



Safeguarding and Child Protection Policy

Policy Title	Safeguarding and Child Protection Policy
Policy Owner	Once Upon A Time Nursery
Lead Designated Safeguarding	Donna Rix
Lead	
Designated Safeguarding Lead	Andrea Morgan
& Responsible Individual	
Baby Room Leader and Deputy Designated Safeguarding Lead	Lucy Perry
Approved By	Registered Provider
Effective From	October 2026
Review Date	October 2027
Related Policies	Safer Recruitment, Whistleblowing, Staff Code of Conduct, Behaviour Management, Online Safety, Health and Safety, Complaints, ALN and Inclusion, Meeting Individual Needs, Intimate Care, Prevent Duty and Safeguarding from Radicalisation

1. Policy Statement

At Once Upon A Time Nursery, we believe every child has the right to feel safe, valued and protected from harm.

Safeguarding is everyone's responsibility. Every adult working within the nursery has a duty to promote children's welfare, recognise concerns, respond appropriately and take action to protect children from abuse, neglect and exploitation.

We are committed to providing a safe, nurturing and inclusive environment where children can learn, develop and thrive. We work in partnership with parents, carers and other professionals to ensure children receive the right support at the right time.

The welfare of the child is always our paramount consideration.

2. Purpose

The purpose of this policy is to:

- Protect children from abuse, neglect and harm.
- Provide staff with clear safeguarding procedures.
- Ensure concerns are recognised and reported promptly.
- Promote a culture where safeguarding is everyone's responsibility.
- Support partnership working with families and external agencies.
- Ensure the nursery meets its legal and regulatory responsibilities.

This policy applies to all employees, students, apprentices, volunteers, agency staff and visitors.

3. Legislative Framework

This policy is informed by current legislation and guidance in Wales, including:

- Social Services and Well-being (Wales) Act 2014
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Abolition of the Defence of Reasonable Punishment (Wales) Act 2020
- Human Rights Act 1998
- Children Act 1989 and 2004

Counter-Terrorism and Security Act 2015 (including the Prevent Duty)

- Safeguarding Vulnerable Groups Act 2006
- Rights of Children and Young Persons (Wales) Measure 2011
- United Nations Convention on the Rights of the Child (UNCRC)
- Wales Safeguarding Procedures
- Keeping Learners Safe (Welsh Government)
- National Minimum Standards for Regulated Childcare in Wales
- Child Minding and Day Care (Wales) Regulations

The nursery will keep this policy under review to reflect changes in legislation, guidance and local safeguarding arrangements.

4. Our Safeguarding Culture

Safeguarding is at the heart of everything we do.

We are committed to creating a culture where:

- Children feel safe, listened to and respected.
- Staff understand that safeguarding is everyone's responsibility.
- Concerns are shared without delay.
- Professional curiosity is encouraged.
- Staff challenge poor practice appropriately.
- Learning and reflective practice are valued.
- Safeguarding is regularly discussed during meetings, supervision and training.

We believe it is always better to report a concern than to ignore one.

No member of staff will ever be criticised for raising a genuine safeguarding concern that they reasonably believe to be true.

Key Practice Point

If you are worried about a child, report it. You do not need proof to share a concern.

5. Roles and Responsibilities

Everyone working at Once Upon A Time Nursery has a responsibility to safeguard children.

Lead Designated Safeguarding Lead

Donna Rix

Responsible for:

- Leading safeguarding practice. ? Providing safeguarding advice.
- Managing safeguarding concerns. ? Making referrals.
- Maintaining safeguarding records.
- Ensuring staff training.

Designated Safeguarding Lead & Responsible Individual

Andrea Morgan

Responsible for:

- Supporting safeguarding decisions.
- Overseeing safeguarding practice.
- Providing safeguarding leadership.
- Supporting referrals.
- Promoting safeguarding culture.
- Ensuring safeguarding remains a priority.

Deputy Designated Safeguarding Lead

Lucy Perry

Acts in the absence of Donna or Andrea.

All Staff

Every member of staff must:

- Put children's welfare first.
- Complete safeguarding training.
- Know who the safeguarding leads are.
- Report concerns immediately.
- Record concerns accurately. (see appendix safeguarding record) ? Maintain confidentiality. ? Follow this policy.

Safeguarding is everyone's responsibility.

6. Working with Parents and Other Professionals

We value positive relationships with parents and carers and recognise that they play a vital role in promoting children's welfare.

Where appropriate, we will work openly with families to support children's needs. However, where informing parents may place a child at greater risk or compromise a safeguarding investigation, advice will first be sought from Children's Services or the Police.

The nursery works in partnership with health professionals, education providers, Children's Services, the Information, Advice and Assistance (IAA) Team, Care Inspectorate Wales (CIW) and other agencies to safeguard children.

7. Confidentiality and Information Sharing

Safeguarding information is confidential and will only be shared with those who need to know in order to protect a child.

Information will be shared lawfully, proportionately and in accordance with the Wales Safeguarding Procedures.

The welfare of the child will always take precedence over data protection where safeguarding concerns exist.

Staff must never discuss safeguarding concerns outside appropriate professional channels.

8. Recognising Abuse and Safeguarding Concerns

Abuse can happen to any child regardless of age, gender, ethnicity, disability or family circumstances.

Staff should remain alert to signs that a child may be at risk of harm.

Recognising abuse is about noticing changes in behaviour, presentation or wellbeing and acting on concerns.

If something does not feel right, discuss it immediately with a Designated Safeguarding Lead.

The Five Categories of Abuse

The Wales Safeguarding Procedures identify five categories of abuse and neglect. The definitions below are aligned with those procedures. The examples and indicators are not exhaustive, and more than one category may apply to a child.

Physical Abuse

Definition: Physical abuse is deliberately causing physical harm to a child. It may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, inappropriate restraint or sanctions, or otherwise causing physical harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Possible indicators include:

- Unexplained bruises or burns.

Any bruise, mark or injury in a baby or child who is not yet independently mobile, including a child who is not yet crawling, cruising or walking.

- Injuries inconsistent with explanations.
- Repeated injuries.
- Fear of certain adults.
- Flinching from contact.
- Clothing used to hide injuries.

Emotional Abuse

Definition: Emotional or psychological abuse is the persistent emotional maltreatment of a child that causes, or is likely to cause, serious and lasting adverse effects on their emotional development. It may include threats, humiliation, rejection, coercive control, isolation, verbal or racial abuse, making a child feel worthless or unloved, imposing expectations that are inappropriate for their age or development, or causing them to see or hear the ill-treatment of another person.

Possible indicators include:

- Low self-esteem.
- Anxiety.
- Withdrawn behaviour.
- Delayed emotional development.
- Extreme behaviour.

Sexual Abuse

Definition: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child understands what is happening. It may involve physical contact, including penetrative or non-penetrative acts, or non-contact activities such as involving a child in viewing or producing sexual images, watching sexual activities, sexual communication, or encouraging sexually inappropriate behaviour.

Possible indicators include:

- Sexualised behaviour.
- Pain or soreness.
- Sudden behaviour changes.
- Fear of particular individuals.
- Knowledge beyond expected age.

Financial Abuse

Definition: Financial abuse is the theft, misuse or exploitation of a child's money, property, benefits or other financial resources, or the failure to use resources intended for the child to meet their care and support needs. Although it may be less prevalent for children, it can occur alongside neglect, exploitation or other forms of abuse.

Possible indicators include:

- A child's needs for care and support are not being met despite direct payments, benefits or other resources being provided for that purpose.

- A child's money, benefits, personal property or essential items are missing, withheld, diverted or misused.
- The child repeatedly lacks food, suitable clothing, medication, transport or other essentials because resources intended for them are not being used to meet their needs.

Neglect

Definition: Neglect is the persistent failure to meet a child's basic physical, emotional or psychological needs, which is likely to result in serious impairment of the child's health or development. It may include failing to provide adequate food, clothing or shelter; failing to protect a child from harm or danger; inadequate supervision; failure to obtain appropriate medical care or treatment; or failing to respond to a child's basic emotional needs. Neglect may also occur during pregnancy.

Possible indicators include:

- Poor hygiene.
- Inappropriate clothing.
- Hunger.
- Tiredness.
- Untreated medical needs.
- Poor attendance.
- Lack of supervision.

Key Practice Point

One sign alone may not indicate abuse. A pattern of concerns should never be ignored.

9. Additional Safeguarding Concerns

Staff should also be aware of the safeguarding concerns below. The definitions are brief guides, and the indicators are examples only; they are not exhaustive and no single indicator proves that abuse has occurred.

Female Genital Mutilation

Female genital mutilation (FGM) comprises procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons. FGM is illegal in the United Kingdom, is a form of child abuse and can cause severe and lasting physical and emotional harm.

Possible indicators include:

A child says that a special procedure, ceremony or event is going to take place.

A planned trip or prolonged absence where there are other reasons for concern about FGM.

A child talks about FGM, asks for help or says that it has happened to them or another child.

Difficulty walking, sitting or standing, or spending longer than usual in the toilet.

Pain, bleeding, repeated urinary infections or other unexplained genital health concerns.

A noticeable change in behaviour, withdrawal, anxiety or reluctance to receive medical examination.

Indicators must be considered in context and without assumptions about a child, family, culture, religion or community. No single background factor proves that FGM is planned or has occurred.

Staff must not examine the child, investigate, confront family members or delay action. A concern that FGM may be planned or may have occurred must be reported immediately and referred without delay to the Information, Advice and Assistance (IAA) Team and, where appropriate, the Police. Call 999 if a child is in immediate danger. Any staff member who is also personally subject to the statutory mandatory reporting duty for a known case of FGM must make the required direct report to the Police as well as following nursery safeguarding procedures.

Concern and definition

Possible indicators

Child Sexual Exploitation (CSE)

A form of child sexual abuse involving an exchange: a child is made to take part in sexual Gifts, secrecy, older activity or the production of sexual images in return for something given or withheld. The friendships, missing exchange may benefit the child, another person or both. It can happen online or in person, episodes and a child may not recognise the exploitation or feel able to refuse.

Child Criminal Exploitation (CCE)

A form of child abuse in which a child is enticed, coerced, controlled, threatened or Unexplained money, older deceived into criminal activity for another person's, group's or gang's benefit. It may associates involve drugs, money, theft, violence or other offending. A child's apparent agreement does not mean the activity is not exploitation.

County Lines

A form of child criminal exploitation in which organised groups use children to move or sell Unexpected travel, drugs, often between areas, using a dedicated phone line. Children may be made to carry unexplained possessions drugs or money, recruit others, or be controlled through threats, debt or violence.

Domestic Abuse

Abusive behaviour between people who are personally connected. It can include physical Anxiety, aggression, or sexual abuse, threats, controlling or coercive behaviour, economic abuse, and withdrawn behaviour psychological or emotional abuse. A child may be harmed by seeing, hearing or experiencing the effects of abuse in their home or family.

Online Safety

A safeguarding concern where a child is harmed or put at risk through the internet or Contact with strangers, digital technology. This may include online grooming, sexual or criminal exploitation, inappropriate content bullying, coercion, harmful or age-inappropriate content, or pressure to create or share images. **Radicalisation**

The process by which a person comes to support terrorism or forms of extremism that may lead to terrorism. A child may be vulnerable to influence, grooming or exploitation by Extreme views, intolerance individuals or groups online or in person. No single sign proves that a child is being radicalised.

Modern Slavery & Trafficking

Modern slavery includes slavery, servitude, forced or compulsory labour, and human Fearfulness, restricted trafficking. Trafficking involves recruiting, moving, transferring, harbouring or receiving a freedom person for exploitation. A child can be trafficked or exploited without crossing a border and cannot consent to their own exploitation.

Child-on-child Abuse

Abuse or harmful behaviour by one child or young person towards another. It can include Bullying, intimidation, bullying, physical or sexual violence, harassment, coercion, harmful sexual behaviour and harmful sexual behaviour online abuse. Staff should consider the children's ages, development, power differences and circumstances, and safeguard and support all children involved.

Prevent and Radicalisation

The Prevent Duty is part of the nursery's safeguarding responsibility. Staff should consider concerns in context, including the child's age and development, changes in behaviour or language, exposure to harmful material, vulnerability to grooming or exploitation, and what the child says or does. No single behaviour, belief, family background, faith or community identity proves that a child is at risk.

Staff must report concerns promptly to a Designated Safeguarding Lead, make a factual record and follow this policy's reporting and referral procedures. Respond calmly and without judgement; do not investigate or use leading questions. The Designated Safeguarding Lead will seek advice and use local safeguarding arrangements, including referrals to the IAA Team, Police or Prevent/Channel processes where appropriate. Call 999 if a child is in immediate danger. For full guidance, see the nursery's Prevent Duty and Safeguarding from Radicalisation Policy and Online Safety and Acceptable Use Policy.

Children with Additional Vulnerabilities

Some children may be more vulnerable, including those who:

- Have Additional Learning Needs (ALN).
- Have disabilities.
- Are young carers.
- Experience domestic abuse.
- Have experienced trauma.
- Are looked after or previously looked after. ☐ Have mental health needs.

These children may require additional support and monitoring.

10. Professional Curiosity

Professional curiosity means respectfully asking questions, observing carefully and considering whether a child's needs are being met.

Ask yourself:

- Does this explanation make sense?
- Has this happened before?
- Am I seeing a pattern?
- Would another professional be concerned?

If you remain concerned, report it (**Appendix A**) Safeguarding record, body map.

11. Early Help and Child in Need

Some children and families benefit from support before concerns reach the threshold for statutory intervention.

The nursery will work with parents, carers and professionals to provide early support where appropriate.

Where a child is believed to be suffering, or likely to suffer, significant harm, safeguarding procedures will take priority and a referral will be made immediately.

Parents will usually be informed unless doing so would increase the risk of harm or compromise an investigation.

Remember

Recognise – Notice concerns.

Record – Write down the facts. (**Appendix A**): Safeguarding Record, body map **Report** – Tell a

Designated Safeguarding Lead immediately.

Don't Investigate – Never question a child repeatedly or try to prove what happened.

12. Responding to Safeguarding Concerns

Every safeguarding concern must be taken seriously.

If a member of staff sees something, hears something, notices a change in a child's behaviour or receives information that causes concern, they must act without delay.

Staff should never assume that somebody else has reported the concern.

Where there is an immediate risk of harm, emergency services should be contacted by calling **999**, followed by informing a Designated Safeguarding Lead as soon as possible.

If You Have a Concern

If you are worried about a child: Stay calm and consider what you have seen, heard or observed.

- Record the facts as soon as possible (see **Appendix A**) – Safeguarding Record, body map.
- Record when an injury is present on arrival or is noticed during the day using (**Appendix B**)-existing injury record, body map
- Speak to DSL or contact IAA for advice
- For a referral, see **Appendix C** – Rhondda Cynon Taf C1 Referral Form and guidance notes. ☐ Follow **Appendix D** – Safeguarding Reporting Flowchart.

A written C1 must not delay an urgent referral.

Report the concern immediately to the **Lead Designated Safeguarding Lead** or the **Designated Safeguarding Lead**.

1. If neither is available, report to the **Deputy Designated Safeguarding Lead**.
2. If no Designated Safeguarding Lead is available and you believe a child is at immediate risk, contact the Information, Advice and Assistance (IAA) Team or the Police directly.

Staff must never delay reporting a concern because they are unsure whether it is significant.

Key Practice Point

It is better to report a concern that proves unfounded than fail to report a child who needs protection.

13. Responding to a Disclosure

Children may choose to tell a trusted adult that something has happened to them.

Disclosures may be direct, indirect or gradual over time.

Staff should remain calm and respond in a way that helps the child feel safe and listened to.

Listen

- Give the child your full attention.
- Stay calm.
- Allow the child to speak freely.
- Listen carefully without interrupting.

Reassure

Tell the child:

- "Thank you for telling me."
- "You've done the right thing."
- "I'm glad you told me."

Never promise to keep a secret. Instead explain that you may need to share the information with people who can help keep them safe.

Record

As soon as possible record: (**Appendix A**)Safeguarding record, body map.

- Date and time.
- Child's exact words where possible.
- What you observed.
- Any visible injuries. ☐ Who was present.

Records should be factual, signed and dated.

Report

Report the concern immediately to the **Lead Designated Safeguarding Lead** or **Designated Safeguarding Lead**.

Do not discuss the matter with colleagues unless they are directly involved in safeguarding the child.

Staff Must Never

- Ask leading questions.
- Investigate the concern.
- Interview the child repeatedly.
- Promise confidentiality. ☐Delay reporting.

14. Existing Injuries

Parents should inform the nursery of any injury a child has before attending.

Where a child arrives with a visible injury that has not previously been explained, staff will:

- Discuss the injury with the parent or carer where appropriate.
- Complete an Existing Injury Record. (**Appendix B**) Existing injury, body map  Ask the parent or carer to sign the record.  Continue to monitor the child's wellbeing.

If the explanation causes concern or is inconsistent with the injury, the matter will be reported immediately to a Designated Safeguarding Lead.

Completing an Existing Injury Record does not replace safeguarding procedures where abuse is suspected.

Bruising in Babies and Children Who Are Not Independently Mobile

Bruising is unusual in a baby or child who is not yet independently mobile. For this policy, not independently mobile includes a child who is not yet crawling, cruising or walking independently. Staff must also consider the child's actual developmental ability rather than age alone.

Treat any observed or reported bruise, mark or injury as a safeguarding concern, including a small bruise or one for which an explanation is offered.

Record exactly what was seen or reported, using a body map where appropriate, without photographing the child on a personal device.

Report immediately to a Designated Safeguarding Lead and make a same-day referral to the IAA Team for safeguarding advice and assessment. This must not be left for monitoring or delayed until the child next attends.

Do not examine the child beyond ordinary observation, ask leading questions or investigate how the injury occurred.

Do not automatically discuss the concern with a parent or carer before referral where doing so could increase risk, affect evidence or be contrary to safeguarding advice.

Seek emergency medical help and call 999 where the child appears seriously unwell, has a serious injury or is in immediate danger.

An Existing Injury Record (**Appendix B**) may be completed, but it must never replace or delay the safeguarding referral.

15. Information Sharing

Information will be shared with relevant professionals where necessary to safeguard a child.

The nursery will share information:

- Lawfully.
- Proportionately.
- Accurately.
- Securely.
- Only with those who need to know.

Where appropriate, parents will normally be informed before information is shared. However, consent will not be sought if doing so could increase the risk of harm or compromise a safeguarding investigation.

The welfare of the child will always take priority.

Safeguarding File Storage and Access

Hard-copy safeguarding files are kept in a locked filing cabinet in the Senior Staff Office and are for senior staff only. Access is limited to senior staff who need the information for safeguarding duties. The cabinet must remain locked when not in use, and files must be returned immediately after use. Staff must pass completed concern records directly to a Designated Safeguarding Lead and must not leave safeguarding information unattended.

16. Referrals

Anyone can make a safeguarding referral. A referral does not have to be made by a Designated Safeguarding Lead.

Staff should normally report concerns immediately to a Designated Safeguarding Lead so that the nursery can coordinate its response. However, this must never delay or prevent any member of staff from making a referral directly to the Information, Advice and Assistance (IAA) Team, Children's Services or the Police.

Where a child is believed to be suffering, or likely to suffer, significant harm, a referral must be made without delay to the Information, Advice and Assistance (IAA) Team and, where appropriate, the Police. If a child is in immediate danger, call 999.

If a member of staff believes appropriate action has not been taken, they must make the C1 referral (**Appendix C**) themselves and escalate their concerns in line with the nursery's [Whistleblowing Policy](#).

Regulatory and Flying Start Notifications

After every external safeguarding referral, the Designated Safeguarding Lead (DSL) or Responsible Individual must ensure that the appropriate notification is submitted to Care Inspectorate Wales (CIW) through CIW Online portal.

RCT Flying Start Childcare Quality Team should be informed of any significant safeguarding concerns relate to the setting, staff or its practice. Concerns relating to an individual child would not be shared with flying start quality assurance officer, these would be managed through safeguarding procedures and a shared on a need-to-know basis to maintain confidentiality.

This is a nursery reporting requirement and does not replace or delay the safeguarding referral or any emergency action. Record the notification, contact, advice and actions in Appendix A – Safeguarding record, Action form.

Notification and provider links: [CIW notification guidance](#) | [CIW Online](#) | [RCT information for childcare providers](#)

17. Supporting the Child

Children who are experiencing abuse or neglect may require additional support within the nursery.

Where appropriate, we will:

- Provide a safe, consistent and nurturing environment.
- Work in partnership with parents and professionals. ☐ Support the child's emotional wellbeing.
- Contribute to multi-agency meetings where required.
- Maintain confidentiality while ensuring appropriate information sharing.

Safeguarding in Four Steps **Recognise** –

Notice concerns.

Record – Write down the facts.

Report – Tell a Designated Safeguarding Lead immediately.

Protect – Support the child and follow safeguarding procedures.

18. Allegations Against Adults Working with Children

Once Upon A Time Nursery is committed to ensuring that all concerns about the behaviour of adults working with children are managed fairly, promptly and in line with the Wales Safeguarding Procedures.

An allegation may relate to any employee, volunteer, student, agency worker, contractor or regular visitor.

The safety and welfare of children will always be the priority.

Reporting an Allegation

All allegations and concerns about an adult must also be recorded promptly using Appendix A – Safeguarding Log.

Any concern about the conduct of an adult must be reported immediately.

Concerns must not be investigated or discussed with colleagues.

Concern relates to	Report to
Member of staff	Lead Designated Safeguarding Lead or Designated Safeguarding Lead
Lead Designated Safeguarding Lead	Designated Safeguarding Lead & Responsible Individual
Designated Safeguarding Lead & Responsible Individual	Lead Designated Safeguarding Lead or directly to the Information, Advice and Assistance (IAA) Team if appropriate
Both safeguarding leads unavailable	Deputy Designated Safeguarding Lead or the IAA Team

The nursery will follow the advice of Children's Services, Local authority Designates office (LADO) or the designated officer for safeguarding (DoS), the Police and Care Inspectorate Wales (CIW) before undertaking any internal investigation.

19. Low-Level Concerns

Creating a safe culture means addressing concerns before they become serious.

A low-level concern is behaviour that is inconsistent with the Staff Code of Conduct but does not meet the threshold for a formal safeguarding allegation.

Examples include:

- Poor professional boundaries.
- Inappropriate language.
- Favouritism.
- Unnecessary physical contact.
- Inappropriate use of mobile phones or social media.
- Behaviour that causes a colleague to feel uncomfortable.

All low-level concerns should be reported to a Designated Safeguarding Lead and recorded.

Recording concerns helps identify patterns of behaviour and supports early intervention.

20. Whistleblowing

Every member of staff has a responsibility to raise concerns if they believe children may be at risk or safeguarding procedures are not being followed.

Staff should report concerns internally wherever possible.

Where this is not appropriate, concerns may be raised directly with the relevant statutory agencies. See the nursery's [Whistleblowing Policy](#) for the internal and external reporting routes.

No member of staff will suffer disadvantage for raising a genuine safeguarding concern that they reasonably believe to be true.

21. Professional Conduct

All adults working within the nursery are expected to maintain high standards of professional behaviour at all times.

Staff must:

- Act as positive role models.
- Maintain professional boundaries.
- Respect children's privacy and dignity.
- Maintain confidentiality.
- Treat every child fairly and with respect.
- Follow all nursery policies and procedures.

Staff must never:

- Use physical punishment.
- Use humiliating or degrading language.
- Form inappropriate relationships with children or families.
- Communicate with children through personal social media accounts.
- Take photographs using personal devices.

Mobile Phones, Connected Devices, Photography and Digital Communication

Staff personal mobile phones must be switched off or set to silent and left securely in the designated staff locker throughout their shift. Personal mobile phones, tablets, cameras and other recording or connected devices must not be carried or used in childcare areas. A personal smartwatch may be worn only if it has no camera or photo/video recording capability. Any smartwatch with a camera or photo/video recording capability must be left securely in the staff locker for the shift. A permitted smartwatch must not be used to make or receive calls or messages, record audio, take photographs or videos, or access nursery systems or information in childcare areas. These personal-device restrictions also apply to students, volunteers, agency staff, contractors and visitors. Nursery mobile devices must never be used during intimate care, sleep checks or one-to-one care, or to photograph, film or make an audio recording of a child. A personal phone may be accessed only in a genuine emergency or exceptional situation, with management permission and safeguarding will always be at the forefront of any decision and call will be away from children. Any disability, health or agreed work adjustment must be risk assessed and managed in line with the Online Safety and Acceptable Use Policy.

Only a nursery-owned work mobile may be used for an authorised photograph, video or audio recording, or to contact parents and carers on the nursery's behalf. The device must remain under nursery control and use approved accounts and storage. Staff must follow the child's recorded permissions and consider the child's wishes and dignity. Recordings must be for an identified nursery purpose and must not be made during toileting, changing, intimate care, sleep checks or one-to-one care, or to document an injury or safeguarding concern. Record injuries using the procedures in this policy. Staff must also follow the Online Safety and Acceptable Use Policy and the nursery's Photography and Images and Data Protection policies.

Photographs for nursery purposes must be transferred promptly to Family or other approved storage and shared with parents and carers through Family. After secure transfer is confirmed, staff must delete them promptly from the nursery phone's camera roll and must not retain them there. If a technical problem prevents deletion, staff must stop taking further images, secure the device and notify the Manager so the approved data-security procedure can be followed. Staff must not copy, store, send or share children's images through personal devices, personal accounts, social media or other unapproved platforms. Nursery phones must be kept secure and inaccessible to children and unauthorised people.

Each nursery mobile phone contains the Wales Safeguarding Procedures app. Staff should use it to access safeguarding guidance when needed. The procedures are also available at safeguarding.wales; the app can be downloaded from the [Apple App Store](#) or [Google Play](#).

22. Safer Recruitment

The nursery is committed to recruiting suitable adults to work with children.

Safer recruitment procedures include:

- Appropriate pre-employment checks.
- Identity verification.
- Disclosure and Barring Service (DBS) checks where required.
- Suitable references.
- Verification of qualifications where appropriate.
- Safeguarding questions during recruitment. ☐ Safeguarding induction for all new staff.

All adults must understand their safeguarding responsibilities before working unsupervised with children.

23. Safeguarding Training

Safeguarding training is essential to ensure staff remain confident in recognising and responding to concerns.

Required Safeguarding Training Levels

- Senior staff must complete Safeguarding Group C training.
- All practitioners with regular contact with children must complete Safeguarding Group B training.
- Staff in roles without direct work with children, but who may come into contact with children, must complete Group A basic-awareness training.
- If Group B training is delayed, Group A may be completed as an interim measure. It does not replace Group B where Group B is required; complete Group B during induction or probation as soon as it is arranged.

Social Care Wales resources: [Level A safeguarding materials](#) | [National safeguarding training framework](#) The nursery

will ensure that:

- All new staff receive safeguarding policy.

- Safeguarding training is appropriate to each role.
- Safeguarding is discussed regularly during supervision and staff meetings.
- Designated Safeguarding Leads maintain the knowledge and skills required for their role.

Training records will be maintained and reviewed.

24. Monitoring and Review

The Registered Provider and Responsible Individual will monitor the implementation of this policy through:

- Supervision.
- Staff meetings.
- Safeguarding records.
- Training records.
- Audits.
- Reflective practice.
- Lessons learned following safeguarding concerns.

This policy will be reviewed annually, or sooner if legislation, guidance or local procedures change.

25. Key Safeguarding Contacts

Lead Designated Safeguarding Lead

Donna Rix 01443206640

hello@onceuponatimenursery.wales

Monday to Friday

Designated Safeguarding Lead & Responsible Individual

Andrea Morgan

01443 206640

Monday to Friday

Hello@onceuponatimenursery.wales

Monday to Sunday

Deputy Designated Safeguarding Lead

Lucy Perry

01443 206640

Information, Advice and Assistance (IAA) Team

IAA 01443 425006 Monday to Friday

IAATeam@rctcbc.gov.uk

Emergency out of hours

01443 743665 outside office hours 5pm onwards, weekend and bank holidays.

Police

999 – Emergency

101 – Non-emergency

Care Inspectorate Wales (CIW)

0300 790 0126

Appendices

- Appendix A – Safeguarding Record, Body Map, Managers/DSL report, Action Taken
- Appendix B – Existing Injury Record, body map
- Appendix C – Rhondda Cynon Taf C1 Referral Form / C1 Guidance - 2024
- Appendix D – Safeguarding Reporting Flowchart
- Appendix E- Chronological record

Final Statement

Safeguarding is everyone's responsibility.

Every child has the right to grow up safe, supported and protected from harm. Every member of staff has a duty to remain vigilant, act on concerns and work together to promote children's welfare.

By working in partnership with families and other professionals, Once Upon A Time Nursery is committed to providing a safe environment where children can learn, develop and thrive.

End of Policy



Appendix A Safeguarding Record

Safeguarding Record

Incident relating to (Please tick relevant box):

☐ Health & Safety ☐ Safeguarding ☐ Other (please specify): _____

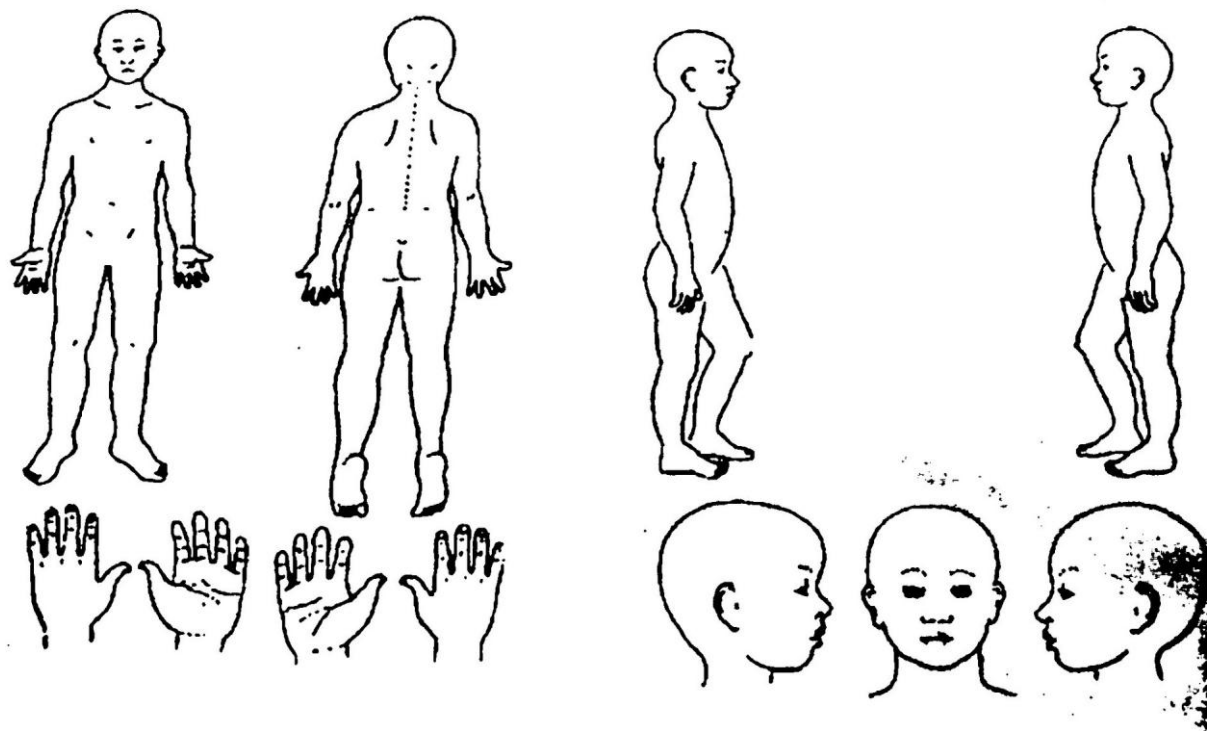
Incident number		
Setting name	Once Upon A Time Nursery	
Name and home address		
Date of birth and gender	Date of birth: _____ ☐ Male ☐ Female	
Date and time of occurrence (if known)		
Date and time of completing this form		
Description of incident		
Exact location of incident (if known)		
Name and address of any witnesses (if known)		
Did any injuries occur?	☐ Yes ☐ No Please see body map attached	
Full name of person recording details		
Practitioner signature		Date: _____
Person in charge (at time of reporting) signature		Date: _____

Parent/Carer signature (if applicable)	Date: _____
--	-------------

Appendix A Body Map

Name of child	
Date of birth	
Completed by	
Date and time	

Mark visible injuries only, using numbers to link each mark to the notes below. Do not examine beyond ordinary observation or photograph.



Mark number	Location	Size	Colour	Shape	Condition



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Appendix A Manager/DSL Report
For Office Use Only

Manager/DSL signature	Date: _____
Report of investigation by manager/Supervisor – Describe what happened and how.	



☐ Tick if continued on a separate sheet

Appendix A Action Form

Action taken	By whom	Timescale	Outcome/key points
1)			
2)			



3)			
4)			
5)			
Manager/DSL signature			Date: _____

Appendix B Existing Injury Record

Use this record when a child arrives with an injury that has not already been explained, or when an injury is noticed during the day. This record does not replace the safeguarding procedure or referral where there is concern. Report unexplained or concerning injuries to the DSL immediately.

Child's full name	
Date of birth	
Date/time injury noticed	
Room/setting	
Staff member completing	
Witness(es)	
Nature of injury and exact location (refer to Appendix B body map)	
What was observed? Record size, colour, shape and condition without interpretation.	
Parent/carer explanation in their own words. If not available, state why.	

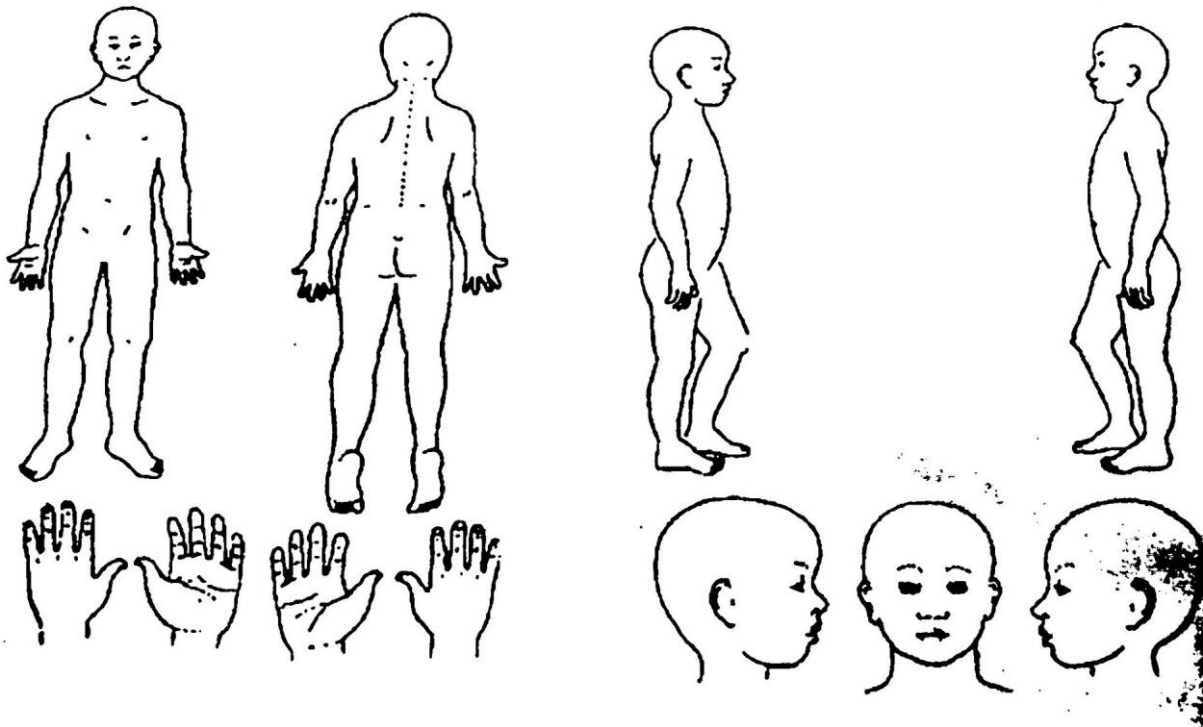


Was medical assistance sought?	[] Yes [] No Details/time: _____	
Action taken, including DSL notification and time.		
Parent/carer name and signature	Date: _____	
Staff name/signature	Date: _____	
DSL/Manager signature	Date: _____	

Appendix B Body Map

Name of child	
Date of birth	
Completed by	
Date and time	

Mark visible injuries only, using numbers to link each mark to the notes below. Do not examine beyond ordinary observation or photograph.



Mark number	Location	Size	Colour	Shape	Condition

Appendix C Rhondda Cynon Taf C1 Referral Form

The C1 is Rhondda Cynon Taf's professional referral form for Children's Services. Use the current official form and follow the secure submission instructions on it. A written form must not delay a telephone referral where a child may be at risk, or an emergency call where there is immediate danger.

[Open the Rhondda Cynon Taf C1 Referral Form \(PDF\)](#)

[C1 Guidance - 2024](#)

Referral contacts

RCT Information, Advice and Assistance (IAA): 01443 425006, Monday to Friday, 8:30am–5:00pm. Outside office hours, weekends and bank holidays: Emergency Duty Team 01443 743665. If a child is at immediate risk of harm, call 999.

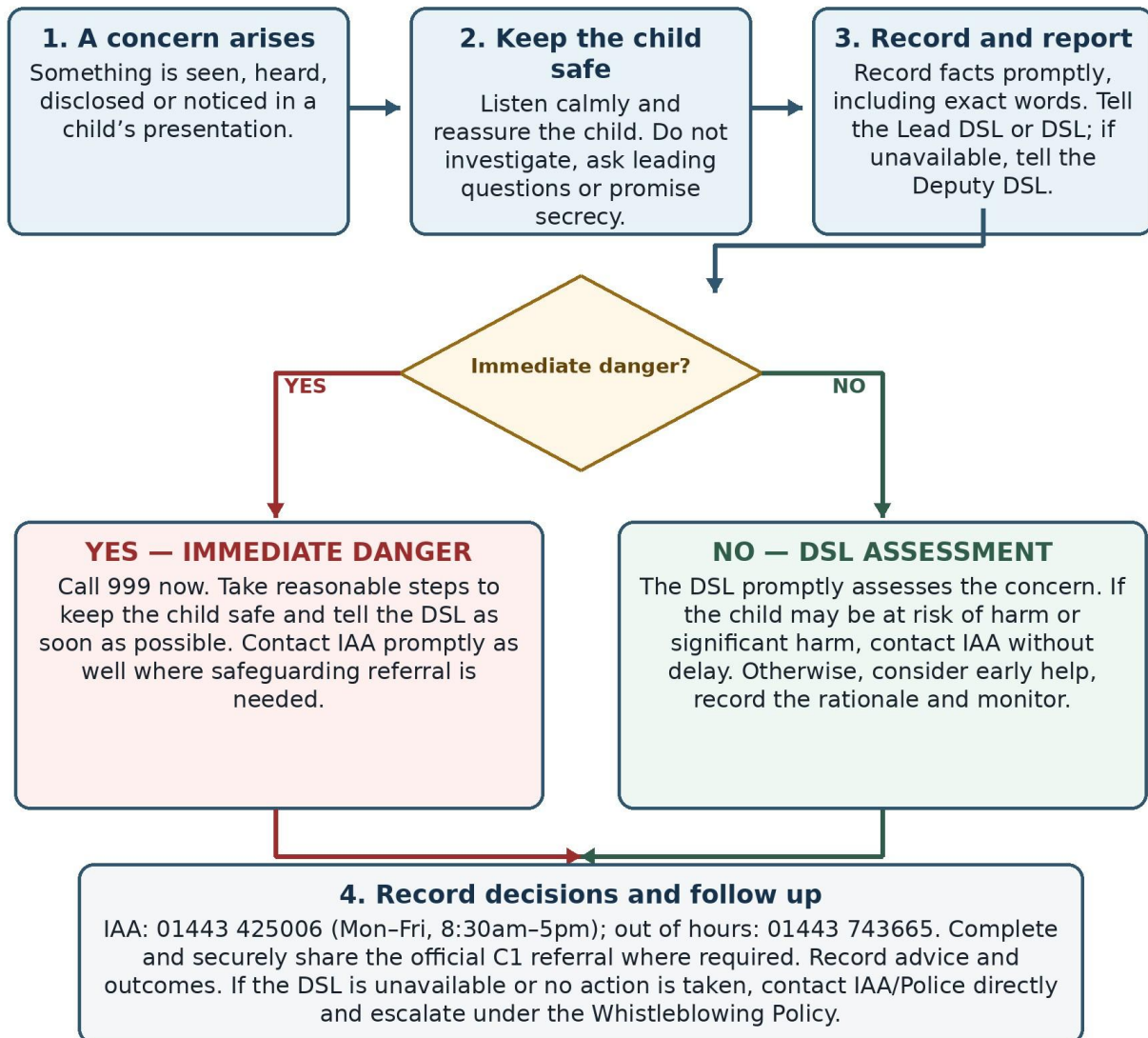
When making a referral, record the date and time, the person spoken to, the information shared, advice received and agreed actions on the Safeguarding Concern Record. Continue to follow up until the child's safety has been addressed.



Appendix D Safeguarding Reporting Flowchart

Record and report every concern promptly. For immediate danger call 999; for an urgent safeguarding referral contact IAA without waiting to complete the C1 form.

SAFEGUARDING REPORTING FLOWCHART





Appendix E Chronological Record

Child Name: _____ Date of Birth: _____ Childcare Setting: Once upon a time nursery

Date/Time	Key points of concern/reference to other forms	Key points of explanation given by parent/carer and child (if applicable)	Action taken and timescale	Staff name completing this log	Outcome of actions	Managers signature