**Policy statement**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

**Procedures**

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.

This form is kept in the child’s personal file and a copy is displayed where staff can see it.

Generally, no nuts or nut products are used within the setting.

Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Oral Medication

*Asthma inhalers are now regarded as "oral medication".*

* Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
* The group must be provided with clear written instructions on how to administer such

medication.

* All risk assessment procedures need to be adhered to for the correct storage and

administration of the medication.

* The group must have the parents or guardians prior written consent. This consent is kept on file.

Lifesaving medication & invasive treatments

*Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).*

*The setting must have:*

* A letter from the child's GP/consultant/school nurse stating the child's condition and what medication if any is to be administered;
* Written consent from the parent or guardian allowing staff to administer medication; and:
* Proof of training in the administration of such medication by the child's GP, a district nurse, children’s’ nurse specialist or a community pediatric nurse.

**Procedures for children who are sick or infectious**

*If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains,*

*particularly in the head or stomach – the Leader calls the parents and asks them to collect*

*the child, or send a known carer to collect on their behalf.*

* If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
* In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
* Parents are asked to take their child to the doctor before returning them to playgroup; the playgroup or club can refuse admittance to children who have a temperature, sickness and diarrhea or a contagious infection or disease.
* Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
* After diarrhoea, parents are asked to keep children home for 48 hours or until normal

toileting has returned.

Reporting of ‘notifiable diseases’

* If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
* When the setting becomes aware, or is formally informed of the notifiable disease, the Leader informs SHSS and acts on any advice given by the Health Protection Agency.

 HIV/AIDS/Hepatitis procedure

* HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids.
* Hygiene precautions for dealing with body fluids are the same for all children and adults.
* Single use vinyl gloves and aprons are worn when changing children’s nappies, pants and

clothing that are soiled with blood, urine, faeces or vomit.

* Soiled clothing is bagged for parents to collect.
* Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of.
* Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Nits and head lice

* Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
* On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

**Covid-19**

There is clear evidence of a very low rate of severe disease in children compared to adults, even if they catch COVID-19. There is clear evidence from many studies that the great majority of children and teenagers who catch COVID-19 have mild symptoms or no symptoms at all. There is also reasonable evidence that young children have a significantly lower rate of infection than adults (they are less likely to catch it).

Symptoms in children include:

* a cough
* a change in or loss of sense of taste or smell
* a fever (temperature of 37.8 or higher).

It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection. Therefore there are a number of measures you will be required to put in place to enable you to operate as safely as possible in the interests of children and the staff who care for them.

The risk of the disease being transmitted is higher the closer the contact, the greater the exposure to respiratory droplets (for example from coughing), or the longer the duration of the contact. A person at higher risk of acquiring the infection is known as a close contact. Based on the national evidence, the definition of a close contact is a person who has had the following contact with a confirmed case from 2 days before the first day of symptoms to 7 days after:

anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19; or

anyone who has had any of the following types of contact with someone

who has tested positive for COVID-19 with a PCR test:

* face-to-face contact including being coughed on or having a face-to-face conversation within one metre
* skin-to-skin physical contact for any length of time
* been within one metre for one minute or longer without face-to- face contact
* sexual contacts
* been within two metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
* travelled in the same vehicle or a plane

These definitions apply regardless of whether face coverings are worn. Short periods of contact do not represent a significant risk to staff or children where face-to-face conversation is avoided. Extra consideration should be given to interactions between staff which should be minimised in areas such as the office.

While they should be avoided wherever possible, brief interactions within social distancing guidance, such as limited numbers of people passing each other in corridors or, where one way systems are not possible, walking through learning spaces to go to the toilet (for example), are considered low risk and are permissible. Use of floor markings and the wearing of face coverings in relevant spaces may help minimise the extent of such encroachments.

The core public health measures that underpinned the reopening of services to date have been:

* enhanced hand hygiene and cleaning practice;
* caring for children in consistently constituted groups where possible;
* minimising contact between these groups;
* maximising the use of outdoor spaces;
* physical distancing between adults in the setting, including parents at drop- off and pickup times; and
* active engagement with Testing and Tracing

**Infection Control**

***Little Buds will continue to implement the following infection-control practices, which will assist in the prevention of a wide range of infections in addition to COVID-19:***

All staff members have accessed the online information/training on COVID-19, including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for sick children or staff. All staff are encouraged regularly to read and carry out the assessment on Covid.

Accurate recording of attendance and records of group movements will prove helpful in circumstances where a member of staff or a child develops symptoms of the virus. The Test, Trace and Protect strategy requires early identification and isolation of such cases, rapid testing, tracing of close contacts and early, effective and supported isolation to break transmission chains.

Staff will ensure that sufficient handwashing facilities are available. Where a sink is not nearby, hand sanitiser will be provided in rooms. Posters on hand hygiene are displayed in your setting. The importance of frequent handwashing with soap and water for 20 seconds (or using hand sanitiser where soap and water are not available) and drying thoroughly is emphasised, including:

* When Childcare workers arrive at the setting and before they leave the playgroup
* Before and after handling food, feeding a child, or eating;  
  Before and after using the toilet, changing a nappy, or helping a child use the bathroom (also wash the child’s hands after helping the child use the bathroom or changing their nappy)
* After a child or Childcare worker uses the toilet, the lid should be put down first before flushing. Afterwards the Childcare worker should always wash their own and the child’s hands
* In Little Buds Playgroup, there is a regular cleaning of the toilets, taps and door handles
* Soap dispensers will be cleaned after use
* After helping a child wipe their nose or mouth or tending to a cut or sore
* Before and after giving medicine to a child
* After handling waste baskets or garbage
* Washing a child’s hands on arrival at the setting and before they go home

The staff in Little Buds will support children to understand why the public health measures are being followed with stories or details being explain in the simplest terms to support children to understand on how they can help prevent the spread of COVID-19, including:

* Promoting good coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve; not hands);
* Children will not share food, drinking cups, eating utensils, towels, toothbrushes, etc.
* Staff members are encouraged not to bring pens and pencils etc. home from the setting and to ensure that personal items e.g. phone, keys and purse are cleaned regularly.
* Surfaces that children and staff are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters are cleaned more regularly than normal.
* Staff will ensure that children wash their hands thoroughly before and after engaging in sand or dough play.
* Soap will be added to water during water play.
* The sharing of soft toys and other soft furnishings between children are minimized and are sprayed with anti-bacterial spray between periods of use.
* Staff and children are encouraged to use a tissue or elbow to cough or sneeze and use bins for tissue waste (‘catch it, bin it, kill it’).
* Help is available for children who have trouble cleaning their hands independently.
* Children are encouraged to learn and practise these habits through games and repetition.
* Staff will make sure that bins for tissues are emptied throughout the day
* The opening of windows should is encouraged to increase natural ventilation and also to reduce contact with door handles. However, propping open of doors into corridors, external doors, security access systems and any other fire safety doors is prohibited.
* Children are discouraged from bringing toys from home to the setting. Any toys are placed in child’s box or office until home time. We recognise however that some children may require a transitional object or toy as a comforter, and consideration will be given as to how to safely manage this to ensure children are supported in their transition from home to the setting to feel reassured and comforted.
* Books are wiped down, with a proprietary cleaning solution proven to be effective against COVID-19 where possible.
* Fire safety requirements will continue to apply.
* Toilets are cleaned after the use of each group of children.
* A record is retained of the people (children and carers) in each group on each day to facilitate contact tracing in the event of an episode of infection.
* All children have use of all areas in the playgroup. This is cleaned at the end of each session.
* Within groups, social distancing of young children is not recommended as it is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Staff are confident and happy to comfort children when they are in need.
* The playgroup has two doors for children to enter and exit through. Parents are notified of which door to use before their child starts Little Buds.
* While groups should be kept apart as much as possible brief transitory contact such as passing in a corridor is low risk.
* Toys are cleaned with water and/or antibacterial spray at the end of each session.
* Where Little Buds will need to use other essential professionals such as speech and language therapists or counsellors, we will assess whether the professionals need to attend in person or can do so virtually. If they need to attend in person, they will closely follow the protective measures guidance and the number of attendances should be kept to a minimum.

Risk assessment

Little Buds will ensure that risk assessments will take place on a regualr basis. These will include all risks in respect of COVID-19 and will take account of the relevant guidance from the Public Health Agency. All risk assessments will be reviewed regularly and as circumstances change. The playgroup will ensure that they implement pragmatic and proportionate control measures which reduce risk to the lowest reasonably practical level. They will have active arrangements in place to monitor that the controls are:

* effective.
* working as planned; and
* updated appropriately considering any issues identified and changes in public health advice

Staff are consulted in the development of risk assessments. Plans and risk assessments will be communicated to parents and all staff. Playgroup staff have a key role to play in reducing the risk from COVID-19 and it is important that they understand and follow the changes to procedures required to reduce the risk of the spread of infection.

**Maximising the use of the outdoor area**

Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for natural physical distancing between children.

Little Buds Playgroup has access to an outdoor area and garden. Little Buds staff will try to use this space as much as possible throughout the day., as well as considering appropriate cleaning between cohorts of children using it.

A plan is in place for children to enjoy active energetic play throughout the day and this may include making use of other areas near to the playgroup (school playground or park). Within any public spaces staff are aware at all times of the need to physically distance and to keep cohorts of children distanced from any other children or adults who may be in the vicinity. Staff will take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen.

Outdoor equipment will be appropriately cleaned at the end of the session.

**Drop off and pick up**

When children are being dropped off and picked up by their parents, the following steps will be considered:

* Tell children, parents and carers [or any visitors, such as speech and language] not to attend the childcare setting if they are displaying any symptoms of coronavirus (COVID-19)
* reducing unnecessary entrance to the setting by parents and carers, with children collected at the designated gates.
* make clear to parents that they cannot gather at entrances or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely). Parents should be reminded to social distance from others when coming to collect or drop off children.
* ensure parents and young people are aware of recommendations on transport to and from childcare setting (including avoiding peak times).
* active travel such as walking and cycling should be recommended as a means of travelling to or from childcare, where it is safe to do so. Using active travel carries the lowest risk of transmission of COVID-19 and will bring a range of health benefits as part of a healthier lifestyle.
* talk to staff about the plans (for example, safety measures), including discussing whether training would be helpful;
* discuss with staff the additional cleaning requirements and agree additional hours to allow for this.

Staff who are pregnant

The management committee will regularly check (and share with any pregnant staff) the new www.ni-maternity.com website, which offers specific advice in relation to pregnancy and incorporates the latest COVID-19 advice for pregnant women. The guidance includes a link to a separate piece of helpful guidance available at https://www.rcog.org.uk/en/guidelines-research- services/guidelines/coronavirus-pregnancy/.

All pregnant employees, regardless of gestation, will have a work-based risk assessment.

Children who have Covid 19 Symptoms

The Leader has in place procedures to follow when children become sick outside the setting and to protect children and Childcare workers from COVID-19. A plan has been put in place for sharing information and guidelines with parents and guardians that includes:

* Parents are asked if their child has a new continuous cough, sore throat, been sick or has had a temperature through the night. The child will also get their temperature taken when they come to playgroup
* The playgroup has all up-to-date email addresses and home, work, and mobile phone numbers from parents and guardians of children at the setting so the playgroup can reach them at all times and testing that methods of communication work;
* The playgroup will send the parents through email/whatsapp any new information that has been given to the playgroup on Covid 19 and when to stay at home.
* Parents are asked to screen their children for COVID-19 symptoms (For example, ask parents and guardians to check their children every day before coming to the playgroup and to keep their children at home if their temperature is high, that is, if they feel hot to touch on the chest or back - they do not need to measure the child’s temperature.)
* Parents are advised to inform the Leader if they, their child or any other family member with whom they live or have had contact has tested positive for COVID-19.
* The playgroup are aware of their need to notify the Public Health Agency and the HSC Trust Early Years Team upon learning that any child or member of staff who has attended the setting has tested positive for COVID-19. This includes any individuals who test positive while isolating at home.

**If a child becomes sick in the playgroup**

The playgroup has established a plan which sets out clearly what steps need to be taken if a child becomes sick at the playgroup, both in relation to a child who does not display symptoms of COVID-19 and a child who develops symptoms (new continuous cough, a change in or loss of sense of taste or smell, fever (temperature of 37.8 or higher)). A child with nasal or other cold symptoms may continue to attend childcare provided: the child is otherwise well and active; the child does not have any of the above symptoms of COVID-19; and no other person in the child’s household has a suspected or confirmed case of COVID-19.

The plan will the following:

* Procedures for contacting parents and guardians immediately and criteria for seeking medical assistance.
* Designated areas (at the door of room B) where sick children can rest and be attended to by a limited number of trained staff. If direct care is required while waiting for the child to be collected PPE will be worn - a mask, plastic apron and gloves.
* If they need to go to the bathroom while waiting to be collected, the bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.
* In an emergency, call 999 if they are seriously ill or injured or their life is at risk.
* A child with nasal or other cold symptoms may continue to attend playgroup provided: the child is otherwise well and active; the child does not have any of the above symptoms of COVID-19; and no other person in the child’s household has a suspected or confirmed case of COVID-19.
* Children with gastrointestinal symptoms such as vomiting or diarrhoea do not therefore require a COVID-19 test. However, they should not attend playgroup until after their symptoms have resolved for at least 2 days (this means they should not have been sick or had diarrhoea for at least 2 days before they return to playgroup).

**If a staff member becomes ill in playgroup**

If a member of staff becomes unwell with a new, continuous cough or a high temperature (37.8 or higher), or has a loss of, or change in, their normal sense of taste (ageusia) or smell (anosmia), they will be sent home immediately and will be advised to follow the COVID-19: guidance for households with possible coronavirus (COVID-19) infection guidance

If a staff member has helped a child with symptoms, they will not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive and the staff member is identified as a close contact.

Staff will wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. The affected area will be cleaned with normal household disinfectant after someone with symptoms has left. This will reduce the risk of passing the infection on to other people.

**Cleaning**

Consideration has been given to the cleaning strategy to be adopted in the setting. This includes an extension of the cleaning regime, with desk surfaces, chairs, doors, light switches, banisters, sinks and toilets being cleaned more regularly. There will be routine cleaning and disinfection of frequently touched objects and surfaces (e.g. telephones, keyboards, door handles, desks and tables).

Any cleaning measures will only support reducing the risk of transmission where hand hygiene and hand washing are adhered to. Materials such as disinfecting spray and paper towels are readily available and will be used to easily spray and wipe surfaces. Normal cleaning products used throughout the year are sufficient in supporting hand hygiene and the ‘catch it, bin it, kill it’ measures. Whilst there are no cleaning products available that have been tested and proved to definitively eradicate COVID-19 viral strains, a standard range of cleaning materials such as ‘Shield’, ‘Protect’, ‘Milton’ and on occasion ‘chlorine solution tablets’ can support hygiene measures. Bleaching agents will be used on occasion when they can be deployed to address more specific cleaning requirements such as where bodily fluids on surfaces are present.

All cleaning products are stored and used in accordance with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.

Wherever possible, resources which are not easily washable or wipe-able will be removed. Surfaces in eating areas will be wiped down and disinfected in between each sitting.

Cleaning of the staff areas will be considered as part of the overall cleaning strategy. Staff should use their own cup/cutlery and ensure these are cleaned straight after use. Any crockery and cutlery in shared staff kitchen areas will be cleaned with warm general-purpose detergent and dried thoroughly before being stored for reuse.

The playgroup will continuously clean toilets and wash facilities. Clear signage regarding the washing of hands after using the toilet is displayed and appropriate hand drying equipment (hand dryer/paper towels) are provided.

Enhanced and Terminal Cleaning will take place during an outbreak of COVID-19.

The playgroup are aware that where a confirmed COVID-19 case is identified within a group, any material that cannot be effectively cleaned will be quarantined for 72 hours or disposed of. Anything being disposed of will be stored safely for at least 72 hours before disposal with normal waste.

**The Use of Personal Protective Equipment (PPE) in the playgroup**

Staff in childcare settings will not require PPE other than for certain tasks deemed to be of higher risk of transmission. However, if any member of staff who wishes to wear a face covering, due to clinical vulnerability or otherwise, will be supported to do so.

The circumstances in which PPE is required are:

* working with children whose care routinely already involves the use of PPE, due to their intimate care needs
* giving children medication.

PPE in these situations means:

* fluid-resistant surgical face masks;
* disposable gloves.
* disposable plastic aprons
* eye protection (for example a face visor or goggles).

Where PPE is recommended (as above), this means that:

* facemask should be worn if a distance of 2m cannot be maintained from someone with symptoms of COVID-19 (symptomatic children should not be in the setting)
* if contact is necessary, gloves, an apron and a facemask will be worn
* if a risk assessment determines that there is a risk of fluids entering the eye (e.g., from coughing, spitting or vomiting), eye protection will also be worn.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on donning (putting on) and doffing (taking off) PPE safely to reduce the risk of contamination.

Face masks:

* MUST cover both nose and mouth.
* MUST be changed when they become moist or damaged.
* MUST be worn once and then discarded – hands must be cleaned after disposal.
* MUST NOT be allowed to dangle around the neck; and
* MUST NOT be touched once put on, except when carefully removed before disposal.

**Staff and children who are vulnerable in relation to Covid-19**

Playgroup staff and parents will continue to seek the latest information in relation to those considered to be vulnerable or clinically extremely vulnerable. Where clinically vulnerable individuals are attending playgroup, dynamic risk assessments will be carried out in partnership with parents (where the individual is a child rather than a member of staff) or the relevant member of staff and arrangements will be made to enable appropriate physical distancing wherever possible.

**Test, Trace and Protect**

Children who exhibit any of the symptoms associated with COVID-19 (new,continuous cough, fever, change in taste or smell) will not attend Little Buds Playgroup and anyone who develops symptoms at the playgroup will be sent home. The N.I. Executive has rolled out a Test and Trace and Protect strategy designed to control the spread of COVID-19 and all symptomatic staff and children are expected to obtain a test for COVID-19 and should self-isolate along with the relevant household members while awaiting the result.

If a child has symptoms and is not attending playgroup or has developed symptoms while attending childcare the following should happen:

* The child should have a test arranged by their parent by phoning 119 or via the web portal. Pending the result of this the child self-isolates as does their household.
* The playgroup will identify other children who were potentially exposed to the symptomatic child and meet the definition of a close contact, in readiness for the test result and potential symptoms in those contacts.
* If the result of the test is negative the child can return to the playgroup, as long as they have been fever free for 48 hours, and the household can return to normal activities. In this outcome there are no further implications for the playgroup.
* If the test is positive the parent should inform the playgroup leader at the earliest opportunity.

**Close contacts of Covid-19**

From Monday 16 August, fully vaccinated staff will no longer have to isolate (more than 14 days since you received the second dose of an approved COVID-19 vaccine) for 10 days if someone they have been in close contact with tests positive for COVID-19. Instead of staying at home and isolating, they should get a PCR test on day two and day eight of the 10-day period following last contact with the positive person. If the PCR test is positive, whether or not you have symptoms, they are now a confirmed case and should complete a period of 10 days self-isolation from the date of symptom onset or the test was taken if there were no symptoms. If they have been identified as a close contact and are fully vaccinated, they are advised not to visit hospitals or care homes for 10 days and to minimise contact with those known to be at higher risk if they contract COVID-19, such as the Clinically Extremely Vulnerable Group (CEV) for 10 days. This applies to close contacts only. If they have symptoms of coronavirus (COVID-19), whether vaccinated or not, they should immediately isolate and book a PCR test.

Children and young people (aged five to 17) who are not fully vaccinated and are identified as a close contacts need to self-isolate and book a PCR test as soon as possible. If the PCR test is negative, they can end their self-isolation and but should arrange to take another PCR test eight days after the last known contact. If the child or young person who is a close contact develops symptoms at any time, they should immediately self-isolate and book a PCR test, even if the earlier PCR tests were negative. If any of the PCR tests are positive, this means they have the infection and they should self-isolate for 10 days, in line with advice for confirmed cases.

Any children under the age under the age of five will be encouraged, but not required, to take a PCR test. They do not need to isolate unless they develop symptoms or have a positive PCR result.

A close contact who is fully vaccinated, or under the age of 18 and has had a positive PCR test within 90 days of the date of contact with a person testing positive for COVID-19, does not need to isolate and does not need to book tests at day two and day eight. However, if symptoms develop, they should isolate and book a PCR test.

The playgroup still inform the HSC Trust Early Years Team of a positive case of COVID-19 in the setting, and in any of the following circumstances:

* When they playgroup has to close for a temporary period due to:
* a positive case of COVID-19 and related self-isolation requirements; or
* a member of staff self-isolating and consequently the setting being unable to meet the staff/child ratios and a group or the whole setting close temporarily as a result.
* When the playgroup has to close down completely for a temporary period due to lack of demand or staff shortages.

**None compliance with test, trace and protect**

Regrettably there may be some staff members and/or parents who do not wish to comply with the public health guidance in relation to COVID-19, including choosing not to follow the advice to get tested or self-isolate.

Where it is clear to the playgroup leader that such an individual has been:

* in a location that requires quarantine on return,
* a close contact of a confirmed case and required to self-isolate; or,
* is displaying clear COVID-19 symptoms

In line with our general duty of care for all children and staff, the leader will inform them/the child’s parents that they cannot attend the setting until 10 days of self-isolation has been completed. Where such an individual comes to playgroup, they will be isolated and sent home.

**Pediatric First Aid Certification**

There is always one member of staff on duty that has an up to date pediatric first aid certificate. All staff are required to complete this course as part of their core training and to update it every three years.

**Communication with parents**

Little Buds will be mindful that many parents may be anxious about sending their child to the playgroup. Clear communication with parents regarding the measures being taken to ensure the safety of their children is necessary, including the role that they play, as parents, in the safe operating procedures. Staying at home for a prolonged period and the change of routine may have caused difficulties for some children, such as changes in behaviour or mood.

The playgroup will consider how to ensure communications are accessible to specific groups of parents (e.g. parents with English as an additional language) and parents of vulnerable children. Particular care will be used in planning for children with additional needs to return to their settings. Re-adjustment to the routines in a setting may prove more challenging for some children with additional needs than others, and consideration and planning will be given as to how support children to settle back into their setting.

The playgroup will share the Department of Health’s latest childcare guidance for parents with the parents of any children in our playgroup through a link in a text.

**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 and Big Buds management team.

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

(on behalf of the management team)

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

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

Reviewed on:

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

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