Rainbow Smiles

Parents Handbook

117 Rosendale Road,
West Dulwich,
London SE21 8HE
Tel No.: 020-8655-7000

Contents

Nursery Overview

Rainbow Smiles is a full day Nursery, located in West Dulwich within close vicinity to a number of local amenities. It is situated within a converted Victorian House, which has kept much of its original feature. The Nursery environment is child friendly and includes the latest ICT equipment for the Children to use as well as other equipment such as CCTV throughout the Nursery. .

The Nursery is open Monday to Friday from 7.30am to 6.30pm, however we do close for Bank Holidays and also for a extended period for Christmas, and re-open after the start of the New Year. The Nursery will also be closed for Staff Inset Days (Training Days).

During our opening hours children have a 10 hours slot, hence if a child arrives at 7.30am, then you will need to pick up your child at 5.30pm. This in main is done in order that we are able to keep to the Government guidelines for childcare.

Environment

The primary objective within Rainbow Smiles is to provide a safe a nurturing environment, which is also stimulating and challenging for the child in order to help the Children achieve their full potential.

Secure Environment

The creation of a Secure Environment in which the Children can explore & develop is of paramount importance. Regular risk assessment are regularly undertaken to ensure the safety of Children under our care. Our physical environment in which the Children play has minimal risk of causing harm to the Children, for example we have Fingershields on doors and Child Safety gates are on the stair case. The environment is secured against unauthorised access by using CCTV and Video Door Entry systems.

Area Layout

The Nursery is located over 2 floors, and is divided into 3 distinct areas, which are:

- Babies : Ground Floor Rear
- Toddlers : Ground Floor Front
- Pre-School: First Floor

The benefit here is to provide a space that meets the unique demands of each age group. It also provide the Staff the Opportunity to focus specifically on developing Children within a strict defined age range, which should in turn allow them to provide a higher level of care.

In providing a space that meets the unique demands of each age group, the following areas are focussed on in achieving our goal.

- Decoration
- Area Layout
- Furniture
- Equipment

All Children Play Areas within the Nursery are Open Planned. An open planned room layouts allow children to choose from a variety of play opportunities. Each individual play area caters for the 6 different learning areas as required by Ofsted. However in order to maintain a stimulating environment the individual Play Areas Layouts are often changed. This can often take the form of swapping Resources and Furniture with other Play Areas.

Even though there is a sharing of resources it can be clearly seen that there is a clear differentiation between the individual Play Areas in order to meet the needs of the Children within them.

Storage

Child belongings are stored on their peg and individual storage boxes. The storage areas for the different the areas are as follows:

- Babies :Baby Quiet Room
- Toddlers : Toddler Room
- Pre-School: Ground Floor Rear Corridor

We also have a Buggy Storage Area for Parents, as we strongly recommend that Parents use sustainable forms of transport to come and go from the Nursery. We are also able to use Children's Buggies when taking them for walks of other amenities in the area.

Here at Rainbow Smiles we fully appreciate that you are in a rush to get to work and would like to get home as quickly as possible. For this reason we operate a buggy service, which includes taking your buggy out to the buggy park and putting it away at the beginning of the day and collecting it at the end. Ideally the Pushchairs will be compact as there is only limited storage space for Pushchairs within the Nursery. Parents will need to fold their Pushchairs before leaving the Nursery, in order that we can store the Pushchairs in the storage area.

NB. - It should be noted that unfolded Pushchairs will not fit into the Storage area, and as such will be left outside it. Hence in the event of rain it will get wet.

Policies & Procedures

Our policies and procedures are at the heart of everything that we do in Rainbow Smiles. They are updated regularly and new policies will be written if necessary, to keep up with current thinking and the latest initiatives. It may also be necessary to add to the Nursery Policies in consideration of events.

Full Policies and Procedures are given to all staff when they start at Rainbow Smiles and copies of these are available for parents to read on request. The primary purpose of this Handbook is to provide Parents a better understanding of the Rainbow Smiles mode of operation, as well as any information that relates to themselves in order that they can help us achieving our goal of providing a high level of care. As such within this handbook we have also included summarised versions of some of our main Policies & Procedures.

Partnership with Parents

Listening to and working in partnership with Parents has a important bearing on the day-to-day operation of Rainbow Smiles. Our philosophy is that we work together to ensure that we deliver a programme of care and education that is tailored to the child's culture, background and educational needs. With the ethos that parent's / carers are the primary educator of their children , especially in their early years , we hope to produce a partnership with your voice at the forefront. Using observations from home and nursery we can then produce a development plan, which has agreed goals, that both the Nursery & Parents can work to, thus ensuring the best possible start for your child.

Rainbow Smiles also appreciates that time may be limited, as such we as are constantly looking to improve an inclusive practice that accommodates the Parents differing schedule. Thus we offer these methods of communicating:

- Individuals Meeting with any member of the Nursery - These meeting will need to be booked in advance, and can take place away from the children, at a time that is convenient to both individuals.
- Newsletter - Newsletters are produced on regular intervals in order to provide Parents a update of important and current issues affecting the Nursery.
- Questionnaires - in order that we gain important feedback from Parents on the level of the Nursery current performance, and other indicators that will aid in the improvement of the Nursery level of service.
- Active participation of Parents within the Nursery –

Another vital part of our partnership with parent/ carers is written information that keeps the child safe from harm it is essential that you keep this information updated and us informed to any changes to your child's needs as they occur.

In order to share and gather vital information we use a variety of methods

- Enrolment Forms
- Settling In Forms
- Verbal Handovers at the start and end of the day.
- Daily Dairies.
- Learning Journeys.
- Notice boards.
- Letters.

In pursuit of achieving our goal of forming a strong relationship with the Parents, we are now undertaking a major project, which will allow the Nursery to supply in-depth information to all Parents. Thereby making the Nursery much more transparent. The other benefit will be that Parents will have another medium to provide in-depth information about their child. The overall benefit being that the Nursery will be able to provide a higher level of care for the children.

It should be noted that although as a Nursery we are constantly looking at methods to improve the level of communication between the Nursery & Parents. Ultimately this can only be achieved if Parents are able to provide all relevant information at appropriate times.

Staffing

Staff Recruitment

Before any member Staff is employed at Rainbow Smiles they go through a number of Interviews as well as number of vetting procedures in order to ensure that any individual employed by us is suitable to do so. The procedure we undertake are as follows:

- 3 Stage Interview Process: This is an in-depth process where we can obtain a firm overview of the individual.
- Qualification
- References
- Criminal Record Bureau: Although an individual may be taken on before the results of this check come through. When working within the Nursery they will be supervised at ALL times, and are unable to undertake any Nappy Changing or Toilet Duties.
- As from November 2010 all Staff will need to undergo a Independent Safeguarding Authority (ISA) check, before they are allowed to start work

The National minimum of qualified staff to unqualified staff is 50% here at Rainbow Smiles, We hope to achieve 100% qualifications. Most staff employed hold a relevant qualification in child care and education and as a company we believe in keeping our staff updated in training.

However we firmly believe that persons should be employed because they have a rapport and passion for childcare and education. Following this ethos we employ staff not only because of qualification but also because they demonstrate care, empathy and understanding of children and childhood, and then source suitable training for individuals to develop their career within the childcare sector.

Staff Information

Relevant Staff Information is available to view on the Notice boards by the front door of the Nursery. The information here will provide you indication of their qualification and experience as well as, their role within the Nursery.

Key worker information for your child is presented on the door of the room your child attends

Most of our staff hold a level two or three in Childcare and Education, although as a Nursery we do actively encourage our Staff Members to develop further.

Staff Training

All Full-time Staff members are required to complete the NVQ 3 in Childcare, as the Nursery aims to have all Staff qualified with a recognised Childcare qualification. Our Part-time Staff are also strongly encouraged to complete this qualification.

We as a Nursery do believe in developing our Staff further and therefore actively encourage our Staff to undertake the Foundation Degree, and then gradually develop in order to achieve an Early Year Practitioner status (EYP), thereby allowing them to develop their careers further.

We also utilise the training facilities provided by the Local Council for the Childcare Sector, and regularly them on course run by them in order to increase their knowledge base further.

Financial

Deposit Return

The Deposit paid to secure the provision within the Nursery and is only refundable once provision has been taken up, and is offset against the Final month's fees before your child leaves the Nursery.

Fees Payment

Fees are paid a month in advance, and are due on the first on the month. Payments can be made either through Cash, Cheque or preferably through a Direct Bank Transfer using your child's name as the reference. Using this method will also allow to check any payment queries should they arise.

The Nursery's account details are:

Account Name : Rainbow Smiles
Account Number : 11130660
Sort Code : 60-24-26
Bank : Natwest

Childcare Vouchers

We also accept Childcare Vouchers and registered with most of the current providers. However if we are not it extremely easy for us to become registered we the average time required to register being 48 hours.

If you are looking to make partial payment through Childcare Vouchers please advise us of your intention in order that we are able to put suitable procedures in place to cater for them.

Late Pick-Ups

Although we do have a clause in our Terms & Conditions, it is a clause we extremely reluctantly implement. We do appreciate that on the odd occasion it may be difficult to arrive on time, due to circumstances beyond your control. However for persistent offenders our initials reaction will be to talk to offender, in order to achieve a suitable resolution.

The with respect to lateness are as follows:

- Ensure that we try and stay on the minimum Government Ratio at all times. A child leaving late will not help in us achieving this mandatory target.
- Our operational hours are regulated both through the our Ofsted Registration, and also through the Nursery building Planning Permission conditions.
- We are only insured for Childcare purposes during our normal operating hours.
- Allowing the Practitioners to leave on time – After working with children for 10 hours, I hope you can appreciate the need for them to relax and come back fresh for the next day.

Complaints

If you have a complaint or issue either involving your Child or the Nursery as a whole, contact your Child's Room Leader. If you are not completely satisfied you should then contact the Nursery Manager who will investigate your complaint fully. If you feel things have not been resolved, please feel welcome to discuss your complaint with the Managing Director, Mr Tariq Ayyub.

At all points throughout this process Parents will be kept informed of the progress of the complaint. You will be informed within 28 days of the outcome of your written complaint.

As a registered childcare facility we seek to resolve all issues and complaints fairly. If you are dissatisfied with the outcome of the complaints or would value independent advice contact:

Ofsted

Alexandra House
33 Kingsway
London WC2B 6SE
Tel. 08456 404040

Admissions

Enrolment

Once enrolment has been confirmed the following needs to be undertaken in order to aid a seamless transition of your child into the Nursery:

1. Confirmation of the Settling in time and dates.
2. Completion and Return of the Enrolment Form to the Nursery a week before the Settling Process is due to begin.

Enrolment Form - The Enrolment Form contains all the important information that we need to care for a child. Our aim is to work with you, to best meet your childcare needs. In order to help achieve this it is in strongly recommend that you regularly check the form to ensure that all the information is kept up-to-date.

Settling In

Leaving your child with us for the first time can be difficult especially if you or the child has no previous Nursery experience. The Settling in period is a time when you and your child come to the Nursery in that your child can get comfortable with the Nursery environment.

During the Settling In period you will be meet the individuals responsible for your child's care personally, as well as the child's designated Key Person. The purpose of the Key Person is to be the Primary contact person for your Child. It will be their primary responsibility to monitor the Child Development, and in conjunction with the Room Leader to plan the Child's activities to aid their development.

The Discussions with the Key Person are very important as you are able to tell us about your child's routine and previous experiences which will help us to plan activities for your child and help your child to settle smoothly into the Nursery.

Settling a child into nursery is as individual as the child. That is, although we have a programme that introduces the child to the environment, the staff and the routine, the child's individual emotional needs, will dictate their reaction to separating from parents and making any form of transition.

As a Nursery we do encourage parents active participation within the Nursery. From 'Settling In' point of view we strongly recommend that Parents take advantage of our Informal Stay and Play sessions before the formal 'Settling In' Process starts.

Informal Stay & Play

These informal sessions do require that the Guardian is always present with the child whilst in the Nursery i.e. The Guardian and child are always together. The objective of the Stay & Play Sessions is to make the Child much more comfortable with the Nursery environment, and also give them the assurance that Nursery is not just for them.

These sessions are pre-arranged, but are not chargeable as your child is not officially on ratio. At these sessions we would strongly advise you to take part in any activities that are being undertaken during these times.

Settling In

During the Settling Process we formally introduce the child to the Nursery through a series of sessions of Stay 'n' Play, Stay 'n' Eat and Stay 'n Sleep. We have found that these sessions allow the child to have an introduction to areas that children may feel apprehensive about. We ask parents not to leave the building during these times so that they are available if the child becomes distressed.

Settling in is an extremely important process, as such here is an extract of our guidelines to our Practitioners for this process, as quite often it is also the Parents that need Settling.

Rainbow Smiles 'Settling In' Policy.

As Practitioners we need to appreciate the separation anxiety that children face when entering our Nursery for the first time. Children's bond with Parent/ Carer is a strong survival instinct that the child has alongside other emotional needs. Taking into account the emotional feelings of the child we need to appreciate that the child is entering a new environment with new rules, routine and boundaries. We also should appreciate that the child has transferred from one cultural environment to another. That is the child, has come with their own set of memories that have dictated their individual culture. They are crossing over to unknown territory and as Practitioners we need to realize that:

- the child has not only got to cope with separating from their primary carer but they have to get used to a strange and unknown environment

Staff also need to understand how the parent feels when leaving their child that they too may be feeling separation anxiety . As practitioners we need to work with the parent to reassure them that their child is safe, secure and taken care of in an environment , where we respect parent's wishes and feelings. We also need to keep settling in parents, fully informed with what is going on in their child's day and taking time to talk to them on the telephone at the end of the day and giving clear written information.

During the settling in period we should recognise that there are different patterns of behaviour that a child could display and that we should understand that some children may regress. (Children may show signs of separation anxiety after attending for a few weeks; suddenly realising that parents are leaving them.

During the settling in period children need closeness from their key person and an understanding should be given, by others in the team, that the key person should have time out with the settling in child. As a team we need to ensure that this is going on so that the child can bond and establish another secure base.

We also need to give advice to parents as to when the parent should settle in their child, that there are key times that children need to be familiarised with such as:

- play time with others
- eating with others
- and sleep time in a different cot or different environment

Staff should realise:

- that the child is going to need plenty of cuddles and bonding time with their key person
- the parents is feeling it too
- that we need to work as a team during this time as one member may be tied up with the child

Transitions Between Rooms.

Transitioning between rooms at Rainbow Smiles is primarily down to the individuals child development, although an another important factor is that we need to consider ratio and space in that we have to keep to OFSTED regulations which is 24 downstairs and 21 upstairs

The criteria that we normally use to transition, children between rooms is as follows (with approximate age range):

- Babies to Toddlers – When the Child starts walking (11-15 months)
- Toddlers to Pre-School – When the Child is Potty Trained (30-36mths)

Overall Mental development is the child is also an important factor as we need to ensure that the child is mentally prepared to cope with eth change that occurs when transitioning between rooms. As such we also endeavour to incorporate the following strategies to ease the transition process:

- When transferring between units, the child will have many visits to the follow on unit this is done with the support of the key-person or someone familiar to the child.
- We will work very closely with parents to ensure that the transfer is of little disruption to the child
- We will hopefully take children up with their peer
- The child will be introduced to their new key person who will spend time with the child.

Things to Bring to the Nursery

- Change of Clothes - 2 to 3 pairs or clothes should be left at the Nursery in case a change of clothing is required for your child. It strongly recommended that you label as many of the clothes as possible in order to help staff to ensure that any item of clothing is returned to the Parents.

  Clothing Labels can be sourced from any good School Uniform Shop.
- Slippers - To wear in the classrooms.
- Rain Mac & Wellington Boots (Wet Weather Only) -
- Nappies - If Required
- Nappy Wipes -
- Formula Milk or Food Stuff. - The Nursery provides Cow & Soya Milk as standard. Any variation to these will need to be provided by the Parent.

  The Nursery also endeavours to cater for the children's nutritional requirements. However as with the milk if there is a specific nutritional requirement which is unique to a child then again the Parent will need to supply the foodstuff.

- Bottles/ Cups -
- Creams - Nappy, Sun Cream etc.
- Comforters - Dummies, Blankets, Toys which will help the Child to settle and relax in the Nursery Environment.
- Sleeping Blanket -

Attendance Day Changes

Ad-hoc Changes

Ad-hoc changes in attendance schedules are handle one of two ways at Rainbow Smiles, which are:

- Additional Day
- Swapped Day

Additional Day - Additional days do need to be organised in advance with the Nursery. This is in order to ensure that we have;

- The capacity to accommodate your child for the additional day.
- Ensure we have a suitable number of Staff present on the day to ensure we meet the Child to Staff Ratio's.

Additional days are chargeable, at your normal daily rate.

Swapping Days - At Rainbow Smiles we do allow Parents to swap their days, providing we have;

- The capacity to accommodate your child for the requested day.
- We do not need to bring in additional Staff to maintain Child to Staff Ratio's to accommodate your child.

Swapping days is not chargeable, but you will obviously not be able to bring your child into the Nursery for one of your normal scheduled days.

Permanent Changes in Attendance Schedules

At Rainbow Smiles it is perfectly acceptable to change your attendance schedule at anytime. All we request is that you provide us prior notice in order that we are able to accommodate the changes.

Reducing the number of attendance days is straight forward as the scheduled day no longer required is made available to other Parents who wish their child to attend the Nursery.

With respect to Additional or Change in Days the Nursery first needs to ensure that we have sufficient capacity to accommodate the change in schedule. If the Nursery is unable to accommodate the change in schedule initially, then it is the Nursery policy to provide first refusal to Parents whose children already attend the Nursery.

Care & Development

Care

The Nursery normally follows a structured routine throughout the day. A typical day is as follows:

7.30 am- 9.00 am: Welcome & Breakfast
9.30 am 11.30.am: Free play & Focus Time
11.30 am-12.00pm: Tidy Up & then Circle time
12.30 pm- 1.30pm : Quiet Play
1.30pm- 3.00pm : Rest period for Children under the age of 3 years old. Children over the age of 3 years can continue with quiet play.
3.00pm- 4.30pm : Free play & Focus times
4.30pm- 5.00pm : Tea
5.00pm- 6.30pm : Quiet play
6.30pm : Nursery close

Meals

Meals are prepared fresh everyday by the Nursery's Chef.

Snacks are also served throughout the day, where we will either serve Fruit, Rice Cakes or Milk to the children.

Children also have access to water throughout the day and are encouraged to either use the water fountain or to find their Cup.

Menus

We are a healthy eating Nursery, as such we follow the Government guidelines in healthy eating for children.

We operate a 4 Week rotating menu, that provides children a variety of meals with the intention of providing the children a mix of cultural dishes, which incorporate a wide variety of foodstuffs, which meet their daily nutritional requirements.

Menus are decided upon by the management team and in house chef, who regularly review the meals to ensure that we provide that are both nutritious, seasonal also the children enjoy eating.

In preparing meals we will always try to use ingredients from the same suppliers and source. thereby allowing us to provide accurate information on any ingredients that we use.

Specific Dietary Requirements

The Nursery endeavours to cater for all dietary requirements for the children, whether they are because of Cultural, Medical Conditions e.g. Allergies or Personal preferences. These dietary requirements are recorded in the Child's admission form as well in both in the kitchen and also the rooms through a system of display cards, which outline the child's special requirements.

In sourcing ingredients we try and source ingredients that are suitable for all the children. However if your child specific nutritional requirement which is specific to them only, it may be that you will have to supply the ingredient to the Nursery. For information on any specific requirements please speak to the Nursery Management team, who will be able to advise you of the current policy on foodstuff that Nursery will supply.

Food for Babies under 1 year

Breast Feeding

The Nursery aims to assist any mother who is currently breast feeding. Bottles of Breast milk should be provided daily and will be kept within a milk fridge within the Baby Room. It is therefore important that these bottles are clearly labelled with the baby's full name and the date expressed.

Milk Formula

We ask parents to bring Milk Formula for babies and it needs to be brought to the Nursery in its original packaging and clearly labelled with the Child name or in bottles for that particular day. All bottles need to be clearly labelled with heat resistant labels with the Child's name and mixing instructions.

Sleeping Arrangements

Babies have their own individual cots for the day, with the Baby Quiet Room, and sleep whenever they want.

Children within the Toddlers and Pre-School area sleep on their own individual sleep mats .

During the Rest period Children with the Toddler and Pre-School Rooms sleep on their own individual mats, and normally rest between the scheduled time of 1.30pm-3.00pm. If your child requires more sleep outside these hours then, they can gain additional rest within the Baby Quiet Room.

Staffing

Key Person

Although everyone within the Nursery is responsible for the care of every child, the Nursery itself operates a Key Person System.

Essentially the system works by having a Primary Key Person, alongside their 'Buddy. The Buddy takes over the Primary Key Person Role, when they are away. Both individuals are responsible for meeting the needs of the child, and building a strong working relationship with Parents. They act as the Primary point of contact for the Parent and Child, and therefore are responsible for co-ordinating any information that needs to be passed onto the Parent.

Although the team as a whole are responsible in observing, planning & producing focus activities for the Children in the room. The Key Person, and Buddy are responsible for collating all the observations, and then updating all the their Key Children's files i.e. Learning Journey's.

Child/ Staff Ratios

The Government Regulation has set down the following guidelines for Children to Staff Ratios:

- 0-2 yrs - 3 children to 1 member of staff
- 2-3 yrs - 4 Children to 1 member of staff
- 3-5 yrs - 8 Children to 1 member of staff

Maintaining these Staffing Ratios are extremely important in trying to maintain a high level of care At Rainbow Smiles our primary intention is to provide a extremely high level of care, as such we endeavour to work at a 4:1 ratio's with Children above the age of 3. Thereby exceeding the level as set down by Ofsted.

Bank Staff

When covering for Staff on Holidays or who are absent through illness it is not the Nursery Policy to use Agency Staff. Instead Rainbow Smiles has a number of Bank Staff in order that we can provide cover. This provides us with individuals who have a firm understanding of the Nursery's Policy & Procedures, as well as individuals who are familiar to the Children.

The Bank Staff are also able to perform all necessary functions e.g. Changing of Nappies, as they have gone through the same vetting procedures of all Full-time member s of Staff i.e. CRB checks.

Learning and Development

Curriculum

We run by the Early Years Foundation Stage (EYFS) which can be found on the government website everychildmatters.gov.uk. however this is at the time of production of this handbook . This is one curriculum from birth to reception year of school, it is our philosophy to respect the fact that children learn from birth and that they are growing in all areas each and every day.

Rainbow Smiles carries the ethos, that we can educate children using their individual learning styles, interest and needs, respecting their individual learning styles. This is done through observations, assessment, and analysing we put into place learning plans and planning that is tailored to all of the children.

Within the Curriculum there are six areas of learning which are:

- Communication Language & Literacy.
- Creative Development.
- Knowledge & Understanding of the World.
- Personal Social & Emotional.
- Physical
- Problem solving Reasoning & Numeracy.

Although these may be interlinked, to ensure that the children meet their milestones we look at each area and record progression step by step.

Alongside the six areas of learning we use a social constructive system that enables children to build on their previous knowledge with the help of their peers, the environment and the practitioners interacting at key times.

We also fully appreciate the importance of play and endeavour to create an environment that meets and extends the child's interests and learning. Although we understand that children create an imaginary world during their play, which does not always warrant an adult intervention, only observational techniques to extend what they are doing. Using these observations we make up future planning with the knowledge that we have used the children's voices in planning, albeit through actions, and their individual preferences. However we fully appreciate that children's play is without set rules, interchangeable and spontaneous.

Rainbow Smiles is a very well equipped nursery with all the latest ICT equipment. This equipment allows children to access a wide variety of information from around the world. Using the Smart Boards we can access not only computer programmes, but investigate further any cultural activities or interest that the children may be following.

Taking learning outside- using the whole environment is an important part of Rainbow Smiles curriculum. The outside area is used to its full extent we have different areas that we can use for gardening encouraging children to learn about growth and life cycle. We can also use the garden for general outside play and as an extension of the classroom.

We also extend the curriculum to the our neighbourhood environment using this to discover a variety of local interests, such as the local parks, shops and parks.

Above all we consider the different abilities of each child differentiating the curriculum to suit their levels of attainment.

Please also see the Learning and Development Policies.

Learning Journey's

Learning Journeys are a individual account of your child's holistic development. This journal is for both the Key Person and Parents to work on. It contains the observations on your child, both in written form and in photographic. The Learning Journey has a Parent section which is available for you to fill in with any information that may be an important part of your child life's journey.

Inclusion Policy

Rainbow Smiles will ensure that each and every person is treated with the individual respect that is needed to allow them to succeed, enjoy and achieve.

We as a team and an organisation appreciate the different persons, personalities and abilities and our aim is to help everyone access the curriculum, information and opportunities.

Training opportunity for staff to help them understand the different needs of the individual child will be ongoing through Local Government training and courses.

We will work closely with outside agencies to identify and help children with Special Educational Needs to ensure that the child is able to access a full and varied curriculum.

Behaviour Management

Here at Rainbow Smiles we appreciate we have a mixed intake of children from a wide range of cultural backgrounds. Our behavioural management ethos is to ensure that we take into account the differences of the individual, their different levels of understanding, their language abilities and their cultural understanding of what is acceptable.

Our aim is to help the child to adapt negative behaviour and replace it with positive. We will ensure that the child is not made to feel ridiculed and that the negative behaviour is not wanted not the child.

We use a thinking chair to allow children to think about their actions and a 'well done' system to promote positive behaviour.

We also appreciate that there may be underlining reasons as to why the child is demonstrating negative behaviour which we will always take into account.

Health & Safety

Overview

Health and Safety is a large area. Overall we will keep to ALL of the Health & Safety guidelines to ensure that children are kept safe including full risks assessment each and every day and throughout the day. Risk assessments will also be carried before any Outings.

Rainbow Smiles is committed to the prevention of cross infection, and all staff are trained in the prevention of cross infection. Full protective clothing is to be worn at key times to prevent cross infection.

Rainbow Smiles uses cleaning fluid that includes a disinfectant to ensure a high level of cleanliness. All storage areas that contain any Chemicals or Hazardous materials are locked and out of reach of children.

We will also ensure that all hand washing procedures are adhered to as well as helping children to wash hands at key times.

Security

Confidentiality

Rainbow Smiles has a strict code of confidentiality i.e.; All staff are aware that we should never discuss any child to anyone unless it is for the purpose of safeguarding, welfare or development of the child.

Our ethos is to keep all information on a need to know basis. However it is and will be sometimes necessary to devolve information to relevant outside agencies. This is to ensure that we adhere to the Every Child Matters code of practice and Government Standards and overall to ensure the care and development of all the children that come to Rainbow Smiles. All written information that is confidential is kept in a locked filing cabinet.

Security

The Children's welfare and security are of paramount importance to Rainbow Smiles, as demonstrated by the design and security provision installed within the Nursery. We cannot emphasise enough the need to maintain a safe & secure environment within the Nursery, however we are sure that you will understand and agree in the maintenance of a safe & secure environment.

In producing a safe & secure environment there is an element of security that needs element of security that needs to be maintained and monitored between the Nursery and the Parents which are:

- Ensure the Main Door is Shut -When entering or leaving the building everyone must ensure that the main door is shut, and that the magnet has activated in order to keep the main door firmly shut.
- Ensure the Classroom Door & Gate are Shut -When entering or leaving the classroom we must also ensure that we shut the classroom door and gate, in order to ensure that the Children stay within the Rooms.
- Do Not Allow Access to Any Individual - It is extremely important for security that any individual entering the building identifies themselves, in order that the Nursery provide them access or are escorted into the Nursery. It may seem strange that you will not be allowing entry to individuals that you may know and speak to on a regular basis. However for the purpose of confidentiality you may not be privy to important information that may restrict particular individuals access into the Nursery.

Please also sign in and out when you enter and leave the building. This then ensures that we are keeping to the health and safety laws..

Safety

Safeguarding

When considering safeguarding, we work by the 'Statuary Framework for the Early Years' This can be requested online or down loaded from www.everychildmatters.gov.uk.

Rainbow Smiles through Policies and Procedures, are designed to keep the children of Rainbow Smiles safe and secure.

We will ensure that the type of activities we have in place for children undertake a full risk assessment. All relevant information concerning trips, outings, activities and routine are given to parents through newsletters, information boards and general letters.

We have a duty of care to all children that come into Rainbow Smiles. We will ensure that when safeguarding children we will watch out for and respond to:

- Significant changes in children's behaviour.
- Deterioration in their general well being.
- Unexplained bruising, marks or signs of possible abuse.
- Neglect.
- The comments or action that children make which give cause for concern.

We have a designated Child Protection Officer who takes lead responsibility in ensuring that in all cases the appropriate outside agencies are contacted.

All matters concerning child protection or safeguarding will be subject to a strict code of confidentiality.

Collections

Children within the Nursery will only be released to individuals who are authorised to do so. Authorisation is only provided by the Child's Primary Carer's e.g. Parents and takes the shape of authorisation through:

- Enrolment Form - When enrolling your child at Rainbow Smiles you will be asked to fill in a detailed document that will include photographs of persons that are authorised to pick up your child.
- Personal Introduction - Parents can also personally introduce individuals allowed to collect their child to members of the Nursery Staff, with a view to updating the information on the Enrolment Form at a later date
- Telephone Call with Temporary Password - In sudden emergencies when all nominated individuals are unable to collect their child. Parents can call the Nursery and provide details of the individual nominated to pick their child, along with a Temporary Password the individual will use to identify themselves. The password will be VALID FOR THAT DAY ONLY.

Collection & Drop Off Procedure

Safety and Security within the Nursery is of paramount importance in the Nursery. As such a great deal of emphasis has been provided in producing a safe & secure. The measures currently undertaken to achieve this range from use all the latest technology to undertaking daily risk assessments throughout the Nursery in order to produce a safe & secure environment.

One area where we as a Nursery do need Parental Assistance in maintaining a safe & secure environment is at the start and end of the Nursery day, as it can get extremely hectic with the arrival and departure of the children.

In order for achieve us this Parents need to undertake the following every time they arrive at the Nursery to collect or drop off your child.

1. Ensure you close the Outside Gates when entering or leaving the Nursery. This will help stop children running outside without suitable adult supervision.
2. Always buzz the room your child attends to announce your arrival, and DO NOT allow entry to individuals following up behind you if the door is now open. This procedure will reduce the risk of unauthorised entry into the Nursery.
3. Always ensure that the Front Door is firmly closed, and the Door Magnet has been activated thereby preventing the door from opening. This will not only help in stopping unauthorised entry, but will help in stopping the children leaving the Nursery
4. DO NOT leave your child unattended in the Nursery Hallway, whilst you deposit or collect item from the Pegs or Pram Store. Always leave your child in the room before putting the belongings away. Similarly collect all your belongings first before taking your child out of the room. This is to ensure that the children are supervised at all times.
5. Ensure that the gates to the rooms are always closed when entering or leaving the rooms.

It is also extremely important that you are aware of the all the Children around you when entering and leaving the building. As in amongst the hive of activity within the corridor alone, it can be extremely easy for a child to wander outside unnoticed.

Accidents

Children's safety is the paramount for us and we will not expose children to an unacceptable danger. We want children to be able to explore and develop and sometimes it can't be done without taking a risk. For example, Children normally get bumps and bruises when they start to learn to walk or ride a bicycle.

All bumps and bruises are recorded into our Accident Forms, which Parents need to sign upon collecting their child. The Accident Form File is regularly monitored by the management to see if there is a pattern of times and places for accidents occurring and safety measures are put in place to prevent more accidents to happen. It is not nursery policy to disclose names of Children/ Adults involved in a accidents or incident to any other Parent.

Medication

At Rainbow Smiles Nursery the health and well being of the children is of paramount importance. We can only administer medicine that is prescribed by a doctor. The medicine needs to be clearly labelled with the child's name on and the correct dosage and times when the medicine needs to be administered.

Parents will need to complete a daily Medication Form at the start of each day the Medication has to be administered in order to provide the Practitioners authority to provide their child the medication. The following should be noted when providing Medication to the Nursery.

- The Medicine and the medicine form can only be received by a senior member of staff who will store the medicine in a lockable cabinet in the office; if required, the medicine can be stored in the fridge in a separate labelled section.
- All medicines will be returned at the end of the day. (Excluding continuous medication).
- All medications must have a prescribed label with the Child's name on it and must be up to date.
- Doses of prescribed medicine must not be altered without doctor's written permission.
- All medication unused will be returned to Parent to dispose of.
- Medication of any sort must not be left in the child's bag.
- Only senior members of staff (Manager, Deputy or Room Leader) may administer prescribed medications and it has to be witnessed by another member of staff.

Children with Continuous Medication

For children who need continuous medication for conditions such asthma inhalers, a Continuous Medication Form will need to be completed.

Illnesses

Prevention of Cross Infection

In day care the social interaction of children is inevitable and it is common knowledge that there are many germs that can live on a variety of objects for a number of hours. Although we are constantly sterilising the equipment and use many different methods to prevent cross infection and illnesses spreading.

In ensuring that we provide your child a safe and secure environment within the Nursery, It is extremely important that we undertake all measures to reduce the risk of cross infection .The best method to minimise the risk of cross infection is through isolation. In terms of the Nursery this effectively means that the individual is excluded from the Nursery until they have recovered, or the illness is not seen to pose a risk to other individuals at the Nursery, by. obtaining a letter from your GP stating the condition is not infectious and that the child is fit enough to attend Nursery.

The Nursery follows the guidelines as set down by the National Health Service for exclusion periods for the various illnesses. We have provided you a table of the more common Illnesses/ Symptoms that children may contract, as well as a number of other infectious illnesses. However the list is incessant, so we need to be ever vigilant to ensure that we keep to the exclusion periods on any illnesses that a child may contact.

The following section is broken down into 2 parts the first outlines the exclusion period, with latter providing much more details on the Illnesses itself.

Further information can be sourced by looking at the following website, through which the majority of the information was sourced http://www.nhs.uk/Conditions/Pages/hub.aspx

Common Illness	Exclusion Period	Additional Notes
Chicken Pox	Minimum exclusion period is 7 days from appearance of the last crop of spots	Chickenpox is the primary infection with the varicella-zoster virus (VZV). It is a highly contagious rash illness transmitted by airborne or droplet pathways.
Conjunctivitis	Minimum exclusion is 24 hours after the treatment has started and the discharge/secretions have reduced.	Infective conjunctivitis is most common in children and the elderly. This may be because children come into contact with more infections at school.
Diarrhoea	Most infectious diarrhoea has an incubation period of at least 48 hours after the last bout of illness	Diarrhoea usually clears up in a couple of days and is not serious. However, it can be serious in babies and the elderly because of the risk of dehydration.
Gastroenteritis (Food Poisoning)	2 to 48 hours depending upon the cause.	The period of communicability varies according to cause. Minimum exclusion time depends on age group and risk factor.
Rotavirus Gastroenteritis	48 hours after their last bout of diarrhoea and vomiting	Rotavirus Gastroenteritis is highly contagious While most adults are immune to rotaviruses, they can be highly contagious among children. Even if your child has had a previous infection, it is possible that they have not yet built up full immunity. There are also different strains of the virus, which your child may not have immunity to.
Influenza (including Swine Flu)	5-6 days	People with flu are usually infectious (can spread the virus) a day before symptoms start, and remain infectious for five or six days. Children and people with weaker immune systems (such as cancer patients) may remain infectious for slightly longer. Try to avoid all unnecessary contact with others during this infectious period.
Ringworm)		Ringworm is contagious, so it's important to take basic hygiene measures in order to prevent the spread of infection. These include not sharing towels or clothes.
Roseola Infantum (3-day Rash))		It's only seen in children from the age of six months to three years – and it's highly contagious.

Infectious Illness	Exclusion Period	Additional Notes
Measles	Minimum exclusion period is 5 days after the Rash disappears	Measles is a highly infectious viral illness. It causes a range of symptoms including fever, coughing and distinctive red-brown spots on the skin. The measles virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes
Mumps	Minimum exclusion is 7 days or until the swelling goes down	Mumps is a highly contagious infection, and people who are infected are most contagious for 1-2 days before the onset of symptoms and for five days afterwards.
Parvovirus B19 (Slapped Cheek or Fifth Disease)		Slapped cheek syndrome is thought to be very common. Most people do not realise that they have been infected by the parvovirus B19 virus because it often causes very mild symptoms that are similar to a cold, or no symptoms at all Parvovirus B19 is an airborne virus that is spread in much the same way as the cold or flu viruses. It can be spread through coughs and sneezes that release tiny droplets of contaminated saliva which are then breathed in by another person.
Rubella (German Measles)	.	The rubella virus is passed on through droplets in the air from the coughs and sneezes of infected people, and it is about as infectious as flu. Anyone can get rubella, but young children are most commonly affected. Rubella is a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988. This means that any doctor who diagnoses the infection must, by law, inform the local authority. This is to identify the source of the rubella infection and stop it spreading.
Whooping Cough		Whooping cough is highly infectious. The condition is caused by a bacterium called Bordetella pertussis, which can be passed from person to person through droplets in the air from coughing and sneezing.

Illness Symptoms

Chicken Pox

Overview

Chickenpox is a mild but highly infectious condition caused by a virus called the varicella-zoster virus (varicella is the medical name for chickenpox). It causes an itchy rash that blisters and then crusts over.

How common is chickenpox?

Chickenpox is most common in children under 10 years of age, although it can develop at any age. It is most common to catch chickenpox in winter and spring, particularly between March and May.

Chickenpox is so common in childhood that 90% of adults who grew up in the UK are immune (resistant) to the condition because they have had it before.

Shingles

After a chickenpox infection, the virus remains dormant (inactive) in the body's nerve tissues. At any time later in life, but usually as an adult, the virus can be reactivated and cause a different form of the virus, known as shingles.

Pregnancy

Chickenpox occurs in approximately three in every 1,000 pregnancies and can cause serious complications for both the pregnant women and her baby. It is possible to develop shingles during pregnancy, but this should not affect the baby in any way.

Outlook

There is no cure for chickenpox, although there are some measures that can relieve the symptoms, such as painkillers and calamine lotion. In most people, the blisters crust up and fall off naturally within one to two weeks.

Chickenpox can be a more serious infection in:

- pregnant women
- newborn babies
- people with a weakened immune system

These people should seek medical advice as soon as they are exposed to the chickenpox virus.

Chickenpox is most infectious from one to two days before the rash starts until around five days after the rash starts. Children should stay home from school and adults should stay off work until the condition is no longer infectious.

After having chickenpox, it is rare to catch chickenpox for a second time. This is because the body develops immunity to the chickenpox virus, which stops someone from becoming re-infected.

Symptoms

The most commonly recognised symptom of chickenpox is a red rash that covers the body. However, before developing a rash, you or your child may experience some mild flu-like symptoms. These symptoms may include:

- nausea (feeling sick)
- a high temperature (fever) of 38C (100.4F) or over
- aching, painful muscles
- headache
- generally feeling unwell
- loss of appetite

These flu-like symptoms, especially the fever, tend to be worse in adults than in children.

Rash

Shortly after these initial symptoms, a rash starts to develop. Some people may only have a few spots, but in others it can cover the entire body. The rash normally appears in crops, and can usually be found:

- behind the ears
- on the face
- over the scalp
- under the arms
- on the chest and stomach
- on the arms and legs

The rash starts as small, itchy red spots. After approximately 12-14 hours, these spots develop into fluid-filled blisters, which are intensely itchy. These blisters can also form on the palms of your hands and the soles of your feet. Ulcers (open sores) may also form inside your mouth or on your genitals.

After one to four days, these blisters will dry out and begin to crust over. After one to two weeks, the crusting skin will fall off naturally.

When to contact your GP

It is very important that you contact your GP straight away, regardless of whether you have any symptoms, if:

- you are pregnant and have been in contact with someone who has chickenpox
- you have a weakened immune system (the body's defence system) and have been in contact with someone who has chickenpox
- your baby is less than four weeks old and has been in contact with someone who has chickenpox
  Chickenpox in these people can cause serious complications if left untreated. It is therefore essential that you seek medical advice so that any necessary treatment can be provided.
  If you have chickenpox and are breastfeeding, you should also contact your GP. They will be able to advise if you should continue breastfeeding your baby.

Unusual symptoms

You should also contact your GP straight away if you or your child develops any abnormal symptoms, for example:

- if the blisters on the skin become infected
- if you or your child start to experience pain in the chest or difficulty breathing

Conjunctivitis
Overview

Conjunctivitis is inflammation (swelling) of the conjunctiva. The conjunctiva is the transparent membrane (thin layer of cells) that covers the white part of the eyeball and the inner surfaces of the eyelids.

There are three types of conjunctivitis, each with a different cause. These are:

- irritant conjunctivitis
- allergic conjunctivitis
- infective conjunctivitis

Irritant conjunctivitis

Irritant conjunctivitis occurs when an irritant, such as chlorine (a chemical often used to purify water) or an eyelash, gets into the eyes, making them sore. Do not rub the eyes as this can make the condition worse. The conjunctivitis should settle once the irritant is removed. If the eyes are very red and painful, seek medical attention immediately.

Allergic conjunctivitis

Allergic conjunctivitis occurs when the eyes come into contact with an allergen. An allergen is a substance that makes the immune system (the body's defence system) reacts abnormally, causing irritation and inflammation.

Infective conjunctivitis

Infective conjunctivitis is caused by a virus, bacteria or a sexually transmitted infection (STI). The most common symptoms include:

- reddening and watering of the eyes
- a sticky coating on the eyelashes, particularly when waking up in the morning

How common is infective conjunctivitis?

Infective conjunctivitis is very common and is responsible for 35% of all eye-related problems recorded in GP surgeries. There are 13-14 cases for every 1,000 people every year.

Infective conjunctivitis is most common in children and the elderly. This may be because children come into contact with more infections at school. Elderly people may be more prone to infections as their immune system (the body's defence system) may be weaker.

Outlook

Infective conjunctivitis rarely requires medical treatment. If the infection is not caused by an STI, it will normally heal by itself within one or two weeks.

For most people, the condition does not cause any complications. However, newborn babies (up to 28 days old) are at risk of a more serious infection. In severe cases, this could permanently damage the eyes.

Symptoms

The symptoms of infective conjunctivitis normally begin in one eye. After one to two days, the other eye often becomes affected too, although the first eye may be slightly worse.

The symptoms of infective conjunctivitis can vary from person to person, but may include:

- Red eyes: this happens as a result of the irritation and widening of the tiny blood vessels in the conjunctiva (the thin layer of cells inside the eyelids and over the white part of the eyes).
- Watering eyes: the conjunctiva contains thousands of cells that produce mucus and tiny glands that produce tears. Irritation causes the glands to become overactive, so that they water more than usual.
- Sticky coating on the eyelashes: you are more likely to notice this when you first wake in the morning. Your eyelids may feel like they are stuck together because the mucus and pus that is produced by the infection forms into sticky clumps on your lashes.
- Slight soreness: this usually feels like burning or as if there is grit in your eyes.
- Enlarged lymph node in front of the ear: a lymph node is a small gland that is part of the immune system (the body's defence system). It helps protect the body from infection and may feel like a raised bump underneath the skin.

If you have infective conjunctivitis, you may also have the symptoms of an upper respiratory tract infection. An upper respiratory tract infection is an infection that affects your throat, mouth or nose. Symptoms may include:

- coughing
- a high temperature (fever) of 38C (100.4F)
- sore throat
- headache
- aching limbs

Neonatal conjunctivitis

Many newborn babies may have what is known as a 'sticky eye'. This usually occurs when the tear duct cannot drain properly. If it cannot drain, it produces a discharge of pus, which can look similar to infective conjunctivitis. However, this condition is not serious and does not require urgent treatment.

If your baby also has redness in their eye, it may be a sign that the eye is infected and they may have infective conjunctivitis. If your baby is up to 28 days old, this could develop into a serious infection that may affect your baby's vision.

Contact your GP straight away for advice if you think your baby may have infective conjunctivitis. If this is not possible, call NHS Direct on 0845 46 47 or your local out-of-hours service.

Diarrhoea

Overview

Diarrhoea is the passing of watery stools more than three times a day. It is often a symptom of an infection or long-term condition.

Diarrhoea can either be:

- acute: diarrhoea that comes on suddenly, and lasts for five to 10 days, or
- Chronic: diarrhoea that lasts for more than two weeks.

What causes diarrhoea?

Acute diarrhoea is usually caused by a viral or bacterial infection and affects almost everyone from time to time.

Chronic diarrhoea may be a sign of a more serious condition, such as irritable bowel syndrome or Crohn's disease, and should always be investigated by your doctor.

How common is it?

Diarrhoea and vomiting is very common, especially in children. A baby or toddler will probably have diarrhoea and vomiting two or three times a year.

How serious is it?

Diarrhoea usually clears up in a couple of days and is not serious. However, it can be serious in babies and the elderly because of the risk of dehydration.

If diarrhoea is persistent or there are other symptoms, such as bleeding, see your GP.

If your child is between three months and one year old, diarrhoea should last no longer than 48 hours. If it lasts any longer, contact your GP.

Diarrhoea and Vomiting in Children

Babies

Most babies have occasional loose stools (poo), and breastfed babies have looser stools than formula-fed babies. Diarrhoea is when your baby frequently passes unformed watery stools.

Diarrhoea can be caused by an infection and may be accompanied by vomiting. This is called gastroenteritis (a stomach bug). It is usually caused by a virus. Most stomach bugs are more common in formula-fed than breastfed babies.

If other family members or people your baby comes into contact with (for example, at nursery) have a stomach bug, ask them to wash their hands frequently. Keep toilets clean and wash towels frequently. With formula-fed babies, make sure bottles are sterilised extremely carefully.

Diarrhoea and vomiting are more serious in babies than older children because babies easily lose too much fluid from their bodies and become dehydrated. They may become lethargic or irritable; have a dry mouth; have loose, pale or mottled skin and their eyes and fontanelle (the soft spot on the top of their head) may become sunken. If they become dehydrated they may not pass enough urine, lose their appetite and have cold hands and feet. It may be difficult to tell how much urine they're passing when they have diarrhoea.

If your baby becomes dehydrated they will need extra fluids. You can buy oral rehydration fluids from your local pharmacy or chemist, or get a prescription from your GP. Brands include Dioralyte, Electrolade and Rehidrat.

Contact your GP or health visitor urgently for advice if your child has passed six or more diarrhoeal stools in the past 24 hours, or if your child has vomited three times or more in the past 24 hours.

In general, for mild diarrhoea:

- Give extra fluids. Give your baby oral rehydration fluids in between feeds or after each watery stool.
- Don’t stop breastfeeding. Give the extra fluid in addition to breast milk (or formula if you’re bottle feeding).
- Make sure everyone in your family washes their hands regularly with soap and warm water to avoid spreading the infection.
- Don't share towels.
- Don't take your baby swimming in a swimming pool for two weeks after the last episode of diarrhoea.

For more severe diarrhoea, or diarrhoea with vomiting:

- Don’t stop breastfeeding. Give oral rehydration fluid in addition to breast milk.
- Stop formula feeds. Instead, give small amounts of oral rehydration fluid every 10 minutes.
- Keep doing this even if your baby is still vomiting. Most of the fluid will stay in, even if it doesn’t seem that way.
- Restart normal formula feeds after three to four hours. Your GP will give you advice.
- Make sure everyone in the family washes their hands regularly with soap and warm water to avoid spreading the infection.
- Don't share towels.
- Get expert advice. If your baby is unwell, or if vomiting has lasted more than a day, get your GP’s advice straightaway.

Toddlers and Older Children

Some children between the ages of one and five pass frequent, smelly, loose stools that may contain recognisable foods, such as carrots and peas. Usually these children are otherwise perfectly healthy and are growing fine, and the GP can't find any cause. This type of diarrhoea is known as toddler diarrhoea.

Contact your GP if:

- Your child has diarrhoea and is vomiting at the same time.
- Your child has diarrhoea that is particularly watery, has blood in it or lasts for longer than two or three days.
- Your child has severe or continuous stomach ache.

Otherwise, diarrhoea isn't usually a cause for concern. Give your child plenty of clear drinks to replace the fluid that's been lost, but only give them food if they want it. Don't give them fruit juice or squash, as these drinks can cause diarrhoea. Anti-diarrhoeal drugs can be dangerous, so don't give these. Oral rehydration treatment can help.

You can help to prevent any infection spreading by using separate towels for your child and reminding everyone in the family to wash their hands after using the toilet and before eating.

Don't take your child back to their school or childcare facility until at least 48 hours after the last episode of diarrhoea or vomiting. Don't allow children to swim in swimming pools for two weeks after the last episode of diarrhoea.

Symptoms

Diarrhoea is the passing of watery stools more than three times a day. It is often a symptom of an infection or long-term condition.

Diarrhoea can either be:

- acute: diarrhoea that comes on suddenly, and lasts for five to 10 days, or
- Chronic: diarrhoea that lasts for more than two weeks.

What causes diarrhoea?

Acute diarrhoea is usually caused by a viral or bacterial infection and affects almost everyone from time to time.

Chronic diarrhoea may be a sign of a more serious condition, such as irritable bowel syndrome or Crohn's disease, and should always be investigated by your doctor.

How common is it?

Diarrhoea and vomiting is very common, especially in children. A baby or toddler will probably have diarrhoea and vomiting two or three times a year.

How serious is it?

Diarrhoea usually clears up in a couple of days and is not serious. However, it can be serious in babies and the elderly because of the risk of dehydration.

If diarrhoea is persistent or there are other symptoms, such as bleeding, see your GP.

If your child is between three months and one year old, diarrhoea should last no longer than 48 hours. If it lasts any longer, contact your GP.

Gastroenteritis (Food Poisoning)

Overview

Food poisoning is an illness caused by consuming food or drink that has been contaminated by:

- bacteria, such as salmonella,
- viruses, such as the norovirus,
- parasites, such as the giardia parasite, or (less commonly)
- Toxins and chemicals, such as lead or mercury.

The most common symptoms of food poisoning are nausea, vomiting and diarrhoea.

How common is food poisoning?

In England and Wales there were 92,000 reported cases of food poisoning in 2007. The real figure could be much higher, because many people with mild symptoms do not report them.

The Food Standards Agency (FSA) estimates that there are around 850,000 cases of food poisoning each year in the UK.

Outlook

The symptoms of food poisoning will normally pass within a week, without the need for a doctor.

However, bacteria such as listeria and salmonella can cause severe symptoms of food poisoning and sometimes even death. People with a weakened immune system are particularly vulnerable. The FSA estimates that there are 500 deaths from food poisoning in the UK every year.

The best way to prevent food poisoning is to practise good food hygiene. For example, always cook food at the right temperature and wash your hands with soap and warm water after going to the toilet and before and after handling food.

Symptoms

The time it takes for symptoms to develop after eating contaminated food is called the incubation period.

The incubation period can range from one hour to 90 days. Most cases of food poisoning have an incubation period of between one and three days.

The most common symptoms of food poisoning are:

- nausea,
- vomiting, and
- diarrhoea.

Other symptoms of food poisoning include:

- stomach cramps,
- abdominal pain,
- loss of appetite,
- a high temperature (fever) of 38°C (100.4°F) or above,
- muscle pain, and
- chills.

When to seek medical advice

Most cases of food poisoning do not require medical attention. But contact your GP or telephone NHS Direct on 0845 46 47 if you have any of the following:

- vomiting that lasts for more than two days,
- you cannot keep liquids down for more than a day,
- diarrhoea that lasts for more than three days,
- blood in your vomit,
- blood in your stools,
- seizures (fits),
- changes in mental state, such as confusion,
- double vision,
- slurred speech, or
- signs that you may be dehydrated, such as a dry mouth, sunken eyes, and being unable to pass urine.

Rotavirus Gastroenteritis

Overview

Gastroenteritis is an infection of the stomach and bowel. The most common symptoms are diarrhoea and vomiting.

Gastroenteritis can have a number of causes, such as a norovirus infection or food poisoning. However, in children, the rotavirus is the leading cause.

Rotavirus

A rotavirus is a virus that infects the stomach and bowel, and is spread by infected children who do not wash their hands properly after going to the toilet. They may then leave tiny samples of infected faeces on surfaces or utensils, which can be picked up by another child. It is also possible for small droplets of infected faeces to be carried in the air, which children can breathe in.

How common is rotavirus gastroenteritis?

Rotavirus gastroenteritis is extremely common in children. It is estimated that every child will have at least one rotavirus infection before the age of five, with most infections occurring among children aged between three months and three years old.

Rotavirus gastroenteritis is more common during winter and spring months. The first infection tends to be the most severe, because afterwards, the body builds up immunity (resistance) to the virus. This is why rotavirus infections are extremely rare in adults.

The rotavirus is highly contagious among children with no immunity to the virus. Even if your child has had a previous infection, they may not have built up full immunity. There are also different strains of the virus that your child may not have immunity to.

Therefore, it is important to keep an infected child isolated from other children until 48 hours have passed after their last episode of diarrhoea and vomiting.

Outlook

Most cases of rotavirus gastroenteritis in children are mild and normally pass within five to seven days, without the need for medical treatment. However, children (particularly those under the age of two) are at risk of dehydration, so it is very important to ensure they drink plenty of fluids.

More severe cases of gastroenteritis and associated dehydration may require hospital treatment. However, it is estimated that only 1.5% of all childhood cases of gastroenteritis in England will require hospital treatment.

Deaths caused by rotavirus gastroenteritis are extremely rare in England. Only three deaths occurred in England and Wales in 2008.

Symptoms

The symptoms of rotavirus gastroenteritis normally begin with a rapid onset of diarrhoea and vomiting.

Your child may also have a high temperature (fever) of 38°C (101 °F) or above, and complain of abdominal (tummy) pain.

The symptoms of vomiting usually pass within one to two days, and in most children will not last longer than three days.

The symptoms of diarrhoea usually past within five to seven days, and in most children will not last longer than two weeks.

Dehydration

It is very important you are aware of the symptoms of dehydration and recognise them in your child, because dehydration is potentially more serious than the rotavirus infection itself.

Symptoms of dehydration include:

- dry mouth and eyes
- no tears produced when the child cries
- sunken appearance of the eyes
- weakness and drowsiness
- deep, rapid breathing
- passing urine infrequently

You should contact your GP for advice if you think your child has become dehydrated. If this is not possible, call NHS Direct on 0845 46 47.

When to seek medical advice

Rotavirus gastroenteritis shares many of the initial symptoms of more serious childhood conditions. So, it is important to remain alert for signs and symptoms that suggest your child has a more serious condition.

Signs and symptoms to watch out for are:

- a temperature of 38C (101F) or higher in children younger than three months
- a temperature of 39C (102.2F) or higher in children older than three months
- shortness of breath
- abnormally rapid breathing
- a change in their normal mental state, such as appearing confused
- stiff neck
- a swelling in the soft part of their head (fontanelle)
- a blotchy red rash, which (unlike most other rashes) does not fade when you put a glass against it
- blood and/or mucus in their stools (faeces)
- green vomit
- they complain of severe abdominal pain
- swelling of their abdomen
- their symptoms of vomiting last longer than three days
- their symptoms of diarrhoea last longer than two weeks
- symptoms of dehydration persist or worsen, despite treatment with fluids and oral rehydration solutions

If you notice any of the signs and symptoms listed above, call your GP for advice as soon as possible. If this is not possible, call NHS Direct on 0845 46 47.

Influenza (Flu)

Overview

Seasonal flu (also known as influenza) is a highly infectious illness caused by a flu virus.

The virus infects your lungs and upper airways, causing a sudden high temperature and general aches and pains.

You could also lose your appetite, feel nauseous and have a dry cough (see Symptoms). You may need to stay in bed until your symptoms get better.

Symptoms can last for up to a week.

How it is spread

The flu virus is spread in the small droplets of saliva coughed or sneezed into the air by an infected person. If you breathe in these droplets, you may become infected.

Flu can also spread if someone with the virus touches common surfaces such as door handles with unwashed hands.

The infectious period

Symptoms develop one to four days (two days on average) after being infected.

People with flu are usually infectious (can spread the virus) a day before symptoms start, and remain infectious for five or six days. Children and people with weaker immune systems (such as cancer patients) may remain infectious for slightly longer.

Try to avoid all unnecessary contact with others during this infectious period.

How common is it?

Seasonal flu is a very common illness that occurs every year, usually during the winter months (October to April in the UK).

The number of people who consult their GP with flu-like symptoms varies from year to year, but is usually between 50 and 200 for every 100,000 people. This is in addition to the many people with flu who do not see their GP.

Outlook

Your symptoms will usually peak after two to three days. You should begin to feel much better within five to eight days.

However, elderly people or those with certain medical conditions may develop a complication such as a chest infection. This can lead to serious illness and can be life-threatening.

In the UK, about 600 people a year die from seasonal flu. This rises to around 13,000 during an epidemic.

A seasonal flu vaccine is available free if you are over 65, have a serious medical condition or live in a residential home.

Symptoms

Seasonal flu can give you any of these symptoms:

- sudden fever (a temperature of 38°C/100.4°F or above),
- dry, chesty cough,
- headache,
- tiredness,
- chills,
- aching muscles,
- limb or joint pain,
- diarrhoea or stomach upset,
- sore throat,
- runny or blocked nose,
- sneezing,
- loss of appetite, and
- difficulty sleeping.

Babies and small children with flu may also appear drowsy, unresponsive and floppy.

Your symptoms will usually peak after two to three days and you should begin to feel much better within five to eight days. A cough and general tiredness may last for two to three weeks.

Swine Flu

Overview

Swine flu is the common name given to a new strain of influenza (flu). It is called swine flu because it is thought to have originated in pigs, but this is not certain.

People with swine flu typically have a fever or high temperature (over 38°C) and may also have aching muscles, sore throat and/or a dry cough (see Symptoms). In other words, the symptoms are very similar to seasonal (regular) flu. Most people recover within a week, even without special treatment.

Pandemic

The virus was first identified in Mexico in April 2009. It has since become a pandemic, which means it has spread around the globe. It has spread quickly because it is a new type of flu virus that few, if any, people have full resistance to.

Flu pandemics are a natural event that occurs from time to time. Last century, there were flu pandemics in 1918, 1957 and 1968, when millions of people died across the world.

In most cases the virus has proved relatively mild. However, around the world hundreds of people have died and it is not yet clear how big a risk the virus is. For this reason, and because all viruses can mutate to become more potent (stronger), scientists are saying we need to be careful.

The situation in the UK

The UK formally moved from containment to a treatment phase for swine flu on July 2 2009. Intensive efforts to contain swine flu, for example through automatic school closures, ended. This was to free up capacity to treat the people who were contracting swine flu daily.

As in other countries, most of the cases reported in the UK have been mild. Only a small number have led to serious illness, and these have often been in patients with existing health problems, such as cancer, that already weakened their immune systems.

High-risk groups

Some people are more at risk of complications if they catch swine flu, and need to start taking antivirals (Tamiflu or Relenza) as soon as it is confirmed that they have the illness. Doctors may advise some high-risk patients to take antivirals before they have symptoms, if someone close to them has swine flu.

It is already known that people are particularly vulnerable if they have:

- chronic (long-term) lung disease,
- chronic heart disease,
- chronic kidney disease,
- chronic liver disease,
- chronic neurological disease (neurological disorders include motor neurone disease, multiple sclerosis and Parkinson's disease),
- immunosuppression (whether caused by disease or treatment), or
- diabetes mellitus.

Also at risk are:

- patients who have had drug treatment for asthma in the past three years,
- pregnant women,
- people aged 65 and over, and
- children under five.

Swine flu vaccine

The swine flu vaccination programme began on 21 October 2009. Those at greatest risk were offered the vaccine.

The following groups were offered the vaccine, in this order:

- People aged between six months and 65 years who usually get the seasonal flu jab.
- All pregnant women.
- People who live with those whose immune systems are compromised, such as cancer patients or people with HIV/AIDS.
- People aged 65 and over in the seasonal flu vaccine at-risk groups.
- Young children aged over six months and under five years.

Vaccination for healthy children under five years stopped at the end of March 2010.

To stop the virus spreading

Although the UK has moved to a treatment phase for swine flu, it is important that people continue to do everything they can to stop the virus from spreading.

The most important way is to have good respiratory and hand hygiene. In other words, always sneeze into a tissue, and quickly put it in a bin. Wash your hands and work surfaces regularly and thoroughly to kill the virus.

Anyone who is concerned about apparent flu symptoms should contact their GP, who will determine the most appropriate action to take for that patient

Symptoms

It is important that you know the symptoms of swine flu so you can recognise it in yourself and others at an early stage.

So far, most swine flu cases have been mild, with symptoms similar to those of seasonal flu. Only a small number of people have had more serious symptoms.

If you or a member of your family has a fever or high temperature (over 38°C/100.4°F) and two or more of the following symptoms, you may have swine flu:

- unusual tiredness
- headache
- runny nose
- sore throat
- shortness of breath or cough
- loss of appetite
- aching muscles
- diarrhoea or vomiting

It makes sense to have a working thermometer at home, as an increase in temperature is one of the main symptoms.

What to do

If you have flu-like symptoms, stay at home, take plenty of rest and use over-the-counter painkillers to relieve symptoms. If you are concerned, contact your GP, who will determine the most appropriate action to take.

High-risk groups

For most people, swine flu is a mild illness. Some people get better by staying in bed, drinking plenty of water and taking over-the-counter flu medication.

However, some groups of people are more at risk of serious illness if they catch swine flu, and will need to start taking antiviral medication as it is confirmed that they have it.

It is already known that you are particularly at risk if you have:

- chronic (long-term) lung disease
- chronic heart disease
- chronic kidney disease
- chronic liver disease
- chronic neurological disease (neurological disorders include chronic fatigue syndrome, multiple sclerosis and Parkinson's disease)
- immunosuppression (whether caused by disease or treatment)
- diabetes mellitus

Also at risk are:

- patients who have had drug treatment for asthma within the past three years
- pregnant women
- people aged 65 and older
- young children under five

It is vital that people in these higher-risk groups who catch swine flu get antivirals and start taking them as soon as possible.

Outlook

For most people, the illness appears to be mild. Cases have been confirmed in all age groups, but children and younger people seem much more likely to be affected. To date, fewer cases have been confirmed in older adults.

For a minority of people, the virus has caused severe illness. In many of these cases, other factors have been identified that are likely to have contributed to the severity of the illness.

Where complications do occur, they tend to be caused by the virus affecting the lungs. Infections such as pneumonia can develop.

Ringworm

Overview

Ringworm is a general term used to refer to a number of different contagious fungal infections of the skin, scalp or nails. The condition is known as ringworm because it can leave a ring-like red rash on the skin. It does not have anything to do with worms.

Ringworm is a very common condition. It's estimated that between 10 and 20% of all people will experience at least one fungal infection during their lifetime.

Ringworm is classified according to which part of the body is affected. The most common types of ringworm are:

- ringworm of the scalp (tinea capitis),
- ringworm of the skin (tinea corporis),
- groin infections (tinea cruris, also often known as jock itch),
- fungal nail infections, and
- ringworm of the feet (more commonly known as athlete's foot).

Scalp ringworm

Scalp ringworm is most common in pre-pubescent children and is relatively rare in adults. This is because during puberty a chemical change occurs in the glands in your scalp, and these changes make your scalp less attractive to fungi.

Children who live in urban environments, particularly Afro-Caribbean children, are most at risk of getting scalp ringworm. The reason that the condition is more common in urban environments is that when there is a large number of people living in close proximity, it gives ringworm more of an opportunity to spread from person to person. However, it is uncertain why Afro-Caribbean children are more at risk.

Body ringworm

Body ringworm can affect people of all ages. However, the exact number of cases that occur in England each year is unknown because many people treat body ringworm using over-the-counter (OTC) medication and they do not report the symptoms to their GP.

Groin infections

Groin infections most commonly affect young men. As with body ringworm, the exact number of cases that occur in England every year is unknown.

Prognosis

Most cases of ringworm are mild and can be successfully treated using anti-fungal medication. Serious complications such as permanent hair loss or scarring are rare.

Ringworm is contagious, so it's important to take basic hygiene measures in order to prevent the spread of infection. These include& nbsp; not sharing towels or clothes.

Symptoms

Symptoms of scalp ringworm

The symptoms of scalp ringworm include:

- the appearance of small patches of scaly skin on the scalp,
- hair on, or near, the patches will break away from the scalp, and
- the patches may be inflamed and feel tender, or painful.

In more serious cases of scalp ringworm, a large inflamed lesion, or sore, known as a kerion may form on the scalp. The kerion may ooze pus, and you may also experience symptoms of fever and swollen lymph nodes (glands).

Symptoms of body ringworm

The symptoms of body ringworm include:

- the appearance of a ring-like, red rash on your skin; the skin will appear red and inflamed around the rim of the ring, yet appear healthy inside the ring,
- the ring may multiply and grow,
- rings can also merge together,
- the rings will feel slightly raised to the touch, and
- the skin under the rash may feel itchy.

Symptoms of a groin infection

The symptoms of a groin infection include:

- itchiness and redness in and around your groin area, such as your inner thighs, genitals, and bottom,
- you may experience a burning sensation in affected areas, and
- the skin on your inner thighs can become scaly and flaky.

Exercising, walking, and wearing tight clothing, or underwear, may make the symptoms of a groin infection feel worse.

It is quite common to develop a groin infection in combination with athlete's foot. This can occur if you have athlete's foot, scratch your feet, and transfer fungal spores to your groin when dressing, or going to the toilet.

When to seek medical advice

Body ringworm and a groin infection can usually be successfully treated using over-the-counter (OTC) antifungal medication. You pharmacist will be able to advise you about this.

You should only need to see your GP if, following treatment, the symptoms of ringworm do not improve within two weeks. You should also see your GP if you have a medical condition, or you are receiving medical treatment, that is known to weaken your immune system, such as chemotherapy, or long-term steroid use.

You should always see your GP if you, or your child, develops scalp ringworm. Antifungal creams are ineffective in treating the condition because they cannot penetrate into the entire scalp. Therefore, you will need to see your GP in order to obtain anti-fungal tablets.

Measles

Overview

Measles is a highly infectious viral illness. It causes a range of symptoms including fever, coughing and distinctive red-brown spots on the skin.

The measles virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes.

You can catch measles by breathing in these droplets or, if the droplets have settled on a surface, by touching the surface and then placing your hands near your nose or mouth.

The most effective way of preventing measles is the measles, mumps and rubella (MMR) vaccine.

How common is measles?

The success of the MMR vaccine means that in the UK, cases of measles are rare. However, in recent years the number of cases has been increasing. For example, in 2009 there were 1,143 cases of measles in England and Wales compared with 70 cases in 2001.

It is thought that the rise in the number of cases of measles is due to parents not getting their child vaccinated with the MMR vaccine. This is probably due to speculation linking MMR to autism.

Publicity in 1998 highlighted a report claiming a link between the MMR jab and autism. However, numerous studies that were undertaken to investigate this claim found no link between the MMR vaccine and autism.

Who is affected?

Measles is most common among children aged 1-4 years old, although anyone who has not been vaccinated against measles can catch it.

Outlook

Treatment for measles is normally not necessary as the body's immune system can usually fight off infection in a couple of weeks. Typically, once you have fought off the measles infection, you develop immunity (resistance) to it.

However, possible complications of measles include pneumonia, ear and eye infections and croup (an infection of the lungs and throat).

More serious complications, such as inflammation of the brain (encephalitis), are rarer but can be fatal. There are hundreds of thousands of deaths worldwide from measles every year.

Symptoms

Around 9 to 11 days after you get the measles infection, the following symptoms begin to appear:

- cold-like symptoms, such as runny nose, watery eyes, swollen eyelids and sneezing,
- red eyes and sensitivity to light,
- a mild to severe temperature, which may peak at over 40.6°C (105°F) for several days, then fall but go up again when the rash appears,
- tiny greyish-white spots (called Koplik's spots) in the mouth and throat,
- tiredness, irritability and general lack of energy,
- aches and pains,
- poor appetite,
- dry cough, and
- red-brown spotty rash (see below).

The above symptoms generally last for up to 14 days.

Rash

The measles rash appears three to four days after initial symptoms and lasts for up to eight days. The spots usually start behind the ears, spread around the head and neck, then spread to the legs and the rest of the body.

The spots are initially small but quickly get bigger and often join together. Similar-looking rashes may be mistaken for measles, but measles has a range of symptoms, not just a rash.

Most childhood rashes are not measles, but see your GP without delay if:

- you suspect it is measles,
- symptoms worsen,
- temperature increases to above 38°C (100.4°F),
- temperature stays high after other symptoms have gone, or
- there are signs of other related illnesses.

Mumps

Overview

Mumps is a highly contagious viral infection that usually affects children. The most common symptom of mumps is a swelling of the parotid glands.

The parotid glands are located on one side, or both sides, of the face. The swelling gives a person a distinctive 'hamster face' appearance.

Once a person has had mumps, they will usually develop immunity against further infections.

How common are mumps?

Before the introduction of the measles, mumps and rubella (MMR) vaccine in 1988, mumps was a common childhood infection that was responsible for 1,200 hospital admissions a year in England and Wales.

After the MMR vaccine was introduced as part of the routine childhood vaccination programme, the number of mumps cases fell sharply, with less than a 100 cases reported in 1996.

However, in recent years, there has been an upsurge in the incidence of mumps, and in 2005, there was a mumps epidemic that resulted in over 43,000 cases in England and Wales. Most cases affected teenagers and young adults.

It is thought that the recent mumps epidemic was due to people in this age group not receiving the MMR vaccination, but also not having a natural immunity to mumps due to not having previously been infected. Another contributory factor is that some parents have chosen not to let their child have the MMR vaccine.

How is the mumps spread?

The mumps virus is spread in the same way that the common cold and the flu viruses are spread. The mumps virus is airborne which means that it can survive for a short period of time in the outside environment. Therefore, mumps can be spread through:

- direct contact - for example, if you sneeze, or cough, tiny droplets of fluid containing the mumps virus are launched into the air and can be breathed by others, and
- indirect contact - for example, if infected droplets are transferred to an object, such as a door handle, and someone else touches it, they may catch the mumps if they then touch their mouth or nose.

The most effective way to prevent catching mumps is to have the MMR vaccine, which is thought to be 95% effective in providing protection against the mumps.

Mumps is a highly contagious infection, and people who are infected are most contagious for 1-2 days before the onset of symptoms and for five days afterwards.

During this time, it is important to prevent spreading the infection to others, particularly those with a high risk of developing complications such as:

- teenagers and young adults who have not been vaccinated, and
- pregnant women.

Outlook

The outlook for young children with mumps is generally good because the symptoms should pass within two weeks without causing any long-term problems.

The outlook for teenagers and adults with mumps is slightly less positive because they have a higher risk of developing complications, some of which can be serious.

Complications of mumps include:

- painful swelling of the testicles (in boys and men),
- secondary infection of the membranes of the brain (meningitis), or the brain itself (encephalitis), and
- hearing loss.

As there is currently no cure for mumps, treatment is aimed at providing relief from the symptoms and preventing the further spread of infection.

Symptoms

The symptoms of mumps usually develop between 15-24 days after being infected with the mumps virus (the incubation period).

Swelling of the parotid glands is the most common symptom of mumps. The parotid glands are a pair of glands that are responsible for producing saliva, and they are located on either side of your face, just below your ears.

Both glands are usually affected by the swelling, although in a minority of cases, only one gland is affected.

The swelling also causes additional symptoms that include:

- a feeling of pain and tenderness in the swollen glands, and
- pain on swallowing and/or difficulty swallowing.

Other symptoms of the mumps include:

- headache,
- joint pain,
- nausea,
- dry mouth,
- mild abdominal pain,
- fatigue
- loss of appetite, and
- a high temperature (fever) of 38C (100F), or above.

When to seek medical advice

You should contact your GP if you suspect that either you, or your child, have mumps. While the infection is not usually serious, mumps share symptoms with other, more serious types of infection, such as glandular fever and tonsillitis. It is therefore always a good idea to visit your GP so that they can confirm (or rule out) a diagnosis of mumps.

Parvovirus B19
(Slapped Cheek or Fifth Disease)
Overview

Slapped cheek syndrome is a common childhood viral infection. However, it can affect people of all ages. The most common symptom of slapped cheek syndrome is the appearance of a bright red rash on both cheeks (hence the name). Slapped cheek syndrome is cause by a virus called parvovirus B19.

Slapped cheek syndrome is also sometimes known as:

- fifth disease, and
- erythema infectiosum.

How common is slapped cheek syndrome?

Slapped cheek syndrome is thought to be very common. Most people do not realise that they have been infected by the parvovirus B19 virus because it often causes very mild symptoms that are similar to a cold, or no symptoms at all.

It is estimated that 50-80 per cent of all adults have been infected by parvovirus 19. Once you are infected, your body will develop life-long immunity against further infection.

Slapped cheek syndrome usually affects children who are between 3-15 years of age. Most cases develop during the late winter months or early spring. Males and females are equally affected by the condition.

Cases of slapped cheek syndrome usually follow a cyclical pattern with an upsurge in cases occurring every 4-7 years.

Parvovirus B19 is contagious

Airborne viruses are viruses that can survive for a short period of time in the outside environment.

Parvovirus B19 is an airborne virus that is spread in much the same way as the cold or flu viruses. It can be spread through coughs and sneezes that release tiny droplets of contaminated saliva which are then breathed in by another person.

At risk groups

In children, slapped cheek syndrome is almost always a mild, self-limiting infection, which means that it will get better by itself without the need for treatment.

However, there are certain groups of people in which a parvovirus B19 infection can cause serious symptoms and complications. These are listed below.

- People with certain blood disorders, such as sickle cell anaemia, where the blood does not contain enough healthy red blood cells (anaemia) and where infection can lead to a further and more severe loss of red blood cells.
- Pregnant women without immunity - parvovirus B19 infection can increase the risk of a miscarriage because the virus can cause severe anaemia in the unborn child.
- People with a weakened immune system (immunocompromised) either due to a side effect of treatment, such as chemotherapy, or from a condition such as HIV. These groups can experience prolonged, and sometime severe, symptoms of infection.

Outlook

The outlook for children with slapped cheek syndrome is excellent. The symptoms will usually pass within 4-5 weeks, and serious complications are very rare.

The outlook for people who are in 'at risk' groups is generally good, as long as the condition is recognised and treated promptly.

People with blood disorders will usually require a blood transfusion to restore the full amount of red blood cells.

Pregnant women with a potential risk of having a miscarriage may require an admission to hospital so that their unborn babies can be given a blood transfusion.

Immunocompromised people (those with weakened immune systems) can usually be treated with an injection of antibodies that have been donated by a person who has immunity to infection.

Symptoms

Slapped cheek syndrome - children

The symptoms of slapped cheek syndrome usually begin between 4-14 days after your child develops the parvovirus B19 infection. The symptoms usually follow three distinct stages.

First stage

The first stage is usually characterised by mild flu-like symptoms such as:

- a high temperature (fever) of 38C (100.4F) - although your child's temperature will not usually rise above 38.5C (101F),
- sore throat,
- headache,
- upset stomach,
- fatigue, and
- itchy skin.

During the first stage of symptoms, your child will be most contagious.

Second stage

Between 3-7 days after the onset of symptoms, your child will develop a bright red rash on both cheeks (the so called 'slapped cheeks). The rash may be particularly noticeable in bright sunlight.

Third stage

The third stage of symptoms usually begins 1-4 days after the appearance of the 'slapped cheek' rash.

During the third stage, the rash will usually spread to your child's chest, stomach, arms, and thighs. The rash usually has a raised, lace-like appearance, and may cause discomfort and itching.

By this time, your child should no longer be contagious and they will be able to return to nursery, or school, without the risk of passing the infection onto others.

Parvovirus B19 infection - adults

The most common symptom of a parvovirus B19 infection in adults is joint pain and stiffness usually involving:

- your hands,
- knees,
- wrists, and
- ankles.

Half of all affected adults will also experience a rash, however, the 'slapped-cheek syndrome' is uncommon in adults and usually only affects around 1 in 10 people.

Other symptoms, such as a fever and sore throat, are rare in adults.

In most people, the symptoms of a parvovirus B19 infection will pass within 1-3 weeks, although 1 in 5 adults will experience recurring episodes of joint pain and stiffness for several months, sometimes years.

When to seek medical advice

Slapped cheek syndrome in children and parvovirus B19 infection in adults is usually mild and the infection should clear up without treatment.

You will probably only need to contact your GP if:

- your, or your child's, temperature rises to 39C or above, and/or
- your, or your child's, symptoms suddenly worsen.

When to seek urgent medical advice

People who are in the risk groups listed below are advised to contact their GP as soon as possible if they think they have developed a parvovirus B19 infection. If this is not possible, you should contact your local out-of-hour service, or NHS Direct on 0845 46 47.

- Pregnant women.
- People with a condition that is known to cause chronic anaemia, such as sickle cell anaemia, thalassaemia, and hereditary spherocytosis (an uncommon genetic condition that causes red blood cells to have a much shorter life-span than normal).
- People with a weakened immune system - as a result of a condition such as HIV, or acute leukaemia, or having invasive treatments, such as chemotherapy or steroid medication. You may also have a weakened immune system if you are taking medication to suppress your immune system because you have recently receive a bone marrow transplant, or organ donation.

Rubella (German Measles)

Overview

Rubella (German measles) is an infectious disease that is caused by a virus. It can cause a high temperature (fever) of 38C (100.4F) or over, and a distinctive red-pink rash. In most cases, rubella is a mild condition, but it can be serious in pregnant women because it can harm the unborn baby.

The rubella virus is passed on through droplets in the air from the coughs and sneezes of infected people, and it is about as infectious as flu. Anyone can get rubella, but young children are most commonly affected.

Rubella is a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988. This means that any doctor who diagnoses the infection must, by law, inform the local authority. This is to identify the source of the rubella infection and stop it spreading.

In 2008, there were approximately 27 laboratory confirmed cases of rubella in England and Wales.

Congenital rubella syndrome

Very rarely, a pregnant woman can catch rubella and pass it to her unborn baby. This is called congenital rubella syndrome (CRS). In 2005 (the latest year with available figures) there were four cases of pregnant women catching rubella in the UK.

If rubella is caught within the first three months of the pregnancy, it can cause damage in 90% of unborn babies, including:

- eye problems, such as cataracts (cloudy patches on the lens of the eye),
- deafness,
- heart abnormalities, and
- brain damage.

Immunisation

It is possible to be immunised against rubella. The vaccine is offered to all children as part of the measles, mumps and rubella (MMR) immunisation programme, which was introduced in 1988. Between 1982 and 1988, rubella caused serious birth defects in 43 babies. However, following the introduction of the MMR vaccine, rubella has now almost been wiped out.

The British Medical Association (BMA), Department of Health (DH), and World Health Organisation (WHO) recommend that all children should have the MMR vaccine. It is very important that everyone is immune to the virus so that serious health problems are not caused by an outbreak of mumps, measles, or rubella.

Symptoms

After being infected, the incubation period (the time it takes for the rubella virus to become established and for symptoms to appear) is 14-21 days.

Some people experience prodromal (early) symptoms during the incubation period, before any other symptoms develop.

Between 25-50% of people with rubella (German measles) may not have any symptoms. If you are infected with the rubella virus, but do not have any symptoms, it is known as a 'sub-clinical infection'.

Prodromal symptoms

Prodromal symptoms can last for about five days before the rash (see below) starts to appear. These symptoms are more common in adults than children and can include:

- a slightly raised temperature - a normal temperature is between 36-36.8C (96.8-98.24F),
- conjunctivitis - inflammation of the transparent membrane that covers the whites of your eyes,
- sore throat,
- runny nose,
- headache, and
- feeling unwell.

Main symptoms

Some of the main symptoms of rubella are described below.

Swollen lymph nodes

Swollen lymph nodes (glands) usually appear behind the ears, below your skull at the back of your head, and in your neck. They can be painful, and will sometimes appear before the rash, and can last for a week after the rash has disappeared. The medical term for this symptom is lymphadenopathy.

A distinctive red-pink rash

The rubella rash is a distinctive red-pink colour and appears 3-4 days after the first symptoms. The rash usually appears as spots, which may be slightly itchy. It usually starts behind the ears, before spreading around the head and neck. It may then spread to the trunk (abdomen and chest), legs, and arms. The rash usually lasts for 3-7 days.

A high temperature

A high temperature (fever) of 38C (100.4F) or over is a symptom of rubella which, although more common in children, can be more severe in adults. Your temperature may remain high for several days before retuning to normal.

Cold-like symptoms

Cold-like symptoms, such as a runny nose, watery eyes, sore throat, and cough, are common symptoms of rubella, particularly in adults.

Painful or swollen joints

Painful, or swollen, joints affect up to 60% of adult women with rubella, but are less common in children. Swelling tends to affect the hands, knees, wrists, and ankles, but it is usually mild. It appears during, or up to a week after, the rash, and can last up to a month.

Tiredness, irritability and a general lack of energy plus aches and pains, and a poor appetite are also common symptoms of rubella.

If you have rubella, you are infectious for one week before symptoms appear, and for four days after the rash has started. Children with rubella should be kept away from school and should not mix with other children during the time they are infectious. If it is suspected that a child or an adult has rubella, they should avoid all contact with pregnant women.

Rubella in pregnant women

If a pregnant woman catches rubella, it can result in a miscarriage (the loss of the pregnancy during the first 23 weeks) or stillbirth (where a baby is born after the 24th week of pregnancy without any sign of life). Since the introduction of the MMR vaccination, the number of rubella infections in pregnant women has fallen from 167 in 1987, to just one in 2003.

The rubella infection can also pass to the unborn baby and cause birth defects. This is known as congenital rubella syndrome (CRS).

Congenital rubella syndrome

Congenital rubella syndrome (CRS) can cause the following problems in unborn babies:

- cataracts (cloudy patches in the lens of the eye) and other eye defects,
- deafness,
- cardiac (heart) abnormalities,
- a small head , compared to the rest of the body, as the brain is not fully developed,
- a slower than normal growth rate, and
- inflamed (swollen) wounds in the brain, liver, lungs, or bone marrow.

Children born with CRS can develop symptoms later in their lives as well. These include:

- pneumonitis - inflammation (swelling) of the lungs caused by a virus,
- diabetes mellitus - a long-term condition that is caused by too much glucose in the blood,
- thyroid gland problems - the thyroid gland produces hormones to control the body's growth and metabolism; it could be over-active or under-active, and
- progressive panencephalitis (inflammation of the brain) - this causes a loss of mental and motor (movement) functions.

Whooping Cough

Overview

Whooping cough, also sometimes referred to as pertussis, is an infection of the lining of the respiratory tract. The respiratory tract is the airway that carries air to and from the lungs.

Whooping cough is highly infectious. The condition is caused by a bacterium called Bordetella pertussis, which can be passed from person to person through droplets in the air from coughing and sneezing.

The condition is known as whooping cough because the main symptom is a hacking cough, which is often followed by a sharp intake of breath that sounds like a 'whoop'.

Who gets whooping cough?

Whooping cough usually affects infants and young children. However, adults can also sometimes develop the condition. Whooping cough tends to be most severe in young infants and, in rare cases, it can be fatal.

How common is whooping cough?

In the 1950s, there were more than 100,000 reported cases of whooping cough in England and Wales. However, with the introduction of an immunisation programme during the 1950s, plus the introduction of a pre-school booster jab in 2001, the number of confirmed cases of whooping cough is now very low.

Vaccination

Before vaccination against whooping cough began, in the 1950s, there was an epidemic of the condition every 3-4 years in the UK. As a result, 80% of children developed whooping cough before they were five years of age.

Today in the UK, children are vaccinated against whooping cough at two, three and four months of age, and again before starting school, at 3-5 years of age. Although the number of cases of whooping have fallen dramatically since vaccination began, it is still possible for children to get whooping cough. Therefore, vaccination is vital.

Vaccination against whooping cough can fade over time and it is possible to develop the condition during adulthood, even if previously vaccinated. However, the symptoms are usually less serious than they are during childhood.

Symptoms

The symptoms of whooping cough usually take between 7-10 days to appear (the incubation period) after infection with the Bordetella pertussis bacterium.

Whooping cough tends to develop in stages, with mild symptoms occurring at first, followed by a period of more severe symptoms before improvement begins.

Early symptoms

The early symptoms of whooping cough are often similar to those of a common cold and may include:

- A runny, or blocked, nose.
- Sneezing.
- Watering eyes.
- A dry, irritating, cough.
- A sore throat.
- A slightly raised temperature.
- Feeling generally unwell.

These early symptoms of whooping cough can last for between 1-2 weeks, before becoming more severe. The second stage, which is often called the paroxysmal stage, is characterised by intense bouts of coughing. The bouts are sometimes referred to as 'paroxysms' of coughing.

Paroxysmal symptoms

The paroxysmal symptoms of whooping cough may include:

- Intense, hacking bouts of coughing, which bring up thick phlegm (usually 12-15 bouts a day).
- A 'whoop' sound with each sharp intake of breath after coughing (although this may not occur in infants and young children).
- Vomiting in infants and young children.
- Fatigue and redness in the face from the effort of coughing.

In some cases, young children may also seem to choke or become blue in the face (cyanosis) when they have a bout of coughing.

However, in adults and older children the paroxysmal symptoms of whooping cough are far less severe than they are in young children, and may appear more like the symptoms of a milder respiratory infection, such as bronchitis. In fact, you may not even realise that you have whooping cough.

The paroxysmal symptoms of whooping cough usually last for at least two weeks, but can often last as long as 2-3 months, even following treatment. This is because the cough continues even after the Bordetella pertussis bacterium has gone.

Eventually, the symptoms of whooping cough should start to improve, with fewer and less extreme bouts of coughing occurring. However, intense bouts of coughing may still occur even when other symptoms are improving.

Head Lice

Overview

Although head lice is not an illness it is a common occurrence in young children and if left untreated can cause severe irritation to the scalp. They are also very contagious please read the following:

What are head lice?

Head lice are tiny insects that live on the head and in the hair. They're highly infectious and easily passed between children who tend to work closely with their heads together, at school and at play. Infestation of any of the hairy parts of the body is also called pediculosis. However, the type of lice found on the head are different to those that can infest the rest of the body or the pubic area.

Head lice are flat, wingless insects about 2mm to 4mm long, usually black or dark brown, which attach to the base of a hair. They are blood-sucking insects which feed on human blood several times a day. They stay close to the skin for moisture, food and warmth. The adult lice lay a large number of eggs, known as nits, that can be seen as tiny white/brown ovals glued firmly to the hair close to the scalp.

Symptoms

A head lice infection doesn't often cause symptoms. When it does the main symptom is itchiness - beware a child constantly scratching his or her scalp. Sometimes you see tiny red spots on the scalp or the lice and nits in the hair. (Nits are the eggs or empty eggshells after the lice have hatched.) Behind the ears is a favourite spot.

Causes and risk factors

Head lice are widespread in the UK and almost all schoolchildren have at least one attack, if not more. Head lice affect those with long or short, dirty or clean hair – they are not a sign of poor hygiene or dirty hair.

Head lice can be caught by direct contact or by sharing combs, brushes and hats. Whole families are often affected.

Treatment and recovery

Look for lice or nits by using a fine-tooth comb after washing the hair. Always check the whole family.

There are several ways to treat head lice. After washing the hair, apply lots of conditioner and comb it thoroughly with a fine-toothed comb - the lice and nits will be caught on the comb. (Rinse the comb in a basin of water to see them easily) You will have to repeat this for several days to catch all the lice and nits, and comb your child's hair daily to check for lice afterwards.

Alternatively, an electrically charged comb (available from pharmacies) can be used to catch and kill the lice. It must be used regularly.

Pesticide shampoo can be used, although some people are concerned about harmful side-effects and head lice in the UK are becoming resistant to chemical treatments. If you wish to use a pesticide shampoo, talk to your chemist about the most suitable one and follow the instructions as you may need to repeat the treatment.

Recently, a treatment called dimethicone has become available, which physically covers and smothers the lice.

To get rid of head lice, it's important to understand their life cycle so that you continue treatment for the right length of time. You may need to repeat treatments after 7-10 days – the time taken for the eggs to hatch- as the eggs are more resistant to treatments. If you are meticulous with treatment, there is a high chance of getting rid of the infestation.

Remember to check the whole family for nits, and to alert the parents of friends and your child's school.

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PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

DISPOSITIONS AND ATTITUDES

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Develop an understanding and awareness of themselves.								
	Learn that they have influence on and are influenced by others.								
	Learn that experiences can be shared.								
8 - 20 Months	Become aware of themselves as separate from others.								
	Discover more about what they like and dislike.								
	Have a strong exploratory impulse.								
	Explore the environment with interest.								
16 - 26 Months	Learn that they are special through the responses of adults to individual differences and similarities								
	Develop a curiosity about things and processes								
	Take pleasure in learning new skills.								
22 - 36 Months	Show their particular characteristics, preferences and interests								
	Begin to develop self-confidence and a belief in themselves.								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

DISPOSITIONS AND ATTITUDES

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Seek and delight in new experiences.								
	Have a positive approach to activities and events.								
	Show confidence in linking up with others for support and guidance								
	Show increasing independence in selecting and carrying out activities								
40 - 60 + Months	Display high levels of involvement in activities.								
Early Learning Goal	Persist for extended periods of time at an activity of their choosing								
	Continue to be interested, excited and motivated to learn.								
	Be confident to try new activities, initiate ideas and speak in a familiar group								
	Maintain attention, concentrate, and sit quietly when appropriate								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

SELF-CONFIDENCE AND SELF-ESTEEM

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Seek to be looked at and approved of.								
	Find comfort in touch and in the human face.								
	Thrive when their emotional needs are met.								
	Gain physical, psychological and emotional comfort from 'snuggling in'								
8 - 20 Months	Feel safe and secure within healthy relationships with key people								
	Sustain healthy emotional attachments through familiar, trusting, safe and secure relationships.								
	Express their feelings within warm, mutual, affirmative relationships								
16 - 26 Months	Make choices that involve challenge, when adults ensure their safety								
	Explore from the security of a close relationship with a caring and responsive adult								
	Develop confidence in own abilities.								
22 - 36 Months	Begin to be assertive and self-assured when others have realistic expectations of their competence.								
	Begin to recognise danger and know who to turn to for help.								
	Feel pride in their own achievements.								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

SELF-CONFIDENCE AND SELF-ESTEEM

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Show increasing confidence in new situations.								
	Talk freely about their home and community.								
	Take pleasure in gaining more complex skills.								
	Have a sense of personal identity.								
40 - 60 + Months	Express needs and feelings in appropriate ways.								
Early Learning Goal	Have an awareness and pride in self as having own identity and abilities								
	Respond to significant experiences, showing a range of feelings when appropriate								
	Have a developing awareness of their own needs, views and feelings, and be sensitive to the needs,views and feelings of others								
	Have a developing respect for their own cultures and beliefs and those of other people								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

MAKING RELATIONSHIPS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Enjoy the company of others and are sociable from birth.								
	Depend on close attachments with a special person within their setting.								
	Learn by interacting with others.								
8 - 20 Months	Seek to gain attention in a variety of ways, drawing others into social interaction.								
	Use their developing physical skills to make social contact.								
	Build relationships with special people.								
16 - 26 Months	Look to others for responses which confirm, contribute to, or challenge their understanding of themselves.								
	Can be caring towards each other.								
22 - 36 Months	Learn social skills, and enjoy being with and talking to adults and other children.								
	Seek out others to share experiences.								
	Respond to the feelings and wishes of others.								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

MAKING RELATIONSHIPS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Feel safe and secure, and show a sense of trust.								
	Form friendships with other children.								
	Demonstrate flexibility and adapt their behaviour to different events, social situations and changes in routine								
40 - 60 + Months	Value and contribute to own well-being and self-control.								
	Form good relationships with adults and peers.								
Early Learning Goal	Work as part of a group or class, taking turns and sharing fairly, understanding that there needs to be agreed values and codes of behaviour for groups of people, including adults and children, to work together harmoniously								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

BEHAVIOUR AND SELF - CONTROL

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Are usually soothed by warm and consistent responses from familiar adults.								
	Begin to adapt to caregiving routines.								
8 - 20 Months	Respond to a small number of boundaries, with encouragement and support								
16 - 26 Months	Begin to learn that some things are theirs, some things are shared, and some things belong to other people.								
22 - 36 Months	Are aware that some actions can hurt or harm others.								
30 - 50 Months	Begin to accept the needs of others, with support.								
	Show care and concern for others, for living things and the environment.								
40 - 60 + Months	Show confidence and the ability to stand up for own rights.								
Early Learning Goal	Have an awareness of the boundaries set, and of behavioural expectations in the setting								
	Understand what is right, what is wrong, and why.								
	Consider the consequences of their words and actions for themselves and others.								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

SELF - CARE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Anticipate food routines with interest.								
	Express discomfort, hunger or thirst.								
8 - 20 Months	Begin to indicate own needs, for example, by pointing.								
	May like to use a comfort object.								
16 - 26 Months	Show a desire to help with dress and hygiene routines.								
	Communicate preferences.								
22 - 36 Months	Seek to do things for themselves, knowing that an adult is close by, ready to support and help if needed.								
	Become more aware that choices have consequences.								
	Take pleasure in personal hygiene including toileting.								
30 - 50 Months	Show willingness to tackle problems and enjoy self-chosen challenges.								
	Demonstrate a sense of pride in own achievement.								
	Take initiatives and manage develop mentally appropriate tasks								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

SELF - CARE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Show willingness to tackle problems and enjoy self-chosen challenges.								
	Demonstrate a sense of pride in own achievement.								
	Take initiatives and manage develop mentally appropriate tasks								
40 - 60 + Months	Operate independently within the environment and show confidence in linking up with others for support and guidance.								
Early Learning Goal	Appreciate the need for hygiene.								
	Dress and undress independently and manage their own personal hygiene.								
	Select and use activities and resources independently.								

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

SENSE OF COMMUNITY

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Respond to differences in their environment, for example, showing excitement or interest.								
	Learn that special people are a source of sustenance, comfort and support.								
8 - 20 Months	Learn that their voice and actions have effects on others.								
16 - 26 Months	Learn that they have similarities and differences that connect them to, and distinguish them from, others.								
22 - 36 Months	Show a strong sense of self as a member of different communities, such as their family or setting.								
	Show affection and concern for special people.								
30 - 50 Months	Make connections between different parts of their life experience.								
40 - 60 + Months	Have an awareness of, and an interest in, cultural and religious differences.								
Early Learning Goal	Have a positive self-image, and show that they are comfortable with themselves.								
	Enjoy joining in with family customs and routines.								
	Understand that people have different needs, views, cultures and beliefs, that need to be treated with respect.								
	Understand that they can expect others to treat their needs, views, cultures and beliefs with respect.								

COMMUNICATION, LANGUAGE AND LITERACY

LANGUAGE FOR COMMUNICATION

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Communicate in a variety of ways including crying, gurgling, babbling and squealing.								
	Make sounds with their voices in social interaction.								
8 - 20 Months	Take pleasure in making and listening to a wide variety of sounds								
	Create personal words as they begin to develop language.								
16 - 26 Months	Use single-word and two-word utterances to convey simple and more complex messages.								
	Understand simple sentences.								
22 - 36 Months	Learn new words very rapidly and are able to use them in communicating about matters which interest them.								

COMMUNICATION, LANGUAGE AND LITERACY

LANGUAGE FOR COMMUNICATION

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Use simple statements and questions often linked to gestures.								
	Use intonation, rhythm and phrasing to make their meaning clear to others.								
	Join in with repeated refrains and anticipate key events and phrases in rhymes and stories.								
	Listen to stories with increasing attention and recall.								
	Describe main story settings, events and principal characters.								
	Listen to others in one-to-one or small groups when conversation interests them.								
	Respond to simple instructions.								
	Question why things happen and give explanations.								
	Use vocabulary focused on objects and people that are of particular importance to them.								
	Begin to experiment with language describing possession.								
	Build up vocabulary that reflects the breadth of their experiences.								
	Begin to use more complex sentences.								
	Use a widening range of words to express or elaborate on ideas.								

COMMUNICATION, LANGUAGE AND LITERACY

LANGUAGE FOR COMMUNICATION

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Have confidence to speak to others about their own wants and interests.								
Early Learning Goal	Use talk to gain attention and sometimes use action rather than talk to demonstrate or explain to others.								
	Initiate conversation, attend to and take account of what others say.								
	Extend vocabulary, especially by grouping and naming.								
	Use vocabulary and forms of speech that are increasingly influenced by their experience of books								
	Link statements and stick to a main theme or intention.								
	Consistently develop a simple story, explanation or line of questioning.								
	Use language for an increasing range of purposes.								
	Use simple grammatical structures.								
	Interact with others, negotiating plans and activities and taking turns in conversation.								
	Enjoy listening to and using spoken and written language, and readily turn to it in their play and learning.								
	Sustain attentive listening, responding to what they have heard with relevant comments, questions or actions								
	Listen with enjoyment, and respond to stories, songs and other music, rhymes and poems and make up their own stories, songs, rhymes and poems.								
	Extend their vocabulary, exploring the meanings and sounds of new words.								
	Speak clearly and audibly with confidence and control and show awareness of the listener.								

COMMUNICATION, LANGUAGE AND LITERACY

LANGUAGE FOR THINKING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Are intrigued by novelty and events and actions around them.								
8 - 20 Months	Understand simple meanings conveyed in speech.								
	Respond to the different things said to them when in a familiar context with a special person.								
16 - 26 Months	Are able to respond to simple requests and grasp meaning from context.								
22 - 36 Months	Use action, sometimes with limited talk, that is largely concerned with the 'here and now.'								
	Use language as a powerful means of widening contacts, sharing feelings, experiences and thoughts.								

COMMUNICATION, LANGUAGE AND LITERACY

LANGUAGE FOR THINKING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Talk activities through, reflecting on and modifying what they are doing.								
	Use talk to give new meanings to objects and actions, treating them as symbols for other things.								
	Use talk to connect ideas, explain what is happening and anticipate what might happen next.								
	Use talk, actions and objects to recall and relive past experiences.								
40 - 60 + Months	Begin to use talk instead of action to rehearse, reorder and reflect on past experience, linking significant events from own experience and from stories, paying attention to how events lead into one another.								
Early Learning Goal	Begin to make patterns in their experience through linking cause and effect, sequencing, ordering and grouping.								
	Begin to use talk to pretend imaginary situations.								
	Use language to imagine and recreate roles and experiences.								
	Use talk to organise, sequence and clarify thinking, ideas, feelings and events.								

COMMUNICATION, LANGUAGE AND LITERACY

LINKING SOUNDS AND LETTERS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Listen to, distinguish and respond to intonations and the sounds of voices.								
8 - 20 Months	Enjoy babbling and increasingly experiment with using sounds and words to represent objects around them.								
16 - 26 Months	Listen to and enjoy rhythmic patterns in rhymes and stories.								
22 - 36 Months	Distinguish one sound from another.								
	Show interest in play with sounds, songs and rhymes.								
	Repeat words or phrases from familiar stories.								
30 - 50 Months	Enjoy rhyming and rhythmic activities.								
	Show awareness of rhyme and alliteration.								
	Recognise rhythm in spoken words.								

COMMUNICATION, LANGUAGE AND LITERACY

LINKING SOUNDS AND LETTERS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Continue a rhyming string.								
Early Learning Goal	Hear and say the initial sound in words and know which letters represent some of the sounds.								
	Hear and say sounds in words in the order in which they occur.								
	Link sounds to letters, naming and sounding the letters of the alphabet.								
	Use their phonic knowledge to write simple regular words and make phonetically plausible attempts at more complex words.								

COMMUNICATION, LANGUAGE AND LITERACY

READING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Listen to familiar sounds, words, or finger plays.								
8 - 20 Months	Respond to words and interactive rhymes, such as 'Clap Hands'.								
16 - 26 Months	Show interest in stories, songs and rhymes.								
22 - 36 Months	Have some favourite stories, rhymes, songs, poems or jingles.								
30 - 50 Months	Listen to and join in with stories and poems, one-to-one and also in small groups.								
	Begin to be aware of the way stories are structured.								
	Suggest how the story might end.								
	Show interest in illustrations and print in books and print in the environment.								
	Handle books carefully.								
	Know information can be relayed in the form of print.								
	Hold books the correct way up and turn pages.								
	Understand the concept of a word.								

COMMUNICATION, LANGUAGE AND LITERACY

READING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Enjoy an increasing range of books.								
Early Learning Goal	Know that information can be retrieved from books and computers.								
	Explore and experiment with sounds, words and texts.								
	Retell narratives in the correct sequence, drawing on language patterns of stories.								

COMMUNICATION, LANGUAGE AND LITERACY

WRITING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Move arms and legs and increasingly use them to reach for, grasp and manipulate								
8 - 20 Months	Begin to make marks.								
16 - 26 Months	Examine the marks they and others make.								
22 - 36 Months	Distinguish between the different marks they make.								
30 - 50 Months	Sometimes give meaning to marks as they draw and paint.								
	Ascribe meanings to marks that they see in different places.								
40 - 60 + Months	Begin to break the flow of speech into words.								
Early Learning Goal	Use writing as a means of recording and communicating.								
	Use their phonic knowledge to write simple regular words and make phonetically plausible attempts at more complex words.								
	Attempt writing for different purposes, using features of different forms such as lists, stories and instructions.								
	Write their own names and other things such as labels and captions, and begin to form simple sentences, sometimes using punctuation.								

COMMUNICATION, LANGUAGE AND LITERACY

HANDWRITING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Play with own fingers and toes and focus on objects around them.								
8 - 20 Months	Begin to bring together hand and eye movements to fix on and make contact with objects.								
16 - 26 Months	Make random marks with their fingers and some tools.								
22 - 36 Months	Begin to show some control in their use of tools and equipment.								
30 - 50 Months	Use one-handed tools and equipment.								
	Draw lines and circles using gross motor movements.								
	Manipulate objects with increasing control.								
40 - 60 + Months	Begin to use anticlockwise movement and retrace vertical lines.								
	Begin to form recognisable letters.								
Early Learning Goal	Use a pencil and hold it effectively to form recognisable letters, most of which are correctly formed.								

PROBLEM SOLVING, REASONING AND NUMERACY

NUMBERS AS LABELS AND FOR COUNTING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Respond to people and objects in their environment.								
	Notice changes in groupings of objects, images or sounds.								
8 - 20 Months	Develop an awareness of number names through their enjoyment of action rhymes and songs that relate to their experience of numbers.								
	Enjoy finding their nose, eyes or tummy as part of naming games.								
16 - 26 Months	Say some counting words randomly								
	Distinguish between quantities, recognising that a group of objects is more than one.								
	Gain awareness of one-to-one correspondence through categorising belongings, starting with 'mine' or 'Mummy's'.								

PROBLEM SOLVING, REASONING AND NUMERACY

NUMBERS AS LABELS AND FOR COUNTING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
22 - 36 Months	Have some understanding of 1 and 2, especially when the number is important for them.								
	Create and experiment with symbols and marks.								
	Use some number language, such as 'more' and 'a lot'.								
	Recite some number names in sequence.								
30 - 50 Months	Use some number names and number language spontaneously.								
	Show curiosity about numbers by offering comments or asking questions.								
	Use some number names accurately in play.								
	Sometimes match number and quantity correctly.								
	Recognise groups with one, two or three objects.								

PROBLEM SOLVING, REASONING AND NUMERACY

NUMBERS AS LABELS AND FOR COUNTING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Recognise some numerals of personal significance.								
Early Learning Goal	Count up to three or four objects by saying one number name for each item.								
	Count out up to six objects from a larger group.								
	Count actions or objects that cannot be moved.								
	Begin to count beyond 10.								
	Begin to represent numbers using fingers, marks on paper or pictures.								
	Select the correct numeral to represent 1 to 5, then 1 to 9 objects.								
	Recognise numerals 1 to 5.								
	Count an irregular arrangement of up to ten objects.								
	Estimate how many object they can see and check by counting them.								
	Count aloud in ones, twos, fives or tens.								
	Know that numbers identify how many objects are in a set.								
	Use ordinal numbers in different contexts.								
	Match then compare the number of objects in two sets.								
	Say and use number names in order in familiar contexts.								
	Count reliably up to ten everyday objects.								
	Recognise numerals 1 to 9.								
	Use developing mathematical ideas and methods to solve practical problems.								

PROBLEM SOLVING, REASONING AND NUMERACY

CALCULATING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Are logical thinkers from birth.								
8 - 20 Months	Have some understanding that things exist, even when out of sight.								
	Are alert to and investigate things that challenge their expectations.								
16 - 26 Months	Are learning to classify by organising and arranging toys with increasing intent.								
	Categorise objects according to their properties.								
22 - 36 Months	Begin to make comparisons between quantities.								
	Know that a group of things changes in quantity when something is added or taken away								
30 - 50 Months	Compare two groups of objects, saying when they have the same number.								
	Show an interest in number problems.								
	Separate a group of three or four objects in different ways, beginning to recognise that the total is still the same.								

PROBLEM SOLVING, REASONING AND NUMERACY

CALCULATING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Find the total number of items in two groups by counting all of them.								
Early Learning Goal	Use own methods to work through a problem.								
	Say the number that is one more than a given number.								
	Select two groups of objects to make a given total of objects.								
	Count repeated groups of the same size.								
	Share objects into equal groups and count how many in each group.								
	In practical activities and discussion, begin to use the vocabulary involved in adding and subtracting.								
	Use language such as 'more' or 'less' to compare two numbers.								
	Find one more or one less than a number from one to ten.								
	Begin to relate addition to combining two groups of objects and subtraction to 'taking away'.								

PROBLEM SOLVING, REASONING AND NUMERACY

SHAPES, SPACE AND MEASURES

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Develop an awareness of shape, form and texture as they encounter people and things in their environment.								
8 - 20 Months	Find out what toys are like and can do through handling objects.								
	Recognise big things and small things in meaningful contexts.								
16 - 26 Months	Attempt, sometimes successfully, to fit shapes into spaces on inset boards or jigsaw puzzles.								
	Use blocks to create their own simple structures and arrangements.								
	Enjoy filling and emptying containers.								
22 - 36 Months	Notice simple shapes and patterns in pictures.								
	Begin to categorise objects according to properties such as shape or size.								
	Are beginning to understand variations in size.								

PROBLEM SOLVING, REASONING AND NUMERACY

SHAPES, SPACE AND MEASURES

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Show an interest in shape and space by playing with shapes or making arrangements with objects.								
	Show awareness of similarities in shapes in the environment.								
	Observe and use positional language.								
	Are beginning to understand 'bigger than' and 'enough'.								
	Show interest in shape by sustained construction activity or by talking about shapes or arrangements.								
	Use shapes appropriately for tasks.								
	Begin to talk about the shapes of everyday objects.								

SHAPES, SPACE AND MEASURES

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Show curiosity about and observation of shapes by talking about how they are the same or different.								
Early Learning Goal	Match some shapes by recognising similarities and orientation.								
	Begin to use mathematical names for 'solid' 3D shapes and 'flat' 2D shapes, and mathematical terms to describe shapes.								
	Select a particular named shape.								
	Order two or three items by length or height.								
	Order two items by weight or capacity.								
	Match sets of objects to numerals that represent the number of objects.								
	Sort familiar objects to identify their similarities and differences, making choices and justifying decisions.								
	Describe solutions to practical problems, drawing on experience, talking about own ideas, methods and choices.								
	Use familiar objects and common shapes to create and recreate patterns and build models.								
	Use everyday language related to time; order and sequence familiar events, and measure short periods of time with a non-standard unit, for example, with a sand timer.								
	Count how many objects share a particular property, presenting results using pictures, drawings or numerals.								
	Use language such as 'greater', 'smaller', 'heavier' or 'lighter' to compare quantities.								
	Talk about, recognise and recreate simple patterns.								
	Use language such as 'circle' or 'bigger' to describe the shape and size of solids and flat shapes.								
	Use everyday words to describe position.								
	Use developing mathematical ideas and methods to solve practical problems.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

EXPLORATION AND INVESTIGATION

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Use movement and senses to focus on, reach for and handle objects.								
	Learn by observation about actions and their effects.								
8 - 20 Months	As they pull to stand and become more mobile, the scope of babies' investigations widens.								
16 - 26 Months	Sometimes focus their enquiries on particular features or processes.								
22 - 36 Months	Explore, play and seek meaning in their experiences.								
	Use others as sources of information and learning.								
	Show an interest in why things happen.								
30 - 50 Months	Show curiosity and interest in the features of objects and living things.								
	Describe and talk about what they see.								
	Show curiosity about why things happen and how things work.								
	Show understanding of cause/effect relations.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

EXPLORATION AND INVESTIGATION

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Notice and comment on patterns.								
	Show an awareness of change.								
Early Learning Goal	Explain own knowledge and understanding, and ask appropriate questions of others.								
	Investigate objects and materials by using all of their senses as appropriate.								
	Find out about, and identify, some features of living things, objects and events they observe.								
	Look closely at similarities, differences, patterns and change.								
	Ask questions about why things happen and how things work.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

DESIGNING AND MAKING

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Explore objects and materials with hands and mouth.								
8 - 20 Months	Show curiosity and interest in things that are built up and fall down, and that open and close.								
16 - 26 Months	Are interested in pushing and pulling things, and begin to build structures.								
22 - 36 Months	Are curious and interested in making things happen.								
30 - 50 Months	Investigate various construction materials.								
	Realise tools can be used for a purpose.								
	Join construction pieces together to build and balance.								
	Begin to try out a range of tools and techniques safely.								
40 - 60 + Months	Construct with a purpose in mind, using a variety of resources.								
Early Learning Goal	Use simple tools and techniques competently and appropriately.								
	Build and construct with a wide range of objects, selecting appropriate resources and adapting their work where necessary.								
	Select the tools and techniques they need to shape, assemble and join materials they are using.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

ICT

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Show interest in toys and resources that incorporate technology.								
8 - 20 Months	Explore things with interest and sometimes press parts or lift flaps to achieve effects such as sounds, movements or new images.								
16 - 26 Months	Show interest in toys with buttons and flaps and simple mechanisms and begin to learn to operate them.								
22 - 36 Months	Show an interest in ICT.								
	Seek to acquire basic skills in turning on and operating some ICT equipment.								
30 - 50 Months	Know how to operate simple equipment.								
40 - 60 + Months	Complete a simple program on a computer.								
Early Learning Goal	Use ICT to perform simple functions, such as selecting a channel on the TV remote control.								
	Use a mouse and keyboard to interact with age-appropriate computer software.								
	Find out about and identify the uses of everyday technology and use information and communication technology and programmable toys to support their learning.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

TIME

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Anticipate repeated sounds, sights and actions.								
8 - 20 Months	Get to know and enjoy daily routines, such as getting-up time, mealtimes, nappy time, and bedtime.								
16 - 26 Months	Associate a sequence of actions with daily routines.								
	Begin to understand that things might happen 'now'.								
22 - 36 Months	Recognise some special times in their lives and the lives of others.								
	Understand some talk about immediate past and future, for example, 'before', 'later' or 'soon'.								
	Anticipate specific time-based events such as mealtimes or home time.								
30 - 50 Months	Remember and talk about significant events in their own experience.								
	Show interest in the lives of people familiar to them.								
	Talk about past and future events.								
	Develop an understanding of growth, decay and changes over time.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

TIME

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Begin to differentiate between past and present.								
Early Learning Goal	Use time-related words in conversation.								
	Understand about the seasons of the year and their regularity.								
	Make short-term future plans.								
	Find out about past and present events in their own lives, and in those of their families and other people they know.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

PLACE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Explore the space around them through movements of hands and feet and by rolling.								
8 - 20 Months	Love to be outdoors and closely observe what animals, people and vehicles do.								
16 - 26 Months	Are curious about the environment.								
22 - 36 Months	Enjoy playing with small-world models such as a farm, a garage, or a train track.								
30 - 50 Months	Show an interest in the world in which they live.								
	Comment and ask questions about where they live and the natural world.								
40 - 60 + Months	Notice differences between features of the local environment.								
	Observe, find out about and identify features in the place they live and the natural world.								
Early Learning Goal	Find out about their environment, and talk about those features they like and dislike.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

COMMUNITIES

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Concentrate intently on faces and enjoy interaction.								
	Form attachments to special people.								
8 - 20 Months	Recognise special people, such as family, friends or their key person.								
	Show interest in social life around them.								
16 - 26 Months	Are curious about people and show interest in stories about themselves and their family.								
	Enjoy stories about themselves, their families and other people.								
	Like to play alongside other children.								
22 - 36 Months	Are interested in others and their families.								
	Have a sense of own immediate family and relations.								
	Begin to have their own friends.								

KNOWLEDGE AND UNDERSTANDING OF THE WORLD

COMMUNITIES

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Express feelings about a significant personal event.								
	Describe significant events for family or friends.								
	Enjoy imaginative and role-play with peers.								
	Show interest in different occupations and ways of life.								
40 - 60 + Months	Gain an awareness of the cultures and beliefs of others.								
Early Learning Goal	Feel a sense of belonging to own community and place.								
	Begin to know about their own cultures and beliefs and those of other people.								

PHYSICAL DEVELOPMENT

MOVEMENT AND SPACE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Make movements with arms and legs which gradually become more controlled.								
	Use movement and sensory exploration to link up with their immediate environment.								
8 - 20 Months	Make strong and purposeful movements, often moving from the position in which they are placed.								
	Use their increasing mobility to connect with toys, objects and people.								
	Show delight in the freedom and changing perspectives that standing or beginning to walk brings.								
16 - 26 Months	Have a biological drive to use their bodies and develop their physical skills.								
	Express themselves through action and sound.								
	Are excited by their own increasing mobility and often set their own challenges.								
22 - 36 Months	Gradually gain control of their whole bodies and are becoming aware of how to negotiate the space and objects around them.								
	Move spontaneously within available space.								
	Respond to rhythm, music and story by means of gesture and movement.								
	Are able to stop.								
	Manage body to create intended movements.								
	Combine and repeat a range of movements.								

PHYSICAL DEVELOPMENT

MOVEMENT AND SPACE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Move freely with pleasure and confidence in a range of ways, such as slithering, shuffling, rolling, crawling, walking, running, jumping, skipping, sliding and hopping.								
	Use movement to express feelings.								
	Negotiate space successfully when playing racing and chasing games with other children, adjusting speed or changing direction to avoid obstacles.								
	Sit up, stand up and balance on various parts of the body.								
	Demonstrate the control necessary to hold a shape or fixed position.								
	Operate equipment by means of pushing and pulling movements.								
	Mount stairs, steps or climbing equipment using alternate feet.								
	Negotiate an appropriate pathway when walking, running or using a wheelchair or other mobility aids, both indoors and outdoors.								
	Judge body space in relation to spaces available when fitting into confined spaces or negotiating openings and boundaries.								
	Show respect for other children's personal space when playing among them.								
	Persevere in repeating some actions or attempts when developing a new skill.								
	Collaborate in devising and sharing tasks, including those which involve accepting rules.								

PHYSICAL DEVELOPMENT

MOVEMENT AND SPACE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Go backwards and sideways as well as forwards.								
Early Learning Goal	Experiment with different ways of moving.								
	Initiate new combinations of movement and gesture in order to express and respond to feelings, ideas and experiences.								
	Jump off an object and land appropriately.								
	Show understanding of the need for safety when tackling new challenges.								
	Avoid dangerous places and equipment.								
	Construct with large materials such as cartons, fabric and planks.								
	Move with confidence, imagination and in safety.								
	Move with control and coordination.								
	Travel around, under, over and through balancing and climbing equipment.								
	Show awareness of space, of themselves and of others.								

PHYSICAL DEVELOPMENT

HEALTH AND BODY AWARENESS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Thrive when their nutritional are met.								
	Respond to and thrive on warm, sensitive physical contact and care.								
8 - 20 Months	Need rest and sleep, as well as food.								
	Focus on what they want as they begin to crawl, pull to stand, creep, shuffle, walk or climb.								
16 - 26 Months	Show some awareness of bladder and bowel urges.								
	Develop their own likes and dislikes in food, drink and activity.								
	Practice and develop what they can do.								
22 - 36 Months	Communicate their needs for things such as food, drinks and when they are uncomfortable.								
	Show emerging autonomy in self - care.								

PHYSICAL DEVELOPMENT

HEALTH AND BODY AWARENESS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Show awareness of own needs with regard to eating, sleeping and hygiene.								
	Often need adult support to meet those needs.								
	Show awareness of a range of healthy practices with regard to eating, sleeping and hygiene.								
	Observe the effects of activity on their bodies.								
40 - 60 + Months	Show some understanding that good practices with regard to exercise, eating, sleeping and hygiene can contribute to good health.								
Early Learning Goal	Recognise the importance of keeping healthy, and those things which contribute to this.								
	Recognise the changes that happen to their bodies when they are active.								

PHYSICAL DEVELOPMENT

USING EQUIPMENT AND MATERIALS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Watch and explore hands and feet.								
	Reach out for, touch and begin to hold objects.								
8 - 20 Months	Imitate and improvise actions they have observed, such as clapping and waving.								
	Become absorbed in putting objects in and out of containers.								
	Enjoy the sensory experience of making marks in sand, paste or paint. This is particularly important for babies who have a visual impairment.								
16 - 26 Months	Use tools and materials for particular purposes.								
	Begin to make, and manipulate, objects and tools.								
	Put together a sequence of actions.								
22 - 36 Months	Balance blocks to create simple structures.								
	Show increasing control in holding and using hammers, books, beaters and markmaking tools.								

PHYSICAL DEVELOPMENT

USING EQUIPMENT AND MATERIALS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Engage in activities requiring hand–eye coordination.								
	Use one-handed tools and equipment.								
	Show increasing control over clothing and fastenings.								
	Show increasing control in using equipment for climbing, scrambling, sliding and swinging.								
	Demonstrate increasing skill and control in the use of mark making implements, blocks, construction sets and small world activities.								
	Understand that equipment and tools have to be used safely.								

PHYSICAL DEVELOPMENT

USING EQUIPMENT AND MATERIALS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Explore malleable materials by patting, stroking, poking, squeezing, pinching and twisting them.								
Early Learning Goal	Use increasing control over an object, such as a ball, by touching, pushing, patting, throwing, catching or kicking it.								
	Manipulate materials to achieve a planned effect.								
	Use simple tools to effect changes to the materials.								
	Show understanding of how to transport and store equipment safely.								
	Practise some appropriate safety measures without direct supervision.								
	Use a range of small and large equipment.								
	Handle tools, objects, construction and malleable materials safely and with increasing control.								

CREATIVE DEVELOPMENT

BEING CREATIVE - RESPONDING TO EXPERIENCES, EXPRESSING AND COMMUNICATING IDEAS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Use movement and sensory exploration to connect with their immediate environment.								
8 - 20 Months	Respond to what they see, hear, smell, touch and feel.								
16 - 26 Months	Express themselves through physical action and sound.								
	Explore by repeating patterns of play.								
22 - 36 Months	Seek to make sense of what they see, hear, smell, touch and feel.								
	Begin to use representation as a form of communication.								
30 - 50 Months	Use language and other forms of communication to share the things they create, or to indicate personal satisfaction or frustration.								
	Explore and experience using a range of senses and movement.								
	Capture experiences and responses with music, dance, paint and other materials or words.								
	Develop preferences for forms of expression.								

CREATIVE DEVELOPMENT

BEING CREATIVE - RESPONDING TO EXPERIENCES, EXPRESSING AND COMMUNICATING IDEAS

DEVELOPMENT MATTERS.		**OBSERVED**				**NURSERY**		**PARENTS**	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Talk about personal intentions, describing what they were trying to do.								
Early Learning Goal	Respond to comments and questions, entering into dialogue about their creations.								
	Make comparisons and create new connections.								
	Respond in a variety of ways to what they see, hear, smell, touch and feel.								
	Express and communicate their ideas, thoughts and feelings by using a widening range of materials, suitable tools, imaginative and roleplay, movement, designing and making, and a variety of songs and musical instruments.								

CREATIVE DEVELOPMENT

EXPLORING MEDIA AND MATERIALS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Discover mark-making by chance, noticing, for instance, that trailing a finger through spilt juice changes it.								
8 - 20 Months	Explore and experiment with a range of media using whole body.								
16 - 26 Months	Create and experiment with blocks, colour and marks.								
22 - 36 Months	Begin to combine movement, materials, media or marks.								
30 - 50 Months	Begin to be interested in and describe the texture of things.								
	Explore colour and begin to differentiate between colours.								
	Differentiate marks and movements on paper.								
	Use their bodies to explore texture and space.								
	Understand that they can use lines to enclose a space, and then begin to use these shapes to represent objects.								
	Create 3D structures.								
	Begin to construct, stacking blocks vertically and horizontally, making enclosures and creating spaces.								

CREATIVE DEVELOPMENT

EXPLORING MEDIA AND MATERIALS

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
40 - 60 + Months	Explore what happens when they mix colours.								
Early Learning Goal	Choose particular colours to use for a purpose.								
	Understand that different media can be combined to create new effects.								
	Create constructions, collages, painting and drawings.								
	Use ideas involving fitting, overlapping, in, out, enclosure, grids and sun-like shapes.								
	Work creatively on a large or small scale.								
	Explore colour, texture, shape, form and space in two or three dimensions.								

CREATIVE DEVELOPMENT

CREATING MUSIC AND DANCE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Respond to a range of familiar sounds, for example, turning to a sound source such as a voice.								
8 - 20 Months	Move their whole bodies to sounds they enjoy, such as music or a regular beat.								
16 - 26 Months	Begin to move to music, listen to or join in rhymes or songs.								
22 - 36 Months	Join in singing favourite songs.								
	Create sounds by banging, shaking, tapping or blowing.								
	Show an interest in the way musical instruments sound.								

CREATIVE DEVELOPMENT

CREATING MUSIC AND DANCE

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
30 - 50 Months	Enjoy joining in with dancing and ring games.								
	Sing a few familiar songs.								
	Sing to themselves and make up simple songs.								
	Tap out simple repeated rhythms and make some up.								
	Explore and learn how sounds can be changed.								
	Imitate and create movement in response to music.								
40 - 60 + Months	Begin to build a repertoire of songs and dances.								
Early Learning Goal	Explore the different sounds of instruments.								
	Begin to move rhythmically.								
	Recognise and explore how sounds can be changed, sing simple songs from memory, recognise repeated sounds and sound patterns and match movements to music.								

CREATIVE DEVELOPMENT

DEVELOPING IMAGINATION AND IMAGINATIVE PLAY

DEVELOPMENT MATTERS.		OBSERVED				NURSERY		PARENTS	
		INIT	DATE	INIT	DATE	INIT	DATE	INIT	DATE
Birth - 11 months	Smile with pleasure at recognisable playthings.								
8 - 20 Months	Enjoy making noises or movements spontaneously.								
16 - 26 Months	Pretend that one object represents another, especially when objects have characteristics in common.								
22 - 36 Months	Begin to make-believe by pretending.								
30 - 50 Months	Notice what adults do, imitating what is observed and then doing it spontaneously when the adult is not there.								
	Use available resources to create props to support role-play.								
	Develop a repertoire of actions by putting a sequence of movements together.								
	Engage in imaginative play and role-play based on own firsthand experiences.								
40 - 60 + Months	Introduce a storyline or narrative into their play.								
Early Learning Goal	Play alongside other children who are engaged in the same theme.								
	Play cooperatively as part of a group to act out a narrative.								
	Use their imagination in art and design, music, dance, imaginative and role-play and stories.								