Safety and Health Policy Plan

HappyKids After-school care locations

2026

Introduction

Before you lies HappyKids' general Safety and Health policy plan for out-of-school care. This policy plan provides insight into how we work within our organization and specifically at the 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 arrive at 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 furnishings, 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.

Physical safety.

Falling from height

Outside play structures: we point out dangers to the children and supervise the way they play. The agreements are repeated during a trip to, for example, the Play Castle.

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 eat alone at the table and do not walk with food in their mouths

- Small toys are cleaned up immediately after use and are not left lying around

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

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, 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, but we will remove it if we deem 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 plants, mouse poison 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.

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.

Burns

Place (tea) cups far away on the table and counter so that children cannot reach them and make children aware of the danger.

Store matches and lighters in a place where children cannot reach (such as a locked cupboard or drawer).

-In sunny weather we always apply sunscreen to the children

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 grey-white skin

Call your GP or GP post:

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

• if a large part of the skin is red and swollen

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

We ask you to apply sunscreen to your 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 supervised water/swimming activities.

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.

General information

First Aid Policy

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

At our locations, we do everything possible to prevent a child from sustaining injury as a result of an accident. However, unfortunately, this cannot be entirely prevented. In addition, other emergencies may occur, making first aid necessary. Which pedagogical professionals hold a first aid certificate is listed in the location-specific section associated with this policy.

The certificates were obtained from Meertraining (meertraining.nl) and are renewed annually.

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. HappyKids 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 personnel present every day. The necessary equipment such as first aid kits, fire extinguishers, etc. is also available. There is an AED in most buildings.

A practical exercise is organized annually for the staff (pedagogical staff) and the children. Each exercise is evaluated and adjustments are made if necessary.

You will find the evacuation plan available for inspection at the branch.

Social safety

(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. Conversation 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?

The reporting code is brought to the attention of employees every year. 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.

Missing children

We work with a protocol regarding how to deal with a missing child.

Bullying

We work with a protocol for employees (on the employee portal) for handling bullying behavior.

Transgressive behavior

We work according to the protocol on transgressive behavior (on the employee portal). This is brought to attention at least once a year. It describes how to deal with the various types of transgressive behavior.

In the event of (possible) transgressive behavior by an employee, the director is always informed, as well as the childcare inspector.

Transgressive behavior by adults or children can have a huge impact on the well-being of the affected child. This policy therefore describes how the risk of transgressive behavior by both adults and children present is limited as much as possible. This concerns the risk of transgressive behavior by pedagogical professionals, pedagogical professionals in training, interns, volunteers, other adults present, and children. Transgressive behavior includes sexual, physical, and psychological transgressions. It also covers, for example, bullying behavior among children.

This theme therefore receives our special attention at our locations. We have taken the following measures to prevent transgressive behavior among ourselves and to determine what to do if we notice that it does occur:

• The subject is regularly discussed during team meetings to create an open culture where pedagogical professionals feel comfortable addressing one another.

• We have included in the pedagogical policy plan that children are taught how to interact with one another while respecting norms and values. In this way, children know what is and is not acceptable, and what constitutes appropriate and inappropriate behavior.

• Additionally, we teach children that it is important for them to report immediately if they experience behavior that is undesirable. We help them become more assertive when necessary.

The following measures are taken to prevent transgressive behavior:

• All pedagogical professionals hold a Certificate of Conduct (VOG certificate).

• Pedagogical professionals are familiar with the four-eyes policy and adhere to it.

• Pedagogical professionals address each other if they notice that the four-eyes policy is not being properly observed. • Pedagogical professionals are familiar with the agreements on how to act if a child abuses another child in the childcare setting.

• Pedagogical professionals are familiar with the child abuse protocol.

Backup Arrangement and Second Adult

If, in an exceptional situation, only one staff member is present with a number of children that matches the BKR (Childcare Ratio), the backup arrangement must be applied. This means that in the event of emergencies, a backup person is available who can be present at the childcare location within fifteen minutes. The (active) backup person is reachable by telephone during childcare hours.

During times when a staff member is working alone at the location and temporarily cares for more children than the BKR permits, in accordance with the three-hour rule, a backup person, or “second adult” (this does not have to be a pedagogical professional), must be present at the location. This person does not need to be actually present in the group.

When providing care for multiple groups simultaneously, the pedagogical professionals of the different groups act as each other's backup.

Health

Hand hygiene for children and educational staff

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

Preferably keep your nails cut short (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, 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:

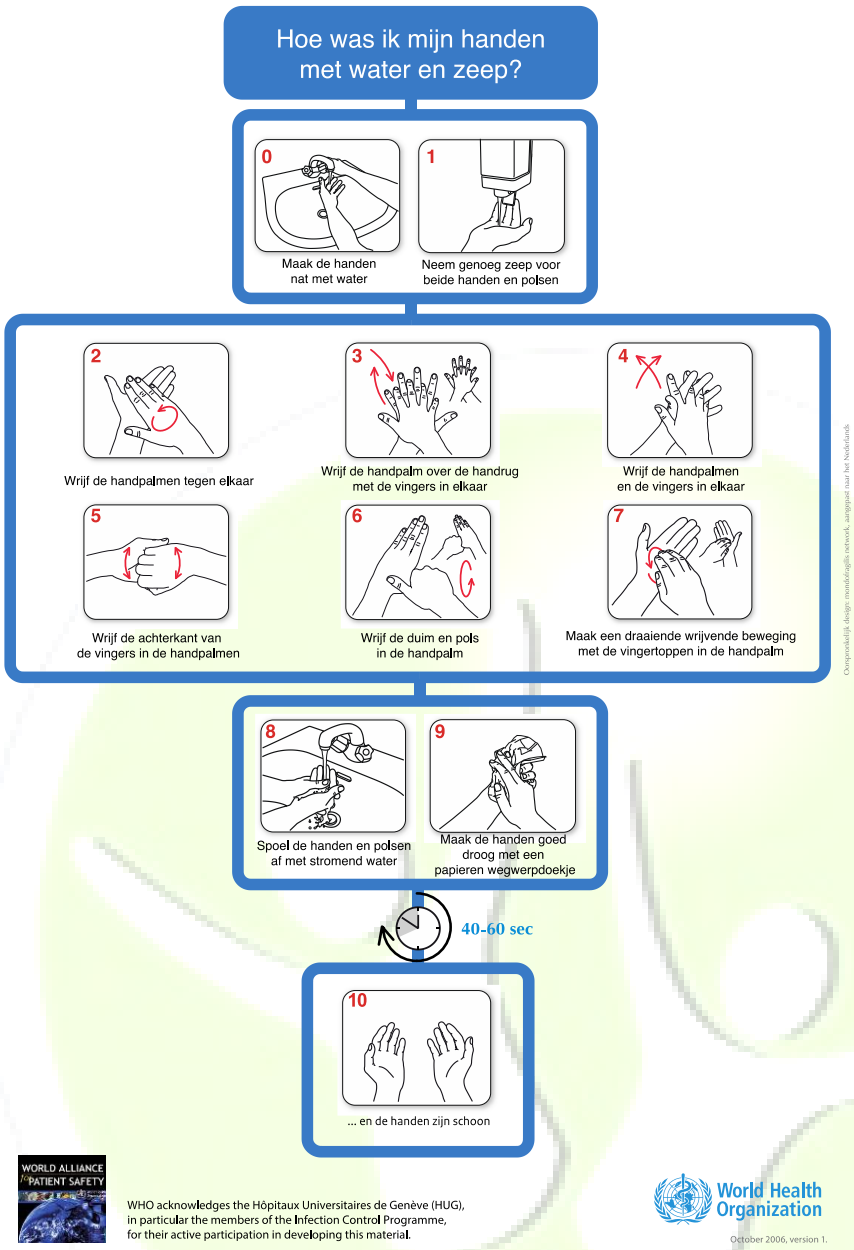
- Use running water

- Wet your hands and use liquid soap

- Rub your hands together 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. Employees must in any case wash their hands after a cough or visit to the toilet, before making sandwiches or peeling fruit and before and after treating 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 who does not have a cold will take care of the preparation of food in that case.

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 professionals

- Always ensure good hand hygiene

- In the case of typhoid fever, paratyphoid fever, bloody diarrhea and open tuberculosis, the pedagogical employee will not come to work

- The pedagogical employee who returns from holiday sick (and has therefore not yet been able to infect any children) should be considered whether she can be deployed in the group. In that case, contact your manager before coming 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

Food preparation

- 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

Children visiting the toilet

Our policy regarding toilet visits by children:

• Teach children to 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

• Do not allow children to take toys into the changing room or toilet

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

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, fans and a ventilation system above the ceiling. The pedagogical staff 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 micro-organisms 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 regarding the correct 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 are mopped.

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 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 and 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.

Safe toys

Within HappyKids we adhere to the agreement that toys must be suitable for the age of the group. This means that toys with small parts are excluded for young children. Tools are only used under the supervision of a pedagogical employee.

Broken toys are repaired or thrown away. Employees carry out a rough screening of the material during the clean-up moments.

Toys can also be contaminated with bacteria. Therefore, depending on the extent of use, the toys are cleaned regularly, where possible with soapy water, otherwise with a damp cloth and all-purpose cleaner.

Toys that look visibly dirty are cleaned immediately.

Healthy outdoor environment

- The garden only contains allergen-poor plants

- When going for walks in the woods, etc., we recommend long clothing to avoid ticks

- We don't drink lemonade outside to avoid attracting insects.

- Before you play outside, check the playground for waste/objects/defects.

Safe Playground Equipment

Playground equipment is available in the outdoor area at almost all HappyKids After-School Care locations. At a few locations, there is also equipment indoors. HappyKids is the owner of this playground equipment. All equipment has been tested by TUV and holds a certificate.

The manager or owner is responsible for ensuring the equipment remains safe and therefore has a management plan that includes, among other things:

• How often the equipment must be inspected and when necessary, and specific points of attention for the equipment;

• How maintenance must be performed;

• The recording of inspections and maintenance in a logbook.

A visual inspection is carried out daily by Pedagogical Professionals prior to (outdoor) play. A more extensive maintenance inspection is performed periodically (every 1-3 months), and a main inspection is carried out annually. Naturally, action is taken immediately between inspections if (potential) defects are identified.

Risky play

By experiencing risky situations, children learn to assess risks and develop cognitive skills to make the right judgments when a risky situation arises again. Information from veiligheid.nl/risicovol spelen: "Learning to deal with risks is very important for children. International scientific research shows that learning to deal with risks is good for children's development. By experiencing risky situations, for example during play, children develop risk competencies: they learn to assess risks and develop cognitive skills to make the right judgments when a risky situation arises again. Taking risks is part of the 'toolbox' for effective learning. Risky play develops a positive 'I can do it' attitude, and as a result, a child begins to view challenges more as something to enjoy than to avoid. This increases independence and self-confidence, which can be important for their perseverance when faced with challenges. Learning to deal with risks has a positive influence on children's physical and mental health and on the development of social skills. Children become more self-assured and are better able to resolve conflicts and recognize the emotions of playmates. Movements that are common in risky play, such as swinging, climbing, rolling, hanging, and sliding, are not only fun for children, but also essential for their motor skills, balance, coordination, and body awareness. Children who do not do this are more often clumsy, feel uncomfortable in their own bodies, have poor balance, and a fear of movement."

Ticks

We inform parents when children have been out in nature and ask them to check their child for ticks. If we see a tick on a child during childcare, we remove it.

Insects

Insects can cause nasty, painful stings. They are attracted by sweet scents. When a child is stung by an insect, the stinger is removed immediately. We take measures for pain relief, such as using a wet washcloth. We remain alert for any potential allergic reaction (swelling; in case of severe symptoms, we immediately warn the parents).

Oak Processionary Caterpillar

The oak processionary caterpillar is a recurring annual problem in a large part of the Netherlands. From approximately May through August, the oak processionary caterpillar moves in procession-like columns on oak trees in search of new oak leaves. Oak trees with caterpillars can be recognized by the nests; dense webs of molted skins, droppings, and stinging hairs. In addition, these trees are often stripped bare. During this period, the caterpillar spreads stinging hairs that can cause severe irritation to the eyes and respiratory tract in humans. After contact with the stinging hairs, skin complaints develop after a few hours: painful itching and a rash in the form of bumps or blisters.

In general, the following applies: If one of the children has been in contact with the caterpillars or stinging hairs, the following advice applies: • After touching the caterpillars or hairs, do not scratch or rub, but strip the skin with adhesive tape. and then rinse with lukewarm water; • Also rinse the eyes thoroughly with lukewarm

water; • Wash the clothes (preferably at 60ºC or 40ºC and dry the clothing in a tumble dryer); • Contact the general practitioner in case of serious symptoms.

Contact with animals

Children may come into contact with animals (outdoors or during outings). We ensure that this takes place under the supervision of a pedagogical staff member. The staff member is vigilant to ensure that a child is not bitten or scratched by an animal, for example during a visit to the petting zoo. Hands are washed afterwards. The sandbox

It is important to keep the sand as clean as possible. The sandbox is equipped with a net or lid, and we inspect the sandbox before every use. Dirt or animal droppings are removed immediately. In addition, the sand in the sandbox is replaced periodically or sooner if necessary.

Sickness policy

The Pedagogical Professionals at HappyKids are regularly confronted with children who are ill. This creates a situation where, if a child is ill or becomes ill at HappyKids, it must be determined in consultation with parents/guardians how to proceed

To create clarity in this regard for both parents and Pedagogical Professionals, we adhere to the guidelines of GGD Nederland and the RIVM. (www.RIVM.nl)

Within our childcare facility, the rule applies that sick children cannot attend daycare or out-of-school care. This is partly because our organization is not (sufficiently) equipped for this, and partly because, in a number of cases, attendance at daycare is prohibited due to the risk of infection, transmission, or contagion. And last but not least; sick children deserve care and attention from parents, family, or third parties in their own familiar environment. A sick child means that both parents and Pedagogical Professionals are responsible for the child's state of health.

Assessing a situation involves establishing a number of boundaries;

• the health of the child

• the health and well-being of other children in the group

• optimal service provision to parents

• the interests of the Pedagogical Professionals

• the interests of the organization

When we have to assess and evaluate a situation within this framework, it is sometimes very difficult to make decisions based on this balancing of interests. After all, it is normal for a child, just like an adult, to have an off day and exhibit behavior different from what we are used to. Boundaries regarding what is sick and what is not are not always easy and clear to establish. In case of doubt, we ask you to call us so that you can decide, possibly together with the Pedagogical Professionals, whether it is responsible to bring your child.

Medical action

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

Germs

-We ensure good cough and sneeze hygiene and will 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 and if necessary

Sick children

• Children with a temperature higher than 38 degrees and/or a contagious infectious disease are not allowed to come to HappyKids. If your child has a temperature of 38 degrees or higher, we will ask you to pick up your child.

• If you are asked to pick up your child, you must do so as soon as possible, but at least within 2 hours, unless otherwise agreed.

• Parents cannot work properly if they also have to care for a sick child. The same applies to our pedagogical professionals. They cannot do their job properly if there is a sick child in the group. Children who feel so ill that they cannot participate in the group's rhythm, even if they are fever-free, are not allowed to come to HappyKids.

• Unless described otherwise in this policy plan, we adhere to the RIVM guidelines for childcare regarding the exclusion of sick children. Parents are consulted when the child has a temperature lower than 35.5. • Children are not allowed to come to HappyKids on the day of a medical procedure after having received general anesthesia or sedation (the so-called “twilight sleep”).

• Parents complete a form with the necessary information about the child during the intake interview. According to the general terms and conditions, parents are obliged to share important information, including medical information that may affect care, with HappyKids prior to the start of childcare, or later when known. The same applies to changes in medical information.

• In the event of a medical emergency, parents will be notified as soon as possible. If HappyKids deems urgency necessary, if there is clear injury, or if there is any doubt, contact will be made with the general practitioner (if known) or the emergency department.

• If the parents cannot be reached, HappyKids will contact the emergency telephone number.

• Children are not allowed to attend childcare if they have received fever-reducing medication that is still active. • In the event of a fever, the child may return to childcare once they have been fever-free for 12 hours (longer if advised by the RIVM) without the use of fever-reducing medication such as paracetamol.

• In all cases, it goes without saying that a parent (or an emergency contact person) must always be reachable by telephone.

• In exceptional or emergency situations, national guidelines override our policy at all times.

Specific agreements apply at HappyKids for a number of conditions:

• Regarding head lice: children who have been treated correctly (see the RIVM website regarding head lice) may attend childcare. Parents must report the head lice to the childcare facility. If head lice are initially detected at the facility, the child must be picked up for treatment. After treatment, the child may return to the facility. Should a child be repeatedly infected with lice, they may be excluded for a longer period to prevent further spread. This is at the discretion of the branch manager.

• Impetigo (bacterial infection): children with small spots, spots located under clothing, or spots that can be easily covered may attend childcare. This is at the discretion of HappyKids. In the case of severe impetigo or an outbreak of impetigo in the group, the child cannot attend HappyKids. In that case, the child may return 48 hours after antibiotics (ointment or oral) have been started and the child is no longer experiencing discomfort from the impetigo. In groups with children under 1 year of age, a child with impetigo is not allowed to attend.

• Cold sores (herpesvirus infections): children with a cold sore may attend childcare. Parents must clearly state that the child has a cold sore so that staff can take the appropriate hygiene measures. In groups with children under 1 year of age, a child with a cold sore is not allowed to attend.

• Scabies: the child must stay at home for at least 12 hours after treatment has been started. This treatment and the 12-hour period apply to all family members. Should a child be repeatedly infected, they may be kept away for a longer period to prevent further spread. This is at the discretion of the branch manager.

• Pinworms: a child may attend once treatment has started and nails have been trimmed short.

• Diarrhea: In the event of 3 instances of watery stools on the same day, we will ask the parents to pick up the child.

• Ringworm: the child may return after treatment has been started.

Administer medications

In principle, we do not administer medication to the children.

- Medication may only be administered when prescribed by a doctor and will only be administered after written consent from the parents (medication declaration).

- Parents are responsible at all times for a proper handover regarding the administration of medication and must complete a standard medication form. If they fail to do so, we cannot administer medication to a child that day.

- In that case, Pedagogical Professionals will contact the parents by telephone.

- The medication must be clearly labeled with the name, package leaflet, dosage, and recent date.

- Medication must be in its original packaging.

- In all cases, medication must be accompanied by a Dutch-language package leaflet.

- Without written consent, medication will only be provided in emergencies after verbal consultation with the parents. - We read the package leaflet before administering the medication

- We do not administer medication for the first time in our childcare facility; we only administer medication that has previously been given at home

- We check the expiry date of the medication before it is administered

- We store medication in the refrigerator if necessary

- We store medication in the original packaging

- These rules also apply to homeopathic remedies and therefore also to the widely used 'VSM' products.

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. Children should not be given paracetamol before going to HappyKids.

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.
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 if your child has not been or will not 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 be able to inform the GGD in a timely manner in the event of an outbreak about any unvaccinated children and thus prevent further spread. If your child has not been vaccinated, and you provide this information, it will be recorded in your child's (digital) file.

Medical file

Our policy regarding medical records: We store the known medical data of your child in our digital child file, 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 with over-protection. 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, in 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.

Professionals always provide clear instructions in advance for each activity. It is indicated what is possible and allowed and what is not. Small risks are pointed out and an eye is always kept on top of things. An example; We prevent major risks during a cooking activity by having the youngest children cut with a less sharp knife and only allowing a few children to participate in the activity in a small group. We limit the small risks that remain by making good agreements. We show the children how to hold and cut. And we always stick to it.

There may also be specific agreements per activity, for example about the size of the group, about the age of the participants, about taking each other into account, about clearly agreeing with each other how you will structure the activity.

There are also general agreements for playing such as;

- no running inside

do not throw or kick a (foot)ball, roller skate, skateboard, cycle or rollerblade, etc. indoors

- help each other, you can count (the house rules for children)

- take smaller children into account during your play

- we only eat at the table

- toys broken? Just tell the teacher

- toys from inside stay inside, toys from outside stay outside

- if you don't dare to do something (yet), then don't do it

- do not touch other children if they do not want to

- no means no if someone doesn't want to play.

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.

Based on this inventory, we have identified the risks at our location. The major risks have already been described in Chapter 3.

Policy cycle

A policy cycle consists of four phases:

1. A first phase in which preparations are made to carry out the risk inventory. For the Risk Monitor, this means that the themes that will be included in it must first be determined (and 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 during work 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. This may be shorter if small topics are tackled in parts. What works well is different for every location.

We start our policy cycle with an extensive risk inventory. During a team meeting, we determine which employees will carry out an evaluation 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 assessment, we draw up an action plan and an annual plan. The progress of both plans is regularly evaluated during team meetings. The Safety and Health policy plan is adjusted based on the evaluations.

Communication and coordination internally and externally

We work with an annual calendar so that we can ensure that all employees have read all documents, policy plans, protocols and safety regulations at least once a year, and have been able to comment on them if necessary.

Different documents are on the agenda every month. The safety and health policy plan is available to parents on the parent portal and to other interested parties on the website. Once a year, employees read the entire safety and health policy plan, and individual topics are touched upon again during the year.

We believe it is important that employees feel involved in the safety and health policy. 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 and make immediate adjustments. This makes employees familiar with giving feedback to each other.

We inform parents about our activities regarding safety and health 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. The current Safety and Health policy plan and the evaluations can be found for all parents, professionals in training and trainees on our parent portal under the heading "my location", which also includes the protocols to which we refer in the policy plan.

Support reporting 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.

Liability

A child center has a duty of care with regard to the health and safety of the children. We are responsible for adequate supervision. That responsibility depends on a number of things: the age of the child, the nature of the child center, the nature of the activities and the mood prior to the incident. Supervising is therefore part of a child center's duty of care and this entails responsibilities.

If there is damage and the child center can be blamed for a breach of duty of care, there is possible liability. In principle, a child center is not liable for the actions of the children. The legislator places the responsibility for this on the parental or legal representatives of the child. These can privately insure themselves against this. In the event of damage to property of the child center caused by a student, parents may be held liable for the costs.

During your stay at the child care center, accidents may occur, resulting in physical injury, which cannot be attributed to unlawful behavior and therefore do not have to be compensated by the child care center. For all other cases, accident insurance has been taken out by HappyKids.

Insured are all persons involved in the activities in and around the child center during their stay, or during other activities in an educational context, during the time that they are under the supervision of staff (in the broadest sense of the word) of the insured child center. The required travel time for coming and going directly to the activity is also insured. And only if your own insurance is insufficient.

Privacy

HappyKids works on the basis of privacy regulations, which can be found on the parent portal.