

9. Caring for Babies and Toddlers Policy

At La Petite Academy we care for babies and toddlers under the age of two as well as two-year-olds and pre-school children. We ensure the health, safety and well-being of our younger children through the following:

- Implementing the EYFS requirements at all times and caring for babies under the age of two in a separate Baby Unit for 0-18month with a maximum number of 15 children with a legal minimum ratio of 1:3; and children aged 18-months-2 years old have their own room with a maximum number of 7 children with a legal minimum ratio of 1:3;
- Two-year-old children are cared for in their own base rooms with a maximum number of 19 children with a legal minimum ratio of 1:5. Wherever staffing allows, two-year-old children are cared for on a ratio of 1:4;
- Allocating each child a key person, and co-key person, who work in partnership with their parent to meet their individual needs and routines, beginning with a meeting at the first settling in session and completion/discussion of an 'All About Me' booklet;
- Having well qualified staff that understand the needs of babies and toddlers, ensuring that at least half of the staff team caring for children under the age of two have undertaken specific training for working with babies;
- Ensuring babies and toddlers have opportunities to see and play with older children whilst at nursery, for example by babies visiting the two-year-old outdoor area and the sensory room in the main building;
- Babies and toddlers transitioning to the older age group room when assessed as appropriate, not just based on birthdate (see separate Transitions policy) and an updated 'All About Me' booklet completed by the parent;
- Staff supervising all babies and toddlers and organising the environment to support both non-mobile and mobile babies and toddlers.

Environment

- The environment, equipment and resources are risk assessed and checked daily before the children access the rooms or area. This includes checking the stability of cots and areas around, low/highchairs and ensuring restraints on these, pushchairs and prams are intact and working;
- If children need to be cared for in a room other than the one designated for their age group due to lack of staff or emergencies, the manager on

duty will do a visual risk assessment before children enter to ensure they have age-appropriate toys and remove anything inappropriate if necessary;

- All doors are fitted with viewing panels and door finger-guards to prevent accidents wherever possible;
- Outdoor shoes are removed or covered when entering the baby unit and tweenie room. Staff remind parents and visitors to adhere to this procedure. Flooring is cleaned daily;
- Sterilisers are washed out and cleaned daily;
- Large pieces of furniture are fixed to the walls to stop them falling on top of babies and young children;
- Play and learning is planned in line with children's individual interests and the EYFS learning and development requirements.

Resources

- Care is taken to ensure that babies and toddlers do not have access to resources or activities containing small pieces, which may be swallowed or otherwise injure the child;
- Babies and toddlers are closely supervised during all activities and are watched whenever eating;
- Resources and equipment that babies and young children have placed in their mouth are cleaned and/or sterilised after use;
- All resources are frequently cleaned;
- Soft furnishings are frequently cleaned;
- The use of resources that restrict babies' movement such as baby walkers, pushchairs, jumparoos, etc will not be used on a regular basis because these can contribute to delayed physical development. We follow NHS guidelines which recommends that if these resources are to be used then it should be for no more than 20 minutes at a time.

Relationships

We believe that all children need contact with familiar, consistent carers to ensure they can grow and develop socially and emotionally. Children need to feel safe, secure and happy so we expect nursery staff to be responsive to children's needs, whilst maintaining professionalism. We accept that children need to be cuddled, encouraged, held and offered physical reassurance, and ensure intimate care routines are undertaken with respect.

Although we recognise it is appropriate to cuddle children, we give cuddles only when sought by children needing comfort to support their emotional

development. Staff are advised to do this in view of other children and practitioners, whenever possible. We recognise that there may be occasions where it is appropriate for this to happen away from others, such as when a child is ill. In these circumstances, staff are advised to leave the door open. It is the duty of all staff and the manager to ensure that children are appropriately comforted and to monitor practice;

We discourage inappropriate behaviour such as over tickling, over boisterous play or inappropriate questions such as asking children to say they love a staff member, and we advise staff to report any such observed practice. Staff are respectful of each other and the children and families in the nursery and do not use inappropriate language or behaviour, including during breaks. Management will challenge inappropriate behaviour in line with the Supervisions policy, Disciplinary procedure or Whistleblowing policy as appropriate.

Intimate Care

We aim to support children's intimate care and welfare in line with their individual needs, as well as safeguard against any potential harm. Wherever possible, each child's key person will change nappies and support toilet training according to the child's individual needs and requirements. We also ensure that each staff member involved is fully supported and able to perform their duties safely and confidently.

Intimate care routines may include nappy changing, supporting children with toileting, changing clothes, and giving first aid treatment and specialist medical support, where required. In order to maintain the child's privacy, we will carry out the majority of these actions on a one-to-one basis and, wherever possible, by the child's key person. First aid treatment will be carried out by a qualified paediatric first aider.

To promote good practice and to minimise the risk of allegations we have the following guidelines to ensure staff are fully supported and able to perform their duties safely and confidently.

Our procedures meet best practice identified by the Health Protection Agency (2011) in 'Best practice advice for nurseries and childcare settings' and include:

- Babies'/toddlers' privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting
- Changing facilities being separate to food preparation and serving areas and children's play areas;

- Ensuring all staff undertaking nappy changing have suitable enhanced DBS checks;
- Training all staff in the appropriate methods for nappy changing during induction;
- Following up procedures through supervision meetings and appraisals to identify any areas for development or further training;
- Babies and toddlers have their nappies changed according to their individual needs and requirements by their key person, wherever possible. Checks are documented with the time, type of change/check and staff initials and information is shared with parents;
- Changing mats are wiped with anti-bacterial cleanser after every nappy change;
- A new disposable apron and pair of gloves is used for each nappy change and staff hands are washed before and after using gloves;
- Staff ensure all the equipment is ready before babies and toddlers are placed on the changing mat;
- No child is ever left unattended during nappy changing time. The baby gate in the main bathroom is used to ensure the safety of children when waiting for a nappy change;
- Intimate care times are seen as opportunities for one-to-one interactions;
- Staff do not change nappies whilst pregnant until a risk assessment has been discussed and conducted. Suitable students only change nappies with the support and close supervision of a qualified member of staff (see separate Student Policy);
- Cameras, mobile phones and other electronic devices with imaging and sharing capabilities, including smart watches and tablets, are not permitted in toilet and nappy changing areas;
- Nappy sacks, gloves, aprons and creams are not left in reach of babies and children;
- Changing mats have a sealed plastic covering and are frequently checked for cracks or tears. If cracks or tears are found, the mat is discarded;
- Clean nappies are stored in a clean dry place; soiled nappies are placed in a 'nappy sack' or plastic bag before being placed in the bin. Bins are 'sanguenic' and are regularly emptied, and always emptied at the end of every day, and placed in an appropriate waste collection area;
- We ask that where any non-prescribed creams are needed e.g. Sudocrem that these are supplied by the parent/guardian and must be clearly labelled with the child's name. When applying creams for rashes, a gloved hand is used;

- Ensuring all staff have an up-to-date understanding of child protection and how to protect children from harm. This includes identifying signs and symptoms of abuse and how to raise these concerns as set out in the child protection policy;
- Balancing the right for privacy for the children with the need for safeguarding children and adults by making sure intimate care routines do not take place behind closed doors;
- Operating a whistleblowing policy to help staff raise any concerns relating to their peers or managers and helping staff develop confidence in raising concerns as they arise in order to safeguard the children in the nursery;
- Conducting regular risk assessments of all aspects of nursery operations including intimate care and reviewing the safeguards in place. The nursery has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.

Reusable Nappies

The procedures above are followed where children wear reusable nappies, in addition we:

- Ask the parents for a demonstration for fitting the nappy correctly;
- Dispose of any soiling by flushing straight down the toilet;
- Dispose of the reusable nappies' liner, and place in a nappy bag (and disposed of as per disposable nappies in a nappy bin);
- Store the used nappies in a sealable wet bag provided by parents (including a waterproof interior and seal which prevents any smells escaping) away from children;
- Provide the parents with the wet bag at the end of the day to clean the used nappies.

Toilet training

When developmentally appropriate, we work closely with parents to sensitively support toilet training in a way that suits the individual needs of the child. No child will be potty trained until fully settled and secure within the nursery environment.

Potty training will not be introduced at nursery until it is fully established at home and the child is using the potty/toilet confidently. Children will be encouraged not forced. Each child will be individually monitored, and parents will be informed of the child's progress. Initially your child will slowly be encouraged to use the toilet/potty at home. If your child successfully uses the toilet on a regular basis and is beginning to understand when they feel they need to go, only then will parents request potty training to begin at nursery.

Parents will have a discussion with their child's key person prior to starting and ensure that staff feel the child is ready to start toilet training in the setting. Children training will be gently encouraged to sit on the toilet/potty every time they are changed.

- Once they are ready, children will transfer from nappies to underwear (or pull-ups if necessary) and escorted to the toilet regularly;
- We ask parents to supply at least 3 full sets of spares, labelled clothes in your child's bag in case your child needs to be changed, including a spare pair of shoes;
- Parents are asked to dress their children in sensible clothing, easy to take on and off independently; no dungarees, belts or tricky buttons;
- Children are taken to the toilet every 30-45 minutes by a member of staff, ratios permitting;
- Potties are washed and disinfected after every use;
- Accidents are dealt with sensitively, although children will be encouraged to undress and redress themselves, staff will be there to offer support and reassurance;
- If a child in underwear has persistent accidents (3 or more in one day), we put a pull-up or nappy back on them to save further upset, anxiety and stress for the child;
- If persistent accidents continue, we will advise the parent that they may need to delay potty training for a short while and resume at a later date;
- Staff will always give positive praise and encouragement after each visit to the toilet, reward charts may also be used where needed;
- We will give toilet training information to parents at feedback each day to show how this is progressing and provide them with this part of the policy;
- Where children are in the early stages of toilet training a nappy/pull up will be put on for their nap times;
- The nursery is unable to enter into more frequent toilet trips or more formal recording of toileting due to staff ratios. If this is needed, it may indicate that your children are not yet ready for toilet training;
- The nursery reserves the right to dispose of underwear and any other clothes which are heavily soiled with faeces as these cannot be appropriately cleaned or stored in the setting.

Sleep

The safety of babies sleeping is paramount. Our policy follows the advice provided by The Cot Death Society, NHS and Lullaby Trust to minimise the risk of sudden infant death syndrome (SIDS). We follow the advice from The Lullaby Trust regarding sleeping twins while working with parents to maintain sleep routines and well-being. Further information can be found at: <http://www.lullabytrust.org.uk>

We ask parents to complete 'All About Me' forms which includes information on their child's sleeping routine with the child's key person when the child starts at nursery, and these are reviewed and updated at timely intervals, such as transition to Tweenies/Toddlers. If a child has an unusual sleeping routine or a position that we do not use in the nursery i.e. babies sleeping on their tummies or in a sling, we will explain our policy to the parents and not usually offer this unless the baby's doctor has advised the parent of a medical reason to do so. In such cases, we would ask parents to sign to say they have requested we adopt a different position or pattern that we do not recommend.

Babies will usually have two shorter naps, one in the morning and one in the afternoon. During a child's time in Tweenies, we expect them to move to having one longer nap after lunch. By the time a child is in Toddlers, they will be offered a nap after lunch. In Pre-School, children will not routinely be placed for a nap. However, we recognise parent knowledge of their child with regards to sleep routines and will, where possible, work together to ensure each child's individual sleep routines and well-being continues to be met.

A child's sleep needs during a busy day at nursery can be very different to their needs in a home environment. Staff will not force a child to sleep or keep them awake against his or her will. They will also not usually wake children from their sleep. However, when children are 'growing out' of having a daytime nap at around 2 ½ to 3 years old, we will work with parents on reducing their sleep time. Where children are no longer having a routine sleep, they may still fall asleep during the session. We cannot guarantee that a child will or won't sleep during a session as this depends on their energy levels each day. If a parent wants their child to have more sleeps than expected within the age bracket, we cannot guarantee that this will happen due to the child's needs that day. If they are showing signs of tiredness, such as rubbing their eyes, yawning, or falling asleep during play we will of course follow what the child needs and put them down for a nap.

We create an environment that helps to settle children that require a sleep, for example dimming the lights and/or using soft music, where applicable, with Toddlers/Tweenies often sleeping in the sensory room. We will maintain the needs of the children that do not require a sleep and ensure they can continue to play, learn and develop. This may involve taking children outdoors or linking with other rooms or groups of children.

Staff will discuss with parents any changes in sleep routines at the end of the day and share observations and information about children's behaviour if they do not receive enough sleep.

Babies and children must be placed down to sleep safely.

For children under two years old, providers must ensure that:

- Children are placed down on their back in their own separate sleep space on a firm flat surface such as a cot, bed or mattress on the floor. Babies aged one year and under must only be placed to sleep in a cot.
- Sleep spaces should only contain a firm, flat, waterproof mattress and lightweight bedding which is firmly tucked in around the child below their shoulders to prevent head covering. Alternatively, a well fitted baby sleep bag may be used if provided by parents. Check the manufacturer recommendations before using a baby sleep bag.
- Where blankets are used, the child is placed feet-to-foot at the bottom of the cot, with blankets tucked in.
- Cots must not contain extra items such as toys, pillows, extra blankets, bumpers, wedges or straps.
- Children should not get too hot or cold. The recommended room temperature for babies is 16 – 20° c.
- Children's heads are not covered.
- Children under six months of age must always have an adult with them in the same room for every sleep.
- All children must be frequently checked when sleeping and sleep checks are recorded at least every 10 minutes.
- Children are always within sight and hearing of staff when sleeping.
- Providers must ensure that all staff read NHS advice on sudden infant death syndrome (SIDS).

We also make sure that:

- Each baby and toddler has labelled nursery bedding which is washed at least weekly and sooner, when necessary, this takes into consideration

any allergies and irritation to soap powders and any individual needs. For example, if a child prefers to sleep in a sleeping bag, we will ask parents to bring one from home;

- All cots, cot mattresses and sleep mats meet necessary safety standards. We use a firm and flat mattress and mattress covers;
- Safe sleep guidance is followed at all times, babies are always laid to sleep on their back, with their feet touching the foot of the cot. Children under two years are not given pillows, cot bumpers or any soft furnishings to prevent risk of suffocation, although comforters may be used;
- If a baby has rolled onto their tummy, we turn them onto their back again unless they are able to roll from back to front and back again, on their own, in which case we enable them to find their own position;
- Babies and toddlers are never put down to sleep with a bottle to self-feed;
- Transferring any baby who falls asleep while being nursed by a practitioner to a safe sleeping surface to complete their rest;
- We also share safe sleep advice with parents (e.g. in newsletters and posters) and refresh staff knowledge (e.g. in staff training sessions, online learning courses);
- We ensure that sheets or thin blankets come no higher than the baby's shoulders, to prevent them wriggling under the covers. We make sure the covers are securely tucked in so they cannot slip over the baby's head;
- Only sheets and blankets that are of good condition are used, any loose threads are removed;
- Cots are checked before use to ensure no items are within reach i.e. hanging over or beside the cot (fly nets, cables, cord blinds);
- Enabling babies to sleep outdoors where appropriate, with cat/fly nets over their prams and we ensure we only use prams that lie flat for sleeping so babies and toddlers are supported;
- Sleeping children have visual checks completed every 10 minutes, looking for the rise and fall of their chest and if their sleep position has changed. This may increase to five minutes for younger babies and/or new babies until we are familiar with the child and their sleeping routines. Checks are documented with the time and staff initials on the sleep check form and sleep times are shared with parent;
- Room temperature and clothing is monitored to prevent over/under heating.

Bottles

- Feeding times are seen as an opportunity for bonding between practitioner and child and where possible babies are fed by their key person;
- Food and milk for babies is prepared in a separate kitchen, which is specifically designated for this preparation. Handwashing is completed before preparation is undertaken;
- Bottles of milk are only made up as and when the child needs them. Following the Department of Health guidelines, we only use recently boiled water to make formula bottles (left for no longer than 30 minutes to cool). We do not use cooled boiled water that is reheated. They are then cooled to body temperature, which means they should feel warm or cool, but not hot. Bottles are tested with a sterilised thermometer to ensure they are an appropriate temperature for the child to drink safely;
- Bottles are only made following the instructions on the formula. If, during the making process, there are discrepancies, a new bottle will be made; Unwanted or left over contents of bottles are disposed of after **two hours**;
- If a child is breastfed, their milk will be kept in a sealed container, with the child's name on, in the fridge for up to 4 days, then transferred to the freezer for a further 3 months, or stored in the freezer for up to 6 months if freshly expressed;
- When preparing a bottle of breastmilk, the milk will be poured into the bottle to the correct number of ounces for the child, then stood in boiled water to warm if required. If the child will drink it straight from the fridge, this can also be done;
- Once a child has started to drink from the bottle of breast milk, it can only be kept for **up to 1 hour** then left over contents of bottles are disposed of;
- All new staff will be shown the procedure, and only when competent and confident will they make them on their own. Students are fully supervised;
- Nursery bottles and teats are thoroughly cleaned with hot soapy water and sterilised after use (they are not washed in the dishwasher). They are replaced as and when required;
- Babies are never left propped up or laid on cushions, in a cot or a pram with bottles as it is both dangerous and inappropriate and they must always be fully supervised by a staff member whilst consuming the bottle;
- A designated area is available for mothers who wish to breastfeed their babies or express milk;

- Children are supported to move onto lidded beakers as soon as they have the dexterity for this.

Mealtimes

- All babies and young children are seated safely in low-highchairs used for feeding. The chairs are fitted with restraints and these are used at all times. Children are never left unattended when eating or when in low-highchairs;
- Mealtimes are seen as social occasions and promote interactions. Staff always sit with babies and young children, interacting, promoting communication and social skills;
- Staff supervising mealtimes will have ongoing discussions with parents about the stage their child is at in regard to introducing solid foods, including to understand the textures the child is familiar with. Assumptions will not be made based on children's age
- Food will be prepared in a suitable way for each child's individual developmental needs, working with parents to help children move on to the next stage at a pace right for the child
- All children are closely supervised whilst eating, being always in sight and hearing of an adult, and if any choking incidents occur paediatric first aid will be administered as soon as possible, an accident form completed and the parent informed;
- Babies and young children are encouraged to feed themselves with support, as required;
- We work together with parents regarding weaning and offer any support, as required. We have a specific weaning menu and offer 'Ella's Kitchen' meals (or similar) where it is not appropriate for weaning children to eat the nursery meal as it cannot be blended effectively.

See separate Nutrition and Mealtimes policy for further details.

Weaning babies onto solid foods

We will begin to introduce solids into a baby's diet when the child is between the ages of 4 and 6 months, working closely with parents paying close attention to and regarding their wishes. Supporting and advising parents in the introduction of solid foods and following government guidelines. We also embrace parents' wishes when using the "child led weaning" approach and continue this while their child is with us. When using this approach, we ensure that all the "finger food" children have, will be cut into long pieces, so it is

easier for them to hold, and it is not cut into cubes to reduce the risk of choking. We will work alongside parents who must keep us up to date and informed of any changes. When children of all ages are eating, they are always in sight and hearing of a staff member, meaning that an adult will be sitting with them while they eat, staff remaining even more vigilant when children are just starting to wean.

We may suggest to parents if we feel baby is not satisfied with just milk and encourage introducing a varied diet, following government health guidelines (e.g. health education authority), and ideas from weaning leaflets. When starting to wean, food is normally bland to start with, usually baby rice mixed with breast or formula milk – introduced in very small ‘taster’ amounts, using sterilised utensils. We will then start to offer pureed vegetables/fruit, introducing different food every couple of weeks in the beginning with usually **one a meal a day** to get them used to the food as they still need their milk as it is still their main source of nutrition.

Once fruit and vegetables have been established in the diet, full fat cows’ milk products can be introduced e.g. yoghurt, custard, cheese sauce. Alongside fruit we will then offer rice pudding. All food is prepared on the premises and is low in sugar and salt. We recognise that all children are individuals, some start introducing solid food earlier, others later; some are choosy, others like everything and anything. Solid food is offered at lunchtime, with children relaxed on a knee, or in a low-highchair eventually moving into a chair which is around the table with their peers. Cooled boiled water is given in a sterilised beaker cup/bottle. The sterilisation of all equipment used to feed babies less than one year is vital to their health.

We aim to work in partnership with parents by offering similar foods, and at a similar time of day to establish weaning. Adding a drink of cooled boiled water at each mealtime then eventually having additional snacks and offering a wide variety of foods. As baby eats more solid food, his or her milk intake will start to decrease. Portion sizes should only ever be the size of the palm of their hand.

6 – 9 Months

We will start to introduce the majority of new food such as pasta, bread, fish etc. Our aim is by the time the child is 6 months the baby will be eating food from the general nursery menu and can experience even more tastes. We will

then make the food a little more textured/lumpier which helps with learning to chew. Initially using a handheld blender to puree food, then slightly blending, mashing by hand. Finger foods will be offered to promote chewing, such as pieces of banana etc in long strips and not cubes. It is vitally important to develop this action as chewing helps develop jaw muscles and aids speech development sounds which are used to help pronunciation and the formation of words. Once children can manage finger foods, we will reduce the type of pureed food offered at teatime. Portions sizes should still only ever be the size of the palm of their hand.

9 – 12 Months

Babies are given one or two spoons to hold to help assist in self-help skills as they try to feed themselves. The baby is now usually ready to sit at the table, so it becomes more of a social occasion for everyone. By 12 months we are trying to discourage bottles and start to solely use a beaker cup. We find by this point in time that many children are ready to begin or have already weaned themselves off the bottle. We also encourage children to have full fat cow's milk (or an alternative if the child cannot have cow's milk) as their main drink, after their first birthday. We work very closely with parents' wishes and children will move on to the complete nursery menu as and when they are ready. Children have a savoury meal and pudding with a drink at lunchtime. They will then have milk in the afternoon. For tea they will have finger food/a savoury meal, followed by fresh fruit. A healthy snack in the afternoon can be provided, so the children can have their main meal/tea or supper with their family. Portion sizes should still only ever be the size of the palm of their hand.

We understand that all children are different, and each have their own journey to follow, if children require to be on the weaning menus for a little longer than others, we will accommodate that.

We follow the weaning guidance from the NHS. More information on this and moving to a cup can be found via the links below:

[Your baby's first solid foods - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Drinks and cups for babies and young children - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Comforters and dummies

We recognise that overuse of dummies may negatively affect a child's language development as it can restrict the mouth movements needed for speech, and

balance this with the recognition that a dummy can be a source of comfort for a child who is settling in or is upset/tired. As babies get older, they need to learn to move their mouths in different ways, to smile, to blow bubbles, to make sounds, to chew food and eventually to talk. As babies move their mouths and experiment with babbling sounds, they are learning to make the quick mouth movements needed for speech. The more practice they get the better their awareness of their mouths and the better their speech will be.

Our nursery will:

- Discuss the use of dummies with parents as part of babies' individual care plans;
- Only allow dummies for comfort if a child is really upset (for example, if they are new to the setting or going through a transition) and/or as part of their sleep routine;
- Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children;
- Immediately clean or sterilise any dummy or bottle that falls on the floor or is picked up by another child;
- Dispose of dummies if they become damaged and/or when they are required to be disposed of by parents.

When discouraging the dummy staff will:

- Make each child aware of a designated place where the dummy is stored;
- Comfort the child and, if appropriate, explain in a sensitive manner why they do not need their dummy;
- Distract the child with other activities and ensure they are settled before leaving them to play;
- Offer other methods of comfort such as a toy, teddy or blanket;
- Explain to the child they can have their dummy when they go home or at sleep time.

We will also offer support and advice to parents to discourage dummy use during waking hours at home and suggest ways which the child can be weaned off their dummy through books and stories (when appropriate).

To support the aims of this policy, management will:

- Promote consistent and caring relationships through the key person system in the nursery and ensure all parents understand how this works;
- Ensure all staff undertaking intimate care routines have suitable enhanced DBS checks;

- Conduct thorough inductions for all new staff to ensure they are fully aware of all nursery procedures and arrange specialist training where required, i.e. paediatric first aid training, specialist medical support;
- Follow up procedures through supervision meetings and appraisals to identify any areas for development or further training;
- Ensure all staff have an up-to-date understanding of the Safeguarding children and child protection policy, including how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise concerns;
- Operate a Whistleblowing policy to help staff raise any concerns about their peers or managers and help staff develop confidence in raising worries as they arise in order to safeguard the children in the nursery;
- Conduct working practice observations on all aspects of nursery operations to ensure that procedures are working in practice and all children are supported fully by the staff including intimate care routines;
- Conduct regular risk assessments on all aspects of the nursery operation, including intimate care, and review the safeguards in place. The nursery assesses all the risks relating to intimate care routines and uses appropriate safeguards to ensure the safety of all involved.

If any parent or member of staff has concerns or questions about these procedures or individual routines, please see a manager at the earliest opportunity.

This policy was adopted on	Signed on behalf of the nursery	Date for review
17/02/26	<i>Jodie Hursthouse</i>	30/04/2029