

# Attendance and Punctuality Policy

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|-------------------------|-------------|
| <b>Version</b>          | 1.4         |
| <b>Based on Model</b>   | n/a         |
| <b>Review body</b>      | Headteacher |
| <b>Date issued</b>      | Sep 2024    |
| <b>Review frequency</b> | Three years |

| Version | Date      | Notes   |
|---------|-----------|---|
| 1.1     | June 2019 | Changed policy title to 'Attendance and Punctuality for Children Policy'  |
| 1.2     | June 2021 | App. 1: Exclusion table advises on the time period that a child needs to be excluded from school if they have an infectious condition. (Source NHS) |
| 1.3     | July 2022 | School responsibilities: Final bullet in this section amended   |
| 1.4     | Sep 2024  |   |
|         |           |   |

Arlesdene Nursery School and Pre-school is committed to:

- Safeguarding and promoting the welfare of children and young people, and expects all staff and volunteers to share this commitment.
- Eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups. These factors were considered in the formulation and review of this policy and will be adhered to in its implementation and application across the whole school community.
- Promoting the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs: any school member or visitor expressing opinions contrary to fundamental British values, including extremist views, will be actively challenged.

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## 1. Rationale

Arlesdene Nursery School and Pre-school is committed to promoting excellent levels of attendance and punctuality, enabling our pupils to take full advantage of the educational opportunities available to them.

Arlesdene Nursery School and Pre-school is a non-statutory provision for Early Years education. There is no legal requirement for children to attend a non-statutory provision. However, there is a proven link between attendance and punctuality and children's attainment.

### **Regular attendance and punctuality are important because:**

- Absence and lateness affects pupils' ability to participate and benefit from the curriculum.
- Children who arrive late disrupt the routine of the classroom and the work/progress of others.
- Poor attendance and punctuality may result in a child finding it difficult to settle, to become involved and to form social relationships.
- Regular attendance and punctuality may help to instil good habits and promotes the development of a positive attitude towards school.

## 2. Strategies for promoting regular attendance and punctuality

The importance of regular attendance and punctuality is stressed to parents through:

- Induction meeting with the Headteacher.
- Monitoring of attendance and late arrivals.
- Discussion with child's Key Person, informally and during parent consultations.
- Individual attendance letters sent to Nursery parents by the Headteacher informing parents if their child's absence is a cause for concern

The times and procedures for registration are made clear to parents and staff and are followed consistently. Sessions start at 8.45am and 12.30pm. Children arriving after this time are recorded as 'late'. Staff work continuously to create an environment in which parents and pupils feel welcome, thus promoting regular attendance.

## 3. Procedures for following up absence

- Staff note all absences in the register, using the appropriate register mark.
- First day response procedures are followed for any absent children whose parents have not already contacted the school.
  - A member of staff telephones the parents to enquire the reasons for the absence.
  - Parents are politely reminded of the school policy and their responsibility to inform the school of the reasons for their child's absence.
- All notes from parents regarding a pupil's absence will be recorded on the telephone log kept in the office.
- If a pupil is persistently late or absent the Headteacher will meet with the parents to discuss these issues and if required offer support that will enable their child to attend more regularly.

## 4. Responsibilities

### 4.1. The School

- We are responsible for supporting the attendance of children and for dealing with problems which may lead to non-attendance. We aim to work in partnership with parents.
- Arlesdene Nursery School and Pre-school, as required by the DfE, will complete attendance registers twice a day at the beginning of each nursery/pre-school session.
- We will differentiate in the registers between absence for medical reasons and holidays and children who have arrived late.
- Staff actively discourage lateness and registers in the Nursery School close at 8.50am and at 12:35pm. Arrival after these times will be marked as 'late'
- Poor attendance and punctuality will be followed up by the Headteacher.
- Pre-school staff will alert the Pre-school Leader regarding children who are regularly late or who have unexplained absences.
- Welfare checks will be made, including visits to the child's home address if necessary, in order to establish the child's safety and whereabouts.
- Prolonged absence without explanation, may result in referral to Herts County Council and Children's' Services/ Police.

### 4.2. Parents

Parents are responsible for ensuring that their children have access to Early Education and ensuring that their children attend regularly and punctually.

Parents should:

- Ensure that their children arrive at nursery/pre-school on time, properly dressed and ready to learn.
- Work with Arlesdene Nursery School and Pre-school to resolve issues which may lead to non-attendance
- Report their child's absence via telephone, email ([office@arlesdene.herts.sch.uk](mailto:office@arlesdene.herts.sch.uk)) or the Arbor app on the first day of absence
- Try to avoid medical or dental appointments during school hours.
- Avoid taking holidays during term time.
- Not send their child to nursery/pre-school if he/she is unwell so that we can limit the spread of infection. Children should stay at home for 48 hours after the last episode of sickness or diarrhoea and to inform the school if they have any contagious/infectious illnesses so that we can alert other parents. See Appendix for exclusion periods for other infections.

## Appendix 1: Health Protection for schools, nurseries and other childcare facilities

The exclusion table below advises on the time period that a child needs to be excluded from school if they have an infectious condition. (Source UK Health Security Agency, June 2024)

| Infection   | Exclusion period  | Comments   |
|---|---|--|
| Athlete's foot  | None  | Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.   |
| 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, <a href="#">contact your local UKHSA health protection team</a> .  |
| Respiratory infections including coronavirus (COVID-19) | Individuals should not attend if they have a high temperature and are unwell.<br>Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. | Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.   |
| Diarrhoea and vomiting                                  | Individuals can 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.<br><br>For more information, see <a href="#">Managing outbreaks and incidents</a> . |
| Diphtheria*   | Exclusion is essential.<br><br>Always contact your <a href="#">local UKHSA health protection team</a> .   | Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your <a href="#">local UKHSA health protection team</a> .   |
| Flu (influenza) or influenza like illness               | Until recovered   | Report outbreaks to your <a href="#">local UKHSA health protection team</a> .<br>For more information, see <a href="#">Managing outbreaks and incidents</a> .  |
| Glandular fever   | None  |  |
| Hand foot and mouth                                     | None  | Contact your <a href="#">local UKHSA health protection team</a> if a large number of children are affected. Exclusion may be considered in some circumstances.   |
| Head lice   | None  |  |
| Hepatitis 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 <a href="#">local UKHSA health protection team</a> 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.<br>Contact your <a href="#">local UKHSA health protection team</a> 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. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.  |

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|--|--|---|
| Meningococcal meningitis* or septicaemia*  | Until recovered  | Meningitis ACWY and B are preventable by vaccination.<br>Your <a href="#">local UKHSA health protection team</a> will advise on any action needed.  |
| Meningitis* due to other bacteria          | Until recovered  | Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">local UKHSA health protection team</a> 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.<br>Contact your <a href="#">local UKHSA health protection team</a> for more information.                          |
| Mumps*                                     | 5 days after onset of swelling   | Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.   |
| Ringworm                                   | Not usually required   | Treatment is needed.  |
| Rubella* (German measles)                  | 5 days from onset of rash  | Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.   |
| Scabies                                    | None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.   | Household and close contacts require treatment at the same time.  |
| Scarlet fever*                             | Exclude until 24 hours after starting antibiotic treatment.  | Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your <a href="#">local UKHSA health protection team</a> . |
| 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 treatment (if pulmonary TB).<br>Exclusion not required for non-pulmonary or latent TB infection.<br>Always contact your <a href="#">local UKHSA health protection team</a> before disseminating information to staff, parents and carers, and students. | Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.<br><br>Your <a href="#">local UKHSA health protection team</a> 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 14 days from onset of coughing if no antibiotics and feel well enough to return.   | Preventable by vaccination.<br>After treatment, non-infectious coughing may continue for many weeks. Your <a href="#">local UKHSA health protection team</a> will organise any contact tracing.                         |

\* Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).