



# AUTUMN COTTAGE CHILDCARE

# CHILD MANAGEMENT POLICY

EYFS 3.58 - 3.60

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## ABOUT THIS POLICY

This Policy details how Autumn Cottage (AC) manages children within the setting and its methodology for behaviour control. Key topics are:

- Enrolment
- Settling In & Progress Check
- Behaviour Management
- Physical Handling
- Nappy Changing

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## ENROLMENT

### CHILD PROFILES

See Admissions Policy.

### CIRCLES

AC allocates children to a named Circle based upon their age group – Baby, Toddler, and Pre-School. Where there are larger numbers within any Circle, additional groupings may be developed. Like Houses in schools, these help the children develop a sense of belonging.

Each Circle has a Leader who is responsible for the children and manages the other staff. This person may also be a Key Person (see below) for children with their Circle.

### KEY PERSON

In accordance with EYFS 2024, each child is assigned a 'Key Person' from AC staff. The role of the Key Person is to:

- Act as the key contact for parents, building a strong relationship.
- Help complete admission forms, including Consent forms.
- Explain AC policies and procedures, with particular focus on Safeguarding and Prevent.
- Work with parents to establish bespoke common goals for the child's well-being, care and learning.
- Help the child become familiar with the setting and offer a settled relationship.
- Enter the child's Learning Journey and developmental records on EYLog.
- Have links with other carers involved with the child (e.g. childminder) and coordinates sharing of appropriate information about the child's development with them.



## **SETTLING IN**

AC's Settling In procedures help children to feel comfortable in the setting, to benefit from what it has to offer, and want to return at the end of the session. For this, AC aims to create a partnership with parents by:

- Encouraging parents to visit the setting with their child before admission.
- Allowing flexible admission procedures for individual families and children.
- Creating opportunities for information exchange including their child's achievements and interests.
- Supporting families in the setting for as long as it takes to settle their child.

AC judge a child to be settled when they have formed a relationship with their Key Person and the child:

- looks for the Key Person when he/she arrives and goes to them for comfort.
- Is familiar with where things are.
- Is pleased to see other children and participate in activities.

## **UNSETTLED CHILDREN**

If a child is unsettled/crying, AC will comfort them appropriately. If the distress continues, AC will call parents/carers to return to the setting, as a child's distress will prevent them from learning and may prevent them from wanting to return. However, AC reserves the right not to accept a child into the setting without a parent or carer if the child finds it too distressing to be left.

## **PROGRESS CHECK**

When a child reaches 2 years (or before the child is 3), their Key Person carries out a Progress Check in accordance with the guidance issued in EYFS 2024, and local procedures. Its aims are:

- To review the child's development and provide a clear information for parents.
- To note areas where the child is progressing well or where progress is less than expected.
- To describe the actions to address any developmental concerns (including working with other professionals) as agreed with the parent(s).
- To plan activities to meet the child's needs and support parents to understand the child's needs to enhance their development at home.

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## **BEHAVIOUR MANAGEMENT**

### **POSITIVE BEHAVIOUR**

AC aims to help children take responsibility for their own behaviour by adopting a combination of approaches, including:

- Positive Role Modelling and example setting.
- A stimulating, interesting and challenging learning environment.
- Setting and enforcing appropriate boundaries and expectations.



- Providing positive feedback.

At the same time, AC works with parents to help their children understand appropriate expectations for positive behaviour through:

- Praise for good behaviour.
- Individual attention to feel valued.
- Listening to what the children have to say.
- Rewarding good behaviour incl. behaviour chart and certificates.

AC has a designated Behavioural Co-ordinator who is trained in Behaviour Management.

### **CHALLENGING BEHAVIOUR**

AC does NOT use any form of corporal punishment to manage children's behaviour, including smacking, time out, threats, shouting or humiliation.

For persistent inappropriate behaviour, AC uses the industry standard ABC method to assess the behaviour and create a Behaviour Plan to promote more positive behaviour (ABC Observation sheet). All staff are trained in this technique.

### **Incidents**

When challenging behaviour harms another child, AC will inform parents/carers of the children involved and ensure they understand the situation, including:

- Sequence of events.
- Steps taken to comfort the child who was hurt.
- How staff handled the situation.

For reasons of confidentiality, the identity of the children involved will not be identified to the other parent. Parents will be invited to discuss detailed strategies for managing their child's behaviour to develop consistency of practice between the setting and the home. External agencies may be referred to for additional guidance, especially if the child may have special educational needs. Parents will be included in every stage of a referral.

### **Sanctions**

If all intervention steps do not result in a change in a child's behaviour, the Manager may suggest the child changes or decreases their sessions at AC. These intervention steps may include those taken in collaboration with other agencies. Ultimately, the Manager may suggest the child is withdrawn to find a more suitable setting.

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## **PHYSICAL HANDLING**

There are occasions when a child's behaviour may require physical handling. AC has two main types of physical handling.

### **POSITIVE HANDLING**



The positive use of touch is a normal part of human interaction. Using appropriate care, AC uses positive handling in appropriate situations for example:

- Giving guidance to children (such as how to hold a paintbrush, or when climbing).
- Providing emotional support (such as placing an arm around a distressed child).
- Physical care (such as first aid or toileting).

AC are aware that for some children, touch would be inappropriate, such as those with a history of physical or sexual abuse, or from certain cultural groups.

### **RESTRICTIVE PHYSICAL INTERVENTION**

This is when a member of staff uses physical force intentionally to restrict a child's movement against his or her will. In most cases, this will be using the adult's body rather than mechanical or environmental methods. AC only uses physical restrictive handling when:

- A child is injuring themselves or others.
- A child is damaging property.
- To prevent imminent injury or damage.
- Leaving the setting without adult supervision.

Staff aim to avoid the use of any restrictive physical handling by using positive behaviour management, e.g saying 'Stop', unless the situation calls for immediate action. When physical intervention is used, reasonable minimal force is applied for as short a time as possible. This policy also applies staff have charge of children off site.

Physical Restrictive Handling will never be used out of anger or as a punishment.

### **MANAGEMENT OF PHYSICAL HANDLING**

All other methods of behaviour management will be considered/used before any physical intervention is used, including humour, distraction, relocation and offering choices. In some instances, use of restrictive physical intervention may make the situation worse and staff will need to do something else i.e. give instructions to stop, seek help, or make the area safe.

### **Training**

All staff are trained in Physical Restrictive Handling techniques which include:

- Side-by-side contact with the child.
- To be aware of head positioning, to avoid head butts.
- To avoid lifting the child.
- To not restrict the child's ability to breath.

### **Physical Handling Plan**

Where an individual child's behaviour means they are likely to require frequent physical restrictive handling, AC will discuss this with parents and develop a Physical Handling Plan (PHP). This would specify the most appropriate staff member(s), and other methods to be used to support the child and maintain their physical and emotional health. Other



professionals may be consulted in the making of the plan, such as the County Inclusion Officer, Educational Psychologists, Portage, Social care team.

Parents give their consent to the PHP which is reviewed every half term or more often if there are major changes in the child's behaviour.

### **Post Incident Support**

- Child - The child will be helped to understand why they were held when staff and child are calm enough to talk productively.
- Observers - Staff may also talk with children who observed the incident. Support will be given to the staff involved both, directly or as observers.
- Staff - The staff will have an opportunity to share what happened with other staff members.

This after-incident support is intended to repair the relationship between the child and restraining adult. Staff will review the child's Behaviour Plan so that the risk of needing to use Restrictive Physical Intervention is reduced.

### **Reporting & Monitoring**

Staff member(s) involved in a physical handling incident will report it using a Physical Handling Incident Record. Parents of children involved will also be informed and the incident discussed. The parents will be asked to sign off this Record.

AC will review incident forms (Sometimes with the Area INCO) to help identify trends, and reflect on how AC can intervene to meet the needs of these children.

## **NAPPY CHANGING**

It is important that during nappy change time, we continue to treat babies and toddlers with ongoing respect and be mindfully present during this important time. It's important we turn a mundane routine into a conscious and mindful ritual, remembering to slow down, to include baby, asking for their assistance, to use gentle "asking hands" instead of busy, efficient ones. It's important that children are part of the nappy changing process, even our youngest babies, slow down and give respect "can I check your nappy now please?"

Nappy changes are also a time where we, as practitioners, should be alert to any unusual bruising, particularly on a non-mobile baby. Should you find a bruise, even if you are unsure, always speak to your Room Leader, or DSL for clarification.

We enable a two-way exchange between parents and key persons so that information is shared about nappy changing and toilet training in a way that suits the parents and meets the child's needs.

We have appropriate designated facilities for nappy changing which meet the following criteria:

- Facilities are separate to food preparation, serving areas and children's play areas. We use privacy screens within our rooms to provide a comfortable and secure environment for intimate care routines.



- 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') before being placed in the bin. Bins are lined with Yellow Sacks, have a lid and at the end of the day are always emptied into an appropriate waste collection area.

Staff changing nappies will wear PPE inclusive of a disposable apron and gloves. Gloves should be cleaned with antibacterial wipes during each nappy change. Staff will ensure they have all the equipment they need before each nappy change. Staff must keep nappy bags, gloves and aprons out of reach of babies and children. Staff will clean, disinfect and dry mats thoroughly after each nappy change; disposable towels or paper roll are discarded after each nappy change.

All new employees responsible for changing nappies or pull ups must complete the following steps during their initial induction:

1. Observe a nappy changing procedure
2. Undertake 2 nappy changing procedures (supervised)
3. If the new employee correctly follows all steps in the nappy changing procedure on 2 occasions (and they have a Valid DBS) they are able to change nappies unsupervised.
4. This completed form must be filed along with all other induction information in the new employee's personnel file.