmental efforts and achievements are shared regularly via conversation, emails and newsletters, encouraging children, parents and families to get involved and continue eco-friendly practices at home.

I hope that you will work with us to encourage children to respect and care for the environment, and help them to learn about, and implement eco-friendly practices.

If you have any suggestions that you would like to see implemented in our setting, please do not hesitate to discuss them with us.

Scotland's Health & Social Care Standards	Environment & Sustainability Policy
<b>Wellbeing</b>	
1.32 - As a child, I play outdoors every day and regularly explore a natural environment.	
1.38 - If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.	
4.25 - I am confident that people are encouraged to be innovative in the way they support and care for me	



## Equal Opportunities and Inclusion Policy

We aim to provide an inclusive environment for all children and their families and actively promote equality of opportunity and anti-discriminatory practices. All children and families are treated with equal respect and concern and are welcome in my setting.

We value and respect the different racial origins, religions, cultures and languages in a multi-ethnic society so that each child is valued as an individual without racial or gender stereotyping. We will not discriminate against children on the grounds of disability, class or family status. We will challenge any remarks or behaviour from either children or adults that we feel are inappropriate and promote equality at all times.

We provide equal chances for each child to learn and develop to their full potential, taking into account each child's age and stage of development, gender, ethnicity, home language, and ability.

We are aware that some children may have special needs or require additional learning support. We will ensure that appropriate action is taken when a child is identified as having special needs or starts in our care. Please refer to my **Special Needs, Additional Support for Learning Policy** for further details.

For children whose home language is not English, we will take reasonable steps to provide opportunities for children to use and develop their home language through play and activities. we will also support their learning and use of English, ensuring they have sufficient opportunities to learn new vocabulary and practice their literacy skills. we will regularly communicate progress with parents so as we can work together to best support their child's language learning.

We provide and make sure that all children have access to a range of books, puzzles and other toys which provide positive images and examples of the diversity of life in our society.

We believe in the benefits of encouraging and supporting gender equality from an early age and allow girls and boys and equal access to all toys and resources. There are no 'girls toys' or 'boys toys' in our setting and we make use of resources that challenge stereotypical ideas on what careers are open to men and women.

We encourage the children in our care to learn more about their own culture and to find out about the culture and religions of other children. We do in this in a fun way through sharing books, colouring sheets, cooking and eating food from around the world and celebrating special festivals.

We will always help children to feel good about themselves and others, by celebrating the differences which make us all unique individuals.

Scotland's Health & Social Care Standards	Equal Opportunities and Inclusion Policy
<b>Dignity and respect</b>	<p>1.1 - I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.</p> <p>1.2 - My human rights are protected and promoted and I experience no discrimination.</p> <p>2.3 - I am supported to understand and uphold my rights.</p> <p>3.1 - I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.</p> <p>3.3 - I have agreed clear expectations with people about how we behave towards each other, and these are respected.</p> <p>3.5 - As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.</p> <p>4.1 - My human rights are central to the organisations that support and care for me.</p> <p>4.2 - The organisations that support and care for me help tackle health and social inequalities.</p>
<b>Compassion</b>	<p>2.8 - I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.</p> <p>3.10 - As a child or young person I feel valued, loved and secure.</p> <p>4.3 - I experience care and support where all people are respected and valued.</p>



## Be Included

- 1.9 - I am recognised as an expert in my own experiences, needs and wishes.
- 1.10 - I am supported to participate fully as a citizen in my local community in the way that I want.
- 2.9 - I receive and understand information and advice in a format or language that is right for me.
- 2.10 - I can access translation services and communication tools where necessary and I am supported to use these.
- 3.12 - I can understand the people who support and care for me when they communicate with me.
- 3.13 - I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

## Wellbeing

- 1.29 - I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.
- 3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.



## Fees Policy (Privately paid childcare)

### Help with Childcare Costs

You could be entitled to help with the cost of your childcare for example through Tax Credits, Childcare Vouchers or through the 1140 hours of funded early years education and childcare government schemes. Find out more information and which option(s) may be suitable for you here: [Funded early learning and childcare - mygov.scot](https://www.mygov.scot)

Please refer to my **Funded Hours Policy** for details of how I deliver funded hours sessions within our setting.

### Contract

Before care sessions can commence, you will be required to sign a childcare contract detailing the agreed session days and times and the daily rate for this provision. The contract will also include information regarding charges out-with contracted sessions, holiday entitlement, additional costs, special arrangements, payment and review dates.

### Retainer Fee:

A Retainer Fee will be charged to confirm your child's place in our childminding service, should your child not start immediately.

The Retainer Fee is £300. This will be deducted from your first month's fees.

This is non-refundable should you decide not to use my childminding services for any reason.

### Daily Rate

I charge a daily rate of £65 per child for our childminding service which must be paid monthly in advance. All contracted hours must be paid for in full regardless of attendance. This includes breakfast, lunch, snacks and drinks throughout the day.

### Half Day Rate

I charge a half day rate of £38 per child for our childminding service which must be paid monthly in advance. All contracted hours must be paid for in full regardless of attendance. This includes breakfast, lunch, snacks if morning session and lunch, snacks and drinks if an afternoon session.

### Opening Hours

Our childcare service operates Monday to Thursday from 8am to 5:30pm and Friday 8am to 5pm.

### Holidays & Bank Holidays

We usually close the setting to take 4 weeks of holidays per year, normally this is one week at Easter, two in the summer, and one over Christmas / New Year. Notice of my holidays will be given well in advance so as you have time to make alternative childcare arrangements. These days are not charged.

Full fees remain payable for a child's occasional days off or holidays out-with my holidays when the setting is open. Please let me know as soon as possible about any family holidays or planned days off so that I can plan my schedule appropriately.

Scottish Bank holidays are paid at the usual daily rate but the setting is closed. (Dates as published by [www.mygov.scot](https://www.mygov.scot)) If you require childcare during bank holidays it may be possible where mutually agreed but additional charges will be levied.

Fees will be reviewed annually, and I reserve the right to increase them on the 1<sup>st</sup> April every year.



### **Absence / Illness / Unexpected Closure**

Should your child be absent due to illness, full fees will still apply.

If I am unable to work due to illness or for any other reason, no payment is required. Any overpayments will be deducted from your next invoice.

### **Additional Hours**

Should a circumstance or emergency arise where you require care for your child out-with our contracted hours, please contact me as soon as possible. I will always try to help where I can so long as I have a place available and can accommodate your child within my ratios as determined by the [Care Inspectorate](#). You will find my permitted ratio information displayed on my registration certificate which is displayed on my noticeboard.

### **Session Changes**

Should your personal circumstances change which alters your childcare requirements please talk to me as soon as possible so that we can look to amend our childcare contract. Please note that a least 4 weeks written notice is required for a reduction in days or for termination of the contract.

### **Late Collection / Early Drop Off**

An additional charge of £10 for every hour (or part of) will be applied at my discretion for continued early drop offs and / or late collection. The importance of dropping off and collecting your child on time is explained in detail in my Dropping Off And Collection Policy.

### **Making Payment**

Payments can be made by cash, bank transfer, Tax Free Childcare or through a childcare voucher provider. Further details of how to make payment can be found on your invoice.

### **Late Payment**

I would be grateful if you could ensure prompt payment of fees. If payment has not been received in my account by the last day of the month for the next month's care, I will WhatsApp a reminder. If the fees are not received on that day then a late fee of £10 per day until payment is received will be added to next month's invoice. Please be aware that your childcare place is at risk if payments are not kept up to date.

I understand that from time to time unforeseen circumstances may arise that adds financial pressure to a family. If for whatever reason you are struggling to make payments, please feel free to talk with me in confidence. We may be able to come to an arrangement in the short term until your financial position improves.

### **Termination**

I reserve the right to terminate a childcare contract **immediately** in the event of a child's behavior that endangers the safety of others, the unsuitable behavior of parents or the non-payment of fees. Four weeks written notice must be given by either party to terminate the contract under any other circumstances.

If you have any questions regarding this policy or any concerns regarding payment or the terms of our childcare contract, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Fees Policy
Dignity and respect	
2.5 - If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.	
Responsive care and support	
1.18 - I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.	



## Food Safety Policy

I have a duty to ensure that safe and healthy practices are followed regarding the storage, preparation, handling and serving of food both within our setting and also when providing children with meals and snacks on outings.

We are aware of our responsibilities under food hygiene legislation and have received training in food hygiene. We follow advice from the Food Standards Agency and have completed their [Safer Food Better Business for Childminders](#) Pack.

We understand that some children may have special dietary requirements due to an allergy, intolerance, sensitivity, health condition, or because of cultural or religious beliefs. We will always obtain information about any special dietary requirements, preferences or food allergies before a child starts at our setting and understand that I have a legal responsibility to provide correct allergen information about the ingredients in meals and snacks I provide.

### Hygiene

- We are aware of the importance of good personal hygiene and always wash our hands thoroughly prior to handling or preparing food.
- We help children to wash and dry their hands correctly prior to meals, snacks or handling food. Children must also wash their hands after going to the toilet, playing outside or touching animals. We regularly talk to children about the importance of good hygiene to prevent the spread of germs and infection.
- We ensure that all work surfaces and utensils have been thoroughly cleaned before any food preparation or food handling takes place.
- We have suitable sterilisation equipment for babies' bottles, feeding equipment and utensils.
- We use a designated area to change nappies which is away from the kitchen and any areas used to store, prepare or serve food.
- Laundry will not be carried out during times of food preparation and We ensure that any soiled clothing or detergents do not come into contact with food preparation areas.
- Phoenix (our dog) never climbs onto work surfaces and is kept away from areas used to store, prepare or serve food.
- We use a foot operated pedal bin in the kitchen and playroom and empty it daily.

### Storage & Handling

- We follow advice from the Food Standards Agency regarding the safe storage and handling of food.
- We check my fridge and cupboards regularly for foods that have past their use by date and always check labels before use.
- We check cooking guidelines on packaging before preparing and serving food.
- We label and date batches of cooked foods that are prepared in advance for children and store these as per FSA guidelines.
- We keep a log of the fridge and freezer temperatures and will take action if the fridge temperature is above 5°C or the freezer is above -18°C
- Where parents provide packed lunches, meals or snacks for children to eat in my setting, I ensure that these are stored in a chilled / cool place and that any other food stuffs are stored appropriately.

### Allergens & Special Dietary Requirements

- We collect, record and act on information regarding any allergies or special dietary requirements. We request parents complete an allergen questionnaire and also ask them to regularly review the dietary information provided in their child's care plan.
- We provide menus and information about the food and drinks that are provided, and keep records highlighting



any allergens that may be present.

- Where parents provide packed lunches, meals or snacks for children to eat in my setting, I will ensure that foods are not swapped or shared between children.
- I provide parents with information about allergens and may request that certain foods are not brought to the setting to avoid unnecessary risk to children with allergies or strict dietary needs. I also request that parents read my **Healthy Eating Policy** and avoid providing foods which are high in sugar, salt or fat.
- When food is being provided out with the setting, for example on an outing or at a playgroup. I will always double check what is being served is suitable, paying particular attention for children with allergies.
- Parents and carers will be kept informed with what and how much food their child has eaten daily via messaging / their contact diary / daily report email.

### Serving Food

We support parents with weaning their baby and share nutritional guidance with regards to appropriate first foods. We have a blender and can make pureed dishes if required.

- We check that foods are cooked properly (using a thermometer to check core temperature) and allowed to cool sufficiently before serving to children.
- We will ensure that all foods are safely prepared to reduce the risk of choking, for example all bones will be removed from meat or fish and all stones and pips will be removed from fruit. Small items such as grapes, strawberries and cherry tomatoes are cut lengthways and into quarters and larger harder fruits, vegetables and cheese will be served sliced rather than as chunks.
- Children are encouraged to sit together at the table for meals and snacks and are never left unsupervised whilst eating.
- We have two high chairs for babies and young children and booster chairs for older children and always ensure they are securely fastened in the harness, never leaving them unattended.

In the event of an outbreak of food poisoning affecting two or more children looked after on my premises I will notify the [Care Inspectorate](#) as soon as possible but definitely within 14 days of the incident occurring in order to comply with regulations.

I keep all food receipts, including those under £10, so that if there is an outbreak of food poisoning within my setting, this will assist in tracing the location where the food was purchased.

Please refer to my **Healthy Eating Policy** for further details of food provision in my setting including how I follow nutritional guidelines and provide opportunities for children to learn about and experience different foods whilst supporting them in making healthy choices.

Scotland's Health & Social Care Standards	Food Safety Policy
<b>Responsive care and support</b> 1.23 - My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.	
<b>Wellbeing</b> 1.28 - I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services. 1.33 - I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. 1.34 - If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected. 1.35 - I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible. 1.36 - If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate 1.37 - My meals and snacks meet my cultural and dietary needs, beliefs and preferences. 1.38 - If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.	



## Funded Hours Policy & Fees

### Eligibility

As an approved Early Learning and Childcare provider, I offer funded childcare sessions within my service. If your child is two, three or four, you may be entitled to 1140 hours per year or 30 free hours of government funded childcare per week (term time). You can find out more about the delivery of funded Early Learning and Childcare on the Parent Club website here: <https://www.parentclub.scot/>

Please note: All applications for ELC funded sessions are made by parents and myself and are processed by the local authority. It is vital that parents communicate their wishes in time for my application to be completed accurately. Any missed or late applications may result in the loss of funded entitlement and parents will then be liable to pay the daily rate for **all** contracted hours as per the agreed childcare contract.

More details can be found at the link below:

[Early learning and childcare - East Renfrewshire Council](#)

I will email families when funding applications are open to discuss options and apply to receive funding if applicable.

### Delivery Of Funded Sessions

Depending on your entitlement and circumstances, you may choose to use your 'funded hours' fully in our setting, or split between another setting (usually council or private nursery)

Our setting operates a **48 weeks model** with maximum funding of 23hrs 45mins per week. (we do not operate a term time funding option). Therefore funding covers 2.5 days per week. You can also split entitlement funding between our setting and another setting and we will endeavour to work together with the other setting to ensure your child has the best continuity of care possible.

**If you are only using the government funded hours you will not be asked to make any upfront payment, including a deposit or any other payment, in respect of the funded hours.**

**This ensures that the child's funded entitlement is free at the point of access, no top-up fees are charged to parents and carers relating to the funded hours, parents and carers are not required to purchase additional hours beyond the funded hours in order to access their child's funded entitlement at our setting.**

Council funded children are requested to contribute to activities, crafts and outings at a charge of £6 per funded day or part day. This is a voluntary payment.

If parents and carers would like to purchase further hours in addition to the funded hours, the associated fees and hours are as per my Fees policy.

### Funded Childcare Agreement & Invoicing

In addition to a childcare contract, I ask parents using funded sessions to complete and sign a **Funded Childcare Agreement** outlining from the onset of any childcare arrangement which hours are being funded, which must be paid for, and any additional costs. All invoices will clearly state which hours were taken as funded hours, which were chargeable hours and any additional costs.

### Absence / Illness / Unexpected Closure

Any funded hours missed due to absence, child's holiday or sickness cannot be carried forward. They cannot be used for a sibling, and Full fees will still apply for any additional hours agreed as per our childcare contract.



Funded sessions unable to be delivered due to my own sickness or unforeseen closure will be transferred to cover other days in agreement with families.

If you have any questions regarding funded hours or this policy, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Funded Hours Policy
<b>Responsive care and support</b>	
1.18 - I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.	



## Head Lice Policy

### What are they?

Head lice are tiny, wingless insects that live amongst human hair and feed off tiny amounts of blood drawn from the scalp. Adult lice are usually greyish-brown in colour and will grow to no bigger than a sesame seed. Adult lice will lay eggs (nits) on the hair shafts close to the scalp, these usually look like tiny yellow / tan dots and will hatch within one to two weeks. Whilst lice are not dangerous, they are contagious and can be extremely difficult to get rid of when an infestation takes hold. Bites from head lice can cause also cause intense itching and irritation of the scalp which can be distressing.

### Who gets head lice and how do they spread?

Head lice infestation has nothing to do with poor hygiene and can affect people of all social classes and backgrounds. They will move from head to head without discrimination and are spread by direct head-to-head contact. Lice can also be passed on when items such as combs, brushes, scarves, and hats are shared with an affected person. Unfortunately, children are more susceptible to head lice because they are often physically close to one another during play and activities.

### How I manage and prevent the spread of head lice within our setting:

- I request that all children with long hair wear it tied back during their time at the setting to prevent the spread of head lice.
- I advise parents to check their children's hair weekly using a special lice comb to help aid early detection.
- I will ensure that all dressing up clothes, particularly hats, scarves and other head gear are washed regularly.
- I ask that parents provide a clearly labelled brush / comb for their child should they wish me to tidy up their hair during the day. (For example to re-do a pony tail if it has fallen out during active play.)

**Parents must inform me immediately if they discover that their child has head lice.**

I will inform all parents and regular visitors to the setting but will never name the affected child in respect of confidentiality. All parents will be provided with a copy of this policy which includes information on the detection, effective treatment and future prevention of head lice.

**I will never exclude a child from my setting because they have headlice unless I am concerned that parents are not following recommended guidance to treat and prevent further infestation.**

I must consider the health and wellbeing of all children in my care and that of my own family. Where frequent re-infestation occurs, I may seek further advice from the child's health visitor.

### Treatment & Prevention of Head Lice

#### Effective Treatment

Headlice can be effectively removed using a special fine-toothed comb on wet, conditioned hair. Wash the hair then apply conditioner but before rinsing out, brush to straighten, then use the fine-toothed comb to go through the hair carefully in sections, starting at the scalp and combing to the end of the hair. Check and wipe the comb after each stroke to remove any lice or eggs. Rinse out the conditioner then repeat the combing again. This process should be



repeated frequently over the coming days to disrupt the headlice development cycle. Every three days for the following two weeks is recommended.

Medicated shampoos and over the counter treatments are also available to assist with the removal of headlice. Advice should be sought from your pharmacist to ensure the treatment is suitable for your child. Many pharmacies also offer headlice treatment under the Minor Ailments scheme.

Where headlice have been found it is important that all members of the household are carefully checked and treated if required. You should also inform your child's school, nursery or childcare provider as soon as possible so that parents of other children who may have been in close contact are made aware and can check thoroughly for signs of lice.

### **Future Prevention**

There are a number of ways you can help to prevent your child from catching head lice, for example keeping long hair tied back when they are likely to be in close contact with others and avoiding sharing brushes, combs, hats, scarves and towels. There are also a variety of repellent shampoos and lotions that can be used on a regular basis. You should always read the instructions and seek the advice of your pharmacist to ensure products are suitable for your child.

I hope that you will work with me to prevent and treat the spread of headlice.

<b>Scotland's Health &amp; Social Care Standards</b>	<b>Head Lice Policy</b>
<b>Wellbeing</b>	
1.28 - I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.	



## Health & Safety Policy

The Health and Safety of your child is very important to us, therefore have the following procedures in place to support this.

- We do a quick risk assessment of our childminding setting every morning before children arrive to ensure that it is a safe and clean environment.
- We regularly check electrical equipment, ensure sockets are not overloaded and where possible secure wires and cables so as they are out of reach of young children.
- All equipment and toys are checked and cleaned regularly.
- All equipment is fitted with the correct safety harnesses to prevent accidents, for example highchairs and pushchairs and that these are used in accordance with manufacturer's instructions.
- Children will only be offered toys and resources that are suitable for their age/stage of development. All toys will be checked and cleaned regularly to ensure they are safe for your child to use. Any broken or hazardous toys will be removed immediately.
- We use safety equipment appropriate for the children in our care, ie cupboard locks, stair gates, etc. These are checked regularly.
- Sleeping children are regularly monitored with 15 minute in person checks and we use baby monitors and motion triggered cameras in case they wake between those checks.
- We have procedures in place in the event of a fire or other emergency (see separate Emergency Evacuation Procedure)
- I carry out weekly fire safety checks to ensure my fire alarm system is in full working order and we do fire drills with the children monthly so that they learn of the importance of being able to escape from the house quickly and safely in an emergency.
- We follow strict hygiene guidelines to prevent contamination (see separate Hygiene Policy)
- We keep our kitchen very clean, following hygiene guidelines on the storing of food, keeping the fridge at the correct temperature, etc. Emily and I have Completed training on food preparation and hygiene and refresh this training every three years.
- Bins are emptied daily, and any used nappies are double wrapped and placed in the outdoor rubbish bin.
- There is a strict non-smoking in our home (see separate No Smoking Policy)
- We have strict Child protection guidelines in place (see separate Child Protection and Safeguarding Policy)
- When out walking younger children will be strapped in a pushchair, older children will either be on a harness or wrist strap, or holding onto my hand/pushchair.
- We do not drive children. We feel that our local area has so much to offer that can all be reached by foot, thus ensuring children experience all the benefits of being outside and wont spend time travelling in a car.
- When on outings for example visits to the park, children will not be allowed to 'wander off' and will never be left unattended. Their play will be supervised at all times.
- When attending playgroups or other indoor group activities, your child will remain in our care at all times. we will only leave a minded child in a room with another person if we need to take other minded children to the toilet or change their nappies and only if they have been PVG (disclosure) checked, for example another Care Inspectorate registered childminder.
- We keep emergency contact details with us at all times should we need to contact parents.
- We will work with you to teach the children about safety issues like crossing the road and talking to strangers.
- We will encourage and teach the children about making healthy food choices and taking physical exercise.
- We will only restrain a child in exceptional cases, for example, if they are putting themselves or others in danger, like running into a road.

If you have any concerns regarding the health and safety of your child please discuss them with me.



## Scotland's Health & Social Care Standards

## Health & Safety Policy

### Wellbeing

- 2.24 - I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.
- 2.25 - I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.
- 5.17 - My environment is secure and safe.
- 5.22 - I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.



## Healthy Eating Policy

In order for children to develop healthily, a good balanced diet is required along with fresh air and regular exercise.

I follow advice from [Setting the table - Nutritional guidance and food standards for early years childcare providers in Scotland](#) 2024 and also refer to the [Care Inspectorate's Food Matters resource](#) when planning meals and snacks to ensure that the meals, snacks and drinks that I provide are healthy, balanced and nutritious.

I email menus monthly and parents are invited to share ideas for menu future choices. We cater for children with different food allergies and cultural/religious requirements. As detailed in my **Food Safety Policy**, I obtain information about any special dietary requirements, preferences or food allergies before a child starts at our setting and provide allergen information about the ingredients in meals and snacks we provide which are available to view on request.

All meals and snacks are included in our daily rate but we are happy to serve food provided by parents if preferred, we do ask that foods which are high in sugar, salt or fat are avoided. I am happy to provide a Healthy Packed Lunch suggestion sheet to assist with making healthy choices.

We support parents with weaning their baby and share nutritional guidance with regards to appropriate first foods. We have a blender and can make pureed dishes if required.

We ensure that fresh drinking water is always available and accessible. We teach children about the importance of keeping hydrated to keep our bodies healthy and remind them to drink regularly throughout the day, especially during hot weather or after active play. Plain milk or a suitable unsweetened calcium-fortified dairy alternative is also offered at meal and snack times. Non added sugar diluting juice is also available at parents request, especially for those children who don't drink enough water.

We help children understand the importance of making healthy choices in relation to food and about the effects different types of food can have on our bodies. I promote good oral health through reading stories about teeth and smiles, supporting tooth brushing and talking about the foods and drinks that we can eat and drink to help grow strong, healthy teeth. Through various activities, I also help children to learn about where different foods come from and provide opportunities to try new foods and those from other cultures. I plan varied menus so as different tastes, colours and textures of food can be explored. We also grow lots of fruit and vegetables which the children help plant, water and pick. They then enjoy eating them much more.

We help children to wash and dry their hands correctly prior to meals, snacks or handling food and regularly talk to children about the importance of good hygiene to prevent the spread of germs and infection. Please refer to my **Hygiene and Food Safety Policies** for further details on how we ensure good hygiene in our setting.

We encourage children to help with the preparation of meals and snacks. Children love to get involved with cooking and by doing so they can develop a number of skills such as learning to take turns, language development and arithmetic whilst also having the opportunity to try new foods and to see what whole foods look like before they are cooked and served. Children also assist with setting / clearing the table, and tidying up after meals.

Children sit together at the table for meals and snacks. We believe that a positive and welcoming eating environment helps to develop good eating habits, self-care skills and table manners whilst also encouraging interaction and social skills.

If you have any concerns regarding diet/menu/quantity please do not hesitate to discuss it with me.

**Details of any allergies, food intolerances or special dietary needs that your child may have will be collected on registration. It is important that you let me know immediately if there are any changes to this.**

Here is an example of a menu and snack planner.



	<u>Morning snack/breakfast</u>	<u>Lunch</u>	<u>Afternoon snack</u>
<u>Monday</u> <u>24</u>	Cereal, toast (with choice of topping) or fruit	Scrambled egg on wholemeal toast with tomatoes. Fromage frais or fruit	Choice from plain rice cakes, plain crackers, breadsticks, toast and low fat spread and fruit platter
<u>Tuesday</u> <u>25</u>	Cereal, toast (with choice of topping) or fruit	Pasta with tomato and basil sauce with cheese. Fromage frais or fruit	Choice from plain rice cakes, plain crackers, breadsticks, toast and low fat spread and fruit platter
<u>Wednesday</u> <u>26</u>	Cereal, toast (with choice of topping) or fruit	Chicken goujons with baked potato, low fat spread, broccoli and carrots. Fromage frais or fruit	Choice from plain rice cakes, plain crackers, breadsticks, toast and low fat spread and fruit platter
<u>Thursday</u> <u>27</u>	Cereal, toast (with choice of topping) or fruit	Jacket potato, cheese baked beans and salad. Fromage frais or fruit	Choice from plain rice cakes, plain crackers, breadsticks, toast and low fat spread and fruit platter
<u>Friday</u> <u>28</u>	Cereal, toast (with choice of topping) or fruit	Salmon fish cake, peas and sweetcorn. Fromage frais or fruit	Choice from plain rice cakes, plain crackers, breadsticks, toast and low fat spread and fruit platter

Scotland's Health & Social Care Standards	Healthy Eating Policy
<b>Wellbeing</b>	
<p>1.28 - I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.</p> <p>1.33 - I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.</p> <p>1.34 - If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.</p> <p>1.35 - I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.</p> <p>1.36 - If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.</p> <p>1.37 - My meals and snacks meet my cultural and dietary needs, beliefs and preferences.</p> <p>1.38 - If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.</p> <p>1.39 - I can drink fresh water at all times.</p> <p>2.21 - I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.</p>	



## Illness Policy

I must consider the Health and Safety of my family, my staff, all children and their families and therefore insist that parents do not bring their child when they are unwell or infectious.

**Please keep your child at home if:**

- He/she has a fever (**a temperature of over 37.5C**) or has had one within the last 48 hour period
- He/she has a **persistent cough, shortness of breath, sore throat, swollen glands or earache**
- He/she has an **upset stomach, has had diarrhoea and/ or been vomiting** within the last 48 hours
- He/she has symptoms of a possible communicable disease (these are usually **sore throat, headache, abdominal pain or vomiting, or fever**)
- He/she has a rash, especially with a fever or itching (unless a doctor has confirmed it is not communicable.)
- He/she has **mumps, measles, chicken pox, impetigo, hand foot and mouth, or any highly contagious condition** (**see table below for minimum exclusion times**)
- He/she is feeling generally unwell
- If they have required Calpol (or other pain killers) at home due to feeling unwell prior to attending our setting.

If your child is unusually tired, pale, cranky or lost their appetite, and unable to participate in the normal routine, they will be more comfortable in their own home with you.

If your child becomes ill whilst in my care, I will make him/her as comfortable as possible and try to isolate him/her from the other children if I feel this is necessary. I will contact you and continue to care and reassure your child until you arrive.

I follow advice from the [Infection Prevention and Control in Childcare Settings \(Day Care and Childminding Settings\) guidance \(Scotland\)](#) and if a child is found to be suffering from a notifiable disease (as identified by Public Health Infectious Diseases Regulations 1988) I will inform the [Care Inspectorate](#) and the Health and Safety Executive. I will then act on any advice.

The table below details the Health Board Exclusion Periods for Communicable Diseases and will be our reference guide for whether a child can safely attend our setting. The table details recommended exclusion periods. We will also risk assess whether it is safe for myself, my assistants, and my family for attendance according to the risks identified in the table below.



Infection or symptoms	Recommended Exclusion	Comments
<b>1. Rashes/ skin infections</b>		
Athletes foot.	None.	Not serious infection child should be treated.
Chickenpox (Varicella Zoster).	Until all vesicles have crusted over (usually 5 days).	Pregnant staff should seek advice from their GP if they have no history of having the illness.
Cold sores (herpes simplex).	None.	Avoid kissing and contact with the sore.
German measles (rubella).	7 days before rash and 7 days after.	Preventable by vaccination (MMR x 2 doses). Pregnant staff should seek prompt advice from their GP.
Hand Foot and Mouth (coxsackie).	None.	If a large number of children affected contact HPT. Exclusion may be considered in some circumstances.
Impetigo (Streptococcal Group A skin infection).	Until lesions are crusted or healed or 48 hours after starting antibiotics .	Antibiotics reduce the infectious period.
Measles.	4 days from onset of rash.	Preventable by immunisation. (MMR x 2 doses). Pregnant staff should seek prompt advice from their GP.
Ringworm.	Not usually required unless extensive.	Treatment is required.
Scabies.	Until first treatment has been completed.	2 treatments are required including treatment for household and close contacts.
Scarlet fever.	Child can return 24 hours after starting appropriate antibiotic treatment.	Antibiotic treatment is recommended for the affected child.
Slapped cheek/fifth disease. Parvovirus B19.	None (once rash has developed).	Pregnant contacts of a case should consult their GP.
Shingles.	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch.
Warts and verrucae.	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.



## 2. Diarrhoea and vomiting illness

Diarrhoea and/or vomiting.	48 hours from last episode of diarrhoea or vomiting.	
<i>E. coli</i> O157 STEC Typhoid and paratyphoid (enteric fever) <i>Shigella</i> (dysentery).	Should be excluded for 48 hours from the last episode of diarrhoea for <i>E. coli</i> O157. Further exclusion may be required for some children until they are no longer excreting. Exclusion is also variable for enteric fever and dysentery. HPT will advise.	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices.
Cryptosporidiosis.	Exclude for 48 hours from the last episode of diarrhoea.	Exclusion from swimming is advisable for 2 weeks after the diarrhoea has settled.

## 3. Respiratory infections

Flu (influenza).	Until recovered.	If an outbreak/cluster occurs, consult your local HPT.
Tuberculosis.	Advised by HPT on individual cases.	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Whooping cough (pertussis).	48 hours from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

## 4. Other infections

Conjunctivitis.	None .	If an outbreak/cluster occurs, consult your local HPT.
Diphtheria.	Exclusion is essential. Always consult your local HPT.	Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination.
Glandular fever.	None.	
Head lice.	None.	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A.	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	
Hepatitis B, C, HIV/AIDS.	None.	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
Meningococcal meningitis/ septicaemia.	Until recovered.	Meningitis ACWY and B are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.
Meningitis due to other bacteria.	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.



Meningitis viral.	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA.	None.	Good hand hygiene and environmental cleaning.
Mumps.	Exclude child for 5 days after onset of swelling.	Preventable by vaccination (MMR x2 doses).
Threadworms.	None.	Treatment is recommended for the child and household contacts.
Tonsillitis.	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic.

### Alternative Childcare Arrangements

If am unable to open due to illness or for any other reason, I will try my best to assist you in finding alternative childcare arrangements. I have close relationships with other childminders in the local area. With your permission, I can try to arrange alternative care with one of them. The children are familiar with these fellow childminders as we meet regularly to allow children to play together and develop their social skills. A familiar face may be more reassuring for your child. Alternatively, you will find details of other childminders from the local council and family information service: [Childminders working in partnership with East Renfrewshire - East Renfrewshire Council](#)

If you have any concerns regarding this policy, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Illness Policy
Responsive care and support	
1.24 - Any treatment or intervention that I experience is safe and effective.	
4.12 - I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.	
4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.	
4.22 - If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.	



## Independent Arrival / Departure & Travel Policy

I understand that as children grow and become more confident, they may feel ready to make short journeys themselves, for example to and from school, a club / out of school activity or to and from my childcare setting. I also believe it is important to support children in their independence and encourage responsibility.

Before deciding whether your child is ready to travel independently, you must consider your child's age and maturity along with the distance and safety of the journeys involved. You have a responsibility as a parent to ensure your child understands the risks associated with travelling alone. In addition, I must make you aware that I cannot be held responsible for your child's safety prior to their arrival or after their departure from my setting. Once they leave my setting and supervision, they are no longer my responsibility and are not covered by my insurance.

**As per my registration and the conditions of my insurance I cannot permit any child under the age of eight years to travel to or from my setting alone.**

If your child is aged eight or older and you feel happy that they are responsible enough and wish for them to travel independently, then please discuss this with me. I will require you to complete a consent form with details of the journeys you give permission for your child to make independently and their expected times of arrival.

You must let me know as soon as possible if there is to be a change to your child's usual travel arrangements. If your child is expected to arrive at my setting, and after 10 minutes of their anticipated arrival time fails to appear, I will contact you immediately to let you know. I will always try to contact parents / guardians first. If for whatever reason I cannot get in touch with you, I will then try the school / start point of their destination or the emergency contact numbers I have on record for your child.

**No child will be allowed to travel independently without prior consent from a parent or guardian.**

Please do not hesitate to discuss this policy further with me.

Scotland's Health & Social Care Standards	Independent Arrival / Departure & Travel Policy
<b>Dignity and respect</b> 2.6 - I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.	
<b>Wellbeing</b> 2.24 - I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.	



## Infection Control / Hygiene Policy

It is vitally important to prevent the spread of germs and illnesses. I use the following procedures and ensure that they are strictly adhered to.

- Children must wash their hands after going to the toilet, playing outside or touching animals. They must also wash their hands before eating any meals or snacks.
- We help children to wash and dry their hands correctly and regularly talk to them about why it is important to prevent the spread of germs and infection
- We provide liquid soap and disposable paper towels in the washroom to enable children, staff and visitors to wash and dry their hands properly. I empty the waste bin daily.
- We will help children to wipe and blow their noses when they have colds and teach them the importance of throwing away dirty tissues to prevent the spread of germs. I will also encourage them to cough into their elbow.
- We use a toilet next to the playroom to change nappies which is away from where children may be playing. As well as for hygiene purposes, this also respects the privacy of the child being changed. We use disposable gloves and disposable aprons when changing nappies. We disinfect our changing mat after each use with antibacterial spray (e.g. Dettol) and disposable paper towels. Nappies are double wrapped and disposed of in the bin outdoors. Please refer to my **Nappy Changing and Toilet Training Policy** for further information.
- Potties are emptied immediately after use down the toilet. Potties and trainer seats are thoroughly cleaned after each use with antibacterial spray and disposable paper towels in the utility room and returned to the toilet when clean.
- We are happy to help children to clean their teeth after meals. We have toothbrush and paste which are names for each child and stored in the toilet. Please refer to my **Dental Hygiene Policy** for further information.
- We follow strict hygiene routines in our kitchen, ensuring my fridge is at the correct temperature and that food is stored correctly in it. I follow advice from the Food Standards Agency and have completed their [Safer Food Better Business for Childminders](#) Pack. I use a foot operated pedal bin and empty it daily. Please refer to my **Food Safety Policy** for further details of how I ensure safe and healthy practices are followed regarding the storage, preparation, handling and serving of food within my setting.
- We clean toys in the playroom weekly with antibacterial spray and disposable paper towels, and every time we rotate them with toys from the store room. We ensure equipment and toys are maintained regularly. I use antibacterial wipes or antibacterial spray and disposable paper towels to clean equipment and toys. Material or fabric items such as car seat covers are washed regularly in the washing machine.
- As detailed in my **Illness Policy**, I request that children who are unwell are kept at home. Children must not attend my setting if they are displaying symptoms of a possible communicable disease, contagious condition or have been suffering from a fever, sickness or diarrhoea within the last 48 hours.
- I provide all parents with information regarding my procedures on hygiene, infection control, illness and food safety.



In order for me to carry out these procedures effectively I will need you to provide me with enough resources, for example nappies, labelled cream and spare clothes. I also request that you let me know if your child is feeling or has been unwell.

If you have any concerns regarding my infection control procedures, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Infection Control / Hygiene Policy
<b>Wellbeing</b>	
5.18 - My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.	
5.19 - My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.	
5.22 - I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.	



## Internet Safety / Electronic Devices & CCTV Policy

The use of technology and the internet is a fundamental part of modern life. ICT is delivered in our nurseries and schools as part of the curriculum to teach children skills that they will require growing up in a modern world. As a childminder, I also have a responsibility to help children to learn about technology and how it can be used to support education and enhance our lives.

I provide regular opportunities within my setting for children to explore technology, for example through the use of interactive or programmable toys and various electronic devices including a laptop, iPad and smart television. The internet is also an incredible resource for children for example, to assist with homework, play educational games, research interests / hobbies or chat with friends through social networking sites. The internet can however also be a very dangerous place for children. Some of these dangers include:

- Gaining access to illegal, harmful or inappropriate images or other content.
- Being exposed to harassment and bullying
- Accidentally sharing personal / financial information
- Being vulnerable to online grooming by paedophiles.

I have an obligation to my minded children to ensure that they are safe and are protected from potential harm. I do this by:

- Keeping up to date with guidance and advice to safeguard both children and adults online including [Safeguarding children and protecting professionals in early years settings: online safety considerations / Education for a Connected World](#)
- Ensuring children have safe access to the internet by maintaining security system/s, filters and virus protection software on all devices.
- Using child safe apps.
- Supervising children at all times when using the laptop or iPad so as I can check what websites they are visiting and what they are doing.
- Talking to the children about what websites they are using and not allowing children access to chat rooms whilst in my care.
- Discussing the importance of keeping safe on line with the children for example, not talking to people they don't know or not giving out personal information that could enable people to identify them and never to arrange to meet anyone they have spoken to online.
- Regularly checking my search history.
- Limiting the time children spend on computers and ensure that they spend a balance of time engaged in ICT and other activities.

**If you would rather your child was not allowed access, under supervision, to the internet then please let me know.**

### Data Protection

As I also use my business laptop and iPad for recording and storing information about children and families (for example care plans, attendance, payment, development records, etc.), I must also consider my responsibilities with regards to data protection. As some of this information may be sensitive, I must be extremely careful as to who can access this data and prevent it from being inappropriately shared. In addition to supervising children at all times, I also make use of parental controls and multiple user settings to prevent children from accessing inappropriate content or personal files.

Please refer to my **Privacy Notice** for further information about my data protection procedures and responsibilities.

### CCTV Policy

A CCTV system is installed at the setting with an aim is to provide a safer and more secure environment for the benefit



of children, parents, staff, visitors and also for the protection of my own family.

CCTV operators have certain duties and responsibilities and must comply with the Information Commissioners CCTV Code of Practice to ensure it is used responsibly and safeguards both trust and confidence in its continued use.

This policy outlines the setting's use of CCTV and how it complies with the Data Protection Act 1998, The General Data Protection Regulations 2018 and also the setting's Privacy and data protection policies.

### **The System**

A **ring doorbell** is located next to the front door monitoring the driveway.

**Blink portable indoor cameras** are used to monitor children during nap time. These switch on and notify us of any movement

Signs are prominently placed at the front door and the playroom window to inform children, parents, staff and visitors that a CCTV system is in use.

This policy advising of the CCTV in use will be shared with all families of children who attend my setting.

### **Purpose of the System**

The primary aim of the CCTV system is to safeguard and promote the welfare of children and adults who attend the setting. In addition, the system will assist in:

- monitoring the security of the premises
- deterring those with criminal intent
- Notification of children's arrival at the setting (entry is through the patio doors not the front door and this door has no doorbell)
- Monitoring children sleeping without disturbing them

### **Recording**

Recordings are made using a digital video recorder operating in real mode and are triggered to switch on by movement. Images will normally be retained for 14 days from the date of recording unless needed for further investigation.

### **Access**

As setting manager and as a data controller registered with the Information Commissioners Office, I am responsible for ensuring the CCTV system is not abused or misused and the Information Commissioner's CCTV Code of Practice is followed.

Access to images will be managed by me, the setting manager as the data controlling officer. Images will only be shared with parents of their children when requested. They will never be shared externally.

In the event of an accident or accident, disclosure of recorded material to the police, law enforcement agencies or the emergency services may be necessary in order to assist with investigations or criminal enquiries.

**If you have any questions regarding the CCTV system or this policy, please do not hesitate to contact me.**

Scotland's Health & Social Care Standards	Internet Safety Policy
Wellbeing	
2.24 - I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.	
2.25 - I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.	
3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.	



## Loss & Damage to Personal Property Policy

I understand that from time to time your child may wish to bring personal belongings to the setting, for example a favourite toy, book or game. Many babies and young children, for example may have a special teddy or comforter that helps them to settle at nap times. The purpose of this policy is to explain my level of responsibility with regards to personal belongings.

### Essential Items

In order to ensure your child's comfort, hygiene and personal care requirements, I will require you to provide essential items for your child such as suitable clothing and footwear, appropriate for the forecast weather conditions, nappies, bottles and feeding equipment should your child require them, and a spare change of clothes. I request that, where possible, personal items are clearly labelled so as they can be easily identified and matched with your child ready for collection time. When you do return to collect your child, please take the time to check that you have all your child's belongings and also that you have not accidentally picked up something which does not belong to your child.

### Personal Belongings

We provide a vast variety of toys and resources in our setting so there is no need for children to bring their own toys from home. If, however, your child would like to bring something to show their friends and share it with them then we welcome this. This is great if it is related to a current topic or theme that we are learning about. Once their toy has been shared and played with we will place it in their bag for returning home. If any item is damaged or broken we do not have any liability for this, so please only send age appropriate sturdy toys, and none that are precious or hold sentimental value.

For babies and young children who may use a, comforter, blanket or special teddy to help them settle at nap time we can hold one here which will be washed weekly, or if you send with them each time it will be kept in your child's bag and only brought out when required to comfort or settle your child.

I specifically ask that you do not allow your child to bring mobile phones, iPads, iPods, tablets or any other digital device to my setting. Not only are these items expensive to be replaced if lost or damaged but, whilst in my care, I can only permit your child to access content online under full supervision using the setting's laptop or iPad which are secured with passwords, filters and virus protection software. Please refer to my Internet Safety Policy for further details.

**Please be aware that we cannot be held responsible for loss or damage of items brought into our setting.**

### Clothing and Footwear

Please consider carefully how you dress your child when they come to our setting. In addition to providing suitable clothing for your child's comfort, appropriate to the weather conditions, we advise that you do not dress your child in their 'best' clothes.

We encourage active and creative play in our setting as this contributes positively towards children's learning. We try to provide opportunity every day for outdoor play and regularly allow children to explore through arts and crafts and messy play activities. Whilst we do provide overalls and will do everything we can to protect your child's clothes, they inevitably get wet and messy most days.

Should you have any questions or concerns regarding this policy, please do not hesitate to ask.

Scotland's Health & Social Care Standards	Loss & Damage to Personal Property Policy
Dignity and respect	
5.3 - I have an accessible, secure place to keep my belongings.	



## Lost or Missing Child Policy

Children are very curious and given the opportunity may wander away from a home, garden or playgroup if a door or gate has been accidentally left unsecure. Children can also become 'lost' in busy places. The safety of your child is paramount to us, and we will do all possible to ensure that they remain with us at all times.

### In the unlikely event of a child going missing or becoming 'lost' whilst in our care we will take the following steps:

- We will immediately raise the alarm to each other, and all people around us that there is a child missing and enlist the help of everyone to look for them
- If it is a secure area such as a shopping centre, we will quickly alert the security staff so they can assist me in looking for the child / check the CCTV.
- We will provide everyone involved in the search with a photo and description of the child.
- We will reassure the other children in our care, as they may be distressed.
- If possible, we will leave the children in the care of one of our team or a responsible person that I know has been PVG (Disclosure) checked, for example another registered childminder, so we can continue to look for the missing child.
- If the child is not found in the immediate area, we will then alert the police and, provide a full description with a recent photograph.
- We will alert the parents of the situation, keeping them updated and continue to help on the advice of the police.

### We take the following precautions to avoid situations like this from happening:

- Ensuring all exterior doors, safety gates, garden gates and fences are secure in and around our home.
- Ensuring small children hold our hand or the pushchair whilst we are out.
- Avoid going to places that are overcrowded.
- We teach the children about staying safe, staying together and the dangers of wandering off and of talking to strangers.
- We teach children to stand still if they cannot find us so that we can come and find them.

It is vital that you let us know if your child is prone to 'wandering off', running away or likes to play 'hiding' games. We can then put strategies in place to mitigate this, for example strapping them into the buggy in busy areas or using reigns and then gradually allow more freedom under closer supervision.

Scotland's Health & Social Care Standards	Lost Child Policy
Responsive care and support	
3.17 - I am confident that people respond promptly, including when I ask for help.	
Wellbeing	
3.23 - If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.	



## Manual Handling Policy

Manual Handling is the lifting, lowering, pushing, pulling, carrying, moving, holding or restraining of any object or person. As a childcare provider there are several manual handling situations that we will come across on a daily basis as we provide care and meet the needs of children.

We use the following procedures for managing and monitoring safe manual handling in order to minimise the risk of injury to myself, staff, parents, children or anyone else involved in my service:

### Plan the lift / move:

- Think about the task that is to be carried out and plan the lift / manoeuvre.
- Consider what is to be lifted / manoeuvred, where it is going to go, how far it is and how you are going to get it there.
- Think about whether you and anyone helping is capable of undertaking the task. Pregnant women and people with health problems are at greater risk of injury.
- Assess the size, shape and weight of the load and consider the best way to lift / manoeuvre so as to ensure you can maintain a firm grip and also see where you are going.
- If possible, reduce the size and weights of loads and remove any unnecessary packaging in order to make handling safer and easier.
- Consider whether you can lift the load safely without help or if you will need other people to help.
- For very large or heavy items consider whether specialist moving equipment may be required, e.g. a trolley or whether lifting or manoeuvring something may be too dangerous to attempt.
- When working with others to lift or manoeuvre, agree a strategy together, who will lead and who will give instructions before commencing.
- Check that the route is clear of any obstructions or hazards before commencing the move, e.g. trip hazards, slippery or wet flooring.
- Ensure clear visibility / adequate lighting.
- Consider what you are lifting / manoeuvring and make precautions where required to minimize risk, for example cover sharp edges, or insulate hot containers.
- Use personal protective equipment (PPE) where required to protect yourself against any potential risks, ensuring equipment is in good condition and fitted correctly.
- Avoid lifting or manoeuvring unsafe loads such as damaged glass or incorrectly packages chemicals.
- Ensure you are comfortable and wearing appropriate clothing and footwear.
- Consider whether it may be safer / easier to complete the lift / manoeuvre in stages and plan appropriate resting points before commencing.

### Use safe position, lifting and manoeuvring techniques:

- **Adopt a stable position.** Position yourself in front of the load with feet apart one leg slightly forward to maintain balance (alongside the load, if it is on the ground). Be prepared to move your feet during the lift to maintain your stability.
- **Get a good hold.** Try to position yourself so that the heaviest part is nearest you, keeping or hugging the load as close as possible to your body. This may be better than gripping it tightly with hands only.
- **Be aware of posture.** Begin by bending knees slowly, keeping back straight, tuck chin in, keep shoulders level and avoid twisting or turning from hips. Once lifted and held securely, keep head up, looking ahead, not down at the load.
- **Keep the load close.** Always try to keep the load as close to body as possible, move slowly and carefully, making sure you can see where you are going. Where a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.
- **Move smoothly.** Proceed with lift / manoeuvre of load carefully avoiding sudden or jerking movements which



could result in loss of control and increase the risk of injury.

- **Put down, then adjust.** Where precise positioning of the load is required. Set the load down as near to required position as possible then take time to slide or adjust into place.

#### **Take extra care when lifting children:**

- Be aware that children may move as you lift them. If a child struggles or wriggles, carefully place them back down, calm and reassure them before trying again.
- Avoid carrying children on hip. Children should be carried facing towards you with one arm under their buttocks and the other arm under their backs.
- Ask or encourage child to hold onto you whilst being lifted or carried as this will provide further support and reassurance to both you and the child.

Once children are able to walk and climb we encourage them to walk around and climb into push chairs and chairs at the table to protect our backs.

**If in doubt, we do not lift! We seek assistance.**

Manual handling techniques are also discussed as part of all assistant induction training.

Scotland's Health & Social Care Standards	Manual Handling Policy
<b>Responsive care and support</b>	
3.14 - I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.	



## Maternity Policy

We are always delighted to hear the wonderful news that a family is expecting a new addition. Exciting times lie ahead, not just for the parents but also for the child who is about to become a big brother or sister.

In addition to all of the excitement, we understand too that the arrival of a baby can bring with it many challenges, including the ups and downs of pregnancy, the exhaustion of caring for a new born, the new routines and the emotional transitions of welcoming a new family member. We understand that all of this can be difficult for both parents and young children and we will do everything I can to support families at this time.

### Sharing your news

If you are expecting a baby, we would be grateful if you can inform me when the time is right. I understand that for most this is usually following a scan at around 12 weeks but if you are suffering from severe morning sickness or extreme tiredness due to your pregnancy, please let me know. I may be able to offer further assistance to ease your day, for example by offering additional days childcare. Informing me of your pregnancy will also enable me to be extra vigilant with regards to your safety and welfare, for example by alerting you immediately to any cases of infection (e.g. chicken pox; hand, foot and mouth, etc) which can be dangerous for pregnant women. I will always respect your confidentiality and will never share your news with others (including your child) unless you have given me permission to do so.

### Supporting children

The prospect of a new baby brother or sister can be very exciting for children but we also understand that for some it can be a very confusing and emotional time. We can help you to support your child through these changes using stories and activities that will encourage conversation and ideas about babies, siblings and families.

### Changes to childcare arrangements

With a new baby on the way, you may be planning to take maternity leave from work or make some long term changes that may impact on your childcare requirements. Please discuss your plans with me at your earliest convenience so we can work together to establish a suitable arrangement. If you wish to hold your existing child's space with us for when your maternity leave ends you will need to continue paying for the days (and they can, of course, continue to attend). If you no longer need their space then please give us as much notice as possible, but a minimum of 4 weeks would be required. In addition to this you may also require care for your new baby when and if you return to work. It is important that you let me know as soon as possible so that I can check my availability, and if possible, hold a space for the new baby.

Please let me know if you have any questions regarding this policy or if you wish to discuss any aspect of your maternity arrangements.

Scotland's Health & Social Care Standards	Maternity Policy
Compassion	
1.7 - I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.	
Responsive care and support	
4.15 - I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.	
Wellbeing	
5.17 - My environment is secure and safe.	



## Mobile Phone, Camera and Photographs Policy

As a registered childminder, I am required by the [Care Inspectorate](#) to provide evidence of the activities I do with your child that promotes their development. The most practical way for me to provide this evidence is to take photographs and keep them in your child's development records. Photographs are an excellent way of recording the activities that we do with the children and I feel that it is also important for you to see what your child has been doing. Emily and I take photographs using our mobile phones.

I use photographs of minded children only for the following purposes and where explicit written consent has been given:

- To share children's experiences and achievements directly with parents
- As evidence of activities undertaken by the children
- For children's personal development records (Learning Folder)
- To share information with existing and prospective families (wall photos)
- To make children feel they are included and part of our childminding family (wall photos)
- To promote our childcare business on my website.

I understand that some parents are concerned about photographs being taken of their children and for this reason I will require you to complete a permission form in order that I comply fully with your wishes. The permission form repeats the purposes for which I use photographs as stated above and allows you to give explicit consent as to how photographs of your child may be used.

I will only take photographs of the children while they are undressed and having their nappy changed to show parents if they have a rash or other medical concern.

We must also consider that your child may be accidentally or intentionally included in photographs taken by other individuals during their time with me. Mobile phones and cameras are part of everyday life and it is highly likely that your child may be photographed whilst out and about for example at toddler groups, or the park. I will try wherever possible to keep your child out of photographs being taken by other people, especially if they are not known to me. If I am at all concerned that a stranger is taking photographs of the children I will call the police and inform you of my concerns

### Data Protection

As I also use my business laptop to support children's ICT skills, enhance activity experiences and make use of educational games, I make use of parental control and multiple user settings to prevent children from accessing inappropriate content or personal files (including photographs). As a data controller, registered with the Information Commissioner's Office (ICO) I must comply with data protection laws and take adequate measures to ensure personal information is not used inappropriately or shared without consent.

Please refer to my [Privacy Notice](#) for further information about my data protection procedures and responsibilities.

### Storage & Retention

Photographs will be transferred from my mobile phone automatically to my Microsoft One Drive folder. My phone and my laptop are secured with passwords and virus protection software.

Once your child leaves our childminding setting, We will provide you with all the photographs of your child that have taken during their time with me, in their learning journal file. We will then delete all photographs of your child from our storage unless you expressly give signed permission for them to be retained.

If you have any concerns about the above policy, please feel free to discuss them with me.



## Scotland's Health & Social Care Standards

## Mobile Phone, Camera and Photographs Policy

### Dignity and respect

2.7 - My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.

### Be Included

2.14 - I am fully informed about what information is shared with others about me.



## Multiple Contact Policy

It is not uncommon for families to share care and the dropping off and collection of children with other family members and friends. As stated in my dropping off / collection policy, only adults who you have added to your collection list will be permitted to collect your child from the setting.

It is very important in these circumstances that we ensure that important information is shared amongst all adults who may drop off and collect your child on a regular basis. Without an effective system in place important messages may not be passed on or information lost. An example of this may be where a grandparent normally collects a child on a Monday but has forgotten to pass on the message that children are to wear fancy dress that Friday. This could result in unnecessary upset for the child, a confused parent and a grandparent left feeling guilty for simply mislaying the note.

A more serious situation could be where a child has had an accident and hit their head on auntie's pick up day. Despite being made aware on collection of the incident and signing the accident form, auntie then later forgets to pass on this information as the child has been fine in her care for the remainder of the afternoon. Later that evening, the child becomes very ill and is in fact suffering from concussion. The parent fails to recognise the symptoms as they have no idea that their child had bumped their head earlier that day.

Another important thing to consider is your wishes as to what information you want me to share or discuss with other adults who collect your child. For example, you may not feel it is appropriate for me to discuss potty training or weaning techniques with grandparents or prefer I discuss developmental progress only with you.

Where your child is to be regularly dropped off or collected by other adults, I will therefore ask you to complete a Multiple Contact Information Sharing Form. This will allow me to see who regularly drops off and collects your child on which days, what information you want me to share or discuss with them and how this information should be also passed on to you.

Should you have any concerns regarding this policy, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Multiple Contact Policy
<b>Be Included</b>	
2.14 - I am fully informed about what information is shared with others about me.	



## Nappy and Toilet Training Policy

We are more than happy to care for babies and children in nappies and will support children, when they are ready, to use the toilet independently.

All personal care is carried out in a dignified way with privacy and personal preferences respected at all times.

If your baby / child is in nappies, you will need to provide nappies, wipes and any creams you like to use when changing your baby/child.

We have a changing mat which will be cleaned with disinfectant between each use, and nappy sacks for the disposal of used nappies.

We will change your baby/child at regular intervals and immediately if they have soiled a nappy.

When you feel your child is ready to begin toilet training, please let me know. We have a potty (which will be disinfected after each use), toilet trainer seat (again, disinfected after each use), a step for the toilet and wash basin. We would request you send extra spare clothes in case of any accidents, soiled clothes will be returned in a plastic nappy bag.

It is unusual for a child to be ready to be potty trained much before their second birthday and for some children it can be a lot later. Please do not be concerned if your child shows no signs of being ready yet. When your child does start to show signs that they are becoming aware of their bodily functions I will arrange a convenient time to meet with you and discuss your plans for potty/toilet training your child. Whilst we cannot be expected to potty train your child, We are more than happy to support you and your child through the process. It is very important that we work together so as not to confuse or upset your child.

Potty training should be started at home when a child has at least 3 full days of no nappies before they attend our setting without a nappy. If the child has a sleep in our care it is usual to continue to put them in a nappy for a longer period, usually until their nappy is regularly dry. We do not recommend 'pull up nappies' as these generally feel like a nappy and delay successful potty training.

Many parents have various techniques for potty training, some like to use a potty, then progress to a trainer seat whilst other children prefer to go straight to using a trainer seat, some use training pants, others don't. There is no right or wrong way so long as the technique you use is right for your child. It is important however to remember that when your child is in our care we cannot support certain methods. We cannot for example, allow a child to wander around with no clothes on, nor can we keep a potty in the playroom. We must consider the other children in our care and such methods are not appropriate due to safety and hygiene reasons as well as not being respectful to the privacy of the child who is potty training.

Some children take to potty training overnight for some it is a longer process, the most important thing is that we work together to give your child the support and reassurance they need during this period. I will provide you with daily feedback on how we are progressing with the training. We can also use potty training star charts and certificates as a way of rewarding and encouraging a child during potty training. Please let me know if you feel this would be helpful.

Scotland's Health & Social Care Standards	Nappy and Toilet Training Policy
<b>Dignity and respect</b>	
1.4 - If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.	
1.5 - If I am supported and cared for in the community, this is done discreetly and with respect.	
5.2 - I can easily access a toilet from the rooms I use and can use this when I need to.	
5.4 - If I require intimate personal care, there is a suitable area for this, including a sink if needed.	



## No Smoking or Vaping Policy

In accordance with safeguarding and welfare requirements and as required by [The Health and Social Care Standards](#) children should be cared for in a safe, hygienic and smoke-free environment. I therefore have a no smoking or vaping policy in place.

**No one** is permitted to smoke, vape or use e-cigarettes in the setting, (This includes the garden area)

We will never take the children into smoky environments and understand the risks associated with second hand smoke. We will avoid places that permit smoking wherever possible and will always keep children as far as reasonably practical away from people who are smoking when out in public.

Scotland's Health & Social Care Standards	No Smoking or Vaping Policy
Wellbeing	
5.18 - My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.	



## Non-Mobile Child Policy

Accidental bruising on non-independently mobile children and infants is rare and should therefore always warrant further investigation. This policy should be read alongside my **Child Protection / Safeguarding Policy** which together set out how I follow correct safeguarding procedures in keeping with legislation and requirements.

The aim of this policy is to safeguard non-moving babies and older children who are unable to move for a variety of reasons, for example a disability, by putting procedures in place to protect them if they are observed to have unexplained bruising or other injuries such as fractures, burns or head injuries which might suggest they have been subjected to abuse.

For the purposes of this policy a **mobile child** is one who can crawl, pull to stand, "cruise" around furniture, or is toddling/ beginning to walk.

A **non-mobile child** is one who is not yet able to do any of the above or is unable to move (e.g. due to a disability) Babies who can roll are classed as non-mobile.

Although accidents happen which can result in bruises and injury, especially with babies and young children who are learning to crawl and move, it is highly unlikely that innocent bruising or other injuries will be observed in non-mobile children. Non-mobile babies and children are vulnerable and at the risk of physical abuse. Evidence states that the younger the child, the higher the risk that bruising or a mark on a baby is non-accidental. I am required by East Renfrewshire Social Workers to refer all cases of suspicious bruising/ marks in non-mobile babies and older children to them for investigation.

### Existing Injuries

Should a child arrive at the setting with a visible injury, mark or bruise, a record of existing injuries form will be completed and recorded for both mobile and non-mobile babies/young children. If a reason has been given for the mark or injury by the parent/carer this will be recorded and the parent/carer will be asked to sign the form.

### Accidents

Should a child have an accident whilst in my care, an accident / incident report will be completed along with details of what happened, any injuries sustained and what first aid was administered. The completed form and a photo of the injury will be shared by WhatsApp with parents and they will be required to sign the form when collecting their child. In the case of a serious accident / incident, parents will be contacted as soon as possible so as they can collect their child or meet me at the medical centre / hospital. Please refer to my **Accident & Incident Policy** for further information regarding these procedures.

Risk assessments will be regularly reviewed to ensure adequate measures are in place to protect children and will be revised immediately in the event of an accident to prevent a similar occurrence happening again in the future.

### Safeguarding Concerns

If there is concern that another child's behaviour is putting a non-mobile child's safety at risk then parents will be contacted to discuss the situation. All conversations will be recorded along with any strategies put in place to minimise risk. A follow up meeting will also be arranged to review the situation.

Should a non-mobile child arrive at the setting with an unexplained injury, or where there are repeated injuries, I will seek advice from the East Renfrewshire Social Services and a doctor (in case any marks are related to an illness). I may also contact the NSPCC helpline who will advise me on how to deal with the situation. Any cases of suspected abuse will be reported to the [\*\*Care Inspectorate\*\*](#) without delay. (I am legally obliged to do this within 14 days)



## Reporting

All bumps, bruises and marks on a child will be noted as soon as possible after they have been observed.

Accidents, incidents and any injuries that have occurred in the provision or at home, including details of any physical intervention will be logged as soon as possible after the incident has occurred.

*In all cases, the following information will be recorded:*

- Child's name and date of birth
- Date and time of accident / incident / observation or concern
- Details of everyone present (witnesses)
- Description of incident or details of information provided by parents / carers
- Details of any injuries sustained and what first aid was administered
- Whether any further medical treatment was required or if parents were advised to take child to the hospital / doctor. In the event of a head injury, parents will always be advised to seek further medical attention.
- Details of referrals to any other professionals or agencies, e.g. police, doctor, health visitor, social services etc.
- My signature to confirm that the information recorded is accurate.
- A signature and date of signing will also be requested from parents to ensure they have been made aware of the occurrence and that they agree with the information provided.

*Note: Where there is cause for concern or in situations of suspected abuse, a parent signature is not required and reports will be forwarded on to the relevant authorities immediately.*

Please refer to my **Child Protection / Safeguarding Policy** for further information regarding my child protection procedures. If you have any concerns please, do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Non-Mobile Child Policy
<b>Responsive care and support</b>	
3.18 - I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty. 4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.	
<b>Wellbeing</b>	
3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. 3.21 - I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm. 3.22 - I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.	



## Outdoor Play Policy

We encourage outdoor play as much as possible, and give children opportunities every day to be active and explore outside. Children can learn so much from being outdoors and activities that allow them to experience nature and the world around them. Outdoor play also brings with it several benefits including promoting active, healthy lifestyles, learning to manage risks, building on physical and cognitive development, supporting social skills and developing appreciation for nature and the environment.

For example, through outdoor play children can:

- **Learn to manage risks and gain confidence when trying new or higher risk activities**  
e.g learning to use ride on toys, climbing / large play equipment, navigating their way around objects, slippery or uneven ground, coming into contact with nature
- **Develop gross motor skills – running, climbing, lifting, moving objects, balance and coordination skills.** e.g. activities, games or opportunities that encourage body movement or object control
- **Develop awareness of own space and others during play**  
e.g. learning to aim, dodge, reach targets, developing perception skills, improving reaction times
- **Build friendships and learn to work in a group or as part of a team**  
e.g. Through interaction with others outdoors, at the park, team games, group activities.
- **Learn about the wider community and local area, developing their sense of belonging and pride for their home town.**  
e.g. recognising places or people they know, taking part in local events, learning about local culture and traditions.
- **Explore and learn to use tools and equipment**  
e.g. gardening tools, water / sand play toys, construction activities
- **Listen, follow instructions and develop an understanding of hygiene and safety measures.**  
e.g. activities that involve a process / series of steps, washing hands after outdoor play / touching animals, rules to keep us and others safe
- **Learn about nature, flowers, insects and animals and develop an understanding of our impact on the natural environment.**  
e.g. gardening activities, nature walks, exploring habitats, conservation projects
- **Increase their vocabulary as they explore their surroundings and discover new things.**  
e.g. learning new words from the outdoor world, reading signs or labels outdoors, instructions, using natural materials to write letters or form words
- **Explore their senses, talking about what they can see, hear, smell, touch and taste from the world outdoors.**  
e.g. sharing sensory experiences, listening, smelling, tasting, touching, naming and identifying
- **Experiment with natural materials and explore natural colours and textures.**  
e.g. mark making in sand, mud, water; collecting and sorting leaves, sticks, stones; construction activities using natural objects.
- **Look for shapes and patterns, similarities and differences, counting and comparing objects.**  
e.g. collecting, sorting, categorising, ordering and comparing natural objects; exploring prints, marks and rubbings
- **Question and investigate the natural environment, discovering, identifying and problem solving**  
e.g. learning about plants, insects, animals, gardening, farming, food cycles, how things work, human intervention, construction activities using natural resources
- **Learn about change in the natural environment**  
e.g. lifecycles, growth and decay, seasons and weather, climate change and eco-friendly habits



As well as understanding all of the benefits outdoor play can bring, it is important to also evaluate the risks and ensure measures are put in place to keep children safe.

- I regularly complete and review risk assessments for all areas of my setting that children have access to including all outdoor play areas.
- As per my risk assessment, I ensure the garden is checked before play, walls and fences are secure and the gate is locked.
- Children are supervised at all times and outdoor toys and play equipment are regularly checked.
- I have risk assessments in place for risky or active play experiences and the use of large play equipment, for example; trampoline, ride on toys, climbing, den building, arts and crafts, sensory and messy play.
- We follow our **Outings Policy** whilst away from the setting and complete and review risk assessments for all regular places we go to on outings, including the park, local walks and the woods. I also have a risk assessment to consider how we travel safely whilst away from the setting.
- I complete new risk assessments before trying any new activities or exploring new places outdoors in order to minimise any potential hazards.
- We request that parents provide suitable clothing to ensure that their child is comfortable when playing outdoors, for example warm clothing if it is to be cool or waterproofs if it is to be wet. I also request sunhats and suitable sunscreen is provided during hot weather.
- We encourage self-care skills before going outdoors asking children to gather and put on their coats and shoes, etc. We offer assistance where required and always check children are ready and comfortable.
- In the event of extreme weather, it may be unsafe to take part in outdoor play. In such circumstances, I will always try to offer alternative active play activities indoors, for example dancing, movement games, indoor obstacles or gymnastic lesson.

If you have any suggestions for outdoor play activities, please do not hesitate to discuss them with us.

#### Scotland's Health & Social Care Standards

#### Outdoor Play Policy

##### Wellbeing

1.25 - I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

1.32 - As a child, I play outdoors every day and regularly explore a natural environment.

2.24 - I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.

2.25 - I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.

4.27 - I experience high quality care and support because people have the necessary information and resources.

5.20 - I have enough physical space to meet my needs and wishes.



## Outings Policy

I believe it is important to take children on outings to support their development and to learn about the world around them. It is essential that proper planning is done to ensure the safety and welfare of all children involved. I have the following procedures in place:

- I keep parents informed of weekly activities including routine outings such as school drop offs and collections, playgroups we attend or places that we visit regularly such as local parks, walks, the library or shops.
- I ask for written parental permission for any planned special trips for example to the beach, museums or a local attraction. Parents will be informed of our expected arrival and departure times, transport arrangements, planned activities at the location, any extra costs, special clothing or equipment required and also to supply at least two emergency contact numbers that will be contactable in the event of an emergency for the duration of the trip.
- I do a risk assessment for each place that I choose to take the children and where possible visit myself beforehand to ensure that the setting is safe and suitable for the children. This also allows me to assess what facilities are there (nappy changing, toilets etc), how I am going to get the children to and from the location safely and how I will manage them when I am there.
- Whilst walking I will ensure that I have the necessary equipment and resources to keep children safe and comfortable including pushchairs, rain covers, blankets, buggy boards, harnesses, reigns, etc.
- If travelling by car (in a partner Childminders' car on an outing) I will ensure that all children are securely strapped into an appropriate car seats and that the maximum number of passengers for the car is never exceeded. I will also do a quick safety check before departing, checking door locks, loose objects in the car etc. I will also ensure the childminder has checked that the car has sufficient fuel for the journey, has serviced the car regularly and it has a current MOT certificate. I will also ask to see that the car is also insured for childminding purposes.
- We ensure that we take everything with us that we need, for example, emergency contact information, a first aid kit, nappies and changing bag, spare clothes, mobile phone, drinks and a snack.
- I will check the weather forecast prior to any outing and ensure that all children are dressed appropriately. If hot weather is forecast I will apply sunscreen to children before leaving the setting and ensure all children have a bottle of water to maintain hydration.
- I will never leave children unattended when on an outing.
- I carry emergency contact cards for each child that provides information about the child (their name, date of birth, emergency contact details and any known allergies or medical conditions). I also carry a card that explains I am a registered Childminder and we wear branded coats and jumpers with our setting name so it is clear we are childminders.

We endeavour to organise outings to fit in with the needs of the children and try to take full advantage of any suitable community events, and try to plan outings suitably around weather forecasts and seasonal changes.

If you have any concerns about the above policy, please feel free to discuss them with me.

Scotland's Health & Social Care Standards	Outings Policy
Wellbeing	
3.25 - I am helped to feel safe and secure in my local community.	



## Pet Policy

We are very fond of animals and like to keep pets. We have a Golden Retriever dog called Phoenix who is 5, a Golden Retriever puppy called Memphis, 3 Guinea pigs and a tank of Cichlid fish. Phoenix is a very obedient, well trained, Golden Retriever, who is used to being around children and enjoys their company. Phoenix spends the day with us in the playroom or out and about. Our puppy Memphis is currently being trained, so stays in the family room, kitchen and utility room. He currently has supervised visits with the children and their families in the playroom and as he gets older will spend more time with us in the playroom. The guinea pigs live upstairs in a room never used for childminding. They are only brought down for children to hold and pet under close supervision. The fish are kept in a tank in the lounge, which is not a room we use for childminding. The children can come and see the fish when we feed them during the day.

I believe that children can benefit a great deal from being around and having contact with animals. Looking after a pet can teach children responsibility by allowing them to contribute to the pet's daily care needs. We do however have the following procedures in place to ensure the safety of all:

- The children must wash their hands after contact with any animal. We explain to them the reasons behind this and encourage good hygiene wherever possible.
- We show children the correct way to treat animals and encourage them to treat them with respect.
- We explain to children that not all animals are friendly and that they should always check with the animal's owner first to see if it is okay to stroke or handle them.
- We keep all pet food and other animal supplies in a cupboard in a room not used for childminding to prevent the children from accessing it.
- We feed Phoenix in the evening after the setting is closed, we feed Memphis throughout the day in the family room, with no children present. We ensure that any feeding or drinking bowls are kept out of reach from the children.
- We take good care of Phoenix and Memphis and ensure they are kept clean, up to date on all their vaccinations and free from pests.
- We check our garden thoroughly each day as part of our risk assessment to ensure that no animal has fouled there before allowing children out to play.

If you have any queries regarding this policy or would rather your child was not involved in helping to care for our pets then please do not hesitate to discuss this with me.

<b>Scotland's Health &amp; Social Care Standards</b>	<b>Pet Policy</b>
<b>Wellbeing</b>	
2.21 - I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.	



## Physical Contact Policy

As a registered childminder working with assistants, we regularly make physical contact with children in order to meet their individual care requirements.

### Emotional Needs and Affection

We are very aware that each individual child has different needs. Some children like to be affectionate and show this through hugs & kisses etc whilst others are not so physically affectionate.

We are happy to hold hands with your child, hug, cuddle, tickle or kiss them (on the head or cheek) providing both you and your child is comfortable with this. We will never force a child to do any of the above if it makes them feel uncomfortable.

### Safety and Guidance

On rare occasions we may need to physically restrain a child. Examples of this would include if a child was at risk of inflicting harm on themselves or others or if they were to try to run into the road or other dangerous situation. Should we need to restrain your child we will document it in an incident form and ask you to sign the record. This is to protect all parties involved.

### Self-Care and Hygiene

In order to ensure hygiene routines are carried out properly some physical contact is necessary, for example to help with washing hands and faces and wiping noses. We are also happy to assist with toileting according to the age and stage of ability of the child and will change nappies regularly in order to keep your child comfortable. We will also assist with changing a child's clothes if they have had an accident.

In addition to the above policy you may also wish to refer to my **Behaviour Management** and **Allegations of Abuse** policies. If you have any concerns, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Physical Contact Policy
<b>Compassion</b>	
3.9 - I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.	



## Privacy Notice & GDPR

In order to provide a professional care service and meet statutory requirements, it is necessary for me to collect and record information about children and their families.

I am registered with the Information Commissioners Office as a data controller and acknowledge and agree that any personal data that I handle will be processed in accordance with all applicable data protection laws in force including the General Data Protection Regulation (GDPR).

### This privacy notice informs you about:

- What information is collected about your child and you as a parent / carer.
- The methods used to collect and securely store this information.
- What the information is used for.
- Whom information is shared with and why.
- The methods used to share information.
- How to request access to any data held about you and your child.

### The type of information that I collect, hold and share includes:

- Personal Information (such as names, dates of birth, family composition, contact information and emergency contact details)
- Sensitive Information (such as health / medical information, additional support needs and details of any other services involved)
- Characteristics and Preferences (such as ethnicity, religious / cultural preferences, nationality, language, dietary requirements, likes and dislikes, daily routine information)
- Attendance Information (such as sessions attended, absences and reasons for absence / non-attendance)
- Learning and Development information (such as observations, development progress and achievements, activity participation)

### I collect this information for the following purposes:

- To ensure the wellbeing of all children and meet individual care needs
- To meet my statutory obligations as a childcare provider
- To respect family beliefs and where possible, tailor care to support existing routines, lifestyle choices and preferences
- To monitor and report on children's learning and development progress
- To access additional support services where applicable
- To access financial support or funding for eligible families
- To comply with the law with regards to data sharing
- To regularly assess the quality of my care service

### The lawful basis on which I use this information:

I collect and use information about children and families on the basis of legal obligation, in order to meet my statutory requirements as a childcare provider, and for the legitimate interests of everyone associated with my childcare service. I may also process special category data (for example details about ethnicity, religion, cultural preferences, diet or health) where explicit consent has been given for the purposes of meeting individual needs and care preferences.



## Collecting Information

Whilst the majority of information collected is mandatory in order for me to meet the statutory requirements of a registered childcare provider (as required by the [Care Inspectorate](#) and [The Health and Social Care Standards](#)), some of it may be provided on a voluntary basis. In order to comply with the General Data Protection Regulation, I will inform you whether you are required to provide certain information or if you have a choice in this. In all circumstances, any information I request is always for the purposes of delivering high quality care and improving outcomes for your child.

## Data Collection and Storage Methods

I use the following methods to collect information and ensure it is stored securely:

- Paper forms, printed records and photo copies – Stored in locked filing cabinet
- Electronic forms, emails, photographs, videos – Stored on business computer with both password and virus protection
- Online Childcare System / Web Application – Secured with password and hosted in the UK by a reputable company with their own security measures and data protection procedures as a requirement of the General Data Protection Regulation.

My setting is also secured with an intruder alarm.

## Retention Period – How long is data stored for?

Information that had been collected about children and their families will be retained until it is no longer required as evidence for the [Care Inspectorate](#) / HMRC or for insurance purposes. In the majority of circumstances this will be no longer than 3 years after the child has left the setting, however to comply with insurance requirements, any information relating to safeguarding and welfare must be retained until a child is 21 years and 3 months old. When a child moves on from the service, normal procedures will include providing families with any additional material, for example photographs and artwork. With permission from parents, any learning and development information can be forwarded on to the child's future care setting / school / nursery to help support transition.

Any information that is not passed on to parents or forwarded to a future setting and is no longer required will be destroyed. Paper documents will be shredded and any digital information will be securely deleted.

## Sharing Information with parents and carers

I will share information with parents (and any other named individuals parents have included on a signed Multiple Contact Information Sharing Form) via the following methods:

- Verbally – face to face discussions or via telephone
- In writing / paper form – letters, forms, contact diaries, learning journals, progress reports
- Digitally – Emails (including activity reports sent via secure online childcare system / web application), Text Messages, Private Facebook Page / Whats App Messages

If there are any methods of communication you would prefer not to be used, please discuss this with me.



## Sharing Information with others

Any information given to me, either verbally or in writing, regarding your child or your family will be treated as private and confidential, however certain situations may require me (or my staff / assistants) to share details with others. These situations include:

- As evidence to the [Care Inspectorate](#) on request or inspection.
- To work efficiently with my assistant / other members of staff and ensure continuity of care.
- To seek advice from other professionals for example to assist with additional support or medical needs.
- To support transition when a child is moving onto a new setting or to support wellbeing and development where there is to be a shared care arrangement.
- To apply for funding / early years entitlement

Where information about your child is to be shared with others, I will ask you to sign a Data Sharing Agreement to ensure that you understand fully who information is being shared with and the reasons for this. Only in exceptional circumstances, for example in an emergency situation or where there are safeguarding concerns, will information be shared without consent in order to inform the emergency services, alert the local safeguarding team or notify the police.

## Displaying and Publishing Information

In order to share children's experiences and achievements with families, I like to display photographs of children taking part in activities and examples of their artwork and achievements in my setting. I may also include photographs and share news about individuals in newsletters, on my website, private Facebook page or information / welcome booklets which may be viewed by existing, previous and prospective families. Again, I will ask for parental consent for this and will respect your wishes if you would prefer any images or material specifically relating to your child not to be included.

## Requesting Access To Data

Under data protection legislation, you have the right to request access to information that I hold about you and your child. To make a request for personal information, or if you would like access to your child's records and learning and development information, please do not hesitate to ask me in person or contact me via email or telephone to make a request.

You also have the right to:

- object to processing of personal data that is likely to cause, or is causing, damage or distress
- prevent processing for the purpose of direct marketing
- object to decisions being taken by automated means
- in certain circumstances, have inaccurate personal data rectified, blocked, erased or destroyed; and
- claim compensation for damages caused by a breach of the Data Protection regulations

If you have a concern about the way I am collecting or using your personal data, I request that you raise your concern with me in the first instance so that I can work with you to resolve the situation. Alternatively, you can contact the Information Commissioner's Office at <https://ico.org.uk/concerns/>



## Changes to Privacy Notice

This privacy notice will be reviewed regularly and updated as necessary to reflect any changes to data collection or processing methods.

**If there is anything in this privacy notice you would like to discuss, please do not hesitate to contact me.**

Scotland's Health & Social Care Standards	Privacy Notice
<b>Dignity and respect</b>	
2.7 - My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.	
<b>Be Included</b>	
2.14 - I am fully informed about what information is shared with others about me.	
<b>Responsive care and support</b>	
4.18 - I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.	



## Promoting British Values Policy

As a [Care Inspectorate](#) registered childcare provider, I have a duty to promote British Values as part of the the GIRFEC approach and as required by the Prevent Duty which came into force in July 2015. The Prevent Duty requires all childcare providers to understand the risk of radicalisation and know who to contact if there are concerns that a child is being drawn into terrorism or radicalised.

According to the Department for Education, the fundamental British values can be broken down as the following:

- Democracy
- The rule of law
- Individual liberty
- Mutual respect and tolerance of different faiths and beliefs

We promote British values in my setting through our daily activities and routine.

Children are encouraged to use good manners, be kind and helpful and to respect other people and the world around them. Through topics and themes, I teach children about British tradition and culture and why they should be proud to live in Great Britain. Examples of some of the things I do to promote British values are:

- We promote positive behaviour and teach children about right and wrong. We encourage good manners, politeness and give praise to children for being kind and helpful.
- We provide opportunities for children to work together through group activities and games. Children learn how to listen, take turns, value contributions from others, how to compromise and work together towards a common goal.

We ensure all children are listened to and respond appropriately. By doing so children learn that their choices and opinions matter and about mutual respect.

We provide opportunities for children to be involved in their local community, learn about where they live and to respect their surroundings and the environment.

- We use topics, themes and special dates and festivals from all over the world to help children learn about the wider world, similarities, differences, cultures and traditions.
- We provide and make sure that all children have access to a range of books, puzzles and other toys which provide positive images and examples of the diversity of life in our society.

We will always help children to feel good about themselves and others, by celebrating the differences which make us all unique individuals.

Scotland's Health & Social Care Standards	Promoting British Values Policy
<b>Dignity and respect</b>	
3.1 - I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention. 3.3 - I have agreed clear expectations with people about how we behave towards each other, and these are respected. 3.5 - As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships. 4.1 - My human rights are central to the organisations that support and care for me. 4.2 - The organisations that support and care for me help tackle health and social inequalities.	
<b>Compassion</b>	
4.3 - I experience care and support where all people are respected and valued.	
<b>Wellbeing</b>	
1.29 - I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.	



# Restrictive Practice Policy

## Aims

We always aim to care for children in a safe, respectful and supportive way and do not use restrictive practices unless it is absolutely necessary to keep children safe.

## What do we mean by restrictive practice?

Restrictive practice means limiting a child's movement or choices. Examples include:

- Strapping children into highchairs or buggies for safety.
- Holding a child gently to prevent harm (e.g. if they try to run onto a road).

We will never use restraint as a punishment or to control behaviour.

## How We use restrictive practices

- Children will only be strapped into buggies, highchairs or car seats for safety reasons and only for as long as is needed.
- If a child's behaviour puts themselves or others at risk, We may hold them briefly and gently to keep them safe.
- We always use the least restrictive option for the shortest possible time.
- We focus on understanding children's needs, using positive approaches and supporting them to manage feelings and behaviour.

## Planning and partnership

- If a child has additional needs which may require regular use of restrictive practice, this will be discussed and agreed with parents/carers, and where appropriate, other professionals.
- Parents/carers will always be informed if restrictive practice has been used.

## Recording and review

- Any use of restraint or restrictive practice will be recorded and shared with parents/carers.
- I regularly review my practice to ensure children's rights, dignity and wellbeing are always respected.

Scotland's Health & Social Care Standards	Care, Learning & Play Policy
<b>Be Included</b>	
2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.	
2.13 If a decision is taken against my wishes, I am supported to understand why.	
<b>Responsive care and support</b>	
1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.	
3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.	
<b>Overarching principles:</b>	
<ul style="list-style-type: none"><li>• <i>I experience high quality care and support that is right for me.</i></li><li>• <i>I am fully involved in all decisions about my care and support.</i></li><li>• <i>I have confidence in the people who support and care for me.</i></li><li>• <i>If I might harm myself or others, I know that people have a duty to protect me and others.</i></li></ul>	



## Retention Policy

As a requirement of the General Data Protection Regulation (GDPR), and my commitment to be transparent on the way that I collect, store and process information about you and your child, I have written this retention policy to explain in detail what happens to any information I hold when the time comes for your child to move on from my setting. Please refer to my **Privacy Notice & GDPR** for further information about my data protection procedures and responsibilities.

Any data that I retain relating to you or your child will fall under one of the following categories:

- **Safeguarding and Welfare Information**

e.g. Care Plans, Medical / Health Records, Attendance Registers, Accident / Incident, Existing Injury, Records, Medication Administration Records, Safeguarding – Records of Concern, Parent Permission / Consent Forms.

These items contain safeguarding and welfare information. I am required to retain these records for legal / insurance purposes until your child is 21 years and 3 months old.

- **Financial Records**

e.g. Contracts, Attendance Registers, Invoices & Payment Records, Records of Defaults / Legal Action

These items include payment and attendance information. For HMRC purposes, I am required to retain these records for 6 years.

- **Funding Application Information**

If your child's place has been full or part-funded, I am required by the local authority to retain any information relating to your funding application(s) under contractual necessity for a period of **3 years**.

- **Contact Information**

As advised by the Information Commissioner's Office, I will also retain your contact information (phone number and email address) for up to one financial year after your child has left my setting. This will allow me to contact you to clarify any accounts or financial information where necessary, e.g. for tax credit claims or on request from HMRC.

I will ensure that all data is stored securely. Paper records are kept in a lockable file and digital files are stored on my business laptop which is secured with a password and virus protection. Following the retention period, paper records will be shredded and digital files securely deleted.

Your child's learning and development records will be handed over to you on your child's last day of attendance. E.g. Learning File / Journal, Progress Reports / Trackers, Observations, Daily Diary, Artwork & Crafts. If your child is moving on to school, nursery or a new care setting, I may ask if you would like me to forward some of this information on in order to support your child's transition. I will always request your permission and ask you to sign a data sharing agreement before passing on any information.



## Photographs

In addition to any photographs that may already be included in your child's learning and development records, photographs taken during the day will all be shared via WhatsApp.

We will request your permission to retain a copy of some photographs, for example: to provide information about our service and the activities we offer with prospective families or to look at with the other children and share memories of times spent with your child. We will ask you to sign a separate photograph retention permission form for this. Any photographs that I have not been granted permission to retain will be securely deleted without delay.

## Service Closure

Should I make the decision to close my service or retire from childminding, I will continue to securely store data for as long as I am legally required to do so, then appropriately destroy / delete data at the end of the required retention period.

## Your rights

You have the right to request access to information that I hold about you and your child and may also ask for information held about you and your child to be withdrawn – your 'right to erasure'. Please refer to my Privacy Notice for further details regarding your rights to access data. There are however exceptions to these rights, for example the right to access or erasure may be refused due to legal or regulatory restrictions or where the disclosure of information risks adversely affecting the rights and freedoms of third parties.

**If you have any questions about my data handling and retention procedures, please do not hesitate to ask.**

Scotland's Health & Social Care Standards	Retention Policy
<b>Dignity and respect</b> 2.7 - My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.	
<b>Be Included</b> 2.14 - I am fully informed about what information is shared with others about me.	



## Service Evaluation Policy

It is extremely important to me that we provide high quality care and that everyone involved is happy with the service we provide. We work hard to ensure we are meeting the needs of every child and support them with all aspects of their care, learning and development. We regularly undergo training and keep up to date with current guidelines and legislation.

It is essential that I review my care service to check that the methods I use are working and we are meeting the requirements and expectations of all children and their families. It is very important also that we include children and families with the evaluation process and take on board any suggestions for improvement.

I regularly evaluate all aspects of my childcare service under the Care Inspectorate's Quality Framework. I complete a Self-Evaluation & Improvement Plan each year to consider the quality of provision and plan for improvements under each of the Quality Framework Key Questions:

- How good is our care, play and learning?
- How good is our setting?
- How good is our leadership?
- How good is our staff team?
- What is our overall capacity for improvement?

In addition to my Self-Evaluation & Improvement Plan, I like to use the following methods to review my service and look for ways in which I can improve:

- Set specific targets (taken from my self Evaluation & improvement plan) for evaluation in partnership with East Renfrewshire Education team Council
- Regularly discuss all aspects of our service with children and families at drop off at collection.
- Meet and share ideas with other childminders and childcare professionals.
- Follow childminding forums and social media groups for support and inspiration.
- Invite children and families to participate regularly and contribute ideas through a 6 monthly Microsoft Forms questionnaire about all aspects of the setting. Any issues or concerns raised will be dealt with immediately.
- Arrange 6 monthly Care Plan review meetings with parents.
- Regularly observe and listen to children. Take on board their ideas and include them wherever possible in activity planning.

If you have any ideas or suggestions, I would be very happy to discuss them with you.

Scotland's Health & Social Care Standards	Service Evaluation Policy
<b>Be Included</b>	
1.9 - I am recognised as an expert in my own experiences, needs and wishes. 2.11 - My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions. 4.6 - I can be meaningfully involved in how the organisations that support and care for me work and develop. 4.7 - I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership. 4.8 - I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.	
<b>Responsive care and support</b>	
3.14 - I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice. 4.19 - I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.	
<b>Wellbeing</b>	
4.23 - I use a service and organisation that are well led and managed.	



## Settling In Policy

I understand how difficult it is for parents to leave their child with a childminder or nursery and return to work. I have been there myself with my own children. For this reason, I will work with you wherever possible, to ensure your child is settled and that you are happy with the care that I provide.

I like to organise short settling in sessions in order for you, your child and myself to get to know each other better before contracted hours commence. This also provides me with the opportunity to gather lots of information about your child, their likes and dislikes, routines, favourite activities and how to comfort them should they become upset. It also gives you and your child the opportunity to meet the other children and parents who already use my service and let me understand any expectations you may have.

Where possible, I recommend three one hour sessions for settling in (or these can be combined into one or two sessions if preferred). These sessions are free of charge. You are welcome to stay with your child during these sessions but I would recommend that your stay is gradually shortened so as your child can get used to you not being there. If you feel your child requires longer to settle then we can of course arrange further settling in sessions (Any additional sessions will be charged at my standard hourly rate and will be subject to space as I cannot exceed my numbers). Some children do take longer than others to settle and some settle quickly and then become distressed a few weeks into the placement. I will work with you to support your child through this transition period and make it as easy as possible. It is important that you and your child are comfortable with me and happy with the care I provide.

I will set up a WhatsApp group for both parents along with Emily and I and send pictures throughout the day. This is often a quick and simple way to provide reassurance and let you share our wonderful experiences. Please let me know if you would like me to do this. If you would like more detailed messages for example updates on meals (how much they have eaten), activities, nap times, nappies/toilet and Developmental observations (Girfec, SHANNARI and Realising the Ambition) then please let me know and we will do all possible to accommodate this.

Some parents find it helpful to call or video call me to find out how their child is. I am happy to take your calls, but may not be able to talk for long, or even to answer the telephone if I am attending to a child's personal needs. Please do not panic if you call and there is no answer, I may be changing a nappy or assisting with toileting and unable to get to the phone. If you leave a message I will get back to you as soon as possible.

If you have any concerns regarding this policy please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Settling In Policy
Compassion	
3.6 - I feel at ease because I am greeted warmly by people and they introduce themselves.	
Be Included	
4.5 - If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me.	



## Special and Additional Support Needs Policy

### Additional Support for Learning

As a registered childcare provider, I have to be aware that some children may have special needs or require additional learning support and I must ensure that appropriate action is taken when a child is identified as having special needs or starts in my care.

In line with the Additional Support Needs (2004) Act, I am willing to provide appropriate support for children with additional support needs, including making any reasonable changes required to the setting. I will promote the welfare and development of every child in partnership with parents and other relevant agencies. As my **Equal Opportunities and Inclusion Policy** states, "*I provide equal chances for each child to learn and develop to their full potential.*"

If I feel that a child in my care has a special need I will:

- Keep observational notes and share these notes with the child's parents as soon as it reasonably possible.
- Investigate and discuss what support is available and at all times keep matters confidential.

If I am caring for a child with special needs I will respect and include them by:

- Valuing and acknowledging their individuality and helping them to feel good about themselves.
- Obtaining information from parents about the child's routines, likes and dislikes.
- Ensuring that activities are adapted to enable the child with special needs to take part. I will arrange access to specialist equipment, where required and consider any potential risks.
- Ensuring assistance with intimate personal care is carried out in a dignified way, with privacy and personal preferences respected.
- Encouraging the child's confidence and independence at all times.

I will work in partnership with parents to discuss:

- Any agencies that may be able to advise or assist with their child's support and care.
- Equipment that their child may need
- Any other support or assistance that may be available.

I will consider how I can meet the ensure the privacy of a child with special needs whilst continuing to supervise other children in my care.

I will regularly monitor, review and evaluate to ensure I am providing the best possible care for all children using my service.

Further guidance, resources, and support for learning contacts can be found on the Enquire website here: <http://enquire.org.uk/>



## Scotland's Health & Social Care Standards

## Special and Additional Support Needs Policy

### Dignity and respect

- 1.3 - If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.
- 1.4 - If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.
- 1.5 - If I am supported and cared for in the community, this is done discreetly and with respect.
- 2.1 - I can control my own care and support if this is what I want.
- 2.2 - I am empowered and enabled to be as independent and as in control of my life as I want and can be.
- 2.4 - I am supported to use independent advocacy if I want or need this.
- 2.6 - I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.
- 3.4 - I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.
- 5.1 - I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

### Be Included

- 2.10 - I can access translation services and communication tools where necessary and I am supported to use these.
- 2.11 - My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.
- 2.12 - If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.
- 5.11 - I can independently access the parts of the premises I use and the environment has been designed to promote this.

### Responsive care and support

- 1.12 - I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- 1.13 - I am assessed by a qualified person, who involves other people and professionals as required.
- 1.14 - My future care and support needs are anticipated as part of my assessment.
- 1.18 - I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.
- 1.19 - My care and support meets my needs and is right for me.
- 1.22 - I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.
- 1.24 - Any treatment or intervention that I experience is safe and effective.
- 2.17 - I am fully involved in developing and reviewing my personal plan, which is always available to me.
- 3.18 - I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
- 4.17 - If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.
- 4.18 - I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.
- 5.16 - The premises have been adapted, equipped and furnished to meet my needs and wishes.

### Wellbeing

- 1.28 - I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.
- 1.34 - If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.
- 1.37 - My meals and snacks meet my cultural and dietary needs, beliefs and preferences.
- 2.26 - I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.
- 4.26 - If I have a carer, their needs are assessed and support provided.
- 4.27 - I experience high quality care and support because people have the necessary information and resources.



## Sleep Policy

Sleep is an essential requirement for good health. Babies and young children often require day time naps to ensure they get enough rest to support growth, physical and mental development. Regular naps also prevent children from becoming overtired which can affect their mood, behaviour and ability to learn. Without a regular routine children's sleep patterns can be disrupted making it harder for them to fall asleep at night, eventually resulting in exhausted children, parents and carers.

Before we begin to provide care for your child, it is important that I discuss with you any established sleep routines so that we can accommodate them where possible into my working day. Nap times may be adjusted slightly during your child's time with us, but we will do all possible to keep to your established routine. It is also vital that you keep me informed of any changes to routine as your child's sleep needs will change as they grow and develop.

In order to support your child's routine in the best way possible, I will ask you to complete a Care Plan form for your child so that you can provide me with information such as:

- How many naps your child normally has, at what times and for how long.
- Whether you would like us to wake your child after a certain period of time or let them sleep on.
- Where your child prefers to sleep, e.g. cot, sofa, pram.
- Whether they have a dummy or comforter.
- Any special routines that you have or things that you do to help your child settle down for a nap, e.g sing a song, read a story.

I will ask you to review the information on your child's care plan every six months to ensure it is accurate and up to date but would encourage you to notify me of any changes to your child's routine as soon as possible.

## Sleep Safety

I am aware of the risks of sudden infant death syndrome (SIDS) and follow current guidance to ensure infants are sleeping safely. For example:

- Children are always put down to sleep on their backs.
- Babies are placed in their cots in the 'feet to foot' position.
- Sheets and blankets are firmly tucked in at the bottom and sides of the cot, and are positioned no higher than the baby's shoulders. Children's heads are never covered whilst sleeping. We ask that if possible each child has a light weight sleeping bag we can put them in for nap time. This will be washed weekly.
- Room temperatures are checked regularly to ensure children are not too hot or too cold.
- Babies are never left to sleep in car seats, if they arrive in a car seat we take them out immediately.

We also use a monitor and check on sleeping children regularly (every 15 minutes) to ensure they are still safe and comfortable.

You can find safer sleep advice on the Lullaby Trust website here:

<https://www.lullabytrust.org.uk/safer-sleep-advice/>

There is also further information and advice on the NHS website:

<https://www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/>

If you have any questions or concerns, please do not hesitate to discuss them with me.



## Scotland's Health & Social Care Standards

### Sleep Policy

#### Compassion

5.6 - If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax

#### Wellbeing

5.18 - My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

5.19 - My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.

## Social Media Policy



Social Media is now one of the most popular forms of communication and used correctly it can be a very effective way of sharing news and information. There are however many risks associated with using social media including:

- Accidentally sharing personal / financial information
- Coming into contact with illegal, harmful or inappropriate images or other content.
- Being exposed to harassment and bullying
- Being vulnerable to online grooming and paedophiles.

I take serious consideration of these risks when using social media either for my own personal use or for that of my childcare business. For the safety of all children in my care, I do not allow access to social networking sites within my setting and supervise internet access at all times. Further details of how I keep children safe whilst online is detailed in my **Internet Safety Policy**.

As a data controller, registered with the Information Commissioner's Office (ICO) I must also comply with data protection laws and take adequate measures to ensure personal information is not used inappropriately or shared without consent.

Please refer to my **Privacy Notice** for further information about my data protection procedures and responsibilities.

I have a website which I use to advertise my childminding business and share information with prospective families. ([www.lyndsey-childminder.co.uk](http://www.lyndsey-childminder.co.uk)) I information about the setting and any vacancies I may have. I will only upload images of children where I have received explicit written consent to do so.

I am also a member of some closed childminding groups on Facebook. These groups allow me to connect with other professional childcare providers and to exchange and share best practices and ideas. I am very careful to check the policies and procedures of any group before joining and will only join groups where administrators check the childcare registration details of any member requests before adding them to the group. Members of groups must adhere to rules and are regularly reminded to respect safety and confidentiality of all children and their families. I will never post pictures of minded children, share or discuss personal information about them or their families on any social networking site or group.

If you have any questions or concerns regarding this policy, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Social Media Policy
<b>Dignity and respect</b>	
2.7 - My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.	
<b>Be Included</b>	
2.14 - I am fully informed about what information is shared with others about me.	



## Sun Protection Policy

The damaging effects of exposure to the sun on young skin has been well documented. we will do everything we can to ensure that your child is protected.

We will need you to provide me with:

- Sun cream suitable for your child (high factor baby / child lotion), clearly labelled with your child's name. **\*Please check the ingredients for allergens before bringing sun cream into setting.** Sun creams containing Almond Oil cannot be accepted due to risks for attendees with nut allergies.
- A sun hat (preferably a legionnaires hat to protect the neck).
- A thin top, cardigan or t-shirt with long sleeves.

We are aware that young skin may be at risk of sunburn even when there is a lot of cloud cover or it is not particularly hot. We will help your child to apply the sun cream that you have provided properly and ensure that he/she wears the hat. We will also avoid spending prolonged periods of time outdoors during the hottest part of the day. We will try and protect your child by finding shady areas and using a sunshade on the pushchair. In order to prevent dehydration, we will encourage your child to drink water regularly.

If for any reason you forget to supply me with sun cream, or we run out of the cream you have provided, then we will contact you to request you provide more at your earliest convenience and also to check that in the meantime you are happy for me to use my own sunscreen to protect your child.

**\*You must let me know if your child has sensitive skin or has previously had an allergic reaction to certain brands/types of sun cream**

Scotland's Health & Social Care Standards	Sun Protection Policy
Wellbeing	
1.28 - I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.	
2.25 - I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.	
3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.	
4.27 - I experience high quality care and support because people have the necessary information and resources.	



## Television, Streaming and Games Console Policy

We aim to provide a safe and caring environment where children are stimulated through play. Children learn best through play so I strive to offer a variety of activities that will support them in developing skills, knowledge and understanding as they explore the world around them.

Television, streaming services and video games are an ever-growing popular form of entertainment and may also be used as tools for relaxation, creativity and learning. Research has shown however that excessive viewing of television or playing video games for prolonged periods of time may be detrimental to children's development, therefore I do not encourage watching television or playing games consoles as part of our daily routine.

There may be times where I will allow children to watch the television for short periods, for example:

- A short session while preparing lunch, but it is always switched off when lunch is served.
- To allow older children who no longer nap to rest after eating.
- If a child is feeling particularly tired or upset, a short viewing session may help them to get comfortable and settle.

There may also be times where we have organised viewing sessions as a group, for example to watch a programme that complements learning activities or themes we have been enjoying.

We may also use in times of poor weather, or during celebration days, for example the last day we are open before Christmas, we may offer the children the opportunity to choose a movie to watch together.

### Video Games / Consoles

I may also permit children to play games on the Xbox or iPad for similar short sessions as detailed above.

As detailed in my **Internet Safety Policy**, children are supervised at all times when making use of this technology and additional safety measures are in place to ensure safety including security system/s, filters and virus protection software on all devices.

We ensure that any television programmes, films or games are suitable for all the children in my care and have parental controls set to prevent children from accessing or streaming inappropriate content.

If you would rather your child was not allowed to view television or access to children's video games then please let me know.

Scotland's Health & Social Care Standards	Television, Streaming and Games Console Policy
Dignity and respect	2.6 - I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.
Wellbeing	3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.



## Terrorist Attack / National Emergency Policy

Whilst I hope the situation will never arise, the following policy sets out the procedures I would put in place in the event of a terrorist attack or national emergency.

The care and security we provide to your child is paramount and in the event of a major incident, national emergency or terrorist attack, we will do everything I can to protect, comfort and support your child.

Should we be advised to close our setting (by council or government) for safety reasons, then we will advise parents as soon as possible and follow advice. In this situation fees and funded hours will not be refunded or offered at another time.

Should myself, my assistants and the children ever be caught up in an incident, we will comply fully with instructions given from the emergency services and offer constant reassurance and comfort to the children in my care.

Where parents are caught up in an incident, we will continue to provide care for their child until they are able to return or until a nominated person is able to collect them. Where necessary, we will provide emergency overnight care and continue to offer comfort and reassurance to children until they can be collected.

We are aware that in order to free up communication systems for the emergency services during major incidents, mobile phone networks may become unavailable and landlines may be cancelled. Where it is safe to do so, we will continue to attempt to contact parents on a regular basis and ask that parents do the same so as we can keep informed of the situation and each other's whereabouts.

We will use any media source available to me to keep up to date with the situation, for example radio, television, internet or social media and move children to safety where this has been advised by the emergency or security services. we will endeavour to protect children from information, images or situations that may cause alarm or distress.

I hope that this procedure will never need to be put into practice and hope that you feel able to discuss with me any concerns you may have.

*With regards to protecting children and young people from radicalisation, extremist behaviour or concerns about a child or other individual being drawn into terrorist activity, please refer to the Prevent Duty Guidance section of my Safeguarding / Child Protection policy.*

Scotland's Health & Social Care Standards	Terrorist Attack / National Emergency Policy
<b>Responsive care and support</b>	
4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.	



## Transport Policy

We don't transport children by car, we only walk and use push chairs. We always encourage children to walk when safe to do so, but if we have younger children we bring a buggy (We have a single buggy, double buggy and quad wagon)

The safety of your child is paramount therefore I follow the procedures outlined below:

- We check all children not walking are securely strapped into the push chair before departure.
- Children that are walking must hold the buggy or our hand whilst near the roads.
- We never leave children unattended.
- We regularly talk to children about car and road safety in an age appropriate way.
- We carry identification and emergency contact information for our setting and all children whenever we are away from the setting in case of an emergency. We also keep a set of emergency contact cards in the first aid kit.
- We keep a first aid kit in the backpack we take when away from our setting in case of an accident or emergency.
- We take a mobile phones whenever we are away from the setting in case of an emergency and so that parents can contact us if required.
- I request written parental permission to take children on outings, and will always advise parents of our plans.

Should you have any questions about our transportation policy, please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Transport Policy
<b>Responsive care and support</b>	
4.14 - My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.	
<b>Wellbeing</b>	
5.17 - My environment is secure and safe.	
5.22 - I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.	



## Use, Storage and Administration of Medicine Policy

As my illness policy states, I am willing to provide care for children with **minor** coughs and colds. I understand that you may wish to provide them with medication in order to relieve their discomfort.

I am more than happy to administer medicine to your child should he/she require it. You will have to sign a consent form beforehand, and a form to acknowledge that I have given them medication each time it is administered. These forms will be reviewed on a regular basis and changes made accordingly.

All medicines must be provided by you, whether it is prescribed by your child's doctor, or an over the counter medicine such as Calpol, teething gel etc.

**Each medicine *MUST* be in its original packaging with clear dosage instructions on it. If medicine has been decanted into another container, I cannot administer it.**

I am happy to give your child non-prescribed medication, such as cough mixture, Calpol or Nurofen, teething gel etc, but only if you have signed a parental permission form for me to do so.

I am happy to keep some Calpol or Nurofen at my setting in case your child has a high temperature, and this can be used to bring their temperature down while you are on your way to collect them. It can also be used for minor pain relief of pain from things such as teething, but not to mask symptoms that a child is too unwell to attend (so if a child has a temperature they must be collected even if the medicine reduces their temperature). Medicine will be stored in my locked cabinet and labelled for use only for your child. We will **ALWAYS** seek approval from parents prior to administering any medication, and then a signature of approval will be required when your child is collected.

Permission forms will be regularly reviewed to ensure that there are no changes, for example a child may no longer be able to take some medication or may need an additional form.

Even though you may have signed a form, I will still require to contact you to check that I can administer this medication. This is to protect your child, you and myself.

**It is vital that you inform me of any medication you may have given your child before they arrive into my care.** I will need to make a note of what medicine they have had, the dose and time given.

If your child has a self-held medication please obtain an additional supply that can be kept at my home. Older children can easily forget to bring home an inhaler.

If your child has specific medical needs for example acute allergies and carries/needs an epipen, please discuss this with me. We will need to seek additional training to administer these forms of medication.

If your child needs to take medication prescribed by a doctor, please discuss this with me. I will need you to sign a prescribed medication consent form should you wish me to administer medication to your child and also to confirm that the **first dosage has already been given at home with no evidence of allergic reaction or reason for concern**. Depending on the nature of the medicine and the reason it has been prescribed, I may request your child stays at home for 2-3 days or longer in some cases. It is important to consider the comfort of your own child, ensure that they can be seen to immediately in case they react to the medication and / or to prevent the risk of infection to others.

I will ensure that all medication given to me will be stored correctly (either in a locked cabinet or my fridge) and I will check that it is still within its expiry date.



I will record all medication administered in child's file. I will also request a parental signature at the end of each day.

If a child refuses to take medication, or spits out medication, this will also be documented and a signature required. To avoid the risk of overdose, I will never re-administer medication.

If you have any concerns regarding medication please do not hesitate to discuss them with me.

Scotland's Health & Social Care Standards	Use, Storage and Administration of Medicine Policy
<b>Responsive care and support</b>	
1.24 - Any treatment or intervention that I experience is safe and effective.	
<b>Wellbeing</b>	
2.23 - If I need help with medication, I am able to have as much control as possible.	



## Visitors Policy

As a childminder registered by the [Care Inspectorate](#) I am very aware of my role in keeping your child safe. Whilst it is healthy for children to mix with other children and adults, it is my responsibility to ensure the suitability of those that they come into contact with when in my care. I therefore have the following procedures in place regarding visitors in our setting during minding hours.

- Any visitors who stay for longer periods in our home will be asked to complete a PVG check (Disclosure) application.
- We will never leave a minded child in a room alone with a visitor, unless I know they have been PVG (Disclosure) checked, for example another [Care Inspectorate](#), registered childminder.
- We will request identification from all visitors not known to us and will refuse entry if we are unsure of them.
- We will not allow any visitors to take minded children to the toilet or change their nappies.
- We will arrange for any maintenance work to our property to be carried out at weekends and during non-minding hours wherever possible. If this is not possible then we will do all possible to keep them away from the playroom so they do not interact with our minded children.
- We ask all visitors to sign a visitors book which may be shared with the [Care Inspectorate](#), Social Services, [Local Child Protection Team](#) or the emergency services in the event of a safeguarding concern.

If you have any concerns regarding visitors to my setting please discuss them with me.

Scotland's Health & Social Care Standards	Visitors Policy
Wellbeing	
3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.	
5.17 - My environment is secure and safe.	



## Whistle-Blowing / Raising Concerns Policy

As a registered childminder, it is my responsibility to ensure the safety and wellbeing of all children in our care. I work hard to provide children with the best possible service that I can and employ assistants to help me in doing so. I follow strict procedures when recruiting assistants to ensure they are suitable and that I feel confident in their ability and attitude. It is also my responsibility to act on any concerns I may have about another childcare service where I feel children may be being put at risk.

It is of great importance that anyone involved feels confident about coming forward and reporting any issues or concerns they may have, whilst remaining protected from any subsequent discrimination.

All complaints or concerns raised will be taken seriously and fully investigated. Please also refer to my complaints procedure.

All concerns will be logged along with the outcome and any action taken as required by the [Care Inspectorate](#). These records must be available to show a [Care Inspectorate](#) inspector if requested.

Parents and assistants are encouraged to discuss any concerns they may have with me in the first instance but where they feel this is not appropriate, or when after talking the matter remains unresolved, then they can talk in confidence to:

- East Renfrewshire Early Years Team  
Email: [earlylearningandchildcare@eastrenfrewshire.gov.uk](mailto:earlylearningandchildcare@eastrenfrewshire.gov.uk)  
Tel : 0141 5773265/ 3288
- The SCMA (Scottish Childminding Association)  
[www.childminding.org](http://www.childminding.org)  
Tel: 01786 449063
- The Care Inspectorate  
[concerns@careinspectorate.gov.scot](mailto:concerns@careinspectorate.gov.scot)  
Tel: 0345 600 9527

Further details of how to raise a concern / make a complaint can also be found on the [Care Inspectorate](#), website: [www.careinspectorate.com](http://www.careinspectorate.com)

Scotland's Health & Social Care Standards	Whistle-Blowing / Raising Concerns Policy
<b>Dignity and respect</b>	
2.3 - I am supported to understand and uphold my rights.	
<b>Compassion</b>	
4.4 - I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.	
<b>Be Included</b>	
2.15 - I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.	
<b>Responsive care and support</b>	
3.17 - I am confident that people respond promptly, including when I ask for help.	
4.20 - I know how, and can be helped, to make a complaint or raise a concern about my care and support.	
4.21 - If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.	



## Working in Partnership with Parents Policy

As parents / carers you are the central adults in your child's life. It is of upmost importance for your child that we work in partnership. This will give your child continuity of care and he / she will not become confused with different boundaries or standards of behaviour. We will endeavour to work closely with you to provide quality care for your child in accordance with your values and preferences.

### Communication

It is extremely important that we communicate effectively, and we will try to inform you of events and how your child is doing when they are being dropped off or collected each day. We also share updates throughout the day by WhatsApp to enhance communications, each child has a WhatsApp group with both parents, Emily and I so we can all share and send updates. Please feel free to WhatsApp, email or talk to me individually with any information or concerns about your child, I would also request that you let us know if your child has had a poor sleep the night before or is feeling unwell. I am always happy to discuss your child and their care, whether in person or over the phone.

### Medical Details and Contact Information

Please let me know immediately if there are any changes to your child's medical details or whether they are receiving medical treatment of any kind. It is also vital that you inform me as soon as possible if there are any changes to contact details including phone numbers (work and mobile numbers) and those of your emergency contacts.

### Key Stages of Development

As your child grows and develops issues will crop up that are very important for us to discuss so as we can work together and incorporate your wishes into your child's care routine. These could include weaning, potty training, managing behaviour or starting nursery or school. As these issues arise, I will arrange a suitable time to discuss with you in detail how you would like me to take forward this part of your child's care. (This could be a ten-minute appointment when you come to collect your child, an email, or a telephone conversation) It is very important that we work together on these key stages of their development so as to avoid upsetting or confusing your child and delaying their progress.

### Supporting Learning

I will regularly involve you in the observation and assessment of your child's learning progress and keep you updated with their achievements. I encourage parents to be involved and welcome you to share information about your child's interests or hobbies, and make suggestions of how we can work together to plan your child's next steps. If you would like me to incorporate a specific theme, or plan activities around a special festival or religious holiday that you celebrate please let me know.

### Concerns

If we have any concerns about your child's behaviour, development, or wellbeing I will share them with you immediately and if necessary work with you to seek support from outside agencies.

If you have any concerns about your child, or issues regarding the care I am providing, please do let me know. Often a concern is a simple misunderstanding that can easily be resolved. I will always do my best to work with you to support your child and provide the best possible care.



## Scotland's Health & Social Care Standards

## Working in Partnership with Parents Policy

### Dignity and respect

- 2.1 - I can control my own care and support if this is what I want.
- 2.6 - I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.
- 3.4 - I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.

### Compassion

- 2.8 - I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.
- 3.7 - I experience a warm atmosphere because people have good working relationships.
- 3.8 - I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.
- 4.4 - I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

### Be Included

- 2.11 - My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.
- 2.12 - If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.
- 2.13 - If a decision is taken against my wishes, I am supported to understand why.
- 2.15 - I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.
- 2.16 - If I am fostered, my foster family is supported to fully include me in family life.
- 3.11 - I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.
- 3.13 - I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.
- 4.6 - I can be meaningfully involved in how the organisations that support and care for me work and develop.
- 4.7 - I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

### Responsive care and support

- 1.12 - I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- 1.18 - I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.
- 1.20 - I am in the right place to experience the care and support I need and want.
- 1.23 - My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 2.17 - I am fully involved in developing and reviewing my personal plan, which is always available to me.
- 2.18 - I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.
- 3.16 - People have time to support and care for me and to speak with me.
- 3.18 - I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
- 3.19 - My care and support is consistent and stable because people work together well.
- 4.15 - I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.
- 4.16 - I am supported and cared for by people I know so that I experience consistency and continuity
- 4.17 - If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.
- 4.20 - I know how, and can be helped, to make a complaint or raise a concern about my care and support.
- 4.21 - If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

### Wellbeing

- 4.26 - If I have a carer, their needs are assessed and support provided.
- 4.27 - I experience high quality care and support because people have the necessary information and resources.

Updated by Lyndsey Haigh September 2025