

**COUNCIL OF THE ISLES OF SCILLY**

**Children and Family Services,**

Carn Gwaval, Church Road, St Mary’s, Isles of Scilly, TR21 0NA
)01720 424490

childrenservicesemail@scilly.gov.uk

**Statutory Early Years Foundation Stage Framework - individual risk management plan**

Please complete this risk management plan for any child in the Early Years Foundation Stage, who might be at risk of not accessing the full-time reception place they are entitled to. Please remember that all children have the right to a full-time reception class place from the September they start school.

**Please note:**

* This risk management plan ***does not*** need to be completed during a child’s transition in to school if a staggered entry or part-time start is part of usual entry arrangements in September.
* The risk management plan ***does not*** need to be completed where a deferred entry to a reception place has been agreed and documented as such
* The risk management plan ***should be*** completed for any other arrangement such as a *reduced hours package where part-time timetable reporting applies, or flexi-schooling is in place.*

*Please consider the requirements of the General Data Protection Regulation (GDPR) when gathering and submitting information via this form and ensure that, as a school, you have gained the required consents in line with GDPR to be able to share this information. The completed risk assessment must be sent securely by encrypted email e.g. Egress to* *childrenservicesemail@scilly.gov.uk*

|  |  |  |
| --- | --- | --- |
| Date of completion:  | Review? **Yes / No** | Dates of previous reviews:  |
| Name of child:  | DOB:  | UPN:  |
| Please confirm parent/carer consent has been received for the risk assessment to be shared | Date of confirmation:  |

**Special Educational Need Record – please complete the table below:**

|  |  |  |
| --- | --- | --- |
| SEN status | No SEN | SEN Support |
| EHCP in place | Primary need as indicated on EHCP: | Name of SEN Casework Officer: | Has the SEN caseworker been involved in or made aware of, this risk management plan? |

**Please complete the risk analysis, using the 0-5 rating as below:**

|  |
| --- |
| **0-5 Rating**This scale relates to the likelihood of the risk factor – frequency   **0 1 2 3 4 5**Very **frequently** happensNot known to have ever happenedVery **rarely** happens, but has been known |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk factors** – please identify all relevant risks | **Likelihood scale 0→5** | What steps have been put in place to manage the risks? | **Likelihood scale 0→5 after risk management has been put in place**  |
| The risk/s presented to the child **from** others: |
|  |  |  |  |
| The risk the child poses to **themselves:** |
|  |  |  |  |
| The risk the child poses to **others:** |
|  |  |  |  |
| What is the likely impact for the child if they cannot access their entitlement to a full-time reception place? |
| What will be the benefit to the child of a part-time timetable? How will any impact on them be monitored? |
| How are the hours going to be increased to enable the family to access their entitlement to a full-time reception place? |
| Views of parent/carer: |

**Partnership working**

|  |  |  |
| --- | --- | --- |
| **Partnership working** | **Name** | **Role in supporting the child to access their entitlement** |
| Key person |  |  |
| Parent / carer |  |  |
| Other agencies (please name agency) |  |  |

This plan should be regularly reviewed, at least every 6 weeks