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**Improving quality**

**for children**

A quality improvement tool   
for early years provision

**Section 3**

**Compliance checklist**

Safeguarding and welfare requirements

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| **Name of setting** |  |
| **Date:** |  |

**Definition of safeguarding**

In relation to children and young people, safeguarding and promoting their welfare is defined in ‘Working together to safeguard children’ as:

* protecting children from maltreatment
* preventing impairment of children’s health or development
* ensuring that children grow up in circumstances consistent with the provision of safe and effective care
* Taking action to enable all children to have the best outcomes.

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them. The safeguarding and welfare requirements, specified in this section, are designed to help providers create high quality settings which are welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. **(EYFS, 2017)**

**Legislation and documents relating to safeguarding children for settings**

**Inspecting safeguarding in early years, education and skills** [www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills](http://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills)

**Working together to safeguard children**

[www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

**Information sharing advice for safeguarding practitioners**

[www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice](http://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

**Multi-agency statutory guidance on female genital mutilation**

[www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation](http://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)

**Prevent Duty guidance**

[www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance)

**This section does not replace Section 3 of the statutory framework for the early foundation stage which sets out your legal requirements relating to safeguarding and welfare.**

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| **The safeguarding and welfare requirements or compliance checklist**  **The following key statements link to your legal requirements.**  **Non-compliance could result in an inadequate outcome at inspection.** | | | |
|  | **Key Statement** | **How do you know?  What is your evidence** | **Met**  **Y/P/N** |
| **Child protection:** | | | |
| 1  3.4 | Providers must have and implement a policy, and procedures, to safeguard children. These should be in line with the guidance and procedures from the KRSCP and must include action to be taken if concerned about a child, allegations made against a member of staff and use of mobile phones and cameras. |  |  |
| 2 | Setting has contact details displayed for contacting Single Point of Access team (SPA). Safeguarding notice board is in place and information is rotated and refreshed regularly. |  |  |
| 3 | Effective safeguarding and child protection record keeping procedures are in place in line with the settings confidentiality policy. |  |  |
| 4 | Safeguarding and child protection is a standing agenda item in team meetings and supervision and all staff are confident and engaged in discussions about safeguarding and child protection. |  |  |
| 5 | Effective whistle blowing procedures are understood and followed by all members of staff. |  |  |
| 6  3.5 | Setting has a safeguarding and child protection designated lead and deputy person who has attended relevant up-to-date training. |  |  |
| 7 | The safeguarding designated person provides support, advice and guidance to other staff. |  |  |
| 8  3.7 | Everyone has access to ‘Working Together to Safeguard Children’ July 2018’ and ‘What to do if you are worried about a child being abused” 2015. |  |  |
| 9  3.8 | Registered providers inform SPA or out of borough social care of any allegations of serious harm or concerns of abuse, or neglect to a child in their care. |  |  |
| 10  3.8 | The setting must notify Early Years if a SPA referral is made and inform Ofsted within 14 days. |  |  |
| 11 | Staff have understand and read the settings safeguarding policies and procedures. |  |  |
| 12 | Signs of Safety training attended, understood and cascaded to all staff. |  |  |
| 13 | All staff have due regard for Prevent Duty and the need to prevent people being drawn into terrorism and able to identify and protect children who may be vulnerable to radicalisation |  |  |
| 14 | Staff are aware of the risk associated with Female Genital Mutilation (FGM) and procedures to follow |  |  |
| 15 | Children learn to risk assess for themselves ensuring that they keep themselves safe |  |  |

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| **Suitable people:** | | | |
| 16  3.20 | Setting ensures robust safer recruitment procedures are followed, ie staff checks, interview, references, qualifications and Disclosure and Barring Service (DBS) and signed up to the update service. Staff who have lived or worked abroad have additional checks as required |  |  |
| 17 | Owners are responsible for checking suitability and criminal record disclosures of managers and staff in post prior to start of employment |  |  |
| 18 | DBS, reference number, the date disclosure was obtained and the details of who obtained it, is kept. |  |  |
| 19 | Providers ensure people whose suitability has not been checked do not have unsupervised contact with children. |  |  |
| 20  3.11 | Procedures in place for staff to take responsibility to disclose any convictions, cautions, court orders, reprimands and warnings, which may affect their suitability to work with children (before and during their employment) in line with disqualification by association guidance 2018. |  |  |
| 21 | Providers refer to DBS where a member of staff is dismissed (or would have been, had the person not left the setting) because they have harmed or put a child at risk of harm. |  |  |
| 22 | All employees are paid at least the minimum wage and follow the guidance on the [www.gov.uk](http://www.gov.uk) re holiday entitlement. |  |  |
| 23 | Employees have a job description and a written employment contract within two months of starting. |  |  |
| 24 | Every person over 16 living or working on the premises has an enhanced DBS check. |  |  |

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| **Disqualification (all registered providers):** | | | |
| 25  3.13 | Providers are under legal duty to notify the DBS where a member of staff is dismissed or removed a member of staff or volunteer from working with children because they have harmed, may have harmed or put a child at risk of harm. If the member of staff resigns during an investigation or before they are dismissed, you must still inform DBS. Telling the DBS does not mean the person will be automatically barred from working with children. |  |  |
| 26  3.15 | Settings must be aware that a registered provider or a childcare worker may also be disqualified by association if they are living in the same household as a disqualified person. |  |  |
| 27  3.16 | A provider must notify Ofsted (within 14 days) of any significant event which is likely to affect the suitability of any person who is in regular contact with children on the premises where childcare is provided. The disqualification of an employee could be an instance of a significant event. |  |  |

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| **Staff taking medication or other substances:** | | | |
| 28  3.19 | Procedures to ensure staff taking medication which may affect their ability to care for children are in place and medical advice sought where necessary. Providers must ensure that those practitioners 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. |  |  |

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| **Staff qualifications, training, support and skills:** | | | |
| 29 | All practitioners have appropriate qualifications, training, skills and knowledge that meet current legal requirements. All staff have completed level one online safeguarding training. |  |  |
| 30 | All practitioners have a clear understanding of their roles and responsibilities (job description). |  |  |
| 31  3.20 | Induction programme for all staff, volunteers, students, visitors and assistants, (including about emergency evacuation procedures, safeguarding, child protection, parental partnership, health and safety, and equality, code of conduct) |  |  |
| 32  3.21 | Supervision and appraisal arrangements are in place which provide opportunities for staff to:  Discuss any issues, identify solutions to address issues as they arise and receive coaching to improve their personal effectiveness. |  |  |
| 33 | Manager has a full and relevant Level 3 and at least half of all other staff have a full and relevant Level 2 qualification. The manager should also have at least two years’ experience working in an early years setting or two years other suitable experience. |  |  |
| 34  3.23 | The provider must ensure there is a named deputy who is capable and qualified to take charge in the manager’s absence. |  |  |
| 35  3.25 | At least one person who has a current full paediatric first aid (approved) certificate must be on the premises and available at all times when children are present, and must accompany children on outings. |  |  |
| 36 | All Level 2 and Level 3s (gained since 30 June 16) must have PfA to be included in ratios. Providers should display (or make available) staff PfA certificates or a list of staff who have a current PfA certificate. |  |  |
| 37  3.26 | Providers must ensure that staff have sufficient understanding and use of English to ensure the wellbeing of children in their care. |  |  |

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| **Key person:** | | | |
| 38  3.27 | Each child must be assigned a key person who ensures that the child’s care is tailored to meet their individual needs. The key person is also responsible for engaging with parents and explaining their role. |  |  |
| 39 | Managers ensure that the key person has the support and knowledge to carry out this role. |  |  |

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| **Staff to child ratios:** | | | |
| 40  3.28 | Staff deployment meets the needs of all children and ensures their safety and wellbeing. Children are supervised at all times. |  |  |
| 41 | Parents are informed about staff deployments. |  |  |
| 42 | Providers meet the adult/child ratios requirements considering qualifications. |  |  |

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| 43 | Only those aged 17 or over may be included in ratios (staff under 17 should be supervised at all times). Students on long term placements and volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in ratios if the provider is satisfied they are competent and responsible. |  |  |
| 44 | Arrangements for staff absences and emergencies are in place. |  |  |

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| **Health and medicines:** | | | |
| 45  3.44 | Practitioners promote the good health of the children attending the setting, for example children should have three hours of physical exercise a day. |  |  |
| 46  3.44 | A written sick and infectious child (exclusion) policy and procedure is in place and has been discussed with parents and carers. |  |  |
| 47  3.45 | Medication policy and procedures (including non-prescribed medication and appropriate storage) are in place and appropriately implemented. |  |  |
| 48  3.45 | Specific training is undertaken for any child with a medical condition(s) and a care plan is implemented. |  |  |
| 49 | Information on any child with a medical condition is provided and updated regularly with parents and carers. |  |  |
| 50  3.45 | Medicines are not administered unless they have been prescribed for the child (medicines containing aspirin should only be given if prescribed by a doctor). |  |  |
| 51  3.46 | Prior written parental consent (signed by the parent) for administering medication (prescribed and non-prescribed) has been given. |  |  |
| 52 | A medication record book is available, completed and signed by parents on the same day. |  |  |
| 53 | All medication on the premises must be securely stored, and out of reach of children at all times. |  |  |
| 54 | Children have knowledge on how to keep themselves healthy, including through exercising and healthy eating. |  |  |

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| **Food and drink:** | | | |
| 55 | Meal and snack times promote children’s independence and social interaction. |  |  |
| 56  3.47 | Before a child starts the provider must obtain information about any special dietary or health requirements, preferences and food allergies that the child has. |  |  |
| 57  3.47 | Records of any special dietary requirements, preferences and food allergies are kept available and are known to all staff members. |  |  |
| 58  3.47 | Meals and snacks must be healthy, balanced and nutritious with fresh drinking water available and accessible at all times. |  |  |
| 59  3.48 | An adequately equipped food area is available to provide healthy snacks, meals and drinks. There are suitable facilities for preparation of baby feeds. |  |  |
| 60  3.48 | Food hygiene course and certificate is in place and implemented. |  |  |
| 61 | A list of notifiable disease information (Health Protection Team (HPT) is available (notification must be made to Ofsted within 14 days). |  |  |
| 62  3.49 | Registered providers must notify Ofsted (within 14 days) of any food poisoning affecting two or more children looked after on the premises. |  |  |
| 63 | Pet care policy (if required) is completed. |  |  |
| 64 | Setting is registered with Richmond or Kingston Council’s Environmental Health (020 8891 7994) |  |  |

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| **Accident and injury:** | | | |
| 65  3.50 | First aid box (with written list of dated appropriate contents) is accessible and replenished regularly. |  |  |
| 66  3.50 | Written record of accident or injuries and first aid treatment is kept and shared with parents on the same day. |  |  |
| 67  3.51 | Ofsted are notified within 14 days of any serious accidents, illness or injury to, or death of, any child while in the setting’s care and action taken |  |  |
| 68 | Providers must notify local child protection agencies (SPA) and Early Years of any serious accidents, illness or injury to, or death of, any child while in their care and follow any advice. |  |  |

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| **Managing behaviour:** | | | |
| 69  3.52 | An effective behaviour management policy, including physical intervention and procedure is in place and records kept of any occasion of physical intervention. |  |  |
| 70  3.53 | Practitioners must not use or threaten corporal punishment, or any punishment which could adversely affect a child’s well-being. |  |  |

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| **Safety and suitability of premises environment and equipment:** | | | |
| **Safety:** | | | |
| 71  3.58 | Children have access to an outdoor play area each day that is fit for purpose and secure. |  |  |
| 72 | Premises and equipment are clean and comply with requirements of health and safety legislation (including hygiene requirements). |  |  |
| 73  3.54 | A health and safety policy and procedure is in place that includes identifying, reporting and dealing with accidents, hazards, and faulty equipment and hygiene requirements. |  |  |
| 74  3.55 | Providers ensure the safety of children, staff and others on the premises with regards to fire, or any other emergency. An emergency evacuation procedure in place and fire exits clearly identified. |  |  |
| 75 | Smoke alarms, fire alarms, fire blankets and carbon monoxide detectors are in place. Records of practised fire drill or evacuation are kept. |  |  |
| 76 | Identification of visitor’s procedure is in place. |  |  |

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| **Premises:** | | | |
| 77  3.57 | The premises and equipment is organised to meet the needs of the children. Providers are meeting space requirements. |  |  |
| 78  3.59 | Appropriate rest and sleep provision is available that meets the needs of individual children and sleeping children are frequently checked. |  |  |
| 79  3.59 | There is a separate baby area for under-2s however, providers must ensure that children in a baby room have contact with older children. |  |  |
| 80  3.60 | There is adequate number of toilets and hand basin available. |  |  |
| 81  3.60 | Suitable hygienic nappy changing facilities are available and schedules support individual needs of the children. |  |  |
| 82  3.61 | There is an area where staff may talk to parents and carers confidentially as well as a room or area for staff to have breaks away from children. |  |  |
| 83 | Written agreements regarding child collection are signed. |  |  |
| 84  3.62 | Provider only releases children into the care of individuals who have been notified to by the parent, and must ensure that children do not leave the premises unsupervised. |  |  |
| 85 | There are agreed procedures to prevent unauthorised persons entering the premises. |  |  |
| 86  3.63 | Public liability insurance is held and kept up-to-date. Public liability insurer is informed of any accidents or incidents. |  |  |

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| **Risk assessment:** | | | |
| 87  3.64 | All reasonable steps are taken to ensure staff and children are not exposed to unnecessary risks. Risk assessments should identify aspects of the environment that need to be checked on a regular basis, when and by whom and how the risk will be removed or minimised. |  |  |

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| **Outings:** | | | |
| 88  3.65 | Risk assessments for outings must identify the steps needed to be taken to remove, minimise how to manage any risks and hazards and gain prior written parental permission for outings. |  |  |
| 89  3.66 | Vehicles in which children are being transported, and the driver of those vehicles, must be adequately insured. |  |  |

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| **Equal Opportunities:** | | | |
| 90 | A written equal opportunities policy is in place and being implemented. |  |  |
| 91 | Provider must follow their legal responsibilities under the Equality Act 2010. |  |  |
| 92 | Equality and inclusion is practised. |  |  |
| 93 | Activities in the setting promote British Values. |  |  |

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| **Information and records:** | | | |
| 94  3.68 | Procedures for sharing information with parents and professionals working with the child are in place to ensure the needs of all children are met. |  |  |
| 95  3.68 | A two way flow of information with parents and carers is established and the child’s key person incorporates parents and carers comments into the children’s records. |  |  |
| 96  3.69 | Settings are registered with the ICO and comply with the: Data Protection Act [www.ico.gov.uk](http://www.ico.gov.uk) |  |  |
| 97  3.71 | Records are kept for a reasonable time after a child has left the setting. |  |  |
| 98 | Early Years compliance checklist form is completed. |  |  |
| 99 | A written early education funding policy is in place. |  |  |

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| **Information about the child:** | | | |
| 100  3.69 | Records must be easily accessible and available for inspection by Ofsted and confidentially stored. Prior agreement from Ofsted has been given where records are kept off-site. |  |  |
| 101  3.72 | Children’s records: full name, date of birth, name, address of each parent or carer and emergency contact details are kept up-to-date. |  |  |
| 102 | Attendance or register records for children and staff kept up to date (including arrival and collection times) and monitored. |  |  |

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| **Information for parents and carers:** | | | |
| 103  3.73 | The following information is available for parents and carers.   * How the EYFS is being delivered in the setting, and how to access more information. * Range and type of activities and experiences provided, daily routes and how to share learning at home. * How to support children with SEND. * Food and drink provided. * Details of policies and procedures * Staff in the setting and key person and a telephone number in case of emergency. |  |  |
| 104 | Uncollected child policy and procedures are up-to-date, reviewed regularly and are familiar to all staff, parents and carers. |  |  |
| 105 | Missing child policy and procedures are up-to-date, reviewed regularly and are familiar to all staff members and parents and carers. |  |  |

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| **Complaints:** | | | |
| 106  3.74 | Complaints procedure includes the contact details of Ofsted and is up-to-date and shared with parents and carers. |  |  |
| 107  3.74 | Complaints record is in place, investigations carried out, written record of the outcome of the complaint is kept and shared with parents and carers within 28 days and available for Ofsted on request. |  |  |
| 108  3.75 | Copy of current Ofsted inspection report is available to all parents. |  |  |

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| **Information about the provider:** | | | |
| 109  3.76 | Name, address and telephone number of all people working or living on the premises are kept. |  |  |
| 110  3.76 | Daily record of the names of the children, their hours of attendance and the name of each child’s key person. |  |  |
| 111  3.76 | Certificate of registration and public liability insurance certificate is displayed. |  |  |

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| **Changes that must be notified to Ofsted:** | | | |
| 112  3.77 | Ofsted are notified of any changes in the address, company, management or registered person of the premises (within 14 days). |  |  |
| 113  3.77 | Any proposal to change the hours during which childcare is provided or to provide overnight care. |  |  |
| 114  3.77 | Any significant event which is likely to affect the suitability of the early years provider or setting. |  |  |
| 115 | Sole use of non-domestic premises during hours of operation is confirmed. |  |  |
| 116 | All committee members are registered with Ofsted and DBS checked. |  |  |

**Criteria for assessment**

Use the criteria below to assess the quality of your provision:

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| **The safeguarding and welfare requirements** | | | | | | |
| **Inadequate**  **Urgent actions for development** | | **Requires Improvement**  **Some actions for development** | | **Good**  **Few actions for development** | | **Outstanding**  **Continued development** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Not being met – registered provider is failing to comply with their statutory requirements  Negative impact on children’s care, learning and development  There are significant weaknesses in practice that could potentially have a negative impact on children’s welfare | | Welfare requirements met with inconsistencies  (In line with the EYFS 2017) | | Welfare requirements met  (In line with the EYFS 2017) | | Welfare requirements met and practice exceeds basic requirements |
| Limited policies and procedures relevant to this section | | Setting is working towards policies and procedures relevant to this section being regularly reviewed and shared with parents | | Policies and procedures relevant to this section are regularly reviewed, understood by staff, shared with parents and embedded in practice | | Policies and procedures relevant to this section and additional policies deemed necessary are regularly reviewed, understood by staff, shared and understood by parents and embedded in practice |

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| **Areas for development:** |