



Safety and Health Policy Plan

HappyKids daycare locations

2024

Introduction

Before you is the Safety and Health policy plan of HappyKids Childcare for daycare centers. This policy plan provides insight into how we work within the organization and specifically at our location. The aim is to offer children and employees the safest and healthiest possible work, play and living environment, where children are protected against risks with serious consequences and learn to deal with minor risks.

This general safety and health policy describes how we work within the entire organization. In addition, there is a location-specific addition to this policy, in which you can find some information that only applies to the location. Such as which employees have a first aid or emergency response diploma. Both documents can be found in the most recent version on the HappyKids website.

To come to this policy plan, discussions were held with employees on the basis of various themes. The focus was on whether the current way of working leads to the safest and healthiest possible working, playing and living environment. If necessary, measures have been drawn up for improvement.

The branch manager is ultimately responsible for the Safety and Health policy plan. However, a policy only comes into its own in practice if all employees feel involved and promote the policy. That is why a theme, or part of a theme, about safety or health will regularly be on the agenda during the daily team meeting. This is to maintain continuous discussions about policy. This way we remain focused on our working methods and in the event of changes in the environment or situation, such as renovations or changes in design, we can immediately check whether or not the policy needs to be tightened.

This policy plan is intended for everyone who is directly or indirectly involved with HappyKids Childcare. In this way we hope to provide a clear picture of our way of working.

The current safety and health policy and its evaluations are available to professionals, professionals in training, trainees and parents via our parent portal behind the heading information - policy plans. Parent committees also provide advice and input.

Arco Koot (director)

Mission and vision

Mission

We care for children in a safe and healthy childcare facility. We do this by:

- shield children from major risks
- teach children to deal with smaller risks
- to challenge and stimulate children in their development

Vision

HappyKids Childcare stands for childcare where we work from passion and where we make an important contribution to the development, education and care of children. Continuing to challenge children and learning to deal with different types of situations is an important part of this. A safe and healthy living and playing environment forms the basis of all this.

Goals

Under the Childcare Innovation Quality Act, we must create a policy regarding Safety and Health that all employees feel responsible for. The most important points of attention in shaping the policy are:

- 1) awareness of possible risks,
- 2) pursuing a good policy on major risks and
- 3) enter into discussions about this with each other and with external stakeholders. All this with the aim of creating a safe and healthy environment where children can play carefree and develop optimally.

Big risks

HappyKids strives for high-quality childcare. Children must be cared for as well as possible and that is why we believe it is important that children are cared for safely. The Childcare Act requires that every daycare center conducts an extensive risk assessment, links this to an action plan and evaluates this plan annually. Children develop quickly, are curious and want to discover the world around them. They see no danger, they have to learn this. Because it is impossible for the pedagogical staff to keep an eye on all the children every minute of the day, a safe environment is very important. There is a tension between safety and pedagogical aspects. Not all safety risks must be covered, but the risk of serious injury must be prevented. The supervisor (GGD inspector) checks the safety of the childcare based on the HappyKids safety plan and random checks.

Every year, a risk inventory of the building is made by management and pedagogical staff, mainly looking through the eyes and behavior of children. The inventory is based on two questions: What accidents could happen to the children? What is the risk of serious injury to a child? The combination of Probability and Severity is a measure of urgency.

Examples of major risks

In this chapter we describe the most important major risks that could lead to serious accidents, incidents or health problems at our location. We have divided the risks into three categories: physical safety, social safety and health. We have identified a maximum of 5 important risks per category and the associated

measures that have been or are being taken to minimize the risk. For other risks, we refer to the risk monitor, which includes the complete risk inventory. If a risk occurs, the parent(s)/guardian(s) and the branch manager will be contacted.

Physical safety

Falling from height

- Outside play structures: we only allow children to play under supervision. There must be an employee on the playground when playing. There is safety grass under all equipment.

- Within play structures: here we only allow children to play under supervision. We play as an outing in the Play Castle where there are play structures

-Children are never left unattended on the changing table

-Never leave children alone at the table unsupervised

-Do not allow children to climb on outdoor playground equipment for older children without supervision and supervision.

-Never let children go down the slide unsupervised.

What to do in case of a fall?

Assess the situation and the child's condition.

In case of a bruise, dislocation or fracture, cool with an ice pack. In case of (arterial) bleeding, close the wound with a clean cloth. Call 911 if the child cannot be moved or is seriously injured.

Go to the hospital or call the doctor if the child has any of the wounds below:

- **a deep wound**
- **dirty wound**
- **severely bleeding wound**
- **wound with objects protruding from it**
- **wound infection that does not disappear quickly**
- **a red line** after an injury.

Suffocation

-Children only eat at the table and do not walk with food in their mouths

-Small toys are cleaned up immediately after use

-Only toddlers play under supervision with small materials at the table.

-There are sufficient first aid trained employees who know how to act in the event of choking

Jewellery

HappyKids advises parents not to wear jewelry such as bracelets, earrings, rings and/or necklaces on their child while visiting the daycare center. When playing or sleeping, the child can (seriously) hurt himself by wearing jewelry. There is always a risk of suffocation, choking or crushing. You bear responsibility and liability for jewelry worn by your child. We assume that your child can wear this jewelry all day (including while sleeping), but we will remove it if we consider it safer.

What to do in case of choking/suffocation?

If you are choking, first look in your mouth to see if you can remove the problem. Try removing a visible object with a spooning motion of your fingers if you can't grasp it directly. Do not try to scoop it out again as this will only make the object more stuck.

If the child can cough well, you only need to encourage coughing. You can encourage coughing in children, as long as it is understandable to them.

In severe choking, the child indicates shortness of breath. Possibly grabs the throat. Call 112 or have 112 call

have the child bend forward

strike with the bottom of your hand between the shoulder blades (back blows), do this a maximum of 5 times. Support the chest with your other hand.

If that doesn't help, stand behind the child, place one fist on the top of the abdomen and under the breastbone, and hold this fist with your other hand.

Pull both hands up towards you with a jerk, do this (abdominal compressions or Heimlich grip) a maximum of 5 times. Do not touch the sternum and ribs.

alternate these actions until the choking is resolved or until the ambulance staff takes over

If the child loses consciousness, he/she must be resuscitated. Always call your GP or GP post after abdominal compressions in children.

Poisoning

We do not leave toxic substances (such as cleaning products, medicines or toilet blocks) lying around within the reach of children, but store them properly.

We store toxic substances at a high level, preferably in a cupboard or room with a high handle (at least 1.35 meters high) with a rotary knob or the cupboard can be completely locked.

We prefer to clean at a time when children are not present in the room.

We keep medicines out of the reach of children.

Gases/vapours in particular can be dangerous for the rescuer. Carbon monoxide is colorless and/or odorless, which is extra dangerous. This poisoning can actually only be recognized by headache, nausea and vomiting, muscle weakness (especially of the legs) or unconsciousness of the child.

What to do in case of poisoning?

Corrosive chemicals on the skin can cause poisoning symptoms with consequences for the important organs. These substances can also cause (deep) burns. As a care provider, do not come into contact with these substances.

call 112 if there are toxic gases/vapours in the air

Only provide help if you can do so without risk to yourself

Call 112 if the child is drowsy, unconscious or short of breath after poisoning

otherwise call your GP or GP post to ask what you should do

Take or give the packaging or remains with you if the child has to go to the hospital.

Combustion

(Tea) cups are placed far away on the table and counter so that children cannot reach them.

Matches and lighters are stored in a place where children cannot reach (such as a cupboard or drawer with a lock).

In sunny weather we always apply sunscreen to the children

All heaters are equipped with a conversion

In case of burns, it is extremely important to act quickly to prevent worse burns.

What to do in case of burns?

Remove clothing, diapers and jewelry that get in the way. Cool burns for 10 minutes with preferably lukewarm running water. Only cool the burns. Make sure that the child cools down as little as possible. Do not apply anything to blisters and/or to black or grey-white skin. Cover burns in a sterile manner or as cleanly as possible, for example with plastic cling film.

Call 112 at:

inhalation of smoke/hot gases even if the child has no complaints

large burns with blisters and/or black or grayish white skin

Call your GP or GP post:

for minor burns with blisters and/or black or grey-white skin

if much of the skin is red and swollen

in case of illness, such as chills, fever, nausea, vomiting, headache or palpitations

We ask parents to apply sunscreen to their child(ren) at home on sunny days, as advised by the RIVM (www.gezondekinderopvang.nl). This way they are already protected when they are outside before they arrive at the shelter. If this does not work, please let us know so that we can apply the cream to your child as quickly as possible.

We work according to the Sun Protection Guidelines (www.gezondekinderopvang.nl). This website is managed by, among others, the RIVM. The guidelines are:

- **Make sure children do not get burned.**
- **Apply sunscreen to children (preferably thirty minutes) before going outside.**
- **Use a sunscreen with protection factor 30 or higher.**
- **Repeat the application every two hours if you are outside for a long time.**
- **Make sure there are shaded areas where children can play.**
- **Be especially careful between 12 noon and 3 p.m. Then the sun's power is highest and children burn faster. Where possible, keep children out of the sun at this time.**
- **Ask children to bring a cap or hat on very sunny days.**

HappyKids can ask parents to provide a special remedy from home in case of allergy/hypersensitivity to the product.

Drowning

-Employees continuously monitor the use of swimming pool(s) or water.

-We only offer water activities under constant supervision.

What to do in case of drowning?

A danger that should not be underestimated is drowning. Act immediately and quickly! Call for help and call 9-1-1. Was the child in distress underwater, but not unconscious? Then there is near-drowning. The child is still in the water or has been under water.

- **The child may be hypothermic.**
- **The child is out of the water but is not breathing regularly.**

The child is still in the water

- **Call for help, call or have 9-1-1 called.**

- Consider your own safety:
- the child can pull you under water;
- only enter the water if there is no other option such as a lifebuoy, rope or stick. Make sure there is always at least someone nearby who can help.

The child is out of the water:

- Place the child on the back and check consciousness (address and shake the shoulders).
- Call or have 112 called (if this has not already been done). Put the phone on speakerphone.
- Open the airway and check for normal breathing for ten seconds.
- If the child does not respond, start with 15 chest compressions, alternating with two rescue breaths. Continue this until help arrives.
- If the child is breathing normally, turn him onto his side (preferably in the stable side position) while waiting for the emergency services to arrive.
- Use a (rescue or insulation) blanket as protection against, for example, cold or rain.

Hanging cradle

Hanging cradles are used at various locations. This is used for children up to about 6 months, or until the child becomes more mobile and/or starts rolling. The hanging cradle hangs on an extra secured chain.

Accident registration

A good risk inventory is mainly based on practical experience. In order to be able to draw up a complete and good action plan, dangerous situations and accidents must be registered by means of: forms, so that they are included in the evaluation when adjusting the plan. An industrial accident is any unforeseen event that causes injury to persons or property damage. Of course, accidents of varying degrees happen. Serious accidents will always be reported. This includes at least accidents in which a doctor or emergency room is visited.

Evacuation plan

There is always a possibility that emergencies will occur, such as fire. Children are not self-reliant during an emergency. Childcare employees are therefore not only responsible for their own safety during an emergency, but also for that of the children. This creates extra pressure on the organizational capacity of childcare employees during a disaster. The location has a clear and concise evacuation plan. It is good for parents to be aware of this plan, not only to know that the children are well taken care of at those times, but also in case you are present at the location at that time and feel so you suddenly find yourself in the middle of an emergency. Knowledge and skills of first aid in the event of accidents are indispensable in childcare. There are sufficient first aiders and emergency response staff present every day. The necessary equipment such as first aid kits, fire extinguishers, etc. is also available. An AED is available at most locations.

A practical exercise is organized annually for the staff (pedagogical staff) and the children. Every exercise is evaluated.

You will find the evacuation plan available for inspection at the branch and for employees on the employee section of our website.

Social safety

Transgressive behavior and (suspected) child abuse

We work according to the cross-border behavior protocol. This is brought to your attention at least once a year. This describes how to deal with the different types of transgressive behavior.

In the event of (possible) inappropriate behavior by an employee, the director and the childcare inspector are always informed.

We work according to the suspected child abuse protocol, or the reporting code.

The reporting code shows that the process consists of the following steps:

1. Mapping the signals;
2. Consult with colleagues and, if necessary, consult safely at home;
3. Discussion with client:
4. Causes of domestic violence or child abuse:
 - Do I suspect domestic violence or child abuse based on step 1 to step 3?
 - Do I suspect acute or structural insecurity?
5. Make two decisions:
 - is reporting necessary?
 - Is providing or organizing help (also) possible?

Every year, the reporting code is brought to the attention of and discussed with employees at least twice. The step-by-step plan is available at the location in a visible place.

In case of loss: we work with a protocol on what to do in the event of loss.

In case of bullying: we work with a bullying protocol

Health

Hand hygiene for children and pedagogical employee

With regard to health, we have defined the following measures as a way to prevent the greatest risks:

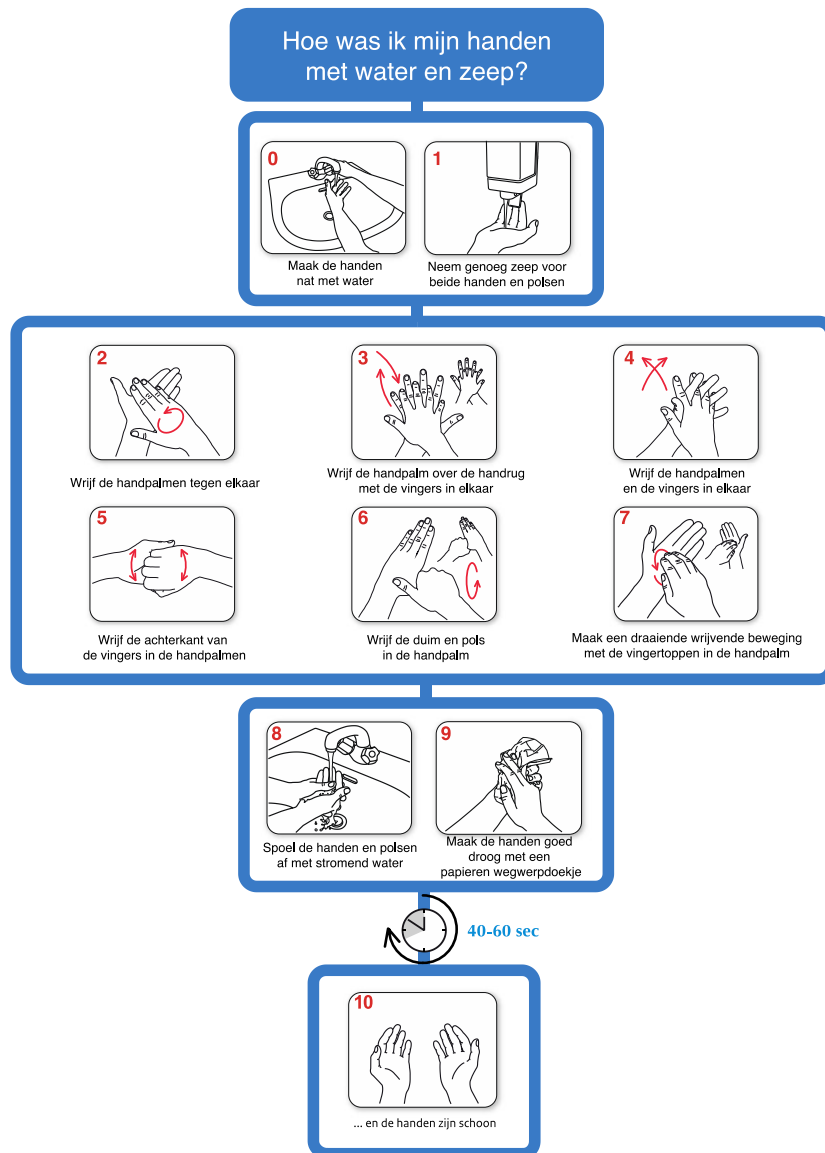
Always ensure good hand hygiene

Employees: Preferably have short cut nails (if in doubt, ask your manager for advice) without nail polish.
Or; with nail polish, gel or fake nails, it is preferable to always use gloves when preparing and feeding food or when changing children.

Wear as little jewelry as possible when performing care procedures.

Wash hands at crucial moments, before touching and preparing food, eating or helping with eating, wound care and after: coughing, sneezing and blowing the nose, using the toilet, changing or helping a child go to the toilet, contact with body fluids such as saliva, snot, vomit, feces, wound fluid or blood, after playing outside, after contact with dirty laundry or the waste bin, and after cleaning work

Hand washing protocol:



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

Use running water

- Wet your hands and take liquid soap and make sure that water and soap are distributed over the entire hands
- Rinse hands under running water while rubbing
- Dry hands with a disposable paper towel

If there is visible contamination, grab a clean towel at least every part of the day. The taps are cleaned at least daily. It is virtually impossible to get children to wash their hands after every cough. Make your own assessment when this is necessary. For example, agree that if hands are visibly dirty, washing is necessary. For pedagogical staff, hands must in any case be washed after a coughing fit or visit to the toilet, before making sandwiches or peeling fruit and before and after caring for wounds. Furthermore, a

good division of tasks, whereby someone who has a cold and therefore coughs frequently, can limit risks. For example, agree that a colleague will be responsible for preparing food in that case.

Sick pedagogical staff

- Always ensure good hand hygiene
- In the case of typhoid fever, paratyphoid fever, bloody diarrhea and open tuberculosis, the teacher will not come to work
- Employees who return from holiday sick (and who have therefore not yet infected children) should be considered as to whether they can be deployed in the group. In that case, the employee contacts the manager before she/he comes to work
- Ensure good cough hygiene; The following measures are important:
 - avoid coughing, instead of coughing or sneezing in the direction of someone else
 - When coughing or sneezing, hold your hand over your mouth or better still, cough into the inside of your elbow
 - wash hands after coughing, sneezing or blowing your nose

Preparing food

- Always ensure good hand hygiene
- The most important instructions for safely processing food are always clearly displayed in the kitchen.
- Work with clean kitchen equipment in a clean working environment
- Heat raw ingredients to at least 75°C in the core
- Store chilled products in the refrigerator immediately after delivery or purchase
- Packaging that is damaged or has a short expiration date will be returned to the store
- Store refrigerated products below 7°C
- Remove products from the refrigerator as shortly as possible before use
- Throw away refrigerated products that have been out of the refrigerator for more than thirty minutes
- Check the expiration date before use
- Provide children with their own tableware for each meal
- Label open packages with opening date
- See also HappyKids' nutritional policy for more information about nutrition, for example storing and preparing breast milk.

Children visiting the toilet

Our policy regarding toilet visits by children:

- Teach the children that they must wash their hands after visiting the toilet
- Make sure that children wash their hands after using the toilet
- Provide a washbasin suitable for children
- Teach children to wash their hands properly (see also “Handwashing Protocol”)
- Use liquid soap
- Use disposable towels or change the towel every part of the day
- Do not use jars
- Do not allow children to take toys into the changing room or toilet
- Stimulated the children's self-reliance in preparation for primary school. Children who can go to the toilet themselves must inform the educational staff member in advance. At busy times, such as drop-off and pick-up, the agreement is to call in a colleague from another group when many children go to the toilet or need to be changed at the same time.

Healthy indoor environment

It is very important that children stay in areas with a healthy indoor environment. A healthy indoor environment means that the air is clean and fresh and contains few dust particles and micro-organisms. The temperature and humidity of the air should also not be too low or too high. A healthy indoor environment prevents children from becoming unnecessarily ill.

There is no smoking in the building.

Sleep safely

For the description and working method of 'safe sleeping', we refer to the 'safe sleeping protocol'. We **work according to “the 4 of safe sleeping”**:

When I put a baby to bed:

1. I lay it on its back
2. I put it in its own bed
3. I put it in a sleeping bag
4. I put it in an empty bed

Ventilation

Sufficient ventilation is a prerequisite for a healthy indoor environment. If a room smells stuffy to someone who enters, that is an indication that ventilation is inadequate. All our rooms have sufficient ventilation options in the form of grilles, windows, fans and a ventilation system above the ceiling.

Professionals must ensure that ventilation facilities are always open or switched on. Ventilation is the constant renewal of air. Outdoor air replaces the indoor air, which is contaminated by the continuous release of moisture, gases, odorants, micro-organisms and floating particles of micro dust (often called fine dust).

Airing

Ventilating is replacing all contaminated indoor air in a short time by opening windows or doors wide. Depending on the wind speed, less than fifteen minutes of airing is usually sufficient to refresh the air in a room. Ventilation only provides a short-term improvement in the indoor environment. In most cases the temperature returns to normal within ten minutes.

Venting is not a substitute for ventilation. Ventilation is important at times when a lot of contamination is spread, such as during vacuuming and, for example, during exercise games.

Allergenic substances such as plants, pets, stuffed animals

Some plants can trigger an allergic reaction due to their sap, scent or pollen. Others collect a lot of dust due to their hairy leaves. The pot and soil must also be kept clean to prevent dust accumulation and mold growth. Be alert when putting together (field) bouquets. Much allergenic pollen is spread by plants with inconspicuous greenish ears, flowers or bunches of stamens, such as all kinds of grasses, weeds and the blossoms of various trees such as birch, cypress, alder, hazel and plane tree. To a slightly lesser extent this also applies to beech (including hornbeam and hop beech), cedar, ash, oak juniper, privet, sweet chestnut, thuja and

yew. Plants with allergens that are better avoided;

- Highly allergenic plants such as primula and ficus benjamini
- Strongly scented plants such as freesia, hyacinth and lemon geranium
- Plants with a lot of pollen, such as flowering branches of birch or hazel

Pests

HappyKids regularly checks the accommodations for vermin. If there are vermin, we will contact a specialized company.

Upholstery

Textile objects (including mattresses) are an important source of allergens.

Allergens are especially harmful to children who have allergies. But even healthy children can develop allergies due to contact with allergens. Given the health risks of increased allergen levels, it is advisable to keep these levels as low as possible. Babies in particular spend long periods of time close to allergen sources. HappyKids uses non-fabric, easily washable cushions and play mats as much as possible.

Dustiness

The layout of the rooms makes them easy to keep clean. A good choice and arrangement of furniture and daily cleaning activities prevent the formation of dust nests. Work and activities can stir up a lot of controversy.

To clean

Cleaning is an activity in which visible and invisible material (dirt) is removed. Efficient cleaning removes most microorganisms. By removing dirt you remove the breeding ground, reducing the chance of microorganisms growing. Proper cleaning reduces the number of dust particles. To reduce the amount of allergens and dust mites in textiles, textiles should be washed regularly at 60°C. This applies not only to bedding but also to playpen rugs, sofa covers, dress-up clothes and cuddly toys. In a normal situation, good and regular cleaning is sufficient to limit contamination risks to an acceptable level. There are instructions on all packaging about what to do

use of hazardous cleaning agents. The frequency of cleaning depends on the speed and degree of contamination of the different rooms. We use the following cleaning methods:

- Wipe off dust with a damp cloth
- Sweep
- Vacuuming
- Mopping the floor with a mop

Cleaning is done daily, including the toilets and the floor.

Germs can be spread through hand contact points such as taps, light switches, door handles and flush buttons. We therefore pay extra attention to cleaning hand contact points.

Furthermore, visible contamination is of course removed immediately.

Disinfecting materials

In situations where an increased risk of contamination can be expected, disinfection can be used be applied. This is then a so-called medical indication. Disinfection is necessary if:

- A surface is contaminated with blood (for example from a nosebleed or wounds)
- Contamination has occurred due to bloody diarrhea;
- In special situations (such as an epidemic) on the advice of the GGD

Disinfection is only sufficient if proper household cleaning has first been carried out. We follow the following steps:

- We wear disposable gloves during any contact with blood, wound fluid or body fluids that are visibly mixed with blood.
- We first remove spilled blood wearing gloves, then absorb the blood with a paper tissue
- We clean the surface with soap and water
- We rinse the surface clean and dry

- We then disinfect with more than 70% alcohol
- We allow the surface to air dry after disinfection.
- Textiles and toys are machine washed at 60 degrees Celsius.
- Crockery and any other materials are washed in the dishwasher (60 degrees).
- We then throw away all cleaning materials or wash them at a minimum of 60 degrees.

Healthy outdoor environment

- The garden contains only allergen-poor plants
- The sandbox is closed by a fence/net
- We recommend long clothing for walks in the woods, etc. due to ticks
- We don't drink lemonade outside to avoid attracting insects.

Medical action

HappyKids will not perform medical procedures, in accordance with the BIG Act.

Germs

- We ensure good coughing and sneezing

hygiene and bring this to the attention of children and employees after the summer

- We ensure that employees are aware of careful treatment of wounds with extra attention to handling pus and blood
- We ensure a good policy regarding washing hands after visiting the toilet and regularly pay attention to discussing/repeating this with the children.
- Dishcloths and towels are washed daily

Sick children

- Children with a temperature higher than 38 degrees and/or a contagious infectious disease are not allowed to come to HappyKids.
- Parents cannot work properly if they also have to care for a sick child. The same applies to our pedagogical staff. They cannot do their work properly if there is a sick child in the group. Children who feel so ill that they cannot participate in the rhythm of the group are not allowed to come to HappyKids.
- Parents will be consulted if the child has a temperature lower than 35.5.
- The teacher may request parents/guardians of a child who becomes ill at the day care center to pick up the child.
- If there are 3 or more water-thin pants in one day, we may ask the parents to pick up the child. This is due to the risk of contamination.

- We apply the rules of the GGD when excluding sick children
- Children are not allowed to come to HappyKids on the day of a medical procedure if they have had anesthesia or sedation
- Parents complete a form during the intake interview with the necessary information about the child.
- Parents are responsible for reporting changes to this form
- In the event of an emergency, parents will be informed immediately.
- If HappyKids considers an emergency necessary, there is clear injury or if there is any doubt, the GP will be contacted, which is stated on the emergency form or the emergency department.
- If the parents cannot be reached, the day care center will contact the emergency telephone number.

To determine whether or not children are allowed to go to childcare, we use the most current version of the decision tree via www.boink.info

Administer medications

- In principle, we do not administer medication to children.
- Medicines may only be administered if they are prescribed by a doctor and are only administered after written permission from parents (medication statement).
- Parents are at all times responsible for proper transfer of medication and must complete a standard medication form. If they do not do this, we cannot give medication to a child that day.
- In that case, leaders will contact the parents by telephone
- The medicines must be clearly labeled with their name, leaflet, dosage and recent date.
- Medicines must be in the original packaging
- Medicines must in all cases be provided with a Dutch-language package leaflet.
- Without written permission, medicines will only be provided in emergencies after oral consultation with parents.
- We read the package leaflet before dispensing the medication
- We do not give medicines for the first time in our childcare, we only provide medicines that have previously been given at home
- We check the expiration date of the medicine before administering it
- We store medicines in the refrigerator if necessary
- We store medicines in the original packaging

- These rules also apply to homeopathic remedies and therefore also to the commonly used 'VSM' articles.

Paracetamol

Paracetamol is widely used and seems to be a 'harmless' medication. However, the use of paracetamol runs the risk that symptoms are suppressed, which can lead to an incorrect assessment. A child may be more seriously ill than would be expected based on their behavior. Paracetamol will therefore only be provided or given after the medication declaration has been completed. If it is necessary to administer paracetamol, the parent will always be informed by telephone and agreements will be made as to how we will proceed that day and/or whether the child should be collected.

Vaccinations and infectious diseases

We apply the rules of the GGD for infectious diseases. However, we look at each infectious disease individually to see what is best for the child.

- HappyKids wants to be kept as informed as possible about the child's vaccination schedule, in order to be able to act adequately in the event of infectious diseases.

- In the event of a contagious disease, HappyKids always contacts the GGD, after which we follow the GGD's instructions.

- We will always announce it via an extra newsletter via the parent portal if there is a contagious disease within the daycare center.

National vaccination programme

In the Netherlands, participation in the National Vaccination Program is not legally required. There are parents who, for example, decide not to have their children vaccinated because of their philosophy of life. This is mainly a risk for the unvaccinated child itself: it is not protected if it comes into contact with the causes of the diseases in question. An unvaccinated child does increase the risk of infection of vaccinated children. Because vaccinated children can sometimes still get the childhood illness. The vast majority of children in Haarlemmermeer participate in the national vaccination program. But the vaccination rate has been decreasing slightly every year in recent years. This is also a national trend. The national vaccination rate is below the desired level of 95%, namely slightly below 90% (2024) If the coverage ratio is high enough, the chance of contamination is small. This applies to the diseases against which the DKTP injection provides protection. Children over 14 months are also invited to receive the MMR vaccination. Children under the age of 14 months are therefore not yet protected against these MMR diseases by vaccination. There is therefore a slightly greater risk for babies if they come into contact with other children at daycare.

The chance that an unvaccinated child will infect other children with a disease from the National Vaccination Program is small. Most diseases from the National Vaccination Program still rarely occur in the Netherlands, and most other children in the group will have been vaccinated and are therefore not at risk. Yet every year there are reports about an outbreak of, for example, measles somewhere in the country.

The law does not allow unvaccinated children to be refused access to childcare. In very specific situations, temporary exclusion of a child may be considered. The GGD provides tailor-made advice to childcare centers about this. It is therefore important that it is known for each child whether or not he or she has been vaccinated and which vaccinations he or she has had. We ask you to let us know whether your child has been/will be vaccinated in accordance with the national vaccination program. However, you are not obliged to do so. We use this data (always without linking names, of course) to inform the GGD in a timely manner in the event of an outbreak about any unvaccinated children and thus prevent further spread. If you provide this information, we will record whether and to what extent your child has been vaccinated on the intake form in your child's (digital) file.

Medical file

Our policy regarding medical records: In Konnect we store your child's known medical data, such as allergies, diet, medication use and medical history. This data is available to all employees at the location.

Dealing with small risks

Our mission is to provide our children with the safest and healthiest care possible. We want to prevent accidents or illness as a result of, for example, unclean or defective toys. But in the end, we are not doing the children any good by overprotecting them. That is why we protect children against unacceptable risks. A bump, a scrape or something similar can happen. In fact, there is also a positive side to it:

- **It has a positive impact on physical health**
- **It increases self-confidence, self-reliance and perseverance**
- **It increases social skills**

That is why at our daycare we accept the risks that can only have minor consequences for the children and teach them to deal with them correctly. To keep risky play situations safe, children must therefore adhere to various agreements during play situations or activities. In addition, there are agreements on how to deal with items such as toys and tools, to prevent injuries from arising due to incorrect use.

The agreements are regularly discussed and repeated with the children. For example, before an activity or game, before a diaper change or during periods when many children and employees have a cold.

Agreements can also be made regarding health to allow children to help limit risks. Consider washing your hands after going to the toilet or holding a hand over your mouth while sneezing or coughing.

In this way we teach children to deal with risks whose consequences for the safety and health of children are limited and which therefore cannot be regarded as main risks with major consequences for safety and health and as a risk of inappropriate behavior.

Risk inventory

In order to map out how risks are dealt with at the shelter, it must be inventoried whether the work instructions, protocols and other agreements actually lead to risks being kept to a minimum.

We have identified the risks at our location based on the safety and health risk inventory. The major risks have already been described in Chapter 3.

Themes highlighted

Unacceptable behavior

Transgressive behavior by adults or children can have an enormous impact on the well-being of the affected child. This policy therefore describes how the risk of inappropriate behavior by both adults and children present is limited as much as possible. This concerns the risk of inappropriate behavior by professionals, professionals in training, trainees, volunteers, other adults and children present. Transgressive behavior includes sexual, physical and psychological violations of boundaries. For example, it also monitors bullying behavior among children.

. This theme therefore receives special attention at our location. We have taken the following measures to prevent inappropriate behavior with each other and what to do if we notice that it is happening:

- The subject is regularly discussed during team meetings in order to create an open culture in which employees dare to address each other.
- In the pedagogical policy plan we have included that children are taught how to interact with each other with respect for norms and values. This way, children know what is and is not allowed, and what is appropriate and inappropriate behavior.
- We also teach children that it is important that they report it immediately if they experience certain behavior that is not desirable. We help them become more assertive when this is necessary.

The following measures are taken to prevent inappropriate behavior:

- All employees have a Declaration of Good Conduct (VOG declaration).
- We work according to the four-eyes policy.
- Employees are aware of the four-eyes policy
- The four-eyes policy is well adhered to.
- Employees speak to each other if they notice that the four-eyes policy is not being properly adhered to.
- There are clear agreements on how to act if a child abuses another child at daycare.
- Employees know the agreements on how to act if a child abuses another child at daycare.
- There is a protocol for what to do if child abuse is suspected.
- Employees know the protocol for what to do if child abuse is suspected.

Four eyes principle

Daycare is legally required to apply the four-eye principle. This is an important part of limiting the risk of inappropriate behavior. The law requires that care be organized in such a way that a pedagogical employee, pedagogical employee in training, intern, volunteer or other adult can only perform the work while he or she can be seen or heard by another adult. The aim of this principle is to limit the risk of abuse of children by preventing adults from withdrawing unheard or unseen with a child within a daycare center or playgroup for a longer period of time.

Back-up arrangement

A childcare center that provides at least ten consecutive hours of care per day may employ fewer (but at least half) the number of required pedagogical staff for a maximum of three hours (one hour after opening, one hour at noon and one hour before closing). If, in an exceptional situation, only one employee can be present and no other adult is on site, the back-up arrangement must be applied. The different bet may differ on the days of the week, but not per week.

If, taking into account the professional-child ratio or if there is a deviation from the deployment of the minimum number of professionals based on the professional-child ratio, only one professional is present at the childcare center, the back-up arrangement applies.

The law describes the back-up arrangement as follows: When more than three children are being cared for by only one employee, a back-up arrangement must be made in which a back-up guard is available who can be present at the care address within fifteen minutes in the event of an emergency. This person can always be reached by telephone during reception hours.

If, in an exceptional situation, only one employee can be present and there is no other adult on site, the back-up arrangement must be applied. This means that in the event of an emergency, a backup guard is available who can be present at the reception location within fifteen minutes. The (active) back-up guard can be reached by telephone during reception times.

For this location, this is a colleague from the adjacent BSO / PSZ or office. There are at least 3 PMs present at daycare center 't Kasteeltje at all times.

The telephone number of the BSO and office is: 085-0110070.

First aid scheme

In order to be able to act adequately in the event of incidents, it is necessary that at least one adult with a valid and registered pediatric first aid certificate is present at each location during opening hours.

At our location we do everything we can to prevent a child from sustaining injury as a result of an accident. Unfortunately, this cannot be completely prevented. In addition, other emergencies may occur, making first aid necessary. Which employees have a first aid certificate is stated in the location-specific section that accompanies this policy.

The certificates were obtained from the following institute:

Meertraining (meertraining.nl)

Policy cycle

From goals to measures and actions and adjusting policy

Together with the professionals, the safety and health policy is a continuous process of policy formulation, implementation, evaluation and updating.

A policy cycle consists of four phases:

1. A first phase in which preparations are made to carry out the risk inventory. First, the themes that will be included are determined (with the associated topics). It is also determined which employee(s) will be made responsible for which part. We always ask all employees to read (part of the) policy plan or protocol and then provide input on the content, workability, and other comments. We also request an initial to ensure reading (sign-off list)

2. A second phase in which the risk inventory is actually started. In this phase you actively discuss the themes to be discussed with employees so that an overview is created of points that require improvement. This is done in daily consultations and, where necessary, in a separate working group with a number of employees who have provided input.

3. A third phase in which it is determined how these improvement points can best be addressed, in the form of an action plan. The monthly management meeting discusses what input has been received from the various locations with regard to the policy document or the protocol. It is compared whether a particular comment or improvement proposal has been mentioned more often, and whether input has been provided that contributes to improving the policy. Where necessary, the policy is adjusted and the change is discussed with the teams at the different locations.

4. And a final fourth phase to evaluate whether the adjustments have led to improvement. A small feedback moment in a meeting that should show whether the adjustment is workable and an improvement.

Completing the cycle takes an average of one year.

Safety and health policy is a continuous process of policy formulation, implementation, evaluation and updating.

We start our policy cycle with an extensive risk inventory. During a team meeting, we determine which employees will carry out a QuickScan on which topics and during which period we will work on this. This way, the entire team is involved in the inventory. Based on the results of the risk inventory, we draw up an action plan and an annual plan (as soon as the updated risk monitor becomes available). The progress of both plans is regularly evaluated during team meetings. The Safety and Health policy plan is adjusted based on the evaluations.

When the policy plan for safety and health is drawn up or adjusted, they all play an active role in it. When a new employee comes to work at the location, we provide an extensive introduction to the safety and health policy, with any additional training and instructions if necessary. Such that this person is able to take measures when this is necessary.

During team meetings, discussing possible safety and health risks is a permanent agenda item. This makes it possible to discuss matters with professionals, professionals in training and trainees and to make immediate adjustments. This makes employees familiar with giving feedback to each other.

We inform parents about our activities with regard to the current safety and health policy and its evaluations via the newsletter and via the parent committee. If parents have questions, they will be answered on the spot if possible. If this question is of interest to several parents, it will also be included in the newsletter.

Support and reporting of complaints

For parents and employees

Even though everything goes well, it can always happen that parents or employees have a complaint about the way in which safety and health is being worked on.

In the event of a complaint, the central government offers parents the following step-by-step plan:

Step 1: Submit a complaint to HappyKids

You can only submit a complaint in writing to HappyKids. How you can do this can be found in our complaints procedure. You can find this on our parent portal behind the information pages.

Step 2: Contact the Childcare Complaints Desk

Does HappyKids not respond to your complaint within 6 weeks or does it not take your complaint seriously? Then you can contact the Childcare Complaints Desk. This is part of the Childcare Disputes Committee. You will receive advice and information from the counter. They can also mediate between you and HappyKids. This service is free.

Step 3: Submit a complaint to the Childcare Disputes Committee

Has your complaint not yet been resolved? Then you can submit the dispute to the Childcare Disputes Committee. You pay a limited compensation for this (complaint fee). To do this, you must first go through the childcare organization's internal complaints procedure.

Although we do our utmost to implement a clear and careful policy regarding safety and health, it can always happen that an employee or parent has a complaint. We are open to feedback and prefer to discuss this complaint directly with the employee or parent themselves to find a solution.

If we cannot reach an agreement with the employee or parent in this way, the employee or parent can contact the Childcare Complaints Desk and, in extreme cases, the Childcare Disputes Committee. Parents can find more information about this on the HappyKids parent portal behind the information pages.

Part of the cycle is the action plan, which can be found in the location-specific part of this policy.

Communication and coordination internally and externally

We believe it is important that employees feel involved in the safety and health policy.

Attachments;

- RIE annual calendar
- accident registration form

Annual calendar Risk inventory and evaluation

January

Childcare reporting code, the assessment framework and the signals list (twice per year)

Pause arrangement / deviation from BKR (see policy plan)

February

Transgressive behavior protocol

Model report GGD inspection / inspection framework

March

Safety and health policy plan (per location)

Supervising the BSO

Child monitoring system manual

April

Nutrition policy

Missing protocol

May

Objective BSO communication

Apply extreme weather policy and guidelines

June

Pick-up, bus transport and safe outings BSO and/or Safe outings KDV

Care protocol

September

Complaints procedure

Childcare reporting code, the assessment framework and the signals list (twice per year)

House rules

October

Pedagogical policy plan and work plan (per location)

Separation protocol

November

Preschool education (document information about VE) for KDV

Mentor policy

December

Illness policy

Medicine policy

Social Media (+ agreements on mobile phone use and taking photos)

Here you will find the topics from the RIE health / safety broken down by “theme”

Every month you will find a topic, we print this part of the information and provide it to the employees with the request;

- By reading and refreshing the knowledge before the indicated date.
- Note down any questions you may have about this
- Write down suggestions for improvements/comments/additions

At the next consultation, the questions will be inventoried, the comments will be taken into account and the text will be discussed where necessary.

All suggestions are taken to the next management meeting so that we have an inventory of the entire company. Management makes adjustments to the policy where necessary and implements it again.

July and August are not included in this annual calendar due to the absence of employees.

All plans that have been dealt with from the annual calendar and the sign-off lists, together with the evaluations, are visible in the RIE folder at the location. The documents are also available on the employee section of the website.

Ongevallenregistratieformulier



Algemene gegevens:

Naam kind: _____ J / M *

Datum ongeval : _____

Naam ouder: _____

Toelichting gebruik formulier:

Er is sprake van een ongeval wanneer een kind lichamelijk letsel heeft opgelopen dat (medisch) behandeld moet worden.

1. Waren er ander personen bij het ongeval betrokken?

- Nee
- Ja, namelijk:

2. Waar vond het ongeval plaats?

3. Hoe ontstond het letsel?

4. Beschrijf de omstandigheden en het ongeval in eigen woorden:

5. Wat voor letsel heeft het kind opgelopen en aan welk lichaamsdeel?

6. Is het kind naar aanleiding van het ongeval behandeld?

- Nee Ja, door: Huisarts
 Spoedeisende hulpafdeling van een ziekenhuis
 Opgenomen in het ziekenhuis
 Anders, namelijk _____

7. Is er naar aanleiding van het ongeval contact met de ouders van het kind opgenomen?

- Nee
 Ja, door: _____
 Samenvatting van wat besproken is: _____

10. Kan het ongeval in de toekomst worden voorkomen? Hoe?

11. Zijn er maatregelen genomen naar aanleiding van het ongeval?

- Nee, er zijn nog geen maatregelen getroffen
 Nee er is besloten geen maatregelen te treffen
 Ja, namelijk: _____

Noteer, indien van toepassing, de te nemen maatregelen op de algemene RIE actielijst

* = door halen wat niet van toepassing is

Dit ongevallen registratieformulier wordt bewaard door de vestigingsmanager van de locatie.

Tot slot

Vestigingsspecifieke afspraken en informatie vindt u in het daartoe bestemde tweede deel van dit beleidsplan, te vinden op de website van HappyKids.