

## **Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Providers must take reasonable steps to ensure the safety of children, staff and others on the premises.

### **Health**

The provider must promote the good health of children attending the setting.

## **6.12 COVID-19 Visitors Policy**

### **Aim**

KZAR Childcare Limited is committed to keeping all staff, parents/ carers, children and visitors safe whilst accessing our premises. This policy relates specifically to nursery visitors, including essential maintenance and contractors, as well as prospective parent visits.

### **Conditions of Entry**

- All visits must be pre-booked.
- Prospective visitors are briefed of our COVID secure measures prior to visiting. This includes:
  - In the first instance, we kindly request visitors to come alone, however we recognise that this is not always possible.
  - Prospective parents are informed that they will be required to complete a COVID Visitors Declaration upon arrival.
  - Temperature checking and encouraged hand sanitisation upon arrival.
  - Masks are required for all visitors. The member of management/ staff assisting the visitor will also wear a mask.
  - Visitors are reminded of the importance of maintaining social distancing measures.
  - Prospective parents are informed that depending on the timing of the day and location of the children that where possible they will be brought into the room, otherwise we will make use of our CCTV, viewing windows and the garden to ensure that safety is upheld at all times.
- **Visitors must not attend if they are experiencing any symptoms of COVID-19.**
- If there has been a confirmed case within the nursery, all visits for that day are cancelled until a deep clean and sanitisation of the impacted area has been done.
- Visit times are kept to a minimum.

**This policy is supported in full by our ongoing COVID-19 Health and Safety Risk Assessment (8.8)**

This policy was adopted by \_\_\_\_\_ *(name of provider)*

On \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director or owner) \_\_\_\_\_

