

Please read the following and sign to indicate that you have read and agree with the below policies:

HEALTH:

ACCIDENT AND EMERGENCY TREATMENT POLICY:

Whilst your child is in our care my assistant and I will make sure we do everything we can to prevent your child from hurting themselves, however as we all know children can be clumsy and accidents do happen. We have made sure that certain procedures are in place to ensure that the accident can be dealt with effectively.

Josie and I both hold current Paediatric Medic First Aid Certificate. We also have a well stocked First Aid Kit, which is replaced as needed.

We record all accidents, even if no treatment was given, and get the parents of the child involved to sign this.

If we feel your child needs hospital treatment our first concern will be to get your child to hospital a.s.a.p. We will of course try and contact you as soon as we can, once your child is in safe hands. We will listen carefully to the information and advice offered and will allow medical staff to make the decision and carry out any emergency treatment they consider necessary. All parents must sign an Emergency Aid Form to give consent for us to seek permission to seek emergency medical assistance.

If either Josie or myself should need emergency treatment, we will again contact those parents whose child is in our care.

My husband also knows where the contact numbers for the parents are kept. If my husband is close at hand (his office is 5 minutes from our house) he will look after your child until you can be contacted. If unavailable Rachel Everitt and Laura Spruce, (registered childminders who lives just up the road), will look after your child and continue to try to contact you.

After every accident, however minor I will complete a report in my accident book, ask you to sign the report and then provide you with a copy.

If the incident requires any medical treatment then I will inform Ofsted, inform my Insurance Company and contact the NCMA for additional advice.

It is important that you keep me informed regarding your child's condition following an accident and if you have sought medical advice.

Childminder:

Date:

Parent:

Date:

ALLERGIES:

It is your responsibility to inform us of any allergies your child may have. It is up to you to ensure that any medication is up to date and inform us of any changes in your child's condition. We will always do our best to consider your child's allergies in every situation within the setting. We will also encourage the other children and their families, with your consent, to do likewise.

Childminder:

Date:

Parent:

Date:

Updated 10th July 08

ADMINISTERING MEDICINES POLICY:

The EYFS states that children should only be given medicines that are essential, and prescribed by the doctor, dentist, nurse or pharmacy.

If your child needs to take medication prescribed by a doctor, please discuss this with me. I will need you to sign an additional permission form. In some cases a child on antibiotics may be asked not to attend for 2-3 days in case they react to the medication and to prevent the spread of an infection to others. This particularly applies if the child has not had the antibiotics before.

All medicine given to me to administer must be in its original bottle/container and not decanted. It must have the manufacturers guidelines on it and if a prescription medication the details from the Doctor/pharmacy.

All medicines will be kept in a locked, non-portable container (on my downstairs toilet wall) unless it needs to be refrigerated, then it will be kept on the top shelf of my fridge, which is inaccessible to young children.

All medication must be labelled with their name and in date.

If your child has a self-held medication such as inhalers, please obtain an additional one for me to be kept at my home. Older children can easily forget to bring home an inhaler. What could be a simple puff of ventalin then turns into a major incident and a trip to the hospital. If your child has acute allergies and carries/needs an epipen, please discuss the matter with me. Myself and my assistant will need current, additional training to administer these forms of medication.

I will record all medication administered in the accident/medicine book and request a parental signature at the end of each day.

I will ensure that all medication given to me will be stored correctly and I will check that it is still within its expiry date before administering.

I appreciate that some children need non- prescription medicine on a regular basis, for example if they are teething. The Welfare Requirements stipulate that only prescription medication **should** be administered in a setting. I am however willing to consider giving 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 and if the child really needs it. I do not wish to see a child suffer unnecessarily. I would ask that parents contact their GP and arrange for these medications to be given on prescription if possible, or by advice of a pharmacist.

This permission form 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 contact you by telephone 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 need to know what medicine they have had, the dose and time given.

You will need to provide me with the non-prescription medicine and again it must be in its original packaging/bottle/tube. I will NOT administer medication if your child has not taken it previously in case of an allergic reaction.

Childminder:

Date:

Parent:

Date:

SICK CHILD POLICY:

PARENTAL RESPONSIBILITY. It is your responsibility to keep us informed and updated on the current state of your child's health. If your child becomes ill you need to tell me A.S.A.P. so we can make a judgment on whether your child needs to stay at home.

We understand that as working parents you need to be able to go to work, however if your child is ill then sometimes we are unable to take them. Firstly because if they really are very ill they will want you and however hard we try our cuddles are never as good as mummy's or daddy's. And secondly if Josie or I catch what they have got we will be unable to work and then you will have to find additional childcare or take the day(s) off anyway, as well as all the other families we care for.

Please think carefully before you send an unwell child to us.

If the child has a contagious infection of any description we will need to inform the parents of the other children in our care. If I, Josie or my own children are ill in this way I will inform you a.s.a.p. and you can make an informed decision as to whether you will send them or not.

I cannot take your child if they have:

- A contagious rash, eg measles or impetigo
- Conjunctivitis
- Sickness and/or diarrhoea (this needs to be clear for **AT LEAST 48 hours** before return)

If your child is suffering from a minor illness such as an ear infection please phone me and we can discuss it. If your child needs prescribed medication please see my medication policy, and sign the appropriate forms.

Childminder:

Date:

Parent:

Date:

HEALTHY EATING POLICY:

A varied, balanced diet is vital for the development of a healthy child.

I will endeavour to provide healthy balanced snacks and meals for your child. All children who stay after 5pm will be provided with a 2 course hot meal at a charge of £1.50 to the parent. Most meals are home cooked with fresh ingredients, such as spaghetti bolognaise, casseroles, curries, shepherd's pies followed by jelly, ice-cream, fruit pies/crumbles and custard, yoghurts. We do explore foods from different cultures and children help with the preparation of some meals and snacks if appropriate.

I can cater for children with food allergies, or who have food requirements due to cultural/religious preferences. I can also offer vegetarian meals.

Drinks are frequently offered throughout the day, and are also available on request. Water, no added sugar squash or milk will be offered. Fizzy drinks are not permitted.

I do not encourage children to eat sweets on a regular basis, however I do sometimes offer sweets for special occasions. Please let me know what, if any sweets you permit your child to eat.

I can provide a packed lunch on request. If you provide your own packed lunch it needs to contain a balanced healthy lunch. If you consistently provide lunch which is not healthy and balanced I will ask you not to provide and I will provide for you at a small charge.

Childminder:

Date:

Parent:

Date:

Updated 10th July 08

ASTHMA POLICY:

I am willing to care for a child who has asthma and have put together the following policy and procedures. I recognise that asthma is an important condition that affects many children.

I will:

Undertake current training to be able to administer the medication correctly.

- encourage and help children with asthma to participate fully in activities
- ensure children have immediate access to reliever inhalers
- ensure the environment is favourable to children with asthma
- ensure that other children in my care understand that asthma can be serious
- ensure that I know what to do if a child has an asthma attack
- work with parents of children with asthma to ensure that their children are in a safe and caring environment

I will ask parents to tell me about their child's asthma symptoms, how to recognise when their symptoms are getting worse and how to help them take their reliever medicine

I will record this information on the child's personal record form.

- Allow children with asthma immediate access to their reliever medicine whenever they need it. This may include allowing them to carry it on them either in their pocket or inhaler pouch, if they are mature enough to do this. I would request that I am also given an inhaler to keep at my house, in case the child forgets to bring it back with them.

Please let me know if your child needs to be reminded to take their inhaler and if they need to do it privately (I appreciate that some children are shy about taking their medication in front of others)

I will always inform parents if their child has experienced asthma symptoms and had to use their reliever medicine.

If, after discussion between the parents/carers and the doctor or nurse, it is believed that a particular child is too young to carry their inhaler, I will keep it with me.

I need parents to:

- Provide written information detailing:
 - what asthma medicines the child takes and when
 - what triggers the child's asthma and what to do if the child's asthma gets worse
 - emergency contact details

I will ensure any spare medicines stored by me are labelled and have not passed their expiry date.

Childminder:

Date:

Parent:

Date:

Below are a list of the Diseases notifiable (to Local Authority Proper Officers) under the Public Health (Infectious Diseases) Regulations 1988 as found on the Health Protection Agency Website.

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery
- Food poisoning
- Leptospirosis
- Malaria
- Measles
- Meningitis
 - meningococcal*
 - pneumococcal*
 - haemophilus influenzae*
 - viral*
 - other specified*
 - unspecified*
- Meningococcal septicaemia (without meningitis)
- Mumps
- Ophthalmia neonatorum
- Paratyphoid fever
- Plague
- Rabies
- Relapsing fever
- Rubella
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhoid fever
- Typhus fever
- Viral haemorrhagic fever
- Viral hepatitis
 - Hepatitis A*
 - Hepatitis B*
 - Hepatitis C*
 - other*
- Whooping cough
- Yellow fever

Leprosy is also notifiable, but directly to the HPA, CfI, IM&T Dept

Last reviewed: 12 March 2008

BEHAVIOUR:

BEHAVIOUR POLICY:

We will expect the children within my care to show respect for other children, adults and equipment they may play with.

We will not shout at; or use offensive language with your child. We will not punish your child by isolating them or using such strategies as a 'naughty' chair' as we feel this is demeaning to the child. However we do have an area where the child can sit and reflect on what they have done.

We will not tolerate abusive or offensive language from any child in our care.

We actively promote positive behaviour as it is very important and we do this by:

- Giving lots of praise for good behaviour
- Giving the children individual attention so they feel valued
- Setting a good example, being a good role model
- Listening to what the children have to say
- Rewarding good behaviour (choosing next activity etc)
- Using a good behaviour chart
- Giving children certificates for good behaviour, sharing etc.

We deal with difficult behaviour in the following ways:

- Distraction. Remove the child from the situation and give them an alternative activity.
- Ignore. Depending on the situation we may ignore the bad behaviour as we feel it is being done to get a reaction.
- Discuss with 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 on others. We inform that that it is their behaviour that we do not like not them.
- Time Out. Removing the child from the activity and sitting them quietly for a few minutes
- Removal of treats.

We will never smack, shake or hurt your child. We will not humiliate your child.

If a child misbehaves I will let you know by either writing it in their contact book or by ringing you later after collection. Some children can become upset if the incident is retold in front of them. I will also inform you of how the matter was dealt with. In most cases the matter will not require any further action, punishing a child hours after an incident achieves nothing but confusion and upset.

Childminder:

Date:

Parent:

Date:

BITING POLICY:

Biting can be an uncomfortable subject for parents of both the biter and the child who is bitten. I hope that this policy will explain how I deal with biting in my home. If your child is known to bite I would prefer to know in advance as we can look out for this behaviour and try to prevent it from happening.

Children bite for a variety of reasons. This may be because they are teething, frustrated, exploring using their mouth, asserting their independence and wanting to gain control, maybe of a toy or they could be stressed. It may also be because they want to gain attention.

We will work with you and your child to establish when and why they are biting. We will observe the child closely to see if certain conditions or situations trigger the behaviour and then work with them to try and avoid the incidents occurring. This may involve altering the child's routine, giving them more one to one attention, purchasing additional resources so sharing is not such a major issue or if it is because a child is teething provide suitable teething resources.

Updated 10th July 08

We will ensure that if a child is bitten that they are comforted and given lots of attention. We will ensure that any first aid is applied correctly if required and the incident will be recorded in my book and parents asked to sign it.

If your child bites then we will remove them from the situation. We will explain to them, according to their age and understanding that biting is unacceptable behaviour. For younger child this may be by my tone of voice and facial expressions rather than lots of words. It may be necessary for us to exclude the child from an activity and use 'time out' until they are calm enough to return. We will also encourage the child to apologise to the child they have bitten and work with them to develop strategies to help them deal with the reasons. Many children go through a stage of biting, please don't be alarmed it doesn't last forever!

Childminder:

Date:

Parent:

Date:

ANTI-BULLYING POLICY:

We will not tolerate any form of bullying in this setting from children or adults.

Bullying can come in many shapes and forms, ranging from physical, emotional, verbal and racism. Bullying can effect the victims self esteem and cause depression. It can cause a child to underachieve and become introvert or shy.

If we have any concerns that a child in our care is being bullied at (pre-) school or is bullying another child, we will discuss the matter with you immediately. We will work with you to support your child to resolve the problem.

If your child is being bullied we will reassure them that the bullying is not their fault and ensure that they know we are on their side. We will give excess praise and encouragement and improve their self esteem by giving added responsibilities for example. We will work with you and the child to develop techniques to deal with the bully- assertiveness, walking away etc.

If your child is the bully w will reassure your child that we still care about them but it is their behaviour we will not accept and will help them to change this. We will encourage children to make amends for their behaviour, develop reward systems, build up their self esteem, as bullies themselves often have low self esteem, and finally discuss the matter with you, not in front of your child, to see if there are any problems that may have triggered the bullying.

Childminder:

Date:

Parent:

Date:

PHYSICAL CONTACT POLICY:

My assistant and I are very aware that each child has differing needs. Some children like to be affectionate and show it through hugs, kisses etc others are not so tactile. We are both happy to hug, kiss (head or cheek) hold hands, cuddle tickle etc your child providing both you and your child is happy with this. We would never force a child to do any of the above if it made them feel uncomfortable.

We would restrain a child only if they are at risk of inflicting harm on themselves or others. We will separate children if they are fighting. We will restrain a child if they try and run into the road etc. If we do need to restrain your child for any reason we will document it in the incident book and ask you to sign the record. This is to protect all parties.

Updated 10th July 08

My assistant and I will also need to have some physical contact with your child in order to ensure hygiene routines are carried out, for example the washing of hands and faces or the wiping of noses.

We are happy to assist with toileting according to the age and stage of ability of the child, and understand that some children may need bums wiping, We will change nappies when required. If necessary we will change a child's clothes if they have had an accident. All of these will be done in view of the other adult present (when able) to protect ourselves and your child.

Childminder:

Date:

Parent:

Date:

EQUAL OPPORTUNITIES POLICY:

All children within this setting will be treated according to their individual needs. They will be included in all activities where possible and made to feel a valued member of the group. Sometimes this means adapting an activity to the child's ability and stage of development, providing additional resources or giving one child more attention and support than others during a particular activity or routine.

All children within this setting are given the opportunity to reach their full potential. No child in my care will be discriminated against in anyway, whether for their skin colour, culture, gender, ability or religion. I will challenge any remarks that I feel are inappropriate. All children in my care are given the opportunity to play with all the toys (subject to health and safety with children under 3 years of age). No toys are just for girls or just for boys. I try to ensure my toys reflect positive images of children and people from different cultures and with different abilities. I have toys and resources that challenge stereotypical ideas on what careers are open to men and women.

In activities they take part in, each child will develop their knowledge of their own culture as well as learning about different cultures and ways of life. This will help children to understand that some people are different or live differently to others and understand that this is perfectly normal.

I encourage the children to develop a healthy respect of each other's differences and to value everyone as an individual.

I encourage Parents to share with us any festivals, special occasions or artefacts, which may enhance the children's learning and understanding.

Updated 10th July 08

As an accredited childminder I will not discriminate due to a child's ability and offer full inclusion within my setting.

Childminder:

Date:

Parent:

Date:

COMPLAINTS POLICY:

If you are unhappy about any of the services that Josie and myself provide for your child I would be very happy to discuss these with you. I have a complaints book for you to write in and hopefully we can resolve any problems.

If you feel you are unable to discuss a problem or concern with me you need to contact Ofsted.

Childminder:

Date:

Parent:

Date:

FIRE POLICY:

I have smoke alarms fitted both upstairs and downstairs. There is a fire blanket in the kitchen. An attempt to extinguish a fire would only be made if the adult felt the fire was small enough. If in any doubt the following would take place.

1. Gather all children together ready to evacuate.
2. Collect mobile phone (if in a safe place to obtain)
3. Leave building via front door (if not obstructed by fire.)

If fire is obstructing front door leave via patio door or back side door, and wait to the front of the house on pavement. (Young children would be put in the car for safety if I could not hold them all at same time.)

5. Shut all windows and doors behind you (if time)
6. Check all children are with you.
7. Call 999

If one or more children were asleep upstairs, Josie would get everyone out as before and to wait on the pavement at the front of the house. I would go upstairs for the child(ren).

After calling the emergency services I would try to contact all parents, once all children were safe.

It would be impossible for me to foresee every possible situation that could arise but I hope that this policy shows I have thought ahead and made my plans as best I can.

We practise a fire drill at least once every half term and when new children arrive. I record who was present, at what time we did the practise and how long it took us to get out.

Childminder:

Date:

Parent:

Date:

Updated 10th July 08

Teaching and learning Policy:

I believe

- That learning should be rewarding and enjoyable for everyone; it should be fun.
- That parents are their child's first and main educators.
- That appropriate teaching and learning experiences help children to lead happy and rewarding lives.
- That children learn best when in a positive, stimulating, welcoming, enthusiastic and secure environment.
- In the concept of lifelong learning and that both adults and children learn new things everyday.
- That everyone learns best in different ways, and that different teaching methods and learning styles must be identified and developed to ensure each child is reaching their full potential.

As an accredited childminder, providing foundation education I will:

- Ensure that all children feel included, secure and valued.
- Build on what the individual child already knows and can already do.
- Work as a team with the parents/carers, in an atmosphere of mutual respect.
- Provide opportunities for children to engage in activities planned by them and also those that the children plan or initiate themselves.
- Have a clear awareness of the knowledge, skills, understanding and attitudes to learning that children need to acquire in order to achieve the Early Learning Goals as laid out in the Foundation Stage.
- Be aware of those children who may require additional help and those who are more able, and work with support agencies as appropriate in conjunction with parents.
- Draw up written curriculum plans, set goals for each child's progress, assess and record the achievements and ongoing development stage of each child.
- Regularly self-evaluate, always looking to improve their knowledge and skills.

Signed (childminder)

Date:

Signed (parent)

Date:

Non smoking Policy:

We operate a complete non smoking policy within the premise and will not allow your children to come into unnecessary contact with any one who smokes.

Childminder:

Date:

Parent:

Date:

Alcohol and Drugs Policy:

It is vital that me and my assistant are alert to any dangers and able to protect your child against them. In order to do this effectively we must not be under the influence of alcohol or any form of drugs (including some prescription medication) If myself or my assistant are prescribed medication, other than routine antibiotics I must inform Ofsted who will make a decision as to whether either of us can continue to child mind whilst taking them. We will not drink any alcohol during minded hours or immediately before.

If you have been drinking, perhaps a work leaving do, Christmas party or whilst entertaining clients I would prefer if you arranged for another responsible adult to collect your child, especially if you plan to drive home,

Updated 10th July 08

as if we feel you have been driving and are unsafe to collect your child we will not allow your child to go home with you. Alternatively you may call me and I can delay the pick up time if possible.

Children

Drugs and alcohol are now more readily available to younger children. If we have any concerns that your child may be drinking alcohol, taking drugs or smoking I will discuss the matter with you immediately.

I will then work with you to support your child, however I reserve the right to terminate our contract with immediate effect if I am concerned that your child's behaviour due to drugs/alcohol may be putting the other minded children at risk.

Childminder:

Date:

Parent:

Date:

SAFETY POLICY:

I am constantly updating my security checks. I reassess each situation depending on the ages and developmental stage of each child in my care.

I carry out frequent checks on all my equipment, both indoors and outdoors and update any equipment when needed.

I check my garden frequently for animal faeces, especially the bark chipping area. The garage area with tools in, is locked from the children.

I have cupboard and draw locks fitted where appropriate, and cleaning fluids and medicines are out of reach from children.

Childminder:

Date:

Parent:

Date:

SECURITY POLICY:

All children, regardless of their age, are discouraged from answering the front door. I have a safety chain fitted to avoid unwelcome visitors through the door and prevent small children letting themselves out, and the door is locked, with a key left in at all times.

The downstairs windows are locked but the keys within easy reach in case of an emergency. The back doors are locked.

I have a high bolt on the top of my gate to prevent children from letting themselves out of the garden.

Childminder:

Date:

Updated 10th July 08

Parent:

Date:

ALLERGIES:

It is your responsibility to inform us of any allergies your child may have. It is up to you to ensure that any medication is up to date and inform us of any changes in your child's condition. We will always do our best to consider your child's allergies in every situation within the setting. We will also encourage the other children and their families, with your consent, to do likewise.

Childminder:

Date:

Parent:

Date: