



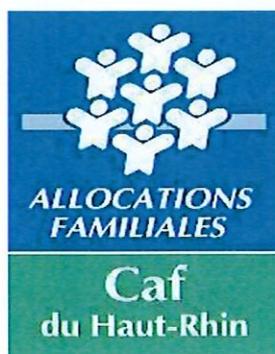
SAINT-LOUIS
Agglomération
Terres d'avenir

TOM-POUCE

OPERATIONAL HANDBOOK



Tom Pouce Day Nursery
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68220 HAGENTHAL LE BAS
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AUGUST 2023



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INTRODUCTION

On 1st January 2017, the Reorganisation of French Regions (NOTRe) legislation came into force. This required local authorities, with a population of less than 15,000 inhabitants, to amalgamate in order to reach this population size.

Thus the "Community Councils" of Porte du Sundgau, Pays de Sierentz and 3 Frontières have merged to become SAINT-LOUIS AGGLOMERATION.

This new entity, comprised of 40 *communes*, covers a surface area of 269 km² and includes approximately 83,000 inhabitants.

The Saint-Louis Agglomeration delivers "Early Years" services, which is an optional service that was previously provided by the Community Council of Porte du Sundgau.

This new region offers families an Early Years service that incorporates:

4 Day Nurseries with 2 different management structures.

➤ Direct Management (Board):

Tom Pouce
3 rue Oberdorf - 68220 HAGENTHAL-LE-BAS
Tel: 03.89.68.15.99
Email: tompouce@agglo-saint-louis.fr

Les Loustics
22 rue de Belfort - 68730 RANSPACH-LE-BAS
Tel: 03.89.68.26.21
Email: loustics@agglo-saint-louis.fr

➤ Delegated Management under the DSP Framework (Délégation de Service Public [Public Services Outsourcing]):

Les Trois Cygnes
3, Rue des Cygnes - 68440 LANDSER
Tel: 03.89.26.86.94
Email: multiaccueil@creche-landser.fr

Les Lucioles
55, rue Rogg Haas - 68510 SIERENTZ
Tel: 03.89.26.26.29
Email: multiaccueil@creche-sierentz.fr

3 RPEs (Relais Petite Enfances [Early Years Support Hubs]):

Hagenthal-Le-Bas RPE
3 rue Oberdorf - 68220 HAGENTHAL-LE-BAS
Tel: 03.89.68.14.10

Huningue RPE
6 rue des Boulangers - 68330 HUNINGUE
Tel: 03.89.70.93.68

Sierentz RPE
57 rue Rogg Haas - 68510 SIERENTZ
Tel: 03.89.28.59.14

"Tom Pouce" and "Les Loustics" are run in accordance with the provisions of Decree No. 2021-1131 of 30 August 2021, relating to establishments and services that provide childcare for children under 6 years and modifying the Public Health Code (regulatory provisions). The operation of the Nurseries also takes account of the various directives issued by the Upper Rhine CAF (Caisse des Allocations Familiales [Family Benefits Fund]) and the PMI (Protection Maternelle et Infantile [Mother and Child Protection]), as well as this Handbook which has been approved by the Community Council.

"Tom Pouce" Day Nursery opened its doors to the public in Hagenthal-le-Bas in January 2002, following a large-scale building refurbishment funded by financial aid from the CAF (Family Benefits Fund), Upper Rhine District Council, Alsace Regional Council and the State. Building work was undertaken during the summers of 2012 and 2013 in order to increase capacity, which grew progressively from 20 to 25, and then to 30 places, which has been the capacity since September 2014.

A 2002 survey of Porte de Sundgau inhabitants and the 2005 *Departement* Plan both confirmed the need for a second Early Years facility. . So in March 2008 a nursery with the capacity to accommodate 30 children was opened in Ranspach-le-Bas.

The building was financed by the Upper Rhine Family Benefits Fund, Upper Rhine District Council, Alsace Regional Council, ADEME (Environmental Agency), the State (DDR subsidies for rural areas) and the Saint-Louis and Trois Frontières District.

MAP



1. ROLES AND RESPONSIBILITIES

1.1. ADMINISTRATION

The administration of nursery staff is subject to the rules of the French Civil Service. The Saint-Louis Agglomeration, represented by its President, oversees the running of the facility.

The contact details for the Saint-Louis Agglomeration (SLA) head office are:

SAINT-LOUIS AGGLOMERATION
Place de l'Hôtel de Ville
CS 50199
68305 Saint-Louis Cedex
Tel: 03.89.70.90.70
Fax: 03.89.70.90.85
www.agglo-saint-louis.fr

The President is criminally, civilly and administratively liable for the organisation. He ensures that relevant legislation is respected in community institutions. The Saint-Louis Agglomeration is run by a Community Council whose regular meetings are open to the public.

The facility is managed jointly on a day-to-day basis by the Nursery Management Team and the administrative departments of the Saint-Louis Agglomeration. Together, they look at and resolve any operational and security issues; ensure partnership working with the CAF (Family Benefits Fund), the departments of the CeA (Collectivité Européenne d'Alsace [European Collectivity of Alsace]), and the PMI (Mother and Child Protection); apply for grants; source suppliers and agents, and manage Nursery employees (recruitment, training, appraisal, etc.) within the regulations set out in this Operational Handbook.

The Nursery has "Civil Liability" insurance compliant with law N°2003-706 of 1st August 2003, covering children against injury caused by any member of staff (including the administration of medical treatment and care) or by other children.

1.2. NURSERY STAFF

The staff employed by the Saint-Louis Agglomeration, and under the authority of its President, is comprised of a multidisciplinary team.

1.2.1. Manager

The Nursery is managed by an experienced Nurse who:

- Implements previously defined plans, in agreement with the Saint-Louis Agglomeration President and administrative services;
- Ensures the building is fit for purpose, and ensures the safety of the children, staff and trainees;
- Is responsible for organising the staff's workload depending on the children's attendance schedule;
- Implements the School Plan and ensures that the processes and procedures set out in the Operational Handbook are followed;
- Provides information about the running of the Nursery to any interested party;
- Is responsible for the admission and enrolment of families;
- Reports any serious accidents that occur on the premises or during activities to the PMI (Mother and Child Protection);
- Is responsible for compliance with current legislation concerning accreditation and supervision of children by qualified staff;
- Is the point of contact for the various partners (CAF, PMI, and Saint-Louis Agglomeration);

- ❑ Is also responsible for health and hygiene. She works with the Nursery's Health and Inclusivity Doctor to oversee the implementation of preventive general hygiene measures and measures to be taken in the event of contagious diseases, epidemics and other health risks;
- ❑ Develops food, hygiene and safety policies and is responsible for their implementation by the members of staff;
- ❑ Plays a preventive and informational role with regard to the teams, parents, and children;
- ❑ Supervises the daily balanced diet of the children and works closely with the meal and snack provider;
- ❑ Manages the housekeepers and the maintenance technician.

1.2.2. Depute

The Depute is an Early Years Educator, who assists the Manager in their tasks, ensuring continuity of Nursery management and the incumbent responsibilities whenever the Manager is absent.

She is responsible for monitoring and supporting trainees and ensuring they have a point of contact.

If the Management Team and/or the Head of Health and Hygiene is absent, continuity of management is provided by an Early Years Educator or Nursery Nurse.

If this is not possible due to staffing issues, the Management Team will delegate this responsibility to a qualified professional with at least one year's experience within the establishment.

The Manager and the Depute are responsible for the smooth running of the facility. They lead and manage a multidisciplinary team, oversee the wellbeing and safety of the children, and welcome and provide information to parents. They have periodic contact with the children in their role that encompasses both education and healthcare.

1.2.3. Early Years Educators

Early Years Educators are professionals who are qualified in the care of children between 0 and 6 years old. They supervise the unhampered development of each child, responding in the most appropriate way to their individual needs. They are the main point of contact for the group and are responsible for ensuring that it runs smoothly. They are also responsible for the children's physical and emotional security and the implementation of projects. They provide a wide range of targeted activities that respect the rate of development of each child. They liaise between the team and Management.

1.2.4. Nursery Nurses

Nursery Nurses are professionals who are qualified in the care and early learning of young children. They support the child's development, most particularly with regard to hygiene, eating, sleeping, health and early learning.

They work together with the Head of Health. They assume the responsibilities of the Head of Health, when he/she is absent.

1.2.5. Nursery Assistants

Nursery Assistants hold a qualification defined by the decree of 3 December 2018, updating the decree of 26 December, 2000. They are responsible for the welcome, care, hygiene and support of children throughout their day, helping them to socialise, suggesting activities, and accompanying them on their journey to independence.

1.2.6. Housekeeper

He/she organises mealtimes and snack times, oversees the weekly delivery of food and participates in cooking activities. He/she also oversees the hygiene and cleanliness of the establishment in line with current procedures.

1.2.7. Maintenance Technician

He/she helps to make the children feel welcome and ensures the daily maintenance of the premises and equipment. He/she respects the hygiene rules defined in the procedures.
These tasks may be assigned to an external provider.

1.2.8. Secretary

He/she participates in the administrative management of the Nursery and revenue collection.

Before starting their employment, each member of staff must provide a Criminal Record Disclosure No. 3 that is less than 3 months old.

Each voluntary or paid helper who has direct contact with the children, must sign an agreement with the Saint-Louis Agglomeration beforehand, provide proof of civil liability insurance, a Criminal Record Disclosure No. 3 as recommended by the decree and also have all their mandatory vaccinations up-to-date.

2. OVERVIEW OF THE FACILITY

The TOM POUCE Day Nursery is situated in Hagenthal-Le-Bas. It provides a community environment and welcomes children from 10 weeks up to their 5th birthday. Its operation complies with the French Public Health Code and the directives of the PMI (Mother and Child Protection). Its purpose is to fulfil families' childcare needs as closely as possible.

Its primary function is to be a place where children live, grow, socialise, discover and learn to become more independent.

It is also a friendly place where the parents who use the facility can meet and interact.

It can accommodate 30 children, or up to 35 children at one time, as long as the total average over the week does not exceed 30. It is also equipped to cater for children with disabilities.

The staff – child ratios are:

- 1 teacher to every 5 children who have not yet learned to walk
- 1 teacher to every 8 children who have learned to walk

The children are divided into 2 groups throughout the day, defined by the age and development of the child:

- The "POUCES" for children from approximately 2½ months to 18 months/2 years. This group is located on the 1st floor.
- The "TOMS" for children approximately 2 years and over. This group is located on the ground floor.

2.1. OPENING HOURS

The facility is open 10½ hours per day, from Monday to Friday between 7:30am and 6:00pm, excluding public holidays.

It is closed about 4 weeks per year (between Christmas and New Year plus 3 weeks in summer) and potentially some additional days between public holidays and the weekend.

A calendar of planned closures is published each year.

The facility is closed on French public holidays: 1st January, Good Friday, Easter Monday, Whit Monday, 1st May, 8th May, Ascension Day, 14th July, 15th August, 1st November, 11th November, 25th and 26th December (the provisional calendar of closures is posted on the noticeboard).

One-off staff training days may be added to these dates. These will be posted beforehand in the foyer of the facility and/or information notes will be given to each parent.

Families must:

- Respect the drop off and pick up times agreed with the Management Team at enrolment to ensure a smooth handover for the child and also avoid disruption to the organisation of staff duties.
- Respect the closing time of the facility

However, if the child is still present when the facility closes, staff will try to contact their parents or any other person with prior authorisation to collect the child.

Each family must include in their file: the name, address and telephone number of at least 2 adults who are able to take care of their child.

One hour's grace will be granted, after which the staff will be obliged to contact the police station, who will take charge of the child.

2.2. ATTENDANCE AND OPERATION

Regular Attendance:

Attendance is regular and planned. A contract must be drawn up with the parents, according to their requirements, for any duration, and submitted within the timeframe communicated by Management. In case of late submission, the place may be given to another child.

Places are reserved for the academic year but in order to meet the needs of families, the contract is defined quarterly.

Occasional Attendance:

Attendance is not renewed in advance in a planned way. This type of attendance does not necessarily require a contract. It is dependent on available spaces.

Emergency Attendance:

Emergency attendance is not expected or planned and is only in exceptional and unforeseen circumstances.

Children with a disability:

A child with a disability may attend the facility on a regular or occasional basis. The child will receive a PAI (Projet d'Accueil Individualisé [Personal Welcome Plan: see Page 13]).

Children with allergies or other health issues:

A child with allergies or other health issues may attend the facility on a regular or occasional basis. The child will receive a PAI (Personal Welcome Plan). In the case of a medically confirmed allergy, parents will be required to provide meals for their child in line with the current Nursery policy. The reintroduction of a food allergy can only be done under medical prescription after it has been reintroduced at home.

Children living in poverty and/or from households on a social inclusion or employment pathway:

Attendance is planned. The lowest rate on the CAF scale will apply and their contribution will be adjusted depending on the number of children in the family.

The facility welcomes children from all social backgrounds and does not discriminate.

2.3. PARENTAL PARTICIPATION

Parents' participation in Nursery life aims to improve the quality of the child's experience, enabling smooth transitions, and allowing parents to continue to assume their responsibilities. The arrival and departure of the child are important transition times in his/her day and special moments of dialogue between the parents and the people who have care of the child.

The role of parents is also recognised in:

- An individual meeting with the Director during final registration in order to ask questions relating to the reception of their child(ren)
- The opportunity to meet with the Management Team and/or Head of Health and Hygiene whenever parents feel it is necessary;
- The opportunity to telephone the Nursery and find a sympathetic ear, if they have any problems or concerns about their child;
- Participation in activities organised for specific dates (Christmas, Carnival, etc.) or social occasions (parent breakfasts and snacks, fair, etc.) or any other parent-child workshop led by professionals or an external speaker;
- Accompanying children on outings, subject to signing an agreement beforehand and providing their Criminal Record Disclosure No. 3;

- ❑ Making any suggestions, within the scope of the Nursery strategic plan, in partnership with the team;
- ❑ Participation in regular meetings between parents and professionals so that important subjects (sleeping, eating, etc.) can be discussed in partnership with similar organisations and/or provided by external professionals (RSAI, speech therapist, psychologists, etc.).

2.4. ECO-CRECHE CHARTER

The Saint Louis Agglomeration has committed to an environmental and energy transition policy through the *Territoire Engagé Transition Écologique* (European Energy Award) certification scheme.

As part of this process, an Eco-Creche Charter came into effect in September 2021, defining the environmentally responsible commitments of the 4 nurseries managed by the Saint Louis Agglomeration.

It is shared with families who use the service as well as all of the Saint Louis Agglomeration's institutional partners (PMI [Mother and Child Protection], CAF [Family Benefits Fund], MSA [Rural Social Security Fund], etc.).

3. ENROLMENT PROCESS

3.1. PRE-ENROLMENT FILE

Parents who wish their child to attend the facility, pre-enrol by filling in the relevant form, which can be downloaded from the Saint Louis Agglomeration website. Each pre-enrolled child will be added to a waiting list.

3.2. ALLOCATION OF PLACES

Places are allocated based on the following criteria:

Priority is given to families who are resident in the former "Combined Communes de la Porte du Sundgau", then former "Combined Communes du Pays de Sierentz" and "Combined District Council des Trois Frontières".

Availability of a place in the group corresponding to the child's age, at the requested times.

If there is no available place, children are added to a waiting list in date order of the requests.

A child with a disability will be granted a place after consultation with the team and potentially the Nursery's Health and Inclusivity Doctor.

3.3. CONFIRMATION OF ENROLMENT

Once an allocated place is confirmed, parents will receive an agreement form to sign and return. If any significant changes are made, the child's place will not be guaranteed.

Several documents must be provided at enrolment. The family and child records are confidential. Everyone in Nursery team is subject to professional confidentiality. Only the Management Team and the Head of Health will have full knowledge of the contents of the enrolment file.

On the first day of induction, the file absolutely must be returned and complete.

The enrolment file

Includes:

- The enrolment form, duly completed, including:
 - Last name, first name, address and phone numbers (mobile, work and home) of the parents.
 - Last name, first name and phone numbers of third parties, family members or close adult friends, authorised to collect the child in exceptional circumstances (in case of emergency or if the child has not been collected when the Nursery is closing).
 - Full contact details of the child's doctor.
- A copy of the family record book (including all family members).
- Proof of civil liability insurance, showing the name of the child, which must be provided at each renewal.
- The Family Benefits No. from the CAF (Family Benefits Fund) or MSA (Mutualité Sociale Agricole [Rural Social Security Fund]) (as applicable).
- A copy of a full tax declaration or sworn statement of income (if income is greater than the ceiling set by CAF).

Copy of the ruling on the right of custody (*in the case of separation or divorce*).

Doctor's Certificate confirming the child's ability to attend the Nursery, completed by the Nursery's Health and Inclusivity Doctor in **French**, stating clearly and legibly that the child is able to:

- participate in community life
- have barrier cream applied against nappy rash

and confirming that mandatory vaccinations are up-to-date (see Decree No. 2018-42 of 25.01.2018 relating to mandatory vaccinations). Each year, this certificate must be updated in September and may be provided by the child's doctor or paediatrician.

Furthermore, the health booklet must be shown at the various entry and monitoring medical checks carried out by the Nursery's Health and Inclusivity Doctor.

A medical prescription **written in French**, valid for 1 year, stating clearly and legibly which antipyretic medication (such as paracetamol) is to be administered in case of pain or fever, specifying:

- > last name, first name of the child,
- > his/her weight and date of birth or age,
- > name of the medication and frequency,
- > dose and duration of treatment.

The prescription must be **dated and signed by the prescribing doctor**.

In case of chronic illness, food allergy or disability compatible with community life, a PAI (Personal Welcome Plan) will be created in consultation with the parents, the child's doctor, the Management Team and the Nursery's Health and Inclusivity Doctor.

The provisional attendance plan for regular attendance children for the year and the calendar dates for the quarter (corresponding to the arrival time of the child).

Child's routine (only document to be brought along on the first day of induction).

All these documents should be returned to the Nursery as quickly as possible.

Any file which is incomplete when the child starts may result in the cancellation of his/her place.

Once the file is complete, the Management Team will issue the following **documents to check, sign and return**:

The contract

The authorisation form (*acceptance of the processes and procedures outlined in the Operational Handbook, adults permitted to collect the child, outings, photos/videos, medicine, interventions/emergency medical treatment, transport, FILOUE statistics [localised and anonymised data about children who use Early Years services], etc.*).

Parents are required to notify the Nursery of any changes to their situation (**house move, change of employer, loss of employment, etc.**).

Every January, families of children at the Nursery will be asked for their childcare requirements for the following "academic" year. If these requirements include changes to current times (extra days, different days, etc.), their request will be considered depending on availability. In response to their request, they will be sent a commitment form, stating the place they have been offered, which they should return to the Nursery as soon as possible.

The following documents in the enrolment file are to be renewed annually:

- Proof of Insurance,
- Medical prescription,
- Other Authorisations.

Contract

The child's admission is subject to a contract signed by both parents and a member of Management Team. It confirms the times of childcare. It includes the last name and first name of the child, the type of attendance, the days and times of attendance, the signature date of the contract, the amount payable by the family, etc.

One copy is given to the parents, another copy is kept in the child's file. Contracts are valid for a quarter (three months), to allow parents to plan their annual leave. Parents are required to provide dates within the lead times given, or they may be refused a place the following term.

The contract is signed on a quarterly basis. Invoices are issued monthly in arrears and include the planned number of hours for the month plus any additional hours that were required.

3.4. ADMISSION AND CHILD'S DAY

Enrolment in the Nursery is often, for the parents and their child, their first experience of mutual separation. It is an important point in their life.

It is therefore essential to put in place a phased start, tailored to the needs of the child. It is implemented over several stages, so that everything is done to ensure the family does not feel this milestone is a negative experience.

First visit: when enrolment is confirmed, parents are invited to visit the facility with their child and meet the staff. At the same time, they set the dates for a phased start.

Phased Start: The educational team proposes a phased start to ensure the child's separation from their parents is as smooth as possible. This also helps the child to get used to the facility. The start is unique to every child and their family. Familiarisation happens over several visits and always takes account of the individual child's needs. This phased start happens over several visits. Parents may be present during the first visits. The first familiarisation visit is free of charge.

Note: For all children, entry is only confirmed with the agreement of the Nursery's Health and Inclusivity Doctor.

The child's day:

Drop-off:

Each parent must sign their child in, on arrival at the Nursery, using the touch screen situated in the entrance hall. As the computer equipment is fragile, parents are asked to not let their child use the touch screen.

The person who drops off the child must accompany them to the room corresponding to their age group, remove the child's outdoor clothes (jacket, hat, etc.), help them to put on their slippers and hand them over to a member of staff.

Parents notify staff of any useful information for the child's day ahead (appetite, state of health, any medicine taken, new things, etc.).

Children must arrive dressed, clean (night nappy changed) and having had their breakfast.

**Parents are requested to respect the times in the contract.
If late, it will be more difficult for members of staff to be available:
group time, activities, meals, etc.**

Pick-up:

On the child's departure, staff tell parents about the child's day or half-day. Parents collect the child's things (comfort toy, soother, feeding bottle, dirty clothes, etc.)

Staff hand the child over to the parents or to a responsible adult, who is duly named in the authorisation that was signed previously, and with a form of identification.

The team will consult official documents (court order) before handing the child over to a parent or third party.

No permission for an unauthorised third party will be accepted over the phone, even in exceptional circumstances.

Parents are asked to pay particular attention to other children (siblings) that they bring to the Nursery, to avoid disruption and to ensure the safety of others on the premises.

Children can spend a maximum of 10½ hours (7:30am to 6:00pm) at the facility. As soon as they arrive to pick up their child, each parent will ensure that they confirm the departure of their child by using the touchscreen.

The Nursery closes at 6:00pm. Parents should therefore arrive a short time before closure so that they can have a conversation with staff.

⚠ For every minute the child is present over and above contracted hours, 30 minutes will be added to their invoice at the hourly rate defined in the contract.

Anyone who is not employed by the facility should wear shoe covers inside the premises. These are available in the entry hall.

Clothes and accessories for each child:

Items provided by the Nursery:

- Nappies,
- Nappy rash cream,
- Saline solution,
- Liniment.

Parents who do not wish to make use of the nappies provided by the facility may provide their own, after informing a member of the Management Team.

Reusable nappies may be permitted with the agreement of the Management Team. Nappy buckets must be maintained as hygienically as possible. Families must provide a sufficient quantity of nappies and accessories, otherwise staff will resort to using disposable nappies provided by the facility. The Nursery will provide storage for nappy buckets on a daily basis. These must be collected by the families at the end of each day.

Items to be provided by parents:

- A bag with the child's name
- Sufficient changes of clothing labelled with the child's name. The facility will not be responsible for the loss or exchange of clothes between children.
- Maximum 3 comfort items: 2 soothers which remain at the Nursery (optional) + 1 comfort toy
- A pair of slippers that the child can put on themselves (zip or Velcro)
- A cap or sun hat (seasonal)
- Clothes that are suitable for going out in the garden, both in summer and in winter.

Once a year, parents will be asked for:

- Swimwear or waterproof nappies for water games (in summer)
- A box of tissues
- A box of saline solution
- Feeding bottles (one large and one small) if required, guaranteed without bisphenol A for babies.

All the child's belongings, including soothers and comfort toys, must be labelled with their name.

Management will not accept any responsibility for the loss of unlabelled items.

Jewellery:

For their own safety, as well as the safety of others, children must not wear any jewellery (necklace, earrings, badges, bracelets, etc.) or make-up or nail varnish. The facility will not accept responsibility for loss, theft or accident. The Education Team and the Management Team reserve the right to refuse entry to the child.

Hair accessories:

Hair accessories (hair ties, clips, slides) are not allowed in the TOMS group.

Personal games and toys:

The facility's educational material is appropriate for the age of the children and undergoes a number of checks. Children are therefore **not allowed to bring their own games and toys** to the Nursery. If necessary, staff will be obliged to return any item to the cloakroom. Management will not accept any responsibility for loss, damage, theft or accident.

Food:

No food will be introduced for the first time by the Nursery.

Meals include morning snack, lunch and afternoon snack.

These are provided by the Nursery and are appropriate to the age of the child and their diet. In case of allergies identified in a PAI, parents are required to provide a packed lunch, in compliance with the facility's hygiene procedures.

Food will be provided according to the instructions received from parents or the child's doctor. It is the responsibility of parents to notify the education team of any allergies or food intolerance sanctioned by a medical certificate.

Specific diets will not be catered for (e.g. no eggs, lactose-free, etc.).

No food made at home by the parents can be given to the children (except in the case of proven allergies or intolerance supported by a PAI).

POUCES

A varied selection of small jars are available. Each morning, parents are invited to choose their child's food and inform the team of any changes regarding:

- the introduction of different foods
- quantities of milk in bottles.

As soon as a child is weaned and proteins are introduced at home, children may be given meals from the catering service (blended).

Breast milk:

Breast milk is subject to specific hygiene standards, which are to be agreed with the Head of Health and Hygiene.

Families may bring in breast milk, in compliance with the facility's hygiene procedures, and must include name, date the milk was expressed and whether or not it has been frozen.

Unused milk will be returned to parents the same day.

A quiet area is available for breast-feeding.

Baby milk:

Daily milk powder dispensers must be brought in an airtight container with the name of the child, quantity and name of the milk. Parents are responsible for the amount of milk put in the dispensers.

Containers of powder milk must arrive sealed and will be kept up to 3 weeks or 1 month (following the manufacturer's recommendations) after the date of opening and stored in the facility's bottle store.

Cartons are return to parents 24 hours after opening.

Mealtimes for POUCES:

All feeding will be on demand, depending on the routine defined by parents, nap times, and the needs of the child.

The transition from baby jars to catered meals (blended or cut up) will be made in consultation between the team, the Head of Health and Hygiene and the parents, taking account of the child's development.

Mealtimes for TOMS:

Morning snack: 9:15am

Lunch: 11:15am to 11:45am

Afternoon snack: on waking from nap (3:30pm - 4:00pm)

Parents can view the menus for the week, which are posted in the entrance hall. To help with organisation and to avoid waste, any one-off orders or cancellations for meals and/or snacks must be notified as soon as possible and no later than 8:00am the same morning.

The education teams request that children are
not dropped off or picked up during mealtimes
so that staff can be fully available and responsive to the children.

3.5. HEALTHCARE AND ILLNESS

Health and Inclusivity Doctor:

The doctor oversees the implementation of preventive, general hygiene measures and the measures to be taken in case of contagious diseases or epidemics, or other situations which may present a health risk. He co-ordinates any contact with emergency medical assistance. For all children who are regular attendees, the Health and Inclusivity Doctor sanctions the child's admission, after a medical check. In addition, the Health and Inclusivity Doctor carries out preventive checks on the children, monitors their development and settling in at the facility, in conjunction with the family doctor.

1. Inform, raise awareness and advise the facility's Management Team on matters relating to children's health, and inclusivity for children with disabilities;
2. Present and explain policies to professionals who are responsible for looking after the children;
3. Contribute to the establishment of the protocols annexed to the operating regulations as well as all the protocols of the establishment in conjunction with the health and hygiene manager and ensure that they are properly understood by the team
4. Support the implementation of measures that are necessary for good integration;
5. Ensure the implementation of all necessary measures to ensure the inclusivity of children with a disability;
6. For children whose state of health requires it, help and support the facility or the department's team in understanding and implementing the PAI (Personal Welcome Plan);
7. Ensure professionals receive health training and health promotion;
8. Assist in identifying children at risk, within the framework of the *departemental* measures for processing information that gives cause for concern;
9. Carry out medical checks on children, when deemed necessary, with the prior agreement of those with parental responsibility or the Management Team, and potentially refer the child, as required;
10. Deliver medical certificates to certify children's absence, or any reason why they should not be accepted into the group setting following the initial medical check and/or delegate this task to the child's doctor.

The name of the Nursery's Health and Inclusivity Doctor is posted at the entrance.

"In pre-schools, schools and childcare facilities, in the event of incomplete immunisation, the child is provisionally admitted. Keeping the child in the school or childcare facility is secondary to getting the missed immunisations within three months of provisional acceptance."

Reference: Decree No. 2018-42 of 25 January 2018 relating to mandatory vaccinations

Mandatory vaccines:

- DT Polio (diphtheria, tetanus, polio)
- MMR (measles, mumps, rubella)
- Hepatitis B
- Pertussis (whooping cough)
- Haemophilus influenza type B (Hib)
- Meningococcal C
- Pneumococcal.

Recommended vaccines:

- BCG

Decree No. 2007-1111 of 17 July 2007 discontinues mandatory vaccination for entry into a childcare facility. It remains however recommended for certain children, at the discretion of the child's doctor.

- Gastroenteritis

The "High Health Authority" recommends vaccination against rotavirus for all infants aged 6 weeks to 6 months.

☐ Meningococcus B:

Since April 2022, the recommendation to vaccinate all infants against invasive meningococcal type B infections, from 2 months and before the age of 2 years, has been included in the vaccination schedule.

☐ Bronchiolitis (RSV infection)

Medical visit:

With the approval of the facility's Management Team, the child may have a medical check-up (weight, measurements, clinical examination, up-to-date vaccinations, psychomotor development) carried out by the Nursery's Health and Inclusivity Doctor at the time of their admission. The parents' presence is requested and the health record must be made available to the facility on that day.

All children will be obligatorily seen by the Health and Inclusivity Doctor.

Illnesses:

The Health and Inclusivity Doctor or the team will admit a child who is slightly ill but reserve the right to refuse an ill child or to keep a child who is becoming ill.

Absence from the Nursery is strongly recommended for certain diseases, for the wellbeing of the child. The timeframes of recommended absence are as follows:

Strep throat	up to 2 days after the start of treatment with antibiotics
pertussis (whooping cough)	for 5 days after the start of treatment with antibiotics
hepatitis A	10 days after the start of jaundice
impetigo	No eviction if the lesions are protected. If the lesions are too extensive, for 72 hours after the start of antibiotic therapy,
invasive meningococcal disease	until clinically cured
mumps	9 days after onset of parotitis (swelling of the salivary glands)
measles	for 5 days from the rash appearing
scarlet fever	up to 2 days after the start of treatment with antibiotics
tuberculosis	until obtaining a certificate confirming that the patient is no longer contagious
Gastroenteritis Escherichia Coli entéro hémorragique	Return after presentation of a medical certificate attesting to 2 negative coprocultures at least 24 hours apart
Gastroenteritis Shigella connei	Return after presentation of a medical certificate attesting to 2 negative coprocultures at least 24 hours apart
Temperature >38.5° C	The child will be given the prescribed dose of medication to bring down their fever and the team will inform the parents by telephone. If, after one hour, the temperature remains at 38.5°C or above, the child must be collected within the hour. If the child shows signs of deteriorating health (sleepiness; irritability, etc.) they must be collected by their parents, or any other authorised person, as soon as possible .

The Management or the educational team reserve the right to refuse the admission of a child or to send him/her back to his home if his/her state of health is degraded and is not/no longer compatible with a group setting.

Visiting the community in the acute phase of the infectious disease is not desirable.

In case of persistent fever for more than 48 hours, a visit to your doctor is strongly recommended.

We ask that you notify the crèche teams if you or your child have one of these pathologies to inform the pregnant women who frequent the center (users or staff):

- Epidemic erythema (5th disease)
- Rubella

Mildly ill children may only be admitted if their health issue is not harmful to others.

The medical care of the child is the responsibility of the parents and is ensured by the child's doctor. The Nursery's Health and Inclusivity Doctor, contracted by the facility, provides preventive medical care, but may be called upon to examine a child at the request of a member of the Management Team.

All medical information (collapse, grommets, temperature, etc.) should be shared with the facility so that it may be managed and supervision may be adapted to the needs of the child.

The Management Team must be informed as soon as possible of any illness or infection affecting those close to the child (siblings, friends, etc.)

In the case of an epidemic (more than 3 cases identified in 8 days), a notice will be posted on the entrance door to inform parents.

Parents are asked to consult their doctor if the child develops any symptoms.

Note: In emergency situations (collapse, convulsions, dehydration, loss of consciousness, etc.), the child's welfare is the team's priority.

A member of the Management Team and/or the Head of Health and Hygiene will evaluate the situation and the child's general state of health and decide whether to call the Nursery's Health and Inclusivity Doctor, the child's doctor, emergency services or any other emergency medical intervention, with the prior consent of the parents (see medical authorisations). Any costs incurred will be payable by the parents.

Taking medicine:

Medication can only be administered on an exceptional basis, upon presentation of an authorisation signed by the parents and a medical prescription written in French, clearly and legibly stating:

- The child's last name and first name
- Their weight and date of birth or age
- Name of the medication and frequency,
- Dose and duration of treatment.

The prescription must be dated and signed by the prescribing doctor.

For hygiene and safety reasons, oral suspensions, oral reconstitutable medications, syrups and drops, etc. must arrive at the Nursery sealed and unused.

Please ask your doctor for a second bottle for the Nursery.

The following information must be clearly legible on the medicine bottle or box:

- The amount to be taken
- The time it is to be taken
- The last name and first name of the child



Generic Medicines

If your pharmacist chooses to dispense a generic medicine, they must note the name of the generic medicine on the prescription and validate it with the pharmacy's stamp.

It is preferable that medicines are given at home, in the morning and in the evening.

No medicine or other remedy (homeopathic, cream, gel, etc.) will be administered without a valid prescription, even if they are non-prescription medicines.

It is the responsibility of parents to inform the team of the doses that have been given on arrival at the Nursery, as well as the time they were administered, in order to avoid any overdoses.

Medicine should be handed directly to the member of staff at the door on arrival.

IMPORTANT!! DANGER: Do not leave any medication in your child's bag in the cloakroom!

Fever:

If a child develops a fever during the day (>38.5°C), they will be given antipyretic medicine (orally or rectally as prescribed by the child's doctor) and their temperature will be monitored.

Parents will automatically be informed and so must be able to be contacted at all times. The child's temperature will be taken again one hour later.

A temperature check will be carried out one hour after it is first taken.

If the temperature does not drop below 38°C or if the child's general condition deteriorates (drowsiness, irritability, etc.), the parents will be called again to arrange pick up of their child within 60 minutes after this second call.

If the temperature has dropped, the parents will be informed in the evening, when the child leaves.

If the team cannot contact the parents, they will try to contact a person authorised by them at enrolment, so that they can come and collect the child.

Concerning children whose temperature is equal to or greater than 40°, the parents or other authorized person are required to pick them up as soon as possible.

Sickness and Diarrhoea:

If a child passes 3 liquid stools or vomits while they are at Nursery, parents will be asked to collect their child immediately.

Parents or the authorised person are advised to consult their doctor as soon as possible.

4. PRICES AND CONTRACT

Pricing principle:

Invoicing is based on an hourly rate.

½ hour started = ½ hour invoiced
∅ Each half-hour started will be invoiced.

Prices are calculated using the CNAF (Caisse Nationale d'Allocations Familiales [National Family Benefits Fund]) scale.

Families contribute a percentage of the facility's resources, which is adjusted for the number of children in the family. This scale is reviewed annually.

Number of children	From 1st January 2022
1 child	0.0619%
2 children	0.0516%
3 children	0.0413%
4 children	0.0310%
5 children	0.0310%
6 children	0.0310%
7 children	0.0310%
8 children	0.0206%
9 children	0.0206%
10 children	0.0206%

If the family cares for a child with a disability which is recognised by the MDPH (Maison Départementale des Personnes Handicapées [District Commission for Persons with a Disability]) - even if it is not this child who is admitted to the facility - the contribution rate will be one step on the scale lower.

The contribution is statutorily applied within the framework of a lower and higher limit which is revised each year by the CAF (Family Benefits Fund).

The calculation of parental contributions when a child enters the facility is based on the tax declaration.

In the case of shared custody, the price will be calculated based on the rules governing that particular situation, in line with the CAF document which is applicable when the contract is signed.

If a child in foster care under Child Welfare (l'Aide Sociale à l'Enfance) is admitted to the Nursery, the lower limit of resources is used to calculate family contributions.

In accordance with the agreement of 15 January 2018, signed with the Upper Rhine CAF, the facility may access, via the CDAP (Consultation Dossiers Allocataires par les Partenaires [Access to Claimant's Records Service]), a partial consultation of the data issued by the CAF claimant database.

Access to this database enables the facility to obtain the required family contribution data in real time, for claimants who have declared their income to CAF: these families are therefore exempt from having to provide their tax declaration.

According to the provisions of the aforementioned agreement, the facility staff who are appointed and authorised to consult the record are bound by a duty of confidentiality.

Parents authorise the facility to retain CDAP documents, as required for auditing purposes.
If the information is not available in CDAP:

All taxable income will be taken into account for the calculation of household income, such as wages and salaries, pensions, land and property income, directors' and partners' pay, farming income, self-employment earnings, allowances, etc.

Before January, the latest tax declaration, or a sworn statement certifying that the household income exceeds the monthly income "ceiling" set by the CAF, must be provided to the Management Team so that it can recalculate the hourly rate invoiced depending on the family's financial situation. **If the family fails to provide documents for the calculation of prices, maximum rates will apply.**

Each parent also undertakes to notify the facility of any change of circumstances or social security system, whether General or MSA (Rural).

Any additional days not originally planned in the contract, will be invoiced at the hourly rate stipulated in the contract, in increments of 30 minutes.

Regular attendance:

A three-monthly contract will be created for regular attendees, specifying the monthly amount payable, based on the planned number of hours per month plus any additional hours actually required.

This contract is signed by both parents and a member of the Management Team. One copy is given to the parents, another copy is kept in the child's file.

Parents are required to inform the Management Team in writing of any changes to employment status, family situation, address or telephone number.

Any changes to the type of fixed price, to take account of changes in situation, will be made by the Management Team and will be confirmed in a signed amendment. Changes to the fixed price can only come into effect on the 1st of each month and are dependent on available places.

Occasional attendance:

Attendance will be invoiced by the hour, taking account of hours reserved and any additional hours used.

Emergency attendance:

In the event of emergency attendance, if the financial resources of the family are unknown, the minimum price applies.

Attendance of children living in poverty and/or from households on a social inclusion or employment pathway:

Attendance is planned. The lowest rate on the CAF scale will apply and their contribution will be adjusted depending on the number of children in the family.

The facility welcomes children from all social backgrounds and does not discriminate.

5. ABSENCE

In case of absence, the following rules apply:

- For a regular attendee, the only deductions that apply from the first day of absence are:
 - Sent home from the Nursery by the Nursery's Health and Inclusion Doctor
 - Hospitalisation of the child on presentation of proof of hospitalisation
 - Closure of the Nursery.
- A deduction from the second day of absence is granted in the case of an illness lasting more than two days upon presentation of a medical certificate to be provided to the Management Team within 48 hours; the waiting period includes the first calendar day of absence.

6. TERMS OF PAYMENT AND INVOICING

Invoices are created in arrears and are payable upon receipt or before the 15th of the following month by:

- Cash (by prior arrangement)
- Cheque made payable to "*régie recettes Service Enfance TOM POUCE*"
- Bank transfer
- Debit or credit card online via the "*Espace Famille*" (Family Account) on the INOE system.

Families are encouraged to use electronic methods of payment (debit/credit card or bank transfer).

Invoices are issued online. Passwords are issued by the Management Team and are unique to each family.

After the 15th of the following month: no cash payment will be accepted and the "*Espace Famille*" (Family Account) will be locked.

Any late payment will be pursued by the National Treasury.

Repeated late payments will result in the child being excluded from the facility.

Therefore, families are strongly encouraged to respect the given terms of payment.

Families in financial difficulty are invited to contact a member of the Management Team to find a suitable solution that takes account of their circumstances.

7. DEPARTURE, EXCLUSIONS AND CHANGES

7.1. PARENTAL RESPONSIBILITIES

Parents' presence:

Although the child is under the responsibility of the facility from the moment that they are handed over to staff, parents are requested to supervise their child upon their arrival and as long as they are on the premises, particularly when accompanied by siblings.

Damage to Equipment:

Parents may be held responsible for any damages to the equipment provided. The Saint-Louis Agglomeration will issue an invoice for the cost of repairing or replacing equipment, to be paid by the parents or their civil responsibility insurance.

7.2. EXCLUSIONS

A child may be excluded by the President of the Saint-Louis Agglomeration in the following circumstances:

- Violation of the processes and procedures laid out in the Operational Handbook
- Repeatedly collecting a child after the facility closing time
- Repeated late payment of invoices
- Refusal to pay invoices
- False declaration to entitle the family to pay a lower contribution
- Unexplained absence of the child for longer than 8 days
- Verbally abusive or violent behaviour towards a member of staff

7.3. CHANGE OF CIRCUMSTANCES

The Management Team must be informed of any change of circumstances: employer, salary, address and telephone number, family circumstances, divorce, bereavement or anything affecting the child (routine, illness, vaccines, disruptions, sleeping, eating, etc.).

7.4. DEPARTURE AND MODIFICATIONS

To terminate or request changes to a contract, parents must notify the Management Team in writing, giving a notice period of one month.

This notice period will begin on the 1st of the month following receipt of the letter.

Any changes to the contract (additional hours or days) can only be made if there is availability within the facility.

In case of departure, fees remain payable during the entire notice period even if the child is removed from the Nursery earlier.

7.5. PROTECTION OF PERSONAL DATA

Personal data collected via the various forms is subject to electronic processing by the President of the Saint-Louis Agglomeration for the purpose of carrying out the administrative and financial management of the Early Years Service. Personal data is retained for 5 years after the departure of the child and is shared with the managers of the Early Years facility.

In accordance with the French Data Protection Act of 6 January 1978 amended, and the European General Data Protection Regulation (EU) 2016/679 (GDPR), parents or legal representatives have the right of access to their personal data, as well as the right to rectify it and oppose its processing, by contacting the Data Protection Officer of the Saint-Louis Agglomeration at dpo@agglo-saint-louis.fr.



SAINT LOUIS, 21 June 2023

Jean-Marc DEICHTAMNN
President

OUTINGS POLICY

Reminder of legislation

- **Staff-Child Ratios:**

Category 1: State-qualified nursery nurses, state-qualified nurses and state-qualified early years educators.

Category 2: individuals who hold a qualification and experience or support, defined by the Order of the Minister for Family Affairs: CAP (Certificate d'Aptitude Professionnelle) in Childcare, AEPE, TISF, AMPP, etc.

Category 3: individuals with no qualifications, certifications or experience (maximum 25% of staff).

The requirements are set out in Decree No. 2021-1131 of 30/08/2021.

A minimum of 2 people must accompany any trip outside the Nursery.

- A Category 2 (qualified) member of staff (CAP Childcare, person with more than 3 years' experience, etc.)
- And a Category 3 (unqualified) member of staff (co-funded contract, trainee over 18 with an employment contract, etc.)
- Parent helpers are included in Category 3 and must be specifically identified within the number of supervisors for the outing. They must provide a clean disclosure check and proof of civil liability insurance.

Important: Work placement students cannot be counted as supervisors.

They accompany the group **in addition to the team of supervisors** and cannot be given any specific responsibility.

Recommendations depending on the type of outing

- Journeys and outings to familiar places, quiet places, or where supervision is straightforward, with no use of public transport:
 - ✓ One adult to every 2 children between 2 and 4 years.
 - ✓ For younger children in multi-seat strollers (double, triple or quad), 1 adult per stroller is required.

Important: This adult cannot also supervise children walking beside them.

- Journeys and outings to a location where supervision is difficult (e.g. pavements beside a road, or in crowded areas) and where children could easily escape adult supervision:
 - ✓ 1 adult for every 2 children.
- Outings to the swimming pool: 1 adult for every child. There is no requirement to teach children to swim; adults are only required to play in the water with the child. Nevertheless, it is clearly preferable for the adults to be able to swim. (Parental authorisation is essential).

Procedure

- Schedule outings in advance.
- Ask permission from a member of the Management Team or, if no-one is available, the person with the delegated responsibility of authorising the outing.
- The person with delegated responsibility cannot join the outing if the Management Team is absent.
- If the outing is by Minibus, book the minibus at least 2 weeks beforehand with Jérôme Bueb and apply for minibus insurance for the outing from Pauline Mislin at the same time.
 - Ensure that the children who are joining the outing have signed authorisation from their parent or legal guardian. If they do not, they cannot participate in the outing.
 - Draw up a list of the children who are joining the outing and the accompanying adults, fill in the form for walks to the village and take it to the Manager's Office or, if they are absent, to the person with delegated responsibility. (Attached)
 - Arrange to take a mobile phone with the Nursery's phone number, the list of participating children, a first aid kit, nappies and changes of clothing, bottles, cups and a bottle of mineral water.
 - Every adult and child must wear a yellow vest.

The duration of an outing is not specified. It is the professional's responsibility to assess the children's capacity and tiredness, but they should estimate the times of the outing. If necessary, agree the time of return with the Nursery and inform parents individually by phone in the event of significant lateness.

Saint-Louis, 30 June 2022

ADMINISTRATION OF MEDICINE POLICY

1- CIRCUMSTANCES

For the ad hoc treatment of a child, for an ongoing illness (e.g. ear infection). Not applicable for a Personal Welcome Plan.

For treatment that cannot only be administered at home.

2- PRELIMINARY STEPS

Before administering medicine, ensure that there is:

- Written authorisation from the parents (in the child's file);
- A prescription written in French, specifying the following:
 - o Child's full name
 - o Dosage: dose and frequency of administration
 - o Form of administration: oral (syrup), cutaneous (skin), ENT (drops, inhaler), ocular (drops, cream), etc.
 - o Check the date on the prescription
 - o Check the duration of the treatment
 - o Ensure that the doctor has not prescribed the medicine to be administered by a healthcare professional
 - o Date and doctor's signature
- Check the medicine's expiry date. Check the packaging is intact. The medicine **must be sealed** (except unidose medicines) and, if necessary, reconstituted by the professionals at the nursery.

Check the pharmacist has clearly marked on the bottle or box:

- o The child's full name
- o The time it is to be taken
- o The dosage

Generic medicines:

If your pharmacist dispenses a generic medicine, they must note the name of the generic medicine on the prescription and validate it with the pharmacy's stamp.

Homeopathic Remedies:

It is also possible to administer a homeopathic remedy under the following conditions:

- There is a medical prescription, as described above for standard medicines;
- Only one dose is required within the Nursery.

Medicine should be handed directly to the member of staff at the door on arrival and must not be left in a bag in the cloakroom.

Check that nothing has been forgotten. Remember the 5Rs:

- 1- Right child
- 2- Right medicine
- 3- Right dose
- 4- Right route (of administration)
- 5- Right time

3- STEPS

All professionals within the Nursery may administer medicine in accordance with Decree No. 2021-1131 of 30 August 2021 (except work placement students and apprentices).

We have decided to **rank the administration of medicines.**

They are to be administered in order of priority by the:

1. Nurse,
2. Nursery nurses,
3. Management Team members.

Wash your hands before and after each step.

Settle the child away from the rest of the group, reassure them and explain what you are going to do. The professional administers the medicine in accordance with the medical prescription.

- Reconstituting powder-in-bottle: (*recommendations based on the website ameli.fr*)

Wash hands. Gently shake and tap the bottle to loosen the powder settled at the bottom. Remove the cap. Use bottled water, at room temperature. Add the required amount of water to the powder. This varies depending on the product:

- o *If the bottle has a marking:* the level of water is shown by an arrow on the label or a line on the bottle.
Add water up to two-thirds of the level indicated and replace the cap of the bottle. Shake for a minute until the liquid is well-mixed.
Allow the suspension to stand for a minute.
Reopen the bottle and top up with water to the final marking.
Replace the cap of the bottle and shake again.
- o *If a measuring cup is supplied with the medicine:* fill the measuring cup up to the fill line.
Remove the cap and add two-thirds of the water.
Replace the cap and shake for a minute until the liquid is well-mixed.
Allow the suspension to stand for a minute.
Top up with the rest of the water.
Replace the cap and shake again. Discard the measuring cup.

- Administration of eye drops: Shake the drops bottle to ensure the medicine is well-mixed. Administer the drops in an environment that is as clean as possible, before, during and after the administration.

When the cap is removed, place it carefully on a clean work surface (on its side).

Avoid touching the tip of the drops dispenser (with fingers, hands or contact with the eyes).

Settle the child in a sitting position or lying down.

Ask them to lean their head back and look at the ceiling.

With your free hand, lift the child's upper eyelid with your index finger and open the lower eyelid by pulling it down gently with your thumb.

Hold the bottle between the thumb and middle finger of your other hand and let the prescribed number of drops fall into the child's eye.

Release the upper eyelid and then the lower eyelid.

Use your index finger to gently press the corner of the eye nearest the nose for about 10 seconds so that the drops can be absorbed well.

- **Application of cream:** Settle the child on the changing table.
Open the tube and discard the first drop of cream using a pad.
Wear non-sterile gloves if the skin is infectious or broken.
Apply the cream to the skin in circular movements using a pad, working out from the centre of the area of application.
Wipe the opening of the tube using a clean pad and replace the cap.
- **Administration of syrup:** Wash hands.
Shake the syrup bottle.
Measure out the required dose using a measuring spoon or syringe.
 - o ***Measuring spoon:*** fill the spoon to the top and administer the prescribed number of spoonfuls. Then wash the spoon with soap and water.
 - o ***Syringe (or dropper):*** these allow you to measure the exact amount of medicine, filling it directly from the bottle or by attaching it to a special bottle adapter in the neck of the bottle.
Generally the markings on the dropper relate to the child's weight in kilograms.
To fill the syringe, put the end of the syringe in the liquid (or attach it to the bottle adapter) and slowly draw up the plunger.
Ensure there are no air bubbles in the syringe.
Put the end of the syringe in the child's mouth between their gums and the inside of their cheek. Gently push the plunger and allow the child time to swallow the syrup.
Then wash the dropper with soap and water.
Important! Each dropper/syringe is medicine-specific and cannot be used universally.
Administer the medicine with the syringe/dropper provided, as it is specific to the product that it is supplied with.
- **Administration of a suppository:** read the medical prescription. The dosage depends on the weight of the child. Settle the child on the changing table, on a towel or mat. Explain what you are going to do.
Put on disposable gloves.
Remove the suppository from its packaging and place it on a pad.
Ask the child to pull their legs up to their stomach or lie on their side with their knees pulled up.
Giving the child some warning, wipe liniment over the anus and then gently inset the suppository into the rectum (bum) using a pad.
Insert the **flat end first** otherwise it will come back out. Bring the child's legs back down, put on a nappy and let them lie for a few minutes.
Discard the gloves and wash hands.

- **Administration of an inhaler:** Settle the child in a quiet area, away from the group or in the group if this is reassuring for them.
Remove the cap and shake the inhaler, then insert it vertically into the spacer.
Place the mask over the child's face.
The mask should cover their nose and mouth.
Do not put the inhaler directly in the child's mouth. Press the inhaler to dispense the medicine into the spacer.
Keep the mask in place until the child has breathed in and out normally at least 6 times.
Repeat the number of puffs according to the prescription.
After inhaling corticosteroids, rinse out the child's mouth or give them a few mouthfuls of water to drink, to avoid the development of thrush (yeast infection).

- **Administration of eye drops:** Clean each ear canal to be treated with a small, damp pad.
Use another pad to dry it.
Warm up the bottle by holding it in your hand for a few minutes.
If the medicine is a suspension, shake the bottle to mix it well. Remove the cap of the bottle and put it in a clean place.
Do not touch the bottle opening.
Lie the child down and turn their head so that their ear is facing upwards.
Open the ear canal by gently pulling the auricle (outer ear) back and down.
Put the end of the bottle close to the ear and administer the prescribed number of drops into the ear canal.
Keep the child's head in this position for 1 to 2 minutes, pressing on the tragus ("flap") at the front of the ear canal.
If the prescription requires, repeat these steps on the other ear.
Replace the cap on the bottle.

4- AFTER TREATMENT

Fill in the child's "Medications Taken" form in their individual file.

Enter the medication they have been given in the register that is held in the group's pharmacy, including:

- Child's name,
- Date and time of administration,
- Name of the professional who gave the medicine,
- Name of the medication and the dosage.

Wash hands with soap and water or with hand gel.

5- SUPERVISION

Keep the child under supervision, in a quiet environment, away from the group if possible.

Monitor the child's behaviour.

Record any changes in their behaviour and inform a professional if, for example, the child becomes sleepy or agitated, develops digestive issues, rash, etc.



- SUSPECTED ABUSE POLICY -

Everyone is involved – Everyone is responsible – Everyone has a legal obligation to report a concern
(Article 434-3 of the French Penal Code).

When to be concerned?

Abuse includes:

- Severe neglect
 - Malnutrition
 - Lack of personal hygiene
 - Lack of security
 - Emotional deprivation
- Physical violence
- Sexual abuse
- Mental cruelty
- Emotional abuse

These types of abuse impact the child's physical and emotional development. They are not always inflicted in a conscious and deliberate way by the parents.

What signs are cause for concern?

It is not always easy to recognise child abuse. Since the child is often traumatised, they keep the abuse secret for fear of being punished. They may also feel ashamed or even sometimes guilty because they believe they are responsible for their abuse.

- To identify signs of physical abuse, it is important to check both the visible signs (bruises, cuts, burns, injuries, cuts, underweight, etc.) as well as behavioural issues (mistrust, passiveness or aggression, anxiety, sustained sadness, etc.).
- The same applies to instances of sexual abuse. The child may reveal sexual behaviour through words or drawings. Other symptoms should raise concern, such as pain or itching of the genitals, attention deficit, poor relationships with other children or sexual connotations in their speech.
- Lack of care and neglect are a different type of abuse. In the event of constant hunger, lack of personal hygiene, unsuitable clothing or lack of medical care, the child's behaviour may be affected. They may show signs of being tired or sleepy, have difficulty concentrating, steal food, etc.

Aim of Reporting:

The aim of reporting a concern is to ask for the situation to be assessed by the relevant authorities: PMI (Protection Maternelle et Infantile [Mother and Child Protection]) / CRIP (Departemental Unit for Gathering Information of Concern)), etc.

The authorities will decide what action to take, based on the outcome of this assessment.



Who Should Report A Concern?

Every individual is legally obliged to speak out if they have knowledge of a child at risk. The Article of the French Penal Code set out the obligation for individuals to inform the relevant legal or administrative authorities.

It is important to talk to someone if you are worried about a child at risk. Any member of staff can contact the PMI (*Upper Rhine PMI 03 89 30 67 00*) or social or medical services for technical advice.

Childcare resource people are:

PMI nursery nurses
PMI social workers
The child's doctor
The nursery doctor, etc.

How to Report?

In writing:

The Nursery's form or simply a letter including:

- The contact details of the person who raised the concern, your role, your department if applicable, your contact details.
- Details about the child (child's name, age or date of birth, parents' names and address(es))
- A detailed description of the facts (facts observed or reported with no value judgement).

By telephone (in all emergency situations):

A telephone report by a professional must be confirmed in writing.

Who Should Concerns Be Reported To?

- **The deputy head of the Child Protection Service** at the nearest Espace Solidarié (SAINT-LOUIS) 03.89.69.80.95 or 03.89.70.910.80
- **CRIP (Prosecution Service for Children):** 03.89.30.66.66. or by email: crips@alsace.eu
- Night and day , 24/7
- **119:** The national helpline for prevention and protection of children at risk. It is responsible for gathering reports of child abuse. It operates 24/7 and its purpose is to both receive reports and to listen to people (including children) in difficulty and provide them with help and advice.
Calls may be anonymous and will not appear on the phone bill.
- **17: Police**

Process to be followed:

I am concerned about a child:

Speak to the Multidisciplinary Team and the Management Team.

Record (see attached document) each time there is a concern about a child's comments, or a mark on their body, or an observation during play, as well as any concerning attitudes or remarks by either of their parents.

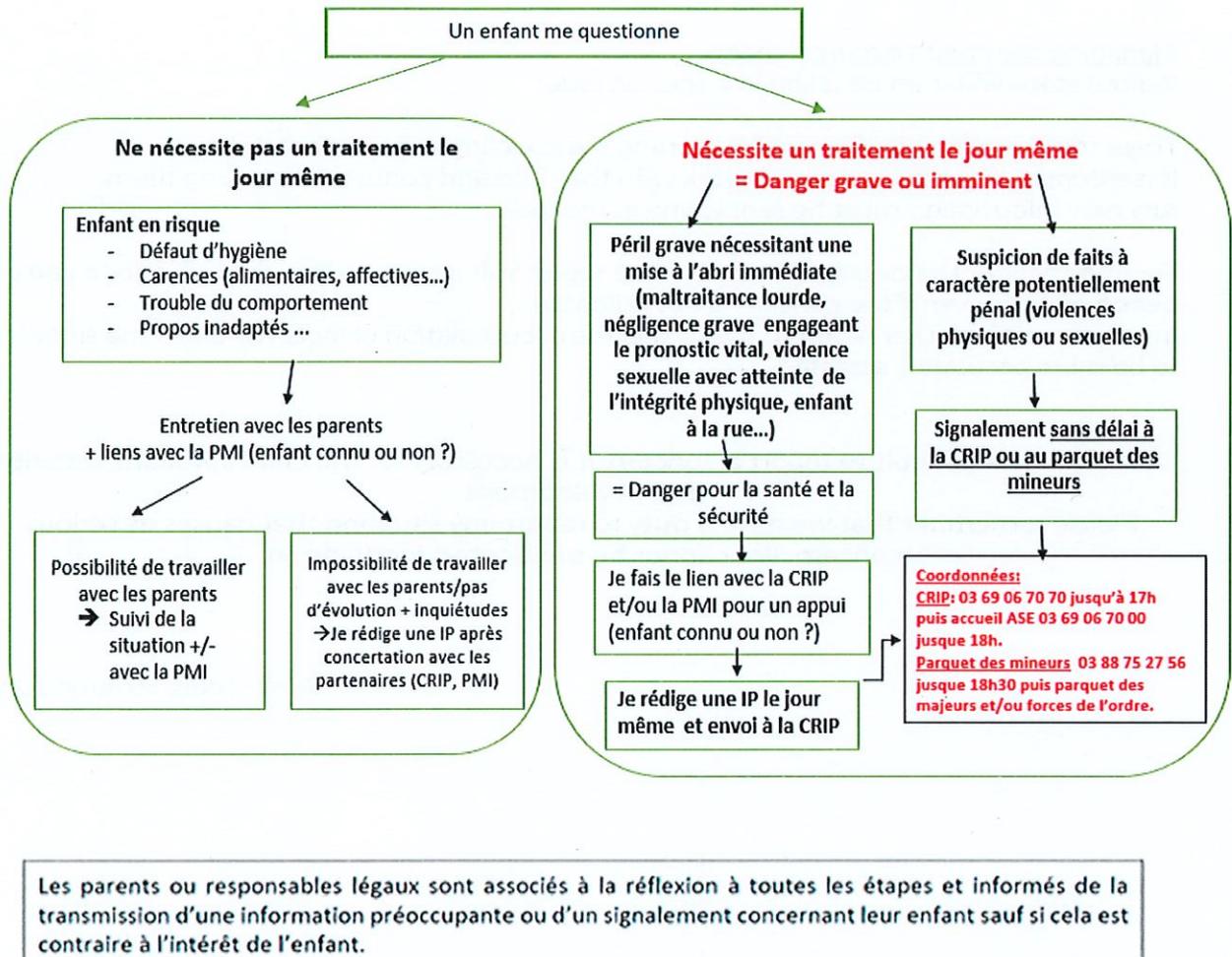
Send the document to the Management Team:



The Management Team will review the document and if they believe that the situation should be investigated, they will call the PMI. The observations may be reported anonymously in order to receive advice about the approach that should be taken.

The Management Team will inform the child's parents that the report has been made UNLESS this may put the child at additional risk or unless the child is suspected of being the victim of crimes committed by family members (physical or sexual abuse, etc.).

Summary of the Process:



What should you expect after you have reported a concern?

Making the difficult decision to report a concern is never easy to do. It raises many questions and all these questions are justified.

Each person who reports a concern will have these doubts but we have a duty to act for the sake of the child.

Receiving and Processing a Concern:

Several factors will be examined in order to assess whether the concern is valid or not.

Following receipt of the concern, we will be informed as to whether it is to be taken into consideration or not.

The person who receives the concern will note the name and contact details of the reporter for communication purposes.



Parents will not know who has reported the concern. This information will remain confidential.

If the report is not to be taken into consideration, the family will not be informed of the report.

Assessment and Outcome:

If the report is to be taken into consideration, checks will be carried out to ascertain whether there are any factors that could put the child's safety and/or development at risk.

- If there are any such factors, the authorities will move to Stage 3. The family will be informed. There will be a check to gather information about the situation and determine whether there is any endangerment.
- If no evidence is found, the file will be closed.

Managing the child's circumstances:

Various steps will then be taken in a specific order.

There may be a time lag between reporting the concern and the next steps.

It is essential that we continue to work with the child and continue observing them.

Any new information must be sent to the authorities.

For information: The details provided in the report will remain in the child's file for a certain period of time, even if the concern is not validated.

In the event of another report in the future, the accumulation of facts will allow the situation to be more accurately assessed.

Although it is difficult to report a concern, it is necessary for the child's welfare, security and development.

Please remember that we have a duty to report any situation that causes us serious concern. We cannot be prosecuted for doing so.

Saint -Louis, 30 June 2022



- Reporting Suspected Abuse -

Date of observation:

Professional witnesses:

Last Name:

First Name:

Address:

Phone Number:

Email:

Job Title:

Department:

Professionals present:

Last Name:

First Name:

Facility:

Identity of the child:

Last Name: First Name:

Date of birth:

Address:

Father:

Last Name: First Name:

Address:

Phone Number:

Email:

Mother:

Last Name: First Name:

Address:

Phone Number:

Email:

Describe the facts that you have personally observed:



Describe the facts that you have been told:

How do you interpret these facts?

Are there any other factors that should be taken into account in this instance?

Signature:



WORK PLACEMENT STUDENTS POLICY

Hosting a work placement student at the "Tom Pouce" and "Les Loustics" nurseries is an important opportunity for professionals to share childcare expertise with students. These students will be the Early Years professionals of tomorrow. For this reason, it is extremely important to make them aware of our key values from the start: mutual respect, empathy, welcoming arrival, and how to speak to and act towards children.

I. Role of the Work Placement Student and their Mentor

The work placement student must play an active role in their training. They should carry out tasks that are assigned to them, with a degree of independence corresponding to the progression of their studies. The work placement student carries out the tasks assigned to them **under the responsibility of their mentor**. The mentor is the work placement student's trainer on the ground. The mentor helps the work placement student to:

- Discover the working environment;
- Integrate into the team;
- Carry out tasks that enable them to acquire skills.

During the work placement, the mentor will conduct one or more performance reviews with the student (and a member of the Management Team if necessary). At the end of the work placement, the mentor will assess the student and give them a grade if required.

II. Work Placement Student's Attitude and Expected Behaviour

Each work placement student is assigned a mentor, who is their first point of contact, and to whom they should give their Work Placement File. This file includes the skills that the student is expected to develop during their placement and an end-of-placement evaluation grid. The student should confirm whether their work placement is to be assessed or not.

The student should **introduce themselves** to parents, explaining their role and the duration of their placement. They should **post an introduction notice** at the entrance to the various sections, **along with a photo (headshot)**.

The student should read and familiarise themselves with a typical day in their unit as well as the SLA Nurseries' Operational Handbook.

The student is not authorised to use "tu" as a form of address. The student and Nursery employees should use "vous" when addressing each other.

The student should wear clothes that **comply with the Nursery dress code** and wear any clothing provided by the Nursery.

In addition, the work placement student must:

- o Leave their mobile phone in the cloakroom;
- o Wash their hands at the start and end of their working day;
- o Keep their nails short and clean with no nail varnish;
- o Tie back long hair.

The work place student must adhere to the regulations that apply to all members of staff, which can be found in the Operational Handbook. The student will be given a copy of this handbook at the beginning of their work placement.

The student must work their scheduled work hours.

Students should spend an observation period of 2 to 3 days (depending on the length of their work placement), getting to know employees and service users and learning how the Nursery operates.

Students must be **discrete** (avoid getting involved in discussions between Nursery employees) yet ensure that they are involved with the children. The work placement student will be expected to spend as much time as possible with the children, kneeling to their level or sitting beside them. They will be expected to support free play on a daily basis, helping children to discover and learn new skills. This support will include verbalising actions and explaining what the adult expects to happen in the game. Verbal and non-verbal communication will be a vital element of the student's assessment.

At the end of the work placement, or earlier if required, the student will **review their performance with their mentor**. This will include suggested areas for development, explaining how the student should adapt their behaviour or actions by the end of the placement or for future work placements.

If they are absent for any reason, the work placement student must inform the Nursery and their educational establishment. They must provide **written justification**. Any hours missed may be worked at another time, if required by the educational establishment.

The student is expected to participate in a variety of professional activities and follow any instructions given by members of their team, e.g. in terms of safety, hygiene and comfort.

The student is encouraged to **ask questions** of their mentor or other members of the team about the tasks that they have been asked to carry out. Before taking any initiative, the student should check that it is appropriate.

The student should have a **calm, caring and dynamic attitude** and should avoid bringing their personal life into the Nursery.

The student must know what they are allowed - and not allowed - to do (e.g. students are not allowed to punish children).

The student should use **vocabulary that is appropriate for the environment and their audience**. They should be attentive to the children's needs.

The student is bound by **professional confidentiality**. Therefore, they must not disclose any information about staff or families outside the nursery. If the student has to write a work placement report, they should change the names of child and staff. The work placement report must be approved by the Management Team.

The student must ensure that they **keep an appropriate distance from service users** (parents and children).

The student should discuss any issues with their mentor.

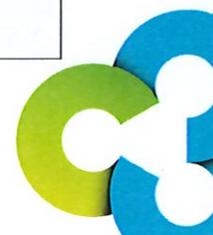
The student is strongly encouraged to take the initiative, as long as they act within their abilities.



III. Authorised and unauthorised activities

Shown below is a (non-exhaustive) list of tasks that the work placement student may be expected to carry out (partially or in full) and tasks that are prohibited (see checked boxes).

TASK	UNAUTHORISED	PARTIALLY AUTHORISED (under professional supervision)	EXPECTED BY THE NURSERY
a) Work Placement Student's Attitude			
Greet children and parents			
Child hand-overs to parents with the help of a professional			
Child hand-overs to parents			
Be attentive to children and parents; direct them to the appropriate professional			
Receive and relay messages			
Write basic hand-over information about the children on the attendance sheet (feeding, nappy changing times)			
Read the personal data in the child's file (address, authorised persons)			
Read the team's handover log			
Take photos with their personal camera or mobile phone	X		
b) Caring for children			
Contribute to the child's emotional security by holding them			
Change children's nappies (once approved by the mentor)			
Change babies' nappies			
Undress and dress children, put on the shoes, fold their clothes and put them away			
Partially wash children (using a face cloth)			
Completely wash children (shower)			
Give a bath			
Brush hair and help children to brush their own hair			
Help with handwashing			
Clean faces and hands (using a face cloth)			
Carry an infant			
Put a child to bed			
Take a child's temperature (forehead)			



Identify and report parasites (e.g. head lice and nits)			
Dress a minor wound			
Administer prescribed medicine			
Wash a child's nose with saline solution			
Wash a child's eyes with saline solution			
Take action in an emergency situation			
Assist with potty training by providing positive support			
c) Feeding			
Receive deliveries and store food			
Maintain meals at the correct temperature			
Prepare babies' bottles			
Serve meals onto individual plates			
Set up tables (clean and disinfect surfaces, prepare bibs and gloves)			
Give babies their bottle			
Feed babies			
Encourage children to try food			
Encourage children to use cutlery and their cup			
Process leftovers and deal with waste			
d) Educational Activities			
Storytelling, reading			
Indoor and outdoor games			
Manual activities			
Cooking activities			
Musical activities			
Activities for bodily expression (dancing, circle games, miming)			
Psychomotor activities			
Prepare, build and set up the equipment required for craft activities (e.g. painting, play dough)			
Tidy up games and toys, returning the room to its original condition			
e) Outings			
Participate in organising an outing			
f) Hygiene of the premises			
Clean and disinfect floors			
Disinfect changing tables			
Disinfect games/toys			



Sterilise bottles and/or soothers			
Wash, dry and fold laundry			
g) Discipline			
Take a child aside			
Deal with a child who hits or bites			
Deal with a child who puts themselves in danger (e.g. climbs on a chair)			

IV. Legal Framework

The student's acceptance onto the work placement is conditional upon:

- A signed agreement between the student, their educational establishment and the Saint-Louis Agglomération,
- Under certain conditions, the agreement may include remuneration. This must be specified when the agreement is signed.
- The student must **never be counted in staffing numbers for the supervision of children.**
- A Work Placement Supervisor will be appointed as the student's manager when the agreement is signed.
- The student will be under the full responsibility of the Work Placement Supervisor for the entire duration of the work placement.
- If the student is over 18, they will be required to provide an extract of their **Criminal Record Disclosure B3.**
- The educational establishment and the Saint-Louis Agglomération's civil liability insurance must cover the student for any damages they may cause to themselves or others.

Saint-Louis, 29 June 2022



HYGIENE POLICY

Reminder of legislation:

The legal requirements are set out in Decree No. 2021-1131 of 30/08/2021.

1. Hygiene measures on arrival at the Nursery:
Parents should apply hand gel and put on shoe covers upon entering the premises.
Staff remove their "civilian" clothes and put on a uniform provided by the Nursery as well as shoes for indoor use only.
Uniforms are washed in the Nursery on a daily basis.
2. Staff hygiene and appearance:
Staff must have a high standard of personal hygiene, including clean hair. Long hair must be tied back when providing care and/or preparing food.
Nails must be kept short with no nail varnish.
Jewellery is permitted as long as it presents no risk to the children.
3. Hygiene/Cleanliness of the premises:
The floors are cleaned on a daily basis using a steam cleaner. Some rooms (e.g. dining room) are cleaned several times per day.
Surfaces (baby changing tables, door handles, cupboard doors, tables, chairs, toilets, beds, etc.) are regularly disinfected with appropriate cleaning products, following a rota displayed for the teams.
Bedding (mattresses) is sanitised by steam cleaning or using a detergent.
4. Hygiene of equipment and toys: Games, toys and educational equipment (e.g. softplay sets) are disinfected on a rotational basis using one of the following methods:
 - Steam
 - Dishwasher
 - Washing machine
 - And an appropriate cleaning product (e.g. fungicide, bactericide or virucide)
5. Hygiene of clothes:
Laundry is washed using a bactericidal detergent.

Washing	°C	°C in the event of an epidemic	Drying
Colours (bibs, face cloths, sheets, hand towels, blankets)	40°	60°	Drying cabinet
Mops, microfibre cloths	60°	60°	Drying cabinet
Sleeping bags	40°	40°	Drying cabinet
Cloth toys	40°	40°	Drying cabinet
Whites (face cloths and baby changing mat towels)	60°	60°	Drying cabinet
Baby chair covers	40°	40°	Drying cabinet
Staff uniforms	60°	60°	Drying cabinet
Shoe covers	40°	40°	Drying cabinet

6. In the event of an epidemic: an enhanced cleaning schedule for the premises and surfaces will be implemented (increased frequency). Families will be informed via the noticeboard or by email.

7. Hand hygiene:

Staff must wash their hands with liquid soap or hand gel:

- Before contact with food;
- Before each mealtime;
- Before and after changing a nappy;
- After taking a child to the toilet;
- After going to the toilet;
- After any contact with bodily fluids (faeces, mucus, etc.);
- After blowing their nose, coughing or sneezing.

IMPORTANT! Staff must wear disposable gloves in the event of contact with faeces or blood (e.g. wound, skin lesion), or mucocutaneous lesions (conjunctivitis, impetigo, warts).

LIFE-THREATENING EMERGENCY OR INCIDENT INVOLVING A CHILD POLICY

IN THE EVENT OF A LIFE-THREATENING EMERGENCY: cardiorespiratory arrest; loss of consciousness, convulsions, severe malaise, injury, fall, burn, etc.

- ☞ One person calls the SAMU (emergency services : dial 15. Tell them the location, describe what has happened and tell them the child's condition and age. Do not hang up until the SAMU tells you to do so. Follow any advice that they give you.
- ☞ Another person informs the nurse /member of the Management Team (401 / 406).
- ☞ After the SAMU has been called, contact the **Health and Inclusivity Doctor** (surgery). *Ensure the receptionists are aware that their procedure is to put us straight through to the doctor.*

Meanwhile, one person looks after the child, keeping them calm and cool:

- Do not touch the child if they might have a broken bone.
- If they have lost consciousness, put them in the recovery position. Do not give them anything to eat or drink.
- One person takes charge of the rest of the group of children, keeping them at a distance, if possible.
- Inform parents and a member of the Management Team without delay (401 / 406).
- Always take note, in writing, of the timeline, including the circumstances of the accident, the care given, the child's state of health, the people present.
- Never take a child out of the Nursery, on foot or by car. Await the emergency services and call back if necessary.

Once the emergency has passed, inform the department's Depute General Manager so that they can write an incident report.

If there is no immediate threat to life:

- ☞ Inform the nurse or a member of the Management Team (401 / 406).
- ☞ Inform the parents or, if they cannot be contacted, an authorised person or the Health and Inclusivity Doctor, as the situation requires.
It is important to agree the approach with the parents.
Parents may be advised to book a same-day medical appointment (e.g. x-ray), depending on the situation.
- ☞ Reassure and monitor the child until their parents arrive and always take an accurate note, in writing, of the timeline, including the circumstances of the incident, the time it occurred, the care given, the child's state of health and the people present. Incident report forms are available for this purpose.



Anyone with appropriate training should apply first aid.