**Principle**

Little Buds considers that during severe weather conditions, e.g. snow or if there is a power/heating problem, the health and safety of children, parents/carers, staff and volunteers will be our main priority.

**Policy**

The setting has implemented this policy to ensure committee members and staff have the appropriate authority to exercise powers and carry out certain actions for which they are personally accountable. Little Buds wants to ensure that health and safety is of paramount importance at all times and does not want to endanger children, parents/carers, staff, volunteers or any persons.

The management team maintains the policy of remaining open during bad weather, unless the severity of conditions within the locality makes opening the setting too dangerous. In the event of closure as a result of adverse weather conditions, employees will be paid. However they will be expected to an extra day in lieu of this payment; the management team will oversee this e.g. by ensuring staff work an additional day in the summer before commencement of new term.

**Procedures**

To ensure this policy is implemented appropriately, the staff will:

* Consult with the leader prior to any decision being made about closing the setting due to adverse weather conditions or health and safety issues.
* Notification will be given to parents/carers as soon as the decision has been agreed to aid minimal disruption.
* If the leader in charge/manager is unable to open due to the conditions and possible staff shortages, the management team must be notified and they will assist with contacting families to minimize disruption.
* If applicable, consult with local primary schools.

**Monitoring**

This policy will be reviewed annually by the management team to ensure it

remains fit for purpose.

This policy was adopted by Little Buds management teams.

Signed: …………………………………………………………………………………..

(on behalf of the management team)

Position: …………………………………………………………………………………..

Date: …………………………………………………………………………………..

Reviewed on:

Date: ……………………... Signed: …………………………………………..

Date: ……………………... Signed: …………………………………………..

Date: ……………………... Signed: …………………………………………..