



## TRAINING WORKBOOK

# Bite-sized training sessions for Early Years Practitioners



WELCOME

## About this training

This training is for all Teaching Assistants/Teachers interested in working within the Early Years sector (ages 0–5), whether you are new to teaching or have years of experience.

We have designed these short courses so you can be successful and ensure best practice at nursery settings.

We recommend completing these sessions before you start working through Zen Educate to refresh your knowledge and help you feel confident and prepared.

### Quiz

There's a short quiz at the end of each training session, so you can check your understanding of the content.

You'll need to achieve 100% (5/5) to pass.

We hope you enjoy the training!



TRAINING

**Awareness of Infant Safe Sleep**  
**- Bite-sized training for Early Years Practitioners**



WELCOME

## Learning outcomes

Outcomes of the training are to enable practitioners to:

- Understand the importance of safe sleep practices
- Recognise how we can lower the risk of SIDS (Sudden Infant Death Syndrome) for babies
- Ensure sleep routines are in place
- Carry out visual checks on sleeping infants
- Create a calm and nurturing environment for nap times
- Deliver best practice in Early Years settings

WELCOME

## Training overview

This training is divided into 6 sections:

1. Awareness of safe sleep
2. Best practices on safe sleep
3. Case study
4. Safer sleep for babies — a guide for professionals
5. Reflection
6. End of training quiz

WELCOME

## Purpose of this training

The purpose of this training is to guide you through relevant research and best practice for safe sleep.

We ask that you:

- Consider the research
- Reflect on your current work
- Integrate new learning to your planning and delivery



## SECTION 1

# Awareness of Safe Sleep

## SECTION 1

# What is SIDS (Sudden Infant Death Syndrome)?

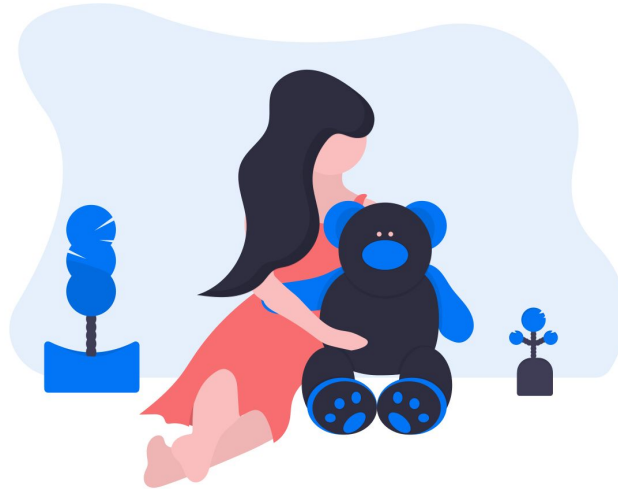
SIDS (Sudden Infant Death Syndrome) is the unexpected death of a seemingly healthy baby and no cause of death can be determined based on an autopsy, an investigation of the place where the baby died, and a review of the baby's medical history. SIDS is most common in a baby's first 6 months.

Proactive steps can be taken to lower the risk of SIDS in Early Years settings, and parents and childcare professionals can work together to keep babies safe whilst they sleep.

## Resource

From The Lullaby Trust and Public Health England: [Safer sleep for Babies - a Guide for professionals](#) (pdf)





## SECTION 2

# Best Practices on Safe Sleep

## SECTION 2

# Place babies on their backs to sleep

Each nursery has their own 'back to sleep' policy to reduce the risk of SIDS. The following recommendations for best practice are from evidence-based research:

Place babies on their backs to sleep unless there is a signed sleep position medical waiver on file.

Babies can easily turn themselves over when they want to.

Evidence shows being placed on their backs is the safest sleep position.

## SECTION 2

# Dummies can help!

FSID (Foundation for the Study of Infant Deaths) recommends using a dummy at the start of any sleep period as it reduces the risk of cot death. If a dummy is part of the child's sleep routine it will always be used at nap times.

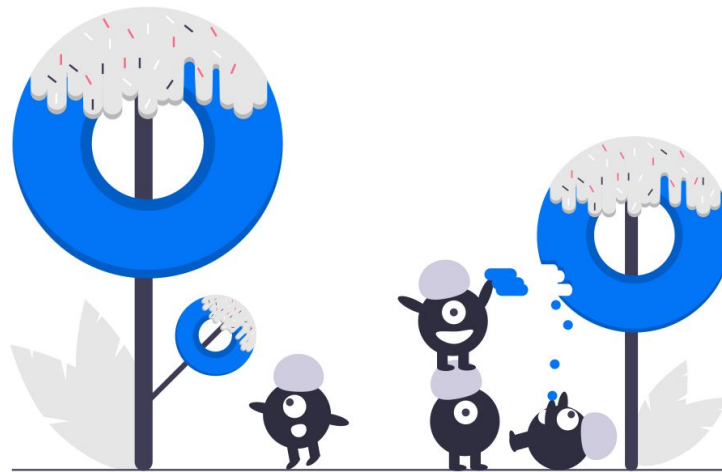
FSID recommends that the dummy should be stopped when the baby is between 6 and 12 months old.

The key person will work with parents to phase out dummies sensitively, taking into account children's emotional needs.

## SECTION 2

# Check all food is swallowed

Always double check all food is swallowed if sleep time takes place after meal time.



## SECTION 2

# Visual supervision

Visual supervision is required at least every 15 minutes. The practitioner will visually check on each child looking for the rise and fall of the chest and if the sleep position has changed.

We should be especially alert to monitoring a sleeping baby during the first weeks in our care.



## The right temperature

To keep babies from becoming too warm or overheated be sure to:

- regulate the room temperature
- avoid excess bedding and overdressing or over-wrapping the baby
- take dribble bibs off before nap time

The room temperature should always be between 16–20 degrees Celsius.

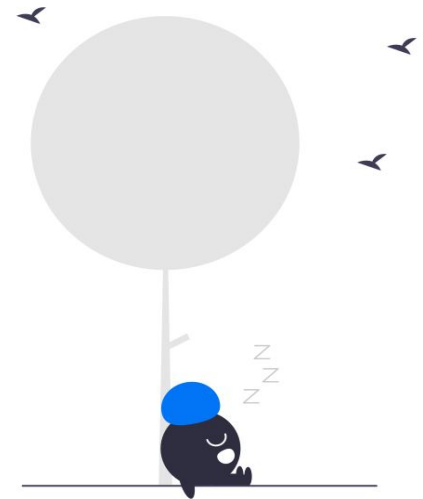


## SECTION 2

# Always sleep in cot or bed

All babies must sleep in a cot or an approved bed or mattress.

Babies must never sleep in a nesting ring, bouncy chair, bean bag or cushion.





## SECTION 3

# Case Study



## SECTION 3

### **Case Study: Stockport baby death**

Every year there are avoidable baby deaths. Have a read of the article below and remember we all have a responsibility to make sure the children in our care are safe.

Article: [Two women arrested after death of a child following a 'medical episode' at nursery](#)

On Monday 9 May 2022, Greater Manchester Police were called to Tiny Toes Children's Day Nursery in Cheadle, Stockport, after a child there suffered a medical episode.

The eight-month-old girl was taken to hospital where she sadly died the same day.

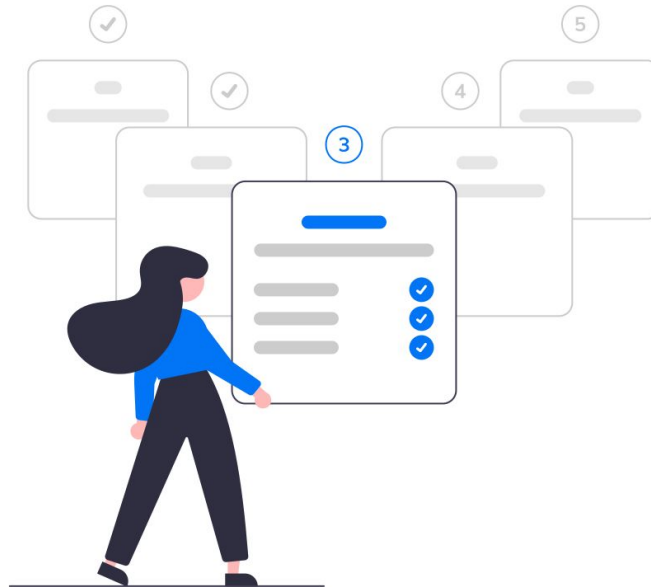
Two women, aged 35 and 34, have been arrested on suspicion of gross negligence manslaughter.

## SECTION 3

### **Case Study: Stockport baby death**

We'll pause here, so you can gather your thoughts - how could they have avoided this accident?

Think of safe sleep practices.



## SECTION 4

# Safer Sleep for Babies — a Guide for Professionals

## SECTION 4

# Safer Sleep for Babies — a Guide for Professionals

The Lullaby Trust and Public Health England prepared this guide on Safe Sleep:

[Safer sleep for Babies - a Guide for professionals](#) (pdf)

## The ABCs of Safer Sleep

**A** Always sleep your baby...

**B** ...on their back...

**C** ...in a clear cot or sleep space.  
(free of bumpers, toys, pillows and loose bedding)

**Safer sleep for baby, sounder sleep for you**

Following the ABCs for every sleep day and night will help to protect your baby from Sudden Infant Death Syndrome (SIDS) giving you the peace of mind to enjoy this special time.

For support and advice on sleeping your baby safely The Lullaby Trust can help  
Visit: [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)  
Contact us on: 0808 802 6869  
Email: [info@lullabytrust.org.uk](mailto:info@lullabytrust.org.uk)

the lullaby trust  
Safer sleep for babies - support for families

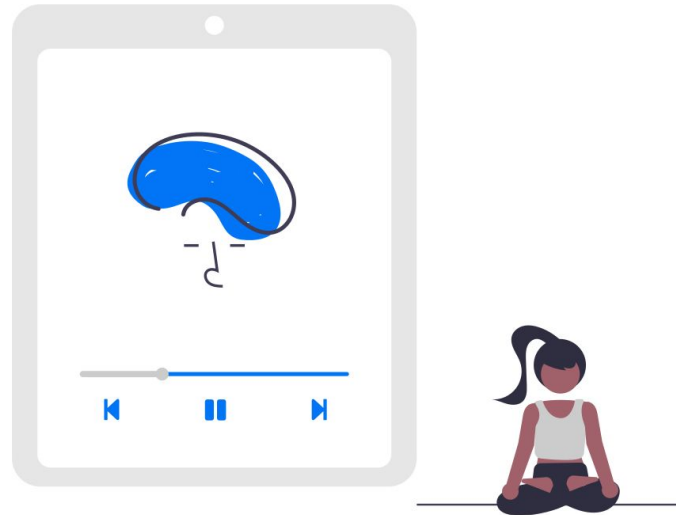
## SECTION 4

# How to create a calm environment for sleep times?

Creating a calm environment for nap times is paramount, so it is also recommended to use relaxing sounds or music, such as sounds of the sea or rain, classical music, lullabies or white noise.

Article:

[Cranky babies and grumpy toddlers: Why young children need a nap at nursery](#)



## SECTION 5

# Reflection

## SECTION 5

# Time to reflect

How can you help make the sleep routines for babies in your care nurturing, soothing and peaceful?

Think about best practice from the previous slides.

## Gathering your ideas

If you were at a nursery setting where the safe sleep practices are **outstanding**, what would you see from the practitioners?

**Task:** Write down your ideas. Aim to make them observable, specific and jargon free.

Write your notes here





FINISH

**You have completed the workbook review for  
this session**



TRAINING

# **Bottle Feeding**

## **- Bite-sized training for Early Years Practitioners**



WELCOME

## Learning outcomes

Outcomes of the training are to enable practitioners to:

- Understand how to bottle feed infants and young children
- Learn how to prepare milk/formula bottles
- Understand best hygiene practices
- Deliver best practice in Early Years settings

WELCOME

## Training overview

This training is divided into 6 sections:

1. Introduction
2. Step-by-step guide for preparing milk bottles
3. Case studies
4. Resources
5. Reflection
6. End of training quiz

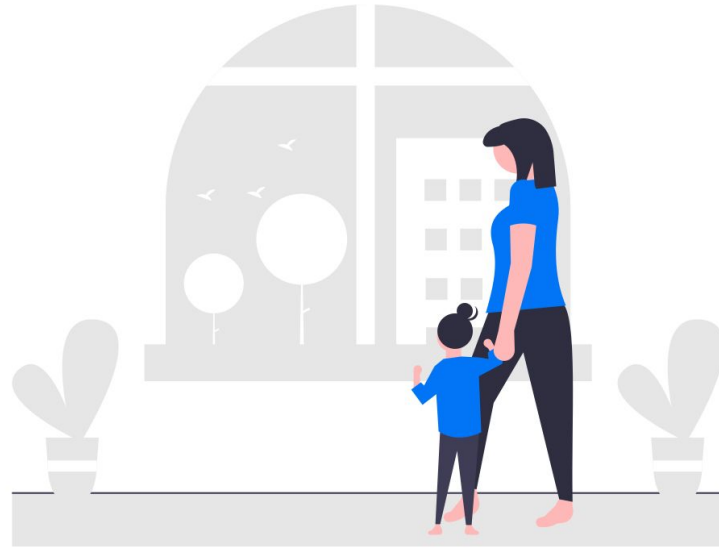
WELCOME

## Purpose of this training

The purpose of this training is to guide you through relevant research and best practice for safe sleep.

We ask that you:

- Consider the research
- Reflect on your current work
- Integrate new learning to your planning and delivery



## SECTION 1

# Introduction

## SECTION 1

# Bottle feeding at nursery settings

Please always speak to a senior member of staff before preparing a baby bottle for the first time at the setting and prior to that, ensure you read the setting's policy on baby bottles, milk feed, formula milk preparation and feeding guidelines. This policy should follow guidelines for preparing formula milk for infants in accordance with policy published by The Food Standards Agency, The Department of Health and the NHS.

In general, childcare settings ask parents help with this in the following ways:

- Bring their infant's bottle sterilised and fully assembled with the teat and lid in place. This prevents the inside of the sterilised bottle and the inside and outside of the teat from being contaminated. Alternatively the nursery can provide a fully sterilised bottle for feeding the baby.
- Provide the formula powder inside its original container; or
- provide the milk powder measured out in a labelled container (i.e. 7oz) so practitioners prepare feeds correctly and the parent/carer is responsible for measuring out the milk powder.
- Label the formula container with the child's full name and date of opening.

## SECTION 1

# IMPORTANT

According to the Food Standard Agency, Department Of Health and the NHS, the best way to prevent a baby becoming ill, is to make up all formula feeds fresh, as and when they are required by the baby. Therefore, nurseries do not accept bottles that have been pre-made (with the exception of shop bought and sealed pre-made milk).

Please see guidance linked here:

<https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/making-up-baby-formula/>





## SECTION 2

# Step-by-step guide for preparing milk bottles

## SECTION 2

# Step-by-step guide for preparing milk bottles

Practitioners should apply the following 9 steps in line with the setting's policy to ensure best practice when carrying out preparing milk bottles:

1. Clean the surface thoroughly on which to prepare the feed.
2. Sanitise hands then wash hands with soap and water.
3. Boil fresh tap water in a kettle. Important: Allow the boiled water to cool to no less than 70° C. This means in practice using water that has been left covered, for less than 30 minutes after boiling.

## SECTION 2

# Step-by-step guide for preparing milk bottles

4. Pour the amount of boiled water required into the sterilised bottle.
5. Add the exact amount of formula as instructed on the label or provided for by parent/carer.
6. Re-assemble the bottle following manufacturer's instructions.

## SECTION 2

# Step-by-step guide for preparing milk bottles

7. Shake the bottle well to mix the contents.
8. Cool quickly to feeding temperature by holding under a running tap, or placing in a container of cold water.
9. Check the temperature by shaking a few drops onto the inside of your wrist – it should feel lukewarm, not hot.

## SECTION 2

### Remember best practice...

**Important** - Discard any feed that has not been used within two hours. Pre-prepared formulas should not be reheated.

**Best hygienic practices** - Always disinfect any bottle preparation or food preparation areas immediately before and after use. This will prevent the risk of infection and cross contamination.

**Best practice for staff** - It is encouraged to use feeding times to support positive attachments with babies and young children. Feeding times are to be nurturing and joyful experiences for the child. **Never leave children with their bottle unsupervised.**



## SECTION 3

# Case Studies

## SECTION 3

# Case Study 1

A day nursery in Wolverhampton, Birmingham has been rated 'inadequate' by Ofsted, following their recent inspection.

Small Talk Nurseries in Green Lane, Tettenhall, which provides day care for 34 children aged 0-4, is now facing enforcement action from the education body and will be issued with a Welfare Requirements Notice.

<https://www.birminghammail.co.uk/black-country/unhygienic-wolverhampton-nursery-not-enough-24943802>

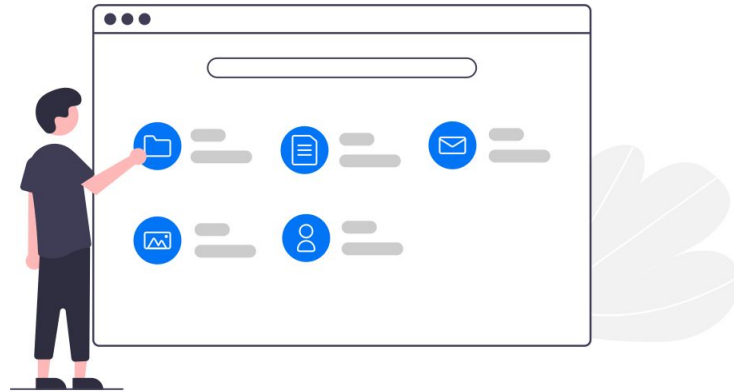
## SECTION 3

### Case Study 2

A mother found that her daughter had been drinking mould from her sippy cup for months and issued a warning to other parents to check their children's cups and wash them thoroughly.

<https://www.ok.co.uk/lifestyle/mum-issues-grave-warning-over-27220692>





## SECTION 4

# Resources

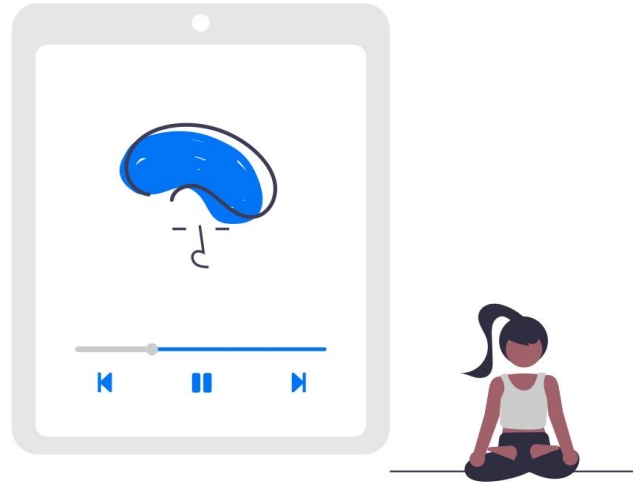
## SECTION 4

# Practical tips on bottle feeding

Some useful articles to read in addition to the previous slides:

<https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/>

<https://www.nct.org.uk/baby-toddler/feeding/practical-tips/step-step-guide-preparing-formula-feed>



## SECTION 5

# Reflection

## SECTION 5

### Time to reflect

How can you help make bottle preparation routines for babies consistently safe? Think of the previous slides!

Write your notes here



FINISH

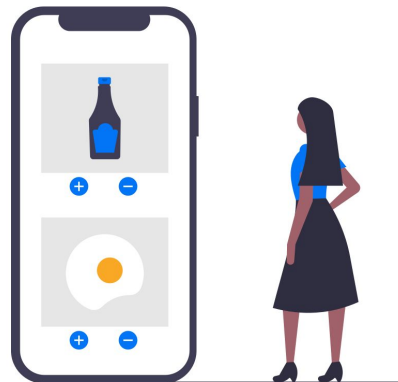
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TRAINING

# Allergies and Dietary Requirements

## - Bite-sized training for Early Years Practitioners



WELCOME

## Learning outcomes

Outcomes of the training are to enable practitioners to:

- Understand childhood allergies and what foods to avoid
- Understand different dietary requirements and how to differentiate them
- Understand health and safety practices and avoid cross contamination
- Recognise allergic reactions
- What to do in an emergency

WELCOME

## Training overview

This training is divided into 9 sections:

1. Types of dietary requirements
2. Food allergies
3. Recognising allergic reactions
4. What to do in an emergency?
5. Foods to avoid giving to babies and young children
6. Useful links/articles on child nutrition
7. Case Study
8. Reflection
9. End of training quiz

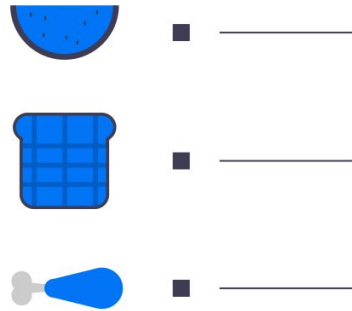


## Purpose of this training

The purpose of this training is to guide you through relevant research and best practice for understanding childhood allergies and different dietary requirements.

We ask that you:

- Consider the research
- Reflect on your current work
- Integrate new learning to your planning and delivery



## SECTION 1

# Types of dietary requirements

## SECTION 1

# Allergies and dietary restrictions - why is it important?

Every child is unique and has different dietary requirements. Every nursery has their own allergy policy and practice for all staff to follow. If a child has any allergies or special dietary requirements, this should always be visibly displayed (for example, on the wall).

One way to differentiate is by using traffic light coloured placemats, crockery/cutlery or even wristbands - green for children that can eat everything, amber for special dietary requirements such as vegan, vegetarian, pescatarian or not consuming pork/beef for religious reasons and red for allergies and intolerances for certain foods.

It is extremely important to follow the nursery's allergy policy and avoid cross contamination by seating children at separate tables (without making them feel excluded of course).

## SECTION 1

# Understanding special dietary preferences

What is the difference between a vegan, vegetarian and pescatarian diet?

Vegan: no animal products, including meat, fish, dairy, eggs and honey (infants under 12 should never consume honey - more on this later!)

Vegetarian: no meat or fish but can consume dairy, eggs and honey

Pescatarian: no meat but can consume fish, dairy, eggs and honey

## SECTION 1

# Cultural and religious dietary requirements

Special dietary requirements - cultural or religious beliefs

Food is an important part of many religions. The family's religion may impact on the food they and their children eat. For example, Muslims do not eat pork and many Buddhists don't eat meat/fish. However, always follow the instructions from the child's parents.

This chart shows the type of meat eaten by different religious groups.

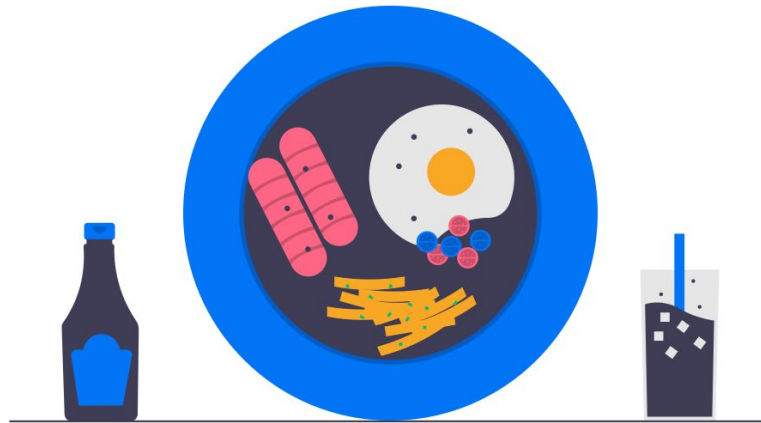
<b>Religious Group</b>	<b>Pork</b>	<b>Beef</b>	<b>Lamb</b>	<b>Chicken</b>	<b>Fish</b>
Hindu	x	x			
Muslim	x	Halal	Halal	Halal	
Sikh	x	x			
Jewish	x	Kosher	Kosher	Kosher	No Shellfish
Buddhist	x	x	x	x	x
Rastafarian	x	x	x	x	x

## SECTION 1

# Your role as a practitioner

As a practitioner, you need to make sure that all children have access to nutritious, appetising, safe and culturally appropriate food. And remember eating is a social occasion for us to enjoy together!





## SECTION 2

# Allergies

## SECTION 2

# What is a food allergy?

A food allergy is when the body's immune system reacts unusually to specific foods. Although allergic reactions are often mild, they can be very serious.

Symptoms of a food allergy can affect different areas of the body at the same time.

Some common symptoms include: an itchy sensation inside the mouth, throat or ears, or in severe cases, an anaphylactic shock which can be life-threatening.



## SECTION 2

# Foods that can trigger an allergic reaction

1. Cows' milk – babies under 12 months should not be given cow's milk
2. Eggs - eggs without a red lion stamp should not be eaten raw or lightly cooked
3. Foods that contain gluten, including wheat, barley and rye – rice and oats do not contain gluten but always check the packaging as it may have some traces due to the factory.
4. Nuts and peanuts – most nurseries are a nut-free nursery to avoid any kind of contact with nuts as this is one of the most dangerous allergies.

Fun fact: coconut is not a nut!

## SECTION 2

### **Foods that can trigger an allergic reaction**

5. Soya – soya milk, tofu, tempeh, usually processed vegan/vegetarian sausages, burgers etc

6. Shellfish (do not serve raw or lightly cooked)

7. Fish – salmon is the most common allergen

8. Celery - primary celery allergy is not as common but may cause more severe reactions - symptoms can range from mild reactions such as itching, swelling or hives to anaphylaxis (celery can be found in vegetable/chicken/beef stocks and often used as a base for stews, cottage pie, risotto, lasagne, spaghetti Bolognese and other pasta dishes)

Fun fact: pine nuts are classified as seeds, not nuts!

## SECTION 2

### **Foods that can trigger an allergic reaction**

However, most of these foods can be introduced from around 6 months as part of the baby's diet, just like any other foods (apart from uncooked cow's milk). Once introduced and if tolerated, these foods should become part of the baby's usual diet to minimise the risk of allergy.

Evidence has shown that delaying the introduction of peanut and hen's eggs beyond 6 to 12 months may increase the risk of developing an allergy to these foods.

Many children outgrow their allergies to milk or eggs, but a peanut allergy is generally lifelong.



### SECTION 3

# Allergic reactions

## SECTION 3

# Signs of an allergic reaction include

- diarrhoea or vomiting
- coughing
- wheezing and shortness of breath
- itchy throat and tongue
- itchy skin or rash (hives)
- swollen lips and throat
- runny or blocked nose
- sore, red and itchy eyes

**If you notice any of the above following food be sure to notify your nursery first aider immediately.**



## SECTION 4

# What to do in an emergency?

## SECTION 4

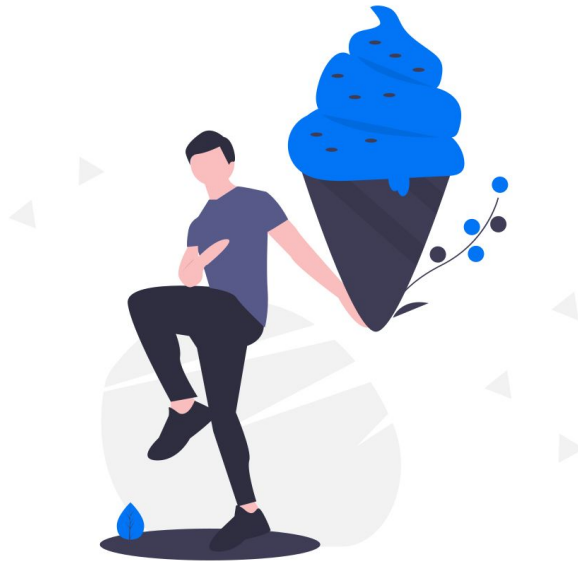
# What to do in an emergency?

- Call an ambulance if you see the symptoms listed on the previous page
- Alert a First Aider of the nursery setting

Watch this video on how to help a baby or child who is having a severe allergic reaction:

[https://www.youtube.com/watch?v=Wt\\_MtPmlTPc](https://www.youtube.com/watch?v=Wt_MtPmlTPc)





## SECTION 5

# Foods to avoid giving to babies and young children



## Foods to avoid giving to babies and young children

### Salt

Babies should not eat much salt, as it's not good for their kidneys and they can easily become dehydrated.

If you prepare meals for a baby, do not use salt in the food or cooking water, and do not use stock cubes or gravy, as they're often high in salt.

Avoid salty foods like, bacon, sausages, chips with added salt, crackers, crisps, ready meals, takeaways.

## Foods to avoid giving to babies and young children

### Sugar

Babies do not need sugar.

By avoiding sugary snacks and drinks (including fruit juice and other fruit drinks), you'll help prevent tooth decay - dental hygiene is extremely important from very early stages and it is also a big focus in the EYFS (Early Years Foundation Stage!)

## Foods to avoid giving to babies and young children

### Saturated fat

We should not give the children too many foods that are high in saturated fat, such as crisps, biscuits and cakes.

Checking the nutrition labels can help choose foods that are lower in saturated fat.

## Foods to avoid giving to babies and young children

### Honey

Occasionally, honey contains bacteria that can produce toxins in a baby's intestines, leading to infant botulism, which is a very serious illness.

Do not give children honey until they're over 12 months old. Honey is classified as a type of sugar, so avoiding it will also help prevent tooth decay.

## Foods to avoid giving to babies and young children

### Whole nuts and peanuts

Whole nuts and peanuts should not be given to children under 5 years old, as they can choke on them.

At home, parents can give their baby nuts and peanuts from around 6 months old, as long as they're crushed, ground or a smooth nut or peanut butter. All nursery settings should be nut free to avoid any kind of cross contamination.

## SECTION 5

# Foods to avoid giving to babies and young children

### Some cheeses

Cheese can form part of a healthy, balanced diet for babies and young children, and provides calcium, protein and vitamins.

Babies can eat pasteurised full-fat cheese from 6 months old. This includes hard cheeses, such as mild cheddar cheese, cottage cheese and cream cheese.

Babies and young children should not eat mould-ripened soft cheeses, such as brie or camembert, or ripened goats' milk cheese and soft blue-veined cheese, such as Roquefort or Stilton. There's a higher risk that these cheeses might carry a bacteria called listeria.

Many cheeses are made from unpasteurised milk. It's better to avoid these because of the risk of listeria.

You can check labels on cheeses to make sure they're made from pasteurised milk.

But these cheeses can be used as part of a cooked recipe as listeria is killed by cooking. Baked brie, for example, is a safer option.

## SECTION 5

# Foods to avoid giving to babies and young children

Raw and lightly cooked eggs

Babies can have eggs from around 6 months.

If the eggs are hens' eggs and they have a red lion stamped on them, or you see a red lion with the words "British Lion Quality" on the box, it's fine for your baby to have them raw (for example, in homemade mayonnaise) or lightly cooked.

Hens' eggs that do not have the red lion mark should be cooked until both the white and yolk are solid. The same applies to duck, goose or quail eggs.

Avoid raw eggs, including uncooked cake mixture, homemade ice creams, homemade mayonnaise, or desserts that contain uncooked eggs that you cannot confirm are red lion stamped.

## Foods to avoid giving to babies and young children

### Rice drinks

Children under 5 years old should not have rice drinks as a substitute for breast milk or infant formula (or cow's milk after 1 year old) as they may contain too much arsenic. Arsenic is found naturally in the environment and can find its way into our food and water.

Rice tends to take up more arsenic than other grains, but this does not mean that you or your baby cannot eat rice. In the EU, there are maximum levels of inorganic arsenic allowed in rice and rice products, and even stricter levels are set for foods intended for young children.

Do not worry if a child has already had rice drinks. There's no immediate risk to them, but it's best to switch to a different kind of milk.

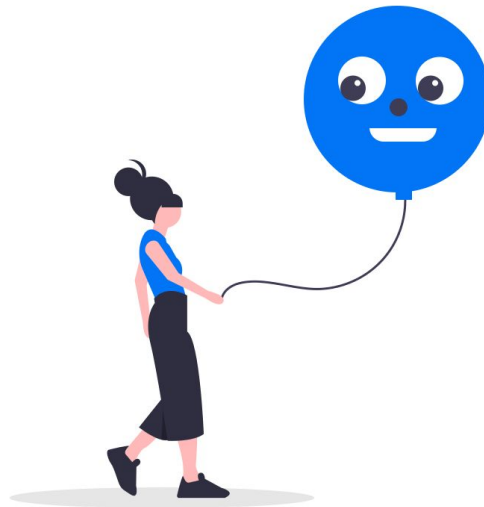


## SECTION 5

# Foods to avoid giving to babies and young children

## Raw jelly cubes

Raw jelly cubes can be a choking hazard for babies and young children.



## SECTION 5

# Foods to avoid giving to babies and young children

## Raw shellfish

Raw or lightly cooked shellfish, such as mussels, clams and oysters, can increase the risk of food poisoning, so it's best not to give it to babies.





## SECTION 6

# Useful links on child nutrition

## SECTION 6

# Useful links on child nutrition

A few articles for you to read:

### **The Eatwell Guide**

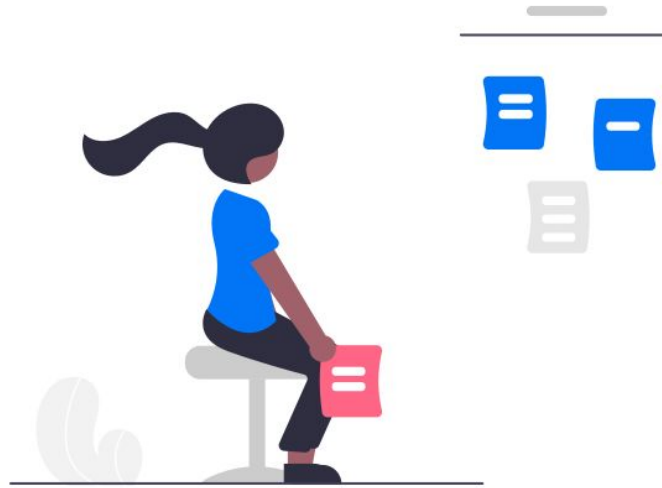
<https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/>

### **Nutrition and diet information from the British Nutrition Foundation**

<https://www.nutrition.org.uk/life-stages/children/>

### **What should I feed my baby?**

<https://potsfortots.co.uk/blogs/toddlers/what-should-i-feed-my-baby>



## SECTION 7

# Case Study

## SECTION 7

### **Case Study: Jigsaw Nursery**

A five-month-old baby with a known allergy to cow's milk died after being fed a cereal that contained milk products at the Jigsaw nursery in Browns Wood, Milton Keynes, in April 2002.

The mother said when she registered her baby Thomas with the nursery in January 2002, she was reassured by the arrangements in place for caring for babies with allergies. She understood that Thomas' allergy would be written up on a board so that everyone who came into contact with him would know about it and that he would only be fed what she specified - baby rice mixed with breast milk, pureed fruit and pureed vegetables.

**Please read the full article here:**

<https://www.nurseryworld.co.uk/news/article/nursery-in-court-on-allergic-baby-death>



## SECTION 8

# Reflection

## SECTION 8

### Time to reflect

Mealtimes are an important part of the daily routine for children in an early years setting, enabling them to build on all areas of their learning and development.

Read more on this here:

<https://www.earlyyearseducator.co.uk/features/article/bring-ideas-to-the-table>

How can you help make nursery mealtimes enjoyable, nurturing and social?



## Gathering your ideas

If you were at a nursery setting where the practices around children's dietary requirements and avoiding allergic reactions are **outstanding**, what would you see from the practitioners?

**Task:** Write down your ideas. Aim to make them observable, specific and jargon free.

Write your notes here



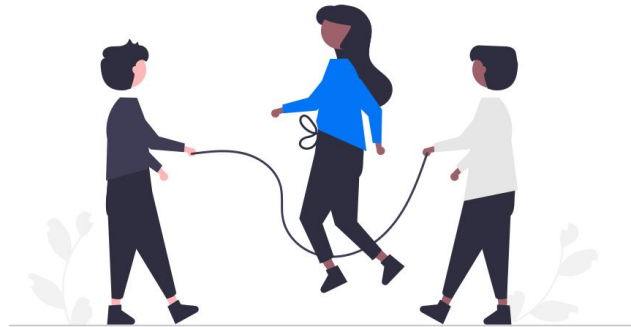
FINISH

**You have completed the workbook review for  
this session**



TRAINING

# The EYFS (Early Years Foundation Stage) - Bite-sized training for Early Years Practitioners



WELCOME

## Learning outcomes

We have developed a simplified version of the seven areas of learning and development, but please make sure to read the [statutory framework](#), so you can be confident of the standards of learning, development and care for children aged 0-5 years.

Outcomes of the training are to enable practitioners to:

- Understand the purpose of the Early Years Foundation Stage
- Understand the standards and areas of learning and development across all EYFS age groups - both Nursery and Reception
- Understand the safeguarding and welfare requirements in Early Years settings
- Deliver best practice in Early Years settings

## Training overview

This training is divided into 8 sections:

1. Statutory Framework for the Early Years Foundation Stage
2. The seven areas of learning
3. Safeguarding and welfare requirements
4. Health
5. Managing children's behaviour
6. Safety and suitability of premises, environment and equipment
7. Reflection
8. End of training quiz

WELCOME

## Purpose of this training

The purpose of this training is to guide you through relevant research and best practice for safe sleep.

We ask that you:

- Consider the research
- Reflect on your current work
- Integrate new learning to your planning and delivery

## SECTION 1

# The EYFS (Early Years Foundation Stage)

The EYFS is a statutory framework to set the standards for learning, development and care for children from birth to five.

## Resource

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/974907/EYFS\\_framework\\_-\\_March\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)



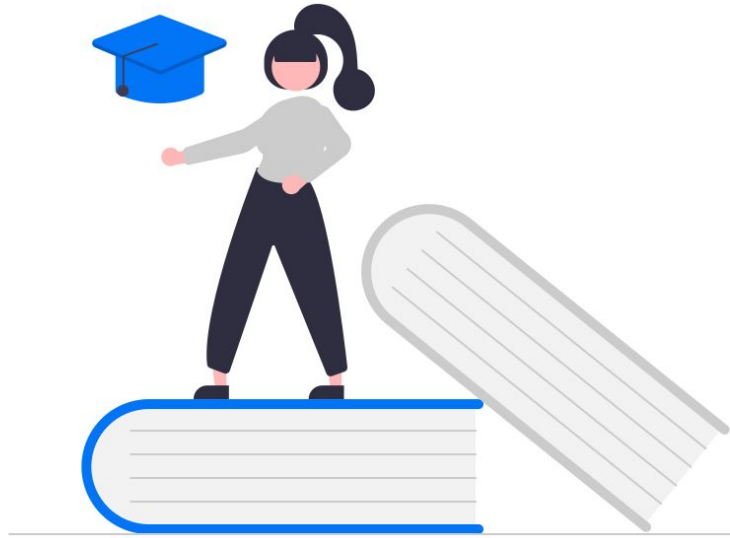
**Please make sure you read this guidance before you start working in an early years setting.**

**Statutory framework  
for the early years  
foundation stage**

Setting the standards for learning,  
development and care for children from  
birth to five

Published: 31 March 2021

Effective: 1 September 2021



## SECTION 2

# The Seven Areas of Learning



## SECTION 2

# Communication and Language

- Joining in with reading familiar stories, such as The Three Little Pigs, Jack and the Beanstalk or The Gruffalo
- Talking about the events in these stories, explaining how and why things happen
- Concentrating on an activity and focus their attention
- Developing and expanding their range of vocabulary
- Using language to create role play and make believe/pretend play
- Asking and answering questions

## SECTION 2

# Personal, Social and Emotional Development

- Playing, sharing and taking turns with peers
- Talking and listening to others
- Solving problems
- Having confidence to try new activities
- Sharing their ideas and opinions
- Understanding and talking about their feelings and behaviour and its effect on others
- Beginning to dress and undress independently

## SECTION 2

# Physical Development

- Moving with control in a range of ways, such as hopping, skipping and jumping
- Using a range of balls, beanbags, hoops and other equipment with increasing control
- Holding a pencil with good control and use it to form letters and numbers correctly - eventually developing the tripod grip
- Using simple tools like scissors to cut
- Knowing how to stay fit and healthy

## SECTION 2

# Literacy

- Hearing and saying sounds in the words and using these to write words and sentences
- Blending sounds together to read words, sentences and simple reading books
- Using storybook language in their play and to tell their own stories
- Talking about what they have read
- Writing simple sentences phonetically
- Writing their name and simple high frequency words

## Mathematics

- Enjoying number games and solving number problems
- Recognising and using numerals to twenty
- Counting objects accurately
- Solving simple addition and subtraction problems
- Comparing, predicting and solving problems
- Playing with, sorting, naming and describing a range of shapes
- Talking about time, money, lengths, heights and weights

## SECTION 2

# Understanding the World

- Talking about their own past and present
- Understanding that they can have different interests to their friends
- Using simple computer programs
- Looking at plants, objects and animals, comparing them and describing the changes they see
- Showing interest and curiosity in the world around them

## SECTION 2

# Expressive Arts and Design

- Learning a range of songs and dances, for example Nursery Rhymes
- Experimenting and playing with colours, music and textures
- Using resources such as glue, paper, scissors and other materials/resources to create models
- Building and creating using junk modelling resources, drawings, paintings, dance and role play
- Acting out stories and role play games with friends



### SECTION 3

# Safeguarding and welfare requirements



## SECTION 3

# Safeguarding and welfare requirements

3.4. “Providers must be alert to any issues of concern in the child’s life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children. These should be in line with the guidance and procedures of the relevant local safeguarding partners (LSP). The safeguarding policy and procedures must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting. To safeguard children and practitioners online, providers will find it helpful to refer to 'Safeguarding children and protecting professionals in early years settings: online safety considerations’”.

Please refer back to Zen Educate’s CPD UK certified Safeguarding Training and ensure that your safeguarding knowledge is up to date. Always remember the 5 R’s (Recognise, Respond, Report, Record, Refer).

## SECTION 3

# Staff taking medication/other substances

3.19. “Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a staff member is taking medication which may affect their ability to care for children, the staff member should seek medical advice. Providers must ensure that staff members only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member’s ability to look after children properly. All medication on the premises must be securely stored, and out of reach of children, at all times.”

## SECTION 3

### **Staff:child ratios – all providers (including childminders)**

3.28. “In settings on the early years register, the manager must hold an approved Level 3 qualification or above and at least half of all other staff must hold at least an approved Level 2 qualification.”

3.30. “Only those aged 17 or over may be included in ratios if they are suitable and staff under 17 should be supervised at all times.”

3.31. “The ratio and qualification requirements below apply to the total number of staff available to work directly with children.”

## SECTION 3

# Staff:child ratios – Early Years providers (other than childminders)

3.32. “For children aged under two:

there must be at least one member of staff for every three children

at least one member of staff must hold an approved level 3 qualification, and must be suitably experienced in working with children under two

at least half of all other staff must hold an approved level 2 qualification

at least half of all staff must have received training that specifically addresses the care of babies

where there is a room for under two-year-olds, the member of staff in charge of that room must, in the judgement of the provider, have suitable experience of working with under twos”

## SECTION 3

# Staff:child ratios – Early Years providers (other than childminders)

3.33. “For children aged two:

- there must be at least one member of staff for every four children
- at least one member of staff must hold an approved Level 3 qualification
- at least half of all other staff must hold an approved Level 2 qualification”

## SECTION 3

# Staff:child ratios – Early Years providers (other than childminders)

3.37. “For children aged three and over in independent schools (including in nursery classes in academies), where there is no person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status or another approved Level 6 qualification, no instructor, and no suitably qualified overseas trained teacher, working directly with the children:

- there must be at least one member of staff for every eight children
- at least one member of staff must hold an approved level 3 qualification
- at least half of all other staff must hold an approved level 2 qualification



## SECTION 4

# Health

## SECTION 4

# Medicines

3.45. “The provider must promote the good health, including the oral health, of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious and take necessary steps to prevent the spread of infection, and take appropriate action if children are ill” - please always read the nursery’s policies on health and safety, particularly sickness and administering medication policies.

3.46. “Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist.”

3.47 “Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable.”



## SECTION 4

### Food and drink

3.48. “Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious. Before a child is admitted to the setting the provider must also obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements. Fresh drinking water must be available and accessible to children at all times. Providers must record and act on information from parents and carers about a child's dietary needs.” - please refer back to our training session on Allergies and Dietary Requirements.

3.49. “There must be an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary including suitable sterilisation equipment for babies’ food.”

## SECTION 4

# Accident or injury

3.51. “Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.”

**Please always read the setting’s accident and injury policy and make sure that if you deal/witness an accident/incident, you take the necessary steps to provide appropriate first aid (cold compress, alcohol free sterile wipes, saline, plaster etc - depending on the type of injury) and record this accordingly (written or online accident/incident forms) with exact detail and which staff were present; notify parents if necessary (important to inform parent/carer if it’s a head injury - even if it’s minor!) - ensure that forms are signed by parent/carer upon collection. If accident/injury happens before child arrives at nursery - parent/carer must complete an external accident form.**



## SECTION 5

# Managing children's behaviour

## SECTION 5

# Managing children's behaviour

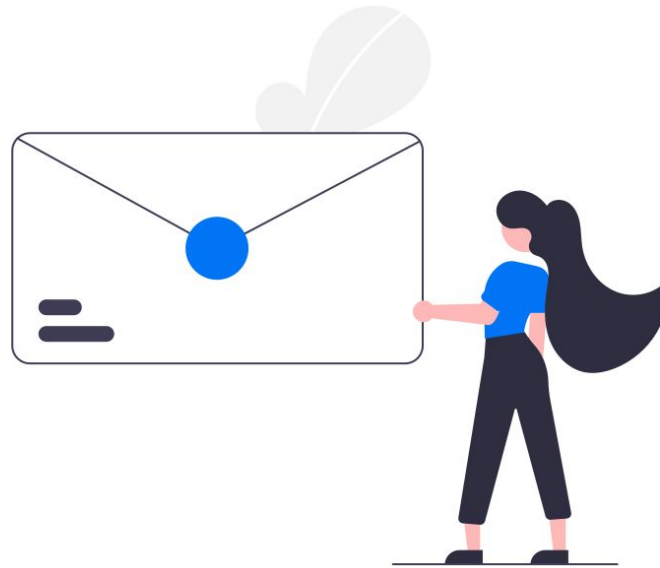
3.53. “Providers are responsible for managing children’s behaviour in an appropriate way.”

3.54. “Providers must not give or threaten corporal punishment to a child and must not use or threaten any punishment which could adversely affect a child's well-being. Providers must take all reasonable steps to ensure that corporal punishment is not given by any person who cares for or is in regular contact with a child, or by any person living or working in the premises where care is provided. Any early years provider who fails to meet these requirements commits an offence.”

**Make sure you always read the nursery’s behaviour policy. Also some useful links to read:**

<https://www.eyalliance.org.uk/managing-early-childhood-conflicts-and-behaviours-%E2%80%94-free-book-extract>

<https://www.herefordshire.gov.uk/downloads/file/10523/managing-feelings-and-behaviour-booklet>



## SECTION 6

# Safety and suitability of premises, environment and equipment

## SECTION 6

# Safety

3.55. “Providers must ensure that their premises, including overall floor space and outdoor spaces, are fit for purpose and suitable for the age of children cared for and the activities provided on the premises. Providers must comply with requirements of health and safety legislation (including fire safety and hygiene requirements).”

3.56. “Providers must take reasonable steps to ensure the safety of children, staff and others on the premises in the case of fire or any other emergency, and must have an emergency evacuation procedure. Providers must have appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and/or fire extinguishers) which is in working order. Fire exits must be clearly identifiable, and fire doors must be free of obstruction and easily opened from the inside.”

**Always read the nursery’s fire evacuation procedure on your first day!**

## SECTION 6

# Smoking and Vaping

3.57. “Providers must not allow smoking in or on the premises when children are present or about to be present.

Staff should not vape or use e-cigarettes when children are present and providers should consider Public Health England advice on their use in public places and workplaces”

## SECTION 6

# Premises

3.58. “The premises and equipment must be organised in a way that meets the needs of children.”

3.59. “Providers must provide access to an outdoor play area or, if that is not possible, ensure that outdoor activities are planned and taken on a daily basis (unless circumstances make this inappropriate, for example unsafe weather conditions).”

3.60. “Sleeping children must be frequently checked to ensure that they are safe. Being safe includes ensuring that cots/bedding are in good condition and suited to the age of the child, and that infants are placed down to sleep safely in line with latest government safety guidance. Except in childminding settings, there should be a separate baby room for children under the age of two. However, providers must ensure that children in a baby room have contact with older children and are moved into the older age group when appropriate.”



## SECTION 6

# Risk Assessment

3.65. “Providers must ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and must be able to demonstrate how they are managing risks.

Providers must determine where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how they are managing risks if asked by parents and/or carers or inspectors.

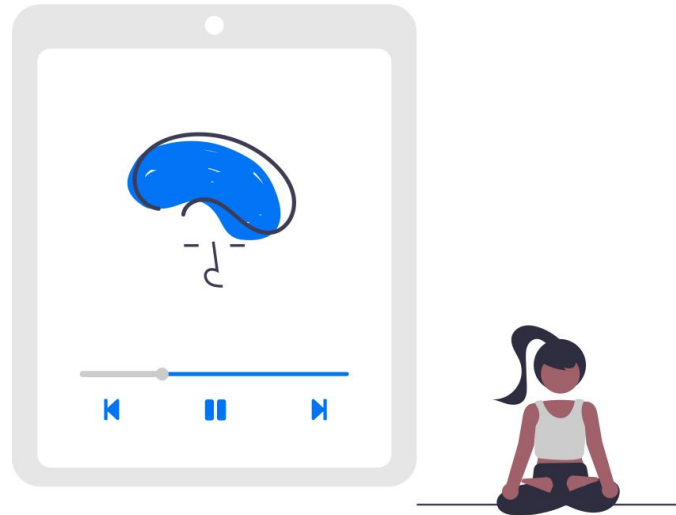
Risk assessments should identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised.”

## SECTION 6

# Outings

3.66. “Children must be kept safe while on outings. Providers must assess the risks or hazards which may arise for the children, and must identify the steps to be taken to remove, minimise and manage those risks and hazards.

The assessment must include consideration of adult to child ratios. The risk assessment does not necessarily need to be in writing; this is for providers to judge.”



## SECTION 7

# Reflection

## SECTION 7

### Time to reflect

Think of the previous slides and everything you have read. When it comes to the seven areas of learning, what activities can you plan for the children in your care?

You can find some fun ideas here:

<https://www.leaplambeth.org.uk/families/learning/fun-activities-for-early-years>

## Gathering your ideas

How can you make sure that you apply the principles of the Early Years Foundation Stage on a day-to-day basis in your work? Think of the activities that you plan and provide for the children!

**Task:** Write down your ideas. Aim to make them observable, specific and jargon free.

Write your notes here



FINISH

**You have completed the workbook review**