Attendance Policy

To be reviewed Bi-Annually.
Policy Agreed February 2024. To be reviewed February 2026.

Everton Nursery School and Family Centre

Attendance and Absence Policy for children attending Everton Nursery School and Family Centre

The Benefits of Good Attendance

One of the Key Priorities for Everton Nursery School and Family Centre is to promote the importance of consistent attendance to support positive outcomes for children. Although attendance in our Nursery School is not a statutory requirement, the regular attendance for children helps them to build confidence, develop social networks with peers and stimulates their ever-increasing curiosity about their world and the world around them.

The reasons for children to attend regularly are to support their learning and development, to make sure that children are kept safe, their well-being is promoted, and they do not miss out on their entitlements and opportunities. Good attendance promotes good outcomes for children.

Good attendance in Nursery School may also help with a much quicker identification of any additional support that a child may need and to engage any specialist partner agency that will benefit the child.

Regular attendance helps children to develop a rhythm to their week and gain a sense of security in the pattern of their day. Young children find it easier to build and sustain a range of social relationships with their peers when they regularly attend and this helps to develop a secure attachment within their setting.

Children who rarely miss sessions and arrive on time are more likely to feel good about themselves. This is because they know what goes on and what to expect, feel more confident with the nursery staff and the other children and have more opportunities to be valued and praised.

Supporting Poor Attendance

Children who regularly miss sessions or are generally late, can experience a sense of having to try a little bit harder just to understand what is going on and what other children are talking about or doing.

Regular attendance, on time, helps many young children to separate from their parents or carers at the start of the day and settle more readily into daily life into Nursery School.

Good attendance is important for every child, but especially those for whom specific factors make them more vulnerable to disengagement or underachievement.

Most children are well supported by their families and continue to thrive, whatever their background or circumstances. However, research informs us there are some factors in families lives which may mean they could experience some challenges that have an impact on their child's attendance.

Everton Nursery School and Family Centre staff are highly experienced and trained to support vulnerable children and their families in being able to access and take up their 15 hours entitlement. Where parents or carers may be experiencing difficulties in being able to regularly bring their child(ren) to Nursery School they can speak to their Family Worker in the first instance who will be able to share what help and support is available.

Family Workers will support children and their parents with regular attendance through:
• Having a positive and welcoming atmosphere
• Praising good attendance and arriving on time
• Being sensitive to and supportive of the families circumstances
• Building good relationships between children and families and staff

Where parents have accessed the free entitlement offer, it is based on the understanding that their child will attend on a regular basis. When parents apply for a place at Everton Nursery School and Family Centre they sign a declaration for early years funding. Parents are made aware that poor attendance may result in the placement being withdrawn.

Reporting and recording a child's absence
Where a child is absent the following procedure for recording the absence is as follows:
• On the first day of absence we ask that parents/carers phone in to the Nursery School or leave a message on Arbor to notify staff that their child will be absent, giving the reason why.
• If, on day one, a message is not received from the parent/carer, someone from Everton Nursery School and Family Centre will contact the parent/carer in order to ascertain the reason why their child is absent and record the reason why, following safeguarding procedure.
• If the child is on a child protection plan, child in need plan or has any safeguarding issues the Family Worker will log the absence and adhere to the plan. This will include attempts to contact the parent/ carer at least twice on the first day of absence at different points in the day. Answerphone messages asking parents/ carers to contact the Nursery School will be left if possible.
• If staff are unable to make contact with the family this will be discussed with the DSL to agree next steps.
• If the child's absence falls within the criteria of the School's Sickness Policy and in accordance with Public Health England guidance, the child will be marked as a non-compulsory attendance.

The Nursery School follows the Public Health guidance in relation to children returning to the setting following a period of illness.

Chickenpox
At least 5 days from onset of rash and until all blisters have crusted over. Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex) None Avoid kissing and contact with the sores.
Conjunctivitis None If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19) Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Diarrhoea and vomiting return 48 hours after diarrhoea and vomiting have stopped. If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.
Diarrhoea return 24 hours after diarrhoea has stopped.
Vomiting return 24 hours after vomiting has stopped.
Diptheria* Exclusion is essential. Always consult with your UKHSA HPT.
Flu (influenza) or influenza like illness. Until recovered Report outbreaks to your local HPT.
Glandular fever None
Hand foot and mouth None Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice None
Hepititis A Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice). In an outbreak of hepatitis A, your local HPT will advise on control measures.

Hepatitis B, C, HIV None Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. Antibiotic treatment speeds healing and reduces the infectious period.
Measles 4 days from onset of rash and well enough. Preventable by vaccination with 2 doses of MMR. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia* Until recovered Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis viral None Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA None Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps* 5 days after onset of swelling Preventable by vaccination with 2 doses of MMR.
Ringworm Not usually required Treatment is needed.
Rubella* (German measles) 5 days from onset of rash Preventable by vaccination with 2 doses of MMR. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies Can return after first treatment. Household and close contacts require treatment at the same time.
Scarlet fever* Exclude until 24 hours after starting antibiotic treatment. A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19 None (once rash has developed) Pregnant contacts of case should consult with their GP or midwife.
Threadworms None Treatment recommended for child and household.
Tonsillitis None There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB) Until at least 2 weeks after the start of effective antibiotic Only pulmonary (lung) TB is infectious to others, needs close treatment (if pulmonary TB. Exclusion not required for nonpulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers. prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and verrucae None Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)* 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.

Policy review

This policy was reviewed five governors on the 5th February 2024, and ratified at the May 2024 Governors meeting but agreed beforehand by governors online.