Key Person and Intimate Care Policy

Once a child registers with the nursery it is our policy to allocate each child a key person and a secondary key person. Nursery staff are fully aware of the implications which major life changes can have on a child, so we try to make a child’s experiences in starting at the centre as positive as possible.

Key persons in our setting are vital, they are the main link to a family and help to ensure that staff and parents work together so that the child receives the best care for their individual needs. The role of the secondary key person is to support the child and family in the absence of their key person. At times allocated key persons may change due to a child’s preference to another staff member, staff skills and experience or staff movement.

The key person is responsible for:

- Inducting a new child and parent/carer into their base room.
- Where possible carrying out intimate care duties such as nappy changing, toilet training and administering medication.
- Ensuring that children’s development is observed and recorded by using photographs and uploading children’s progress onto our online Learning Journey.
- Following a child’s interest to ensure relevant activities are planned and carried out to extend the child’s development and learning.
- Regularly liaising with parents/carers.
- Holding key person meetings with children’s parents/carers, which includes sharing assessment points termly.
- Ensuring transition meetings are held when a child is moving rooms, to ensure smooth transition for parents and child.
- Addressing any worries or concerns a parent/carer may have regarding their child’s care, development and health.
- Completing any recording required for safeguarding other agencies.

The relationship between you and your child’s key person is very important for all concerned. However, please do not put any member of staff in a difficult situation by for example, asking them to babysit for you. Our Code of Conduct does not allow this.
The Importance of Sleep and Rest

We believe that sleep and rest are important for children and each child’s individual needs are met at all times. If children become tired or need to rest they will have the opportunity to do so to allow them to experience the best possible learning outcomes.

Safe sleep and napping practices reduce the risk of sudden infant death syndrome (SIDS) and the spread of contagious diseases. SIDS is the unexpected death of a seemingly healthy infant under one year of age for whom no cause of death can be determined. It is the leading cause of death in children from one to twelve months of age. The chance of SIDS occurring is highest when an infant aged under one first starts child care.

In order to maintain safe sleep practices, the following procedures will be followed:

- Healthy infants under the age of 12months will always be put to sleep on their backs.

- Side sleeping is not as safe as back sleeping and is not advised. If a parent/carer requests that their child be put to sleep in a position other than on their back the parent/carer must provide a doctors signed note that explains how the infant should be put to sleep and the medical reason for this position. This note will be kept in the child’s family file and all staff will be notified of the infant’s prescribed sleep position.

- When an infant is able to roll from back to side or stomach, the infant will be placed on their back.

- Infants will be placed to sleep on a firm mattress either in a cot or on a sleep mat.

- Infants under the age of 1 year will be placed in ‘Feet-Foot’ position with the infant’s feet at the bottom of the mattress. A thin blanket that reaches only as far as the infant’s chest is to be placed under the infant's arms and tucked around the mattress. This position prevents the blanket from slipping up over the infant’s face or the infant slipping under the blanket.

- Infants will not be placed in a position that exposes them to overheating e.g. next to a radiator or near a window on a hot sunny day.