



Executive Headteacher – Mrs Marie Mann

Blessed is the one who trusts in the Lord, whose confidence is in him. They will be like a tree planted by the water that sends out its roots by the stream. It does not fear when heat comes; its leaves are always green. It has no worries in a year of drought and never fails to bear fruit.

Jeremiah 17: 7 - 8

EYFS Safeguarding & Welfare Policy

Approved: October 2024 Next review date: October 2025

In the Early Years Foundation Stage, we aspire to provide our children with the best possible start by providing them with a welcoming, safe environment where their learning can flourish. At The Federation of Middleham (VA) & Spennithorne (VC) CE Primary Schools, we want all of our children to be happy, confident and inquisitive learners.

We are committed to safeguarding our children; ensuring the suitability of adults who have contact with children; promoting good health; managing behaviour and maintaining records, policies and procedures. We have used the Statutory Framework for EYFS to support the development of this policy (page references are given).

Child Protection (p21) - This is covered in the whole school Child Protection Policy

<u>Staff qualifications, training, support and skills (p26)</u> – The daily experience of children in early years settings and the overall quality of provision depends on all practitioners having appropriate qualifications, training, skills, knowledge, and a clear understanding of their roles and responsibilities. Induction training must include information about emergency evacuation procedures, safeguarding, child protection and health and safety issues.

At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in **Annex A (p42)**.

<u>Key Person (p27)</u> – Each child must be assigned a key person (the child's class teacher). Their role is to help the child become familiar with the setting, to ensure that they feel safe and secure, to ensure that their care is tailored to meet their individual needs and to build effective relationships with their parent(s)/ carer(s).

Staff child ratios (p30)

Reception classes in maintained schools and academies are subject to infant class size legislation. Regulations 2012 limit the size of infant classes to 30 pupils per school teacher while an ordinary teaching session is conducted. 'School teachers' do not include teaching assistants or other support staff. Consequently, in an ordinary teaching session, a school must employ sufficient school teachers to enable it to teach its infant classes in groups of no more than 30 per school teacher.

Some schools may choose to mix their reception classes with groups of younger children (nursery children) in which they must determine ratios within mixed groups, guided by all relevant ratio requirements and by the needs of individual children within group. In exercising this discretion, the school must comply with the statutory requirements relating to the education of children of compulsory school agenda infant class sizes.

Health (p32) – We promote the good health, including oral health, of children attending the setting. We have a procedure, shared with parents and/or carers for responding to children who are ill or infectious, we take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

We have and implement a policy, and procedures, for administering medicines. We have systems for obtaining information about a child's needs for medicine, and for keeping this information up to date. We provide training for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines will not be administered unless they have been prescribed by a doctor, nurse, dentist or pharmacist. Medicines containing aspirin should only be given if prescribed by a doctor.

Medicines will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/carer. We keep a written record each time medicine is administered to a child.

Please see School Medical Policy

Food and Drink (p33) – We ensure that meals, snacks and drinks will be healthy, balanced and nutritious. Before a child starts school, we obtain information about any special dietary requirements and food allergies that the child may have, and any special health requirements. We will record and act on information from parents and carers about a child's dietary needs.

Fresh drinking water is available and accessible to children at all times.

<u>Accident or injury (p34)</u> – We ensure that there is a first aid box accessible at all times with appropriate content with use with children. We keep a written record of accidents and injuries and first aid treatment. We inform parents and/or carers of any accident or injury sustained by the child on the same days, or as soon as reasonably practicable to do so, and of any first aid given.

Please see School Health & Safety Policy

Information for parents/ carers (p39) – We will make the following information available:

• How the EYFS is being delivered in the setting, and how parents/ carers can access more information;

• The range and type of activities and experiences provided for children, the daily routines of the setting, and how parents and carers can share the learning of home;

• How the setting supports children with special educational needs and disabilities; • Foods and drinks provided for children;

• Staffing in the setting; the name of their child's key person and their role.

Food safety advice for children aged 5 and under

The EYFS Statutory Framework (2023) requires providers to take all necessary steps to keep children safe and well. Tragically, a child dies in the UK every month from choking, and hundreds more require hospital treatment. It can happen quickly and it can happen to anyone. Care is taken to reduce the risk of choking e.g: cutting small round fruit like grapes into quarters; no hard sweets; no nuts (we aim to be a nut free school).

<u>Supervision</u> - Young children should never be left alone while they are eating, and staff should be familiar with paediatric first aid advice about choking in children. Adequate supervision means children must be within sight and hearing of an adult whilst eating.

Food and Drinks to avoid:

Drinks - Provide only fresh tap water and plain milk for children to drink. Fruit juice, smoothies, squash, fizzy drinks and flavoured milk, even when diluted, contain lots of sugar and can cause tooth decay. These drinks can fill children up so they are not hungry for healthier food.

When offering dairy alternatives to cow's milk, do not give children under 5 rice milk to drink because of the level of arsenic it contains.

Foods to avoid up to 5 years old:

• Nuts (we aim to be a nut free school – notices are around both Middleham and Spennithorne site and is displayed on the school website) – especially peanuts, can cause severe allergic reactions in some children and all settings should have an allergy plan in place. Whole nuts, peanuts and seeds should be given to children under 5 years old as they pose a choking risk;

• Raw eggs – or food containing partially cooked eggs, for example uncooked cake mixture and runny boiled eggs (unless they have the red lion stamp or you see the words 'British Lion quality');

• Foods high in salt – sausages, bacon, crackers, crisps, ready meals and takeaways;

- Sugar both in sugary snacks and by not adding sugar to food;
- Foods high in saturated fat such as biscuits, crisps and cakes;
- Fresh pate (meat, fish or vegetable-based) to reduce the risk of food poisoning;
- Unpasteurised milk, milk drinks and cheese mould ripened cheese and soft blue-veined cheese, to reduce the risk of food poisoning. However, these cheeses can be used as part of a cooked recipe as listeria is killed by cooking;
- Shark, swordfish and marlin as levels of mercury in these fish can affect a child's developing nervous system;
- Raw shellfish to reduce the risk of food poisoning.

Allergies

As part of the EYFS framework (2023) schools must work closely with families to support children's special dietary requirements – including food allergies and intolerances – before they attend, and record and act on the information provided about children's dietary needs.

There is protocol in place so that this information is made accessible to all staff to ensure that everyone is aware of individual children's allergies and symptoms (recorded in an Individual Health Care Plan).

Understanding which allergens are present in every meal and snack that we provide as a school is an important step in providing food which is safe for children with allergies and intolerances. Since 2014, all food businesses, including early years settings, have been required by law to give details about the allergens in the food they provide.

Hygiene

Food should be stored, prepared and presented in a safe and hygienic environment. This is especially important for young children, as they may have a low resistance to food poisoning. It is also really important that children are taught basic hygiene themselves, such as not eating food that has fallen on the floor, and washing their hands with soap and warm water before eating meals or snacks and after going to the toilet or handling animals.

Wash all surfaces for preparing and eating food, especially chopping boards, with hot soapy water. Make sure that all bowls and cutlery are washed on hot, soapy water. Tea towels, kitchen cloths or sponges must be washed regularly as they can harbour germs.

EYFS Safeguarding and Welfare Requirements – A Checklist

| Date Checklist Completed: | ANT |
|---|----------------|
| By Whom: | TC LEARN, LOVE |
| Child Protection | |
| There are policies and procedures for safeguarding children in place which covers: | |
| Action to be taken where there are safeguarding concerns about a child. | |
| Action to be taken in the event of allegations against staff. | |
| The use of mobile phones and cameras in settings | |
| Staff members have been appointed as the Designated Safeguarding Lead (DSL) and Deputy DSL, ar | ıd |
| they provide support, advice and guidance to other staff on an ongoing basis and on any specif | ic |
| safeguarding issue as required. | |
| The DSL and Deputy DSLs have attended a child protection course that enables them to identif | у, |
| understand and respond to signs of possible abuse and neglect. | |
| All staff receive annual safeguarding training including changes to KCSiE, Prevent, Self-harm ar | ıd |
| Suicidal Intent. | |
| All staff have up to date knowledge of safeguarding policy and procedures. | |
| The school has regard to the following statutory guidance documents: | |
| Working Together to Safeguard Children | |
| Keeping Children Safe in Education | |
| Prevent Duty Guidance for England and Wales | |
| Social services – and in emergencies, the police – are notified where the school has concerns about | ut |
| children's safety or welfare. | |
| School provides information and support to parents/ carers about safeguarding, and what to do whe | en l |
| they have concerns. | |
| Ofsted is informed where allegations of serious harm or abuse by staff or volunteers are made, an | ıd |
| notified of the action taken in respect of the allegations, within 14 days of the allegations being mad | e. |
| Suitable People | |
| Systems are in place to ensure that staff and others who have regular contact with children and | е |
| suitable for their roles (e.g. safer recruitment policies and procedures). | |
| Staff are told that they are expected to disclose any convictions, cautions, court orders, reprimand | |
| and warnings (except protected convictions and cautions) that may affect their suitability to work | ſk |
| with children (whether received before or during their employment at the setting). | |
| Enhanced DBS checks, with barred list checks as appropriate, have been obtained for all individua | ls |
| aged over 16 and who: | |
| Work directly with children | |
| • Work on the premises (unless they do not work there at times when children are present). | |
| An additional criminal records check (or checks, if more than one country) has been carried out for | or |
| anyone who has lived or worked abroad. | |
| Individuals who have not undergone suitability checks are not allowed to work with childre | n |
| unsupervised. | |
| Information about staff qualifications, identify checks and vetting processes is recorded including: | |
| Criminal records check reference number | |
| Date the check was obtained | |
| Details of who obtained the check | |
| A referral is made to the Disclosure and Barring Service (DBS) where a member of staff is dismisse | |
| (or would have been, had they not left first) because they have harmed a child or put a child at risk. | |
| Procedures are in place to ensure that anyone who is disqualified from working in childcare is no | ot |
| employed to work at the setting. | |
| *The EYFS framework also refers to individuals being disqualified, because they live with someor | |
| who is, but disqualification by association only applies to domestic settings now – for examp | ie |
| childminders. | |

| Appropriate action is taken to ansure the sefery of children where information is found that may load | |
|---|--|
| Appropriate action is taken to ensure the safety of children where information is found that may lead | |
| to the disqualification of an employee. | |
| Ofsted is informed of any significant event (including disqualification) which is likely to affect the | |
| suitability of any person who is in regular contact with children on the premises. | |
| Staff are not under the influence of alcohol or any other substance that may affect their ability to care | |
| for children. | |
| Staff seek medical advice where they are taking medication that may affect their ability to care for | |
| children, and are only allowed to work directly with children if medical advice confirms the medication | |
| | |
| is unlikely to impair their ability to do so. Staff medication is securely stored away and out of reach of | |
| children at all times. | |
| Staff Qualifications, Training, Support and Skills | |
| All staff receive induction training which covers: | |
| Emergency evacuation procedures | |
| Safeguarding and child protection | |
| • Health and safety issues | |
| Staff are supported to undertake appropriate training and professional development opportunities. | |
| | |
| Arrangements are in place for the supervision of staff working with children and families, which | |
| provide opportunities for them to: | |
| Discuss any issues, particularly concerning children's development and wellbeing. | |
| Identify solutions | |
| Receive coaching to improve their effectiveness | |
| At least one person with a current paediatric first aid (PFA) certificate is on the premises and available | |
| at all times children are present, and accompanies children on outings. | |
| The PFA training is renewed every 3 years and is relevant for workers caring for young children. | |
| Staff Code of Conduct issued and signed by all staff | |
| Staff Ratios | |
| | |
| Each child is assigned a key person. | |
| Staffing arrangements meet the needs of all children and ensure their safety. | |
| | |
| Children are adequately supervised and staff are deployed in a way that ensures children's needs are | |
| Children are adequately supervised and staff are deployed in a way that ensures children's needs are met – adequate supervision means children must be within sight and hearing of an adult | |
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| Prescription medicines are not administered unless they have been prescribed for a child by a doctor, | |
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| dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a | |
| doctor). | |
| Medicines are only administered where written permission is obtained from a child's parent or carer | |
| | |
| to administer that particular medicine. | |
| A written record is kept of each time medicine is administered. | |
| Where medicine is administered to a child, their parents and carers must be informed on the same | |
| day or as soon as possible. | |
| Meals, snacks and drinks are healthy, balanced and nutritious. | |
| Before a child is admitted to the setting, information about special dietary requirement, food allergies | |
| and special health requirements is obtained. | |
| Information from parents and carers and about dietary needs is recorded and acted upon. | |
| | |
| Fresh drinking water is available and accessible at all times. | ļ |
| An area equipped to provide healthy meals, snacks and drinks is provided. | |
| Suitable facilities for the hygienic preparation of food (including sterilisation equipment where | |
| necessary) are provided. | |
| Staff involved in preparing and handling food have received training in food hygiene. | |
| Ofsted is informed where two or more children have food poisoning within 14 days of the incident. | |
| A first aid box with contents suitable for use with children is accessible at all times. | |
| | |
| Written records of accidents, injuries and first aid treatments are kept. | |
| Parents and carers are informed of any accident, injury or first aid treatment on the same day or as | |
| soon as possible. | |
| Ofsted is notified of any serious accident, illness or injury to, or the death of, any child, and the action | |
| taken within 14 days of the incident. | |
| Local child protection agencies are notified of any serious accident or injury to, or the death of, any | |
| child, and any advice from those agencies is acted on. | |
| Behaviour | |
| Written records of physical intervention are kept. | |
| Written records of nnvsical intervention are kent | 1 |
| | |
| Parents and carers are informed of any physical intervention on the same day, or as soon as possible. | |
| | |
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| On outings, any potential risks or hazards are assessed and steps are taken to remove, minimise and | |
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| manage them. The risk assessment includes consideration of adult to child ratios. | |
| Vehicles used to transport children, and the driver(s) of those vehicles, and are adequately insured. | |
| Risk Assessment in place for federation bus, shared with all staff. | |
| Special Educational Needs | |
| Arrangements are in place to support children with SEN and disabilities. | |
| The Special Educational Needs and Disability (SEND) Code of Practice is followed. | |
| A SEND co-ordinator has been identified. | |
| Information and Record Keeping | |
| Records are maintained and are easily accessible and available. | |
| A regular two-way flow information between the school and parents/ carers and between providers | |
| is maintained. | |
| Information is shared with other professionals, the police, social services and Ofsted, as appropriate. | |
| Parents'/ carers' comments are incorporated into children's records upon request. | |
| Confidential records are held securely and only accessible to those who have a right or professional | |
| need to see them. | |
| The provider is aware of their duties under the Data Protection Act and the Freedom of Information | |
| Act. | |
| All staff understand the need to protect the privacy of children. | |
| Parents/carers are given access to their child's records (provided no legal exemptions apply). | |
| The following information is recorded for each child: | |
| Full name | |
| Date of birth | |
| Name and address of each known parent or carer | |
| Information about any other person who has parental responsibility | |
| Which parent(s)/ carer(s) the child normally lives with | |
| Emergency contact details for parents and carers | |
| The following information is made available to parents and carers: | |
| How the EYFS is being delivered, and how parents/carers can access more information | |
| What activities and experiences are provided | |
| The daily schedule/routines | |
| How parents can share learning at home | |
| How children with SEN or disabilities are supported | |
| • What food and drinks are provided Details of policies and procedures, including those for late | |
| collection and missing children | |
| Staffing arrangements | |
| Name of the child's key worker and their role | |
| • Telephone number for parents and carers to contact in an emergency | |
| A written procedure for dealing with concerns and complaints is in place. | |
| Written records of all complaints and their outcomes are kept. | |
| Written complaints relating to EYFS requirements are always investigated. | |
| Complainants are notified of the outcomes of the investigation within 28 days of receipt of the | |
| complaints are notified of the outcomes of the investigation within 28 days of receipt of the complaint. | |
| The record of complaints is made available to Ofsted on request. | |
| Parents are given information about how to contact Ofsted if they believe the EYFS requirements are | |
| not being met. | |
| Parents and carers are notified if the provider becomes aware that the setting is being inspected by | |
| Ofsted. | |
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