



**CARLTON**  
ACADEMY TRUST

## **EYFS Policy**

**Signed on behalf of Trustees:**

**Gareth Logan**

**Review Date:**

**January 2024**

**Next Review:**

**January 2027**



## **Glossary**

|                 |   |
|-----------------|---|
| <b>CEO:</b>     | Chief Executive Officer.                              |
| <b>COO:</b>     | Chief Operating Officer                               |
| <b>DOP:</b>     | Director of Primary.                                  |
| <b>DOS:</b>     | Director of Safeguarding.                             |
| <b>DSL:</b>     | School Designated Safeguarding Lead.                  |
| <b>EYFS:</b>    | Early Years Foundation Stage.                         |
| <b>HOS:</b>     | Head of School.                                       |
| <b>MASH:</b>    | Multi-Agency Safeguarding Hub                         |
| <b>Parents:</b> | Generic term also including carers.                   |
| <b>SEND:</b>    | Special Educational Needs or Disability.              |
| <b>SENDCO:</b>  | Special Educational Needs and Disability Coordinator. |



## **Section One: Overview, Curriculum, Assessment, Working with Parents,**

This policy is based on requirements of the 2024 statutory EYFS framework and aims to.

- Promote quality and consistency in EYFS provision so that every child makes at least good progress and acquire the cultural capital to succeed in education and life.
- Facilitate close partnership working between practitioners and parents.

### **Curriculum**

Is ambitious and designed to meet the needs of all children irrespective of needs, starting points, or level.

There are seven learning and development areas. Three are primary areas:

- Communication and language.
- Physical development.
- Personal, social, and emotional development.

These are crucial to developing curiosity and enthusiasm for learning, building children's capacity to learn, forming relationships, and thriving. Communication and language is the most important of these as it underpins learning across all other areas.

These are supplemented by:

- Literacy.
- Mathematics.
- Understanding the World.
- Expressive arts and design.

The curriculum is progressively sequenced with explicit knowledge, skills, and vocabulary for each stage, with a strong vocabulary focus. It builds on what children know and can do with the aim of forming a clear progression from nursery into Reception and Year 1.

Alongside the formal structured curriculum, we enable personalised self-directed learning where children follow their own interests. Planning should reflect the individual needs, interests, and development of each child so they are offered a challenging and enjoyable learning experience.

The curriculum should be delivered through direct teaching, facilitated provision, and independent exploration using classrooms, outdoor spaces, and wider community. This enables children to learn in different ways and environments. Learning environments should provide children with an exciting and engaging learning experience that inspires curiosity, develops first-hand experiences, independence, and language-rich development.

### **Speech and Language**

Delayed language development often leads to under-performance both within and outside of school. The school uses the 'WellComm' Early Years Speech and Language Toolkit to identify and address any potential issue.



## **Assessment**

Children are assessed on an ongoing basis through observation of skills and capabilities, interests, and preferred ways of working. These contribute to termly formal assessments which also considers other evidence, feedback from practitioners, and information from parents. Assessments are shared with parents and used to inform future planning and a personalised approach to learning which reflects children's' skills and interests.

At the end of EYFS, an EYFS profile is completed for each child indicating whether they are meeting expected levels of development across the 17 Early Learning Goals.

## **Working with Parents**

Schools should work closely with parents, as children learn and develop best when there is a strong working relationship. To enable this, each child is assigned a Key Person who helps to ensure that a child's learning and care is tailored to meet their needs. They also assist families engaging with specialist support, and support development at home through provision of remote learning resources and asking parents to record and report any observations relating to their child's development. Schools should also encourage parents to attend half-termly end of topic celebrations as well as involvement in extra-curricular programmes such as '50 Things to do before you are 5'.

During the summer term nursery staff should complete home visits for each child joining in September. They are then invited to 'Stay and Play' sessions at the start of the Autumn term before their official start date. Reception children who have not previously been in a formal education setting (school/nursery) are also visited at home during the summer term. Children attending another school or nursery are visited within that setting.



## **Section Two: Safeguarding and Medicines**

### **Safeguarding**

Should be managed in accordance with the trust Safeguarding and Child Protection policy.

#### **Child Missing on Premises**

If a child goes missing the HOS and DSL must be informed without delay. The following actions must also be taken:

- Thorough search made of the building and grounds. The HOS or DSL must inform parents where the child is not found.
- Register checked to ensure no other children are missing.
- Check doors and gates to see if there has been a breach which would allow a child to leave the site.
- HOS or DSL speaks with staff to establish the last time when the child was seen, taking detailed notes of these conversations.
- HOS informs DOP, DOS and CEO.
- DOS and COO commence an investigation.

Schools should take proactive measures to prevent children going missing by making parents aware of entry and exit points and that they have responsibility for any other children they bring on to the school site.

#### **Child Missing on Educational Visit**

As soon as a child is suspected as missing, a register/headcount should immediately be made to establish number and identities. One or more members of staff, as appropriate, should then conduct a search of the immediate area. In a managed facility or venue, site staff may conduct or help with a search and assist with follow-up actions such as contacting police.

If the child is still missing, the following actions must be taken without delay:

- Reported to HOS and DSL, who will inform the DOS, COO, DOP and CEO.
- HOS or DSL informs parents.
- Visit leader reports the child missing to the police, who will advise further actions.
- Remaining children taken back to school.

#### **Procedure for Children Not Collected from School**

Schools have a duty of care for an uncollected child until a parent arrives or transferred into the care of an approved carer, council official, police officer, or similar. Where a child is uncollected, the school should make immediate steps to contact parents or other emergency contacts by phone. Parents must be made aware of the importance of collecting their child on time and the expectation that they immediately contact the school if they may be late.

Children must never be released to a person who is unknown to the school without the parent's written authorisation or instruction. Where there is doubt, the child should not be released, and may be referred to the police dependent on circumstances.

If contact with parents or emergency contacts cannot be made, the HOS or DSL must contact MASH duty service to inform next steps. MASH must be contacted before 16:30 to access full service provision.

When a child is taken to a foster home or similar, the school should wherever possible leave a message at the family home reporting its location and contact details. Schools must have at least two members of staff involved in this process to ensure adequate safeguarding provision.

## **Illness**

Children should not remain in school when they are unwell, which protects them and other children. Schools should contact parents and ask them to collect their child as soon as reasonably possible. Before being collected, the child should be cared for in a quiet, calm area with their key person or other appropriate member of staff. Children with an infectious disease (commonly diarrhoea and chicken pox) should not return to the school until they have been clear of illness for at least 48 hours. The HOS retains the right to refuse admission to a child who is unwell to reduce the spread of illness or infection.

When a contagious infection is discovered in school, parents should be informed to enable them to spot potential early signs of illness in their child. Any items touched by a child with a contagious illness ill child should be cleaned and sterilised thoroughly to reduce the spread of infection.

## **Medicines**

### **Administration Guidelines**

Schools can only administer prescription medicines prescribed by a Doctor or other medical professional when it would be detrimental to a child's health/welfare if they did not do this. Parents must provide written consent and the following information:

- Medicine name and strength.
- Dosage and frequency of use.
- Possible side-effects.
- Storage guidance.
- Who prescribed it.

The key person is responsible for the administration and storage of medication to children under their care and ensuring parental consent has been obtained. Other suitably trained staff members should assume these responsibilities in their absence. Where training is required to administer medicines, this must be provided by a recognised health professional.

No child should self-administer medicines. Where they understand when they require medication (such as with asthma), they should be encouraged to tell their key person who can administer this to them. However, this does not replace the need for staff to proactively observe and respond to a child's needs.

Schools must ensure all medicines are:

- Prescribed for the child in question showing their full name and date of birth.
- In-date and prescribed for the current condition. Any out-of-date medicines should be handed back to parents.

- Stored securely in original containers clearly labelled in a plastic box/container, inaccessible to other children in a high cupboard or refrigerator.
- Handed back to parents at the end of the day by the key person or other staff member.

It is preferable that a child has commenced a course of medicine for at least 48 hours before attending school to ensure there are no adverse effects related to their use.

Accurate records must be made when medicine is administered, which must be passed to parents at the end of the day. Records must contain:

- Child's name.
- Medication name and strength.
- Dose given, method, time, and date.
- Name and signature of staff member administering.
- Parent's signature.

### **Risk Assessments and Health Care Plans**

A risk assessment must be made for each child with conditions that require medication. This is completed by the SENDCO in liaison with parents and any health professionals. The assessment should consider the setting, routines and activities, other risk factors, and arrangements for educational visits.

A Health Care Plan is required for more serious medical conditions. They are developed in liaison with parents, outlining responsibilities, information to be shared with other staff and emergency procedures. Plans must be reviewed every six months, or more frequently where appropriate.

### **Educational Visits**

Medical needs must be fully risk-assessed before any visit, and any child with medical needs must be accompanied on visits by their key person or other staff member fully conversant and able to deal with their medical needs. Medication must be kept in a sealed plastic box clearly labelled with the child's name, name of medication, and parental consent form. It must also contain guidance showing when and how to administer and dosage. A record card must be updated whenever medicine is administered, which is passed to and signed by a parent on return and school records updated accordingly. Should a child needs be taken to hospital while on a visit, their medication box must accompany them.



## Appendix One: Statutory Provision

Following is a list of statutory policies and procedures all EYFS providers must hold, as specified in the statutory framework for the EYFS.

| Statutory policy/procedure   | CAT policy/procedure  |
|--|---|
| <p>Safeguarding policy and procedures (reviewed at least annually) which must:</p> <p>Outline actions to be taken when there are safeguarding concerns or allegation made against a member of staff.</p> <p>Policy for the use of mobile phones and cameras.</p> | <p><b>CAT Safeguarding and Child Protection Policy</b></p> <p><b>CAT Policy for Dealing with Allegations of Abuse Against Staff, Contractors and Volunteers</b></p> <p><b>CAT Staff Code of Conduct, Social Media and ICT Acceptable Use Policy</b></p> |
| <p>Procedure for responding to children who are ill or infectious.</p>   | <p><b>CAT EYFS Policy</b></p> <p><b>CAT Health and Safety Policy</b></p>  |
| <p>Administering medicines, and systems obtaining information about a child's medical needs and ensuring this is up to date.</p>   | <p><b>CAT First Aid Policy</b></p> <p><b>CAT Health and Safety Policy</b></p> <p><b>CAT EYFS Policy</b></p>   |
| <p>Emergency Evacuation procedures.</p>  | <p><b>CAT Health and Safety Policy</b></p>  |
| <p>Procedure for checking the identity of visitors.</p>  | <p><b>CAT Safeguarding and Child Protection Policy</b></p>  |
| <p>Procedures to be followed in the event of a parent failing to collect a child at the appointed time or if a child goes missing at or away from the setting.</p>   | <p><b>CAT Safeguarding and Child Protection Policy</b></p> <p><b>CAT EYFS Policy</b></p>  |
| <p>Procedures for dealing with concerns and complaints from parents.</p>   | <p><b>CAT Complaints Policy</b></p>   |

