

CHILD PROTECTION & SAFEGUARDING POLICY

Associated legal frameworks and Documents :-

Children Care Act (2006)
Working together to safeguard children (July 2018)
Information Sharing ...
(Advice for practitioners providing safeguarding services to children,
young people, parents and carers) (July 2018)



We at Puddleducks support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children's health and development. Safeguarding is a much wider subject than the elements covered within this single safeguarding policy, therefore this document is used in conjunction with the other nursery policies and procedures.

Puddleducks will work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect and to be safe from any abuse in whatever form.

To this end we will:

- Create an environment to encourage children to develop a positive self-image
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Always listen to children.

Puddleducks has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the proprietor (Sarah Kelly) or in her absence, the nursery manager, Lucy Blackburn, at the earliest opportunity.

If you have any doubts that any child is being harmed, or is at risk of harm, you should instantly share this information with the designated child protection officer Sarah Kelly, or in her absence, Lucy Blackburn. You may be asked to record your concerns or provide further information. Sarah or Lucy will then take the appropriate action.

DESIGNATED SAFEGUARDING OFFICER

- 1. Sarah Kelly- Managing Director**
- 2. Lucy Blackburn- Nursery Manager**

All of the adults named above have completed their level 2 accredited Safeguarding Children Training Course. (See individual staff training records for certificates).

OTHER STAFF TRAINING :-

Prior to starting employment with Puddleducks Nursery, ALL new employees are required to complete the following training:-

1. Safeguarding Children Basic Awareness <http://www.safeguardingchildren.co.uk/learning-improvement/nyscb-basic-awareness-elearning>
2. Channel http://course.ncalt.com/Channel_General_Awareness/01/index.html
3. Female Genital Mutilation <http://www.safeguardingchildrenea.co.uk/resources/female-genital-mutilation-recognising-preventing-fgm-free-online-training/>

The legal framework for this policy is based on:

- Safeguarding Vulnerable Groups Act (2006)

Practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff will often be the first people to sense that there is a problem. They may well be the first people in whom children confide about abuse. The nursery has a duty to be aware that abuse does occur in our society.

At Puddleducks we will ensure all staff are trained to understand our safeguarding policy and procedure, and that all staff have an up to date knowledge of safeguarding issues. Training will be made available to enable staff to identify signs of possible abuse and neglect at the earliest opportunity and respond in a timely and appropriate way. Signs staff will be aware to look for may include:-

- Significant changes in children's behaviour
- Deterioration in children's general well-being
- Unexplained bruising, marks or signs of possible abuse or neglect
- Children's comments which give cause for concern
- Any reason to suspect neglect or abuse outside the setting, for example in the child's home; and/or
- Inappropriate behaviour displayed by other members of staff, and any other persons working with the children. For example, inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.

This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect.

Our prime responsibility is the welfare and well-being of all children in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi-agency team where needed in the best interests of the child.

The nursery aims to:

- Ensure that children are never placed at risk while in the charge of nursery staff
- Ensure that confidentiality is maintained at all times
- Ensure that all staff are alert to the signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed including by other children i.e. bullying, discriminatory behaviour
- Ensure that all staff are familiar and updated regularly with child protection issues and procedures
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Keep the child at the centre of all we do
- Regularly review and update this policy with staff and parents where appropriate.
- Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peer group

WHO CAN WE CONTACT IF WE SUSPECT A CHILD IS AT RISK OF HARM?

Agency	Contacts	When would we ring?
OFSTED	General number: 0300 1231231 Whistleblowing: Call us on 0300 123 3155 (Monday to Friday from 8.00am to 6.00pm)	DSO will inform ofsted if one of the other agencies listed below has been contacted; if concerns relating to a child/family have been passed to one of the following agencies:-
Local Childrens safeguarding board	http://www.safeguardingchildren.co.uk/ North Yorkshire Children's Social Care: 0845 034 9410 Email: social.care@northyorks.gov.uk Emergency Duty Team (for evenings, weekends and bank holidays): 0845 034 9417	If we suspect a child is being harmed or is at risk of being harmed.
Local Authority Designated Officer	LADO duty room Tel : 01609 532477 (process changed March 2018...no longer named LADO)	Accusations and allegations relating to staff members only.
NSPCC	0808 800 5000	
Childline	0800 1111	
FGM (@ NYSCB)	During Office Hours By Phone: 01609 780780 Email: social.care@northyorks.gov.uk Outside Office Hours Emergency Duty Team (for evenings, weekends and bank holidays): 01609 780780	If we suspect that a child has undergone or is likely to undergo female genital mutilation. More info on FGM:- https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm
Prevent NYCC	odette.robson@northyorks.gov.uk OR Lesley Dale Corporate Development Officer North Yorkshire County Council Tel: 01609 533487 Mobile: 07973 692023	If we suspect that a family is displaying extremist behaviour; if we think a family are being drawn into committing acts of terrorism.
POLICE	Non emergency – 101 Emergency - 999	In an extreme situation whereby a child may be in immediate and significant danger.

Safeguarding concerns should be passed to the DSO and she will refer to the appropriate agency. If your safeguarding / child protection concern relates to the DSO, or if you feel she has not dealt with your concern satisfactorily, you must ring the relevant agency listed above and report your concern.

TYPES OF ABUSE AND THE SYMPTOMS TO LOOK OUT FOR

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them, or by failing to act to prevent harm. Children may be abused within a family, institution, or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning; where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries – these should also be logged and discussed with the nursery manager or room leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery owner, or in her absence, the manager.

Procedure:

- All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member
- Since March 2017, Puddleducks now produce 'Body maps' for all children, where injuries occurring at home are marked and dated. This enables us to gain an ongoing view of injuries over time.
- The incident will be discussed with the parent at the earliest opportunity if appropriate
- Such discussions will be recorded and the parent will have access to such records
- If there appears to be any queries regarding the injury, the Local Safeguarding Children's Board (LSCB) in the local authority will be notified.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Procedure:

- At the point when a member of staff first feels that there may be an instance of fabricated illness, this should be shared with the DSO.
- Further instances should be shared with DSO, who will record the details.
- The matter may be referred to the LCSB

Emotional abuse

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Procedure:

- The concern should be discussed with the DSO

- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
- A Common Assessment Framework (CAF) may need to be completed
 - The matter will be referred to the LCSB

Neglect

Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation and failure to seek medical treatment when required on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Procedure:

- The concern will be discussed with the parent (where appropriate)
- Such discussions will be recorded and the parent will have access to such records
- A CAF may need to be completed
- The matter may be referred to the LCSB

Sexual abuse

Action needs to be taken under this heading if the staff member has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behaviour or language.

This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child starts to talk openly to an adult about abuse they may be experiencing; the procedure stated later in this document under 'recording abuse suspicions' will be followed.

Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the DSO
- The matter may be referred to the LCSB

New and emerging forms of abuse to be aware of

FEMALE GENITAL MUTILATION (FGM)

The practice, traditional in some cultures, of partially or totally removing the external genitalia of girls and young women for non-medical reasons. It is illegal in many countries.

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahir, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse.

It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Forms of FGM

There are four main types of FGM:

Type 1 (clitoridectomy) – removing part or all of the clitoris.

Type 2 (excision) – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).

Type 3 (infibulation) – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.

Other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area. FGM is often performed by traditional circumcisers or cutters who do not have any medical training. However, in some countries it may be done by a medical professional.

Anaesthetics and antiseptics aren't generally used, and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

FGM often happens against a girl's will without her consent and girls may have to be forcibly restrained.

Effects of FGM

There are no health benefits to FGM and it can cause serious harm, including:

constant pain

pain and/or difficulty having sex

repeated infections, which can lead to infertility

bleeding, cysts and abscesses

problems passing urine or incontinence

depression, flashbacks and self-harm

problems during labour and childbirth, which can be life-threatening for mother and baby

Some girls die from blood loss or infection as a direct result of the procedure.

FGM and sex

FGM can make it difficult and painful to have sex. It can also result in reduced sexual desire and a lack of pleasurable sensation.

Talk to your GP or another healthcare professional if you have sexual problems that you feel may be due to FGM, as they can refer you to a special therapist who can help.

In some cases, a surgical procedure called a deinfibulation may be recommended, which can alleviate and improve some symptoms.

FGM and pregnancy

Some women with FGM may find it difficult to become pregnant, and those who do conceive can have problems in childbirth.

FGM and mental health

FGM can be an extremely traumatic experience that can cause emotional difficulties throughout life, including;

depression

anxiety

flashbacks to the time of the cutting

nightmares and other sleep problems

In some cases, women may not remember having the FGM at all, especially if it was performed when they were an infant.

Surgery can be performed to open up the vagina, if necessary. This is called deinfibulation.

It's sometimes known as a "reversal" although this name is misleading, as the procedure doesn't replace any removed tissue, and will not undo the damage caused. However, it can help many problems caused by FGM.

Surgery may be recommended for:

women who are unable to have sex or have difficulty passing urine as a result of FGM

pregnant women at risk of problems during labour or delivery as a result of FGM

Deinfibulation should be carried out before getting pregnant, if possible. It can be done in pregnancy or labour if necessary, but ideally should be done before the last two months of pregnancy. The surgery involves making a cut (incision) to open the scar tissue over the entrance to the vagina.

It's usually performed under local anaesthetic in a clinic and you won't normally need to stay overnight. A small number of women need either a general anaesthetic or spinal anaesthetic (injection in the back), which may involve a short stay in hospital.

FGM is illegal in the UK.

It is an offence to:

perform FGM (including taking a child abroad for FGM)

help a girl perform FGM on herself in or outside the UK

help anyone perform FGM in the UK

help anyone perform FGM outside the UK on a UK national or resident

fail to protect a girl for whom you are responsible from FGM

Anyone who performs FGM can face up to 14 years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

Procedure

- Report suspicions to on duty child protection officer immediately
- On duty child protection officer to refer reports for concern to safeguarding children's board immediately.

BREAST IRONING

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's **breasts**, using hard or heated objects, to try to make them stop developing or disappear. It is typically carried out by the girl's mother who will say she is trying to protect the girl from sexual harassment and rape, to prevent early pregnancy that would tarnish the family name, or to allow the girl to pursue education rather than be forced into [early marriage](#). It is mostly practiced in parts of **Cameroon**, where boys and men may think that girls whose breasts have begun to grow are ready for sex. Some reports suggest that it has spread to the Cameroonian diaspora, for example to that in Britain. The most widely used implement for breast ironing is a wooden **pestle** normally used for pounding tubers. Other tools used include leaves, bananas, coconut shells, grinding stones, ladles, spatulas, and hammers heated over coals.

Breast ironing is extremely painful and can cause **tissue** damage. There have been no medical studies on its effects. However, medical experts warn it might contribute toward **breast cancer**, **cysts** and depression, and perhaps interfere with **breastfeeding** later. Other possible side-effects reported by GIZ include breast infections, the formation of **abscesses**, malformed breasts and the eradication of one or both breasts. The practice ranges dramatically in its severity, from using heated leaves to press and massage the breasts, to using a scalding grinding stone to crush the budding gland. Due to the range of this activity, health consequences vary from benign to acute.

Procedure

- Report suspicions to on duty child protection officer immediately
- On duty child protection officer to refer reports for concern to safeguarding children's board immediately.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Aggressive behaviour
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries.
- Children's comments which give cause for concern

Recording suspicions of abuse and disclosures

Staff should make an objective record (supported by the nursery owner and/or manager or Designated Safeguarding Co-ordinator (DSCO)) of any observation or disclosure and include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of injuries or marks seen
- Exact observation of an incident including any other witnesses
- Name of the person to whom the concern was reported, with date and time; and the names of any other person present at the time.
- Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the proprietor and/or manager, dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse it is important **not** to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly, and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure it is vital details are logged down accurately.

It may be thought necessary that through discussion with all concerned the matter needs to be raised with the LSCB and Ofsted, and/or a CAF needs to be initiated. Staff involved may be asked to supply

details of any information/concerns they have with regard to a child. The nursery expects all members of staff to co-operate with the LSCB and Ofsted in any way necessary to ensure the safety of the children.

Staff must not make any comments either publicly or in private about a parent's or staff's supposed or actual behaviour.

Children with Special and/or additional needs

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm and strengthening the capacity of children and families to help themselves.

The available UK evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Puddleducks Nursery and the staff will: -

ensure that the need for expertise in both safeguarding and promoting the welfare of the child and in relation to disability is recognised and brought together in order that disabled children receive the same levels of protection from harm as non-disabled children

make clear the critical importance of communication with disabled children including recognising that all children can communicate preferences if they are asked in the right way by people who understand their needs and have the skills to listen to them

reinforce the right of disabled children and their families to a thorough assessment of their needs and to services, which safeguard and promote the welfare of children and maximise their independence, including appropriate personal, health and social education

reinforce the importance of an integrated approach to safeguarding and promoting the welfare of disabled children with a sound assessment of the child's needs, the parent's capacity to respond to those needs and the wider family circumstances

ensure all agencies recognise that safeguarding and promoting the welfare of disabled children depends on effective information sharing, collaboration, shared expertise and understanding between agencies and professionals.

Staffing and volunteering

It is the policy of the nursery to provide a secure and safe environment for all children. The nursery will therefore not allow an adult to be left alone with a child who has not received their enhanced CRB disclosure clearance.

All staff do basic child protection training within their first month of employment and receive initial basic training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery.

- We provide adequate and appropriate staffing resources to meet the needs of children
- Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information
- All enhanced DBS disclosures checks will be updated on a regular basis to ensure the suitability of the adults caring for the children
- We abide by Ofsted requirements in respect of references and suitability checks for staff and volunteers, to ensure that no disqualified person or unfit person works at the nursery or has access to the children
- We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- All students will have enhanced CRB disclosures conducted on them before their placement starts
- Volunteers, including students, do not work unsupervised
- We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern

- We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children
- All visitors/contractors will still be accompanied whilst on the premises, especially when in the areas the children use
- All staff have access to a whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All staff will receive regular supervision meetings where opportunities will be made available to discuss child protection training and any needs for further support
- The deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be placed into action to ensure the safety of the child and the adult.

Informing parents

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the LSCB does not allow this. This will usually be the case where the parent or family member is the likely abuser, or where a child may be endangered by this disclosure. In these cases, the investigating officers will inform parents.

Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the LSCB.

Support to families

- Puddleducks takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the nursery
- Puddleducks continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interests of the child
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate under the guidance of the LSCB with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

Employees or volunteers of the nursery – see allegations against staff policy

If an allegation is made against a member of staff or volunteer, we will follow the HM Government guidance in *'Working together to safeguard children'*.

The allegation should be reported to the on-duty DSO

The LADO duty team will then be informed immediately in order for this to be investigated by the appropriate bodies promptly:

- LADO will be informed immediately for advice and guidance
- A full investigation will be carried out by the appropriate professionals (LADO, Ofsted, LSCB) to determine how this will be handled
- The nursery will follow all instructions from the LADO, Ofsted, LSCB and asks all staff members to do the same and co-operate where required
- Support will be provided to all those involved in an allegation throughout the external investigation in line with LADO support and advice
- The nursery reserves the right to suspend any member of staff during an investigation
- All enquiries/external investigations/interviews will be documented and kept in a locked file
- Unfounded allegations will result in all rights being re-instated
- Founded allegations will be passed on to the relevant organisation (police) and will result in the termination of employment. Ofsted will be notified immediately of this decision. The nursery is also required to notify the Independent Safeguarding Authority (ISA) to ensure their records are updated.

- All records will be kept until the person reaches normal retirement age or for 10 years if that is longer. This will ensure accurate information is available for references and future CRB checks and avoid any unnecessary re-investigation
- The nursery retains the right to dismiss any member of staff in connection with founded allegations following an inquiry
- Counselling will be available for any member of the nursery who is affected by an allegation, their colleagues in the nursery and the parents.
- Monitoring children's absences are recorded in the office and all staff should report any missed attendance by 11.00am to the office.

Inappropriate behaviour displayed by other members of staff, that may give cause for concern might include:

- Inappropriate sexual comments
- Excessive one-to-one attention beyond the requirements of their usual role
- Inappropriate sharing of images.

This is not an exhausted list.

Other policies to be used in line with the safeguarding policy include

1. Allegations against staff members
2. Whistleblowing
3. Monitoring Child absences

Internal use only

This policy was adopted on	Signed on behalf of the nursery	Date disseminated to staff	Date last reviewed	Date for review
19 th June 2012	Sarah Kelly	June 2012	January 2020	Ongoing & regular