**EYFS ‘Musts’ Audit**
*Specific EYFS requirements providers[[1]](#footnote-1) must fulfil*

|  |  |
| --- | --- |
| School / Provider Name |  |
| Age group |  |
| Date of completion |  |
| Time |  |
| Observers Name |  |
| Section(s) completed |  |
| Rating (Section 1) |  |
| Rating (Section 2) |  |
| Rating (Section 3) |  |

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# Introduction

The Early Years Foundation Stage (EYFS) for group and school-based providers sets the standards that all group and school-based providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children’s ‘school readiness’ and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.

Guidance

The EYFS Musts Audit aims to empower leaders and managers of group and school-based providers to effectively self-evaluate their provision in line with the EYFS.

This audit is designed as a self-evaluation resource to help Early Years leaders in group and school-based providers to meet the EYFS Statutory Requirements. This document aims to:

* support reflective dialogue and collaboration between Early Years Childcare and Business Development team and group and school-based providers
* support group and school-based providers to embed high quality practice and provision and achieve successful good and outstanding Ofsted inspections
* develop strong and confident self-evaluation and development planning

Group and school-based leaders will:

* be empowered to take responsibility for their own improvement journey.
* know how to use the EYFS Statutory Framework for group and school-based providers as a tool for evaluating their own provision
* grow in confidence in their self-evaluation in readiness for Ofsted and to support ongoing improvement and development
* welcome support from the Early Years Childcare and Business Development Team to address any areas of development within their provision

# Ratings

This traffic light rating system can be used to support the continuous development and /or the maintenance of high-quality practice and provision in your provision. The rating system provides you with the opportunity to rate individual aspects of the practice and provision against the EYFS.

By adopting a traffic light system, more commonly known as a ‘red/amber/green’ or RAG rating, managers/leaders (and practitioners) can see progress over time. Together as a team you can clearly identify at what point further intervention or action planning is required to bring a specified area back on track.

If you require any information, advice and or training with regards to addressing any areas of development you have identified please contact earlyyears@walthamforest.gov.uk where the Early Years, Childcare & Business Development service will be able to support you.

|  |  |
| --- | --- |
| **Colour Code** | **Description** |
| Green | Every Component is met 100% |
| Amber | More than 50% but less than 100% are met |
| Red | Less than 30% - 50% of components are met |
| Blue | None of the components are met |
| NA | Not applicable to classroom/programme. Please explain why in the notes |
| N OP | No opportunity to observe. Please explain why in the notes |

# Section 1 – The Learning and Development Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Audit of MUSTs to be used in conjunction with the[Early years foundation stage (EYFS) statutory framework](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2) For group and school-based providers | Review date | How can you evidence that you are meeting the requirement (including Location of evidence) | Action required |
| 1.1-1.3 | This section sets out what providers *must* do, working in partnership with parents and/or carers, to promote the learning and development of all children in their care, and to ensure their entire early years’ experience contributes positively to their brain development and readiness for Key Stage 1.Early years providers *must* guide the development of children’s capabilities to help ensure that children in their care will fully benefit from future opportunities. |  |  |  |
| 1.4-1.5 | There are seven areas of learning and development that set out what providers *must* teach the children in their settings. Three prime areas are particularly important for learning and forming relationships. They build a foundation for children to thrive and provide the basis for learning in all areas. These are the prime areas:* Communication and language
* Physical development
* Personal, social and emotional development
 |  |  |  |
| 1.6 | Providers *must* also support children in four specific areas, which help strengthen and develop the three prime areas, and ignite children’s curiosity and enthusiasm.The specific areas are: * Literacy
* Mathematics
* Understanding the world
* Expressive arts and design
 |  |  |  |
|  | **Educational Programmes** |  |  |  |
|  | The educational programmes are high level curriculum summaries which set out what should be taught in settings for each area. They *must* involve activities and experiences that enable children to learn and develop, as set out under each of the areas of learning:**Communication and language** the development of children’s spoken language underpins all seven areas of learning and development. Children’s back-and-forth interactions from an early age form the foundations for language and cognitive development. The number and quality of the conversations they have with adults and peers throughout the day in a language-rich environment is crucial. By commenting on what children are interested in or doing, and echoing back what they say with new vocabulary added, practitioners will build children's language effectively. Reading frequently to children, and engaging them actively in stories, non-fiction, rhymes and poems, and then providing them with extensive opportunities to use and embed new words in a range of contexts, will give children the opportunity to thrive. Through conversation, story-telling and role play, where children share their ideas with support and modelling from their teacher, and sensitive questioning that invites them to elaborate, children become comfortable using a rich range of vocabulary and language structures. |  |  |  |
| **Personal, social and emotional development** Children’s personal, social and emotional development (PSED) is crucial for children to lead healthy and happy lives and is fundamental to their cognitive development. Underpinning their personal development are the important attachments that shape their social world. Strong, warm and supportive relationships with adults enable children to learn how to understand their own feelings and those of others. Children should be supported to manage emotions, develop a positive sense of self, set themselves simple goals, have confidence in their own abilities, to persist and wait for what they want and direct attention as necessary. Through adult modelling and guidance, they will learn how to look after their bodies, including healthy eating, and manage personal needs independently. Through supported interaction with other children, they learn how to make good friendships, co-operate and resolve conflicts peaceably. These attributes will provide a secure platform from which children can achieve at school and in later life |  |  |  |
| **Physical development** Physical activity is vital in children’s all-round development, enabling them to pursue happy, healthy and active lives.Gross and fine motor experiences develop incrementally throughout early childhood, starting with sensory explorations and the development of a child’s strength, co-ordination and positional awareness through tummy time, crawling and play movement with both objects and adults. By creating games and providing opportunities for play both indoors and outdoors, adults can support children to develop their core strength, stability, balance, spatial awareness, co-ordination and agility. Gross motor skills provide the foundation for developing healthy bodies and social and emotional well-being. Fine motor control and precision helps with hand-eye co-ordination, which is later linked to early literacy. Repeated and varied opportunities to explore and play with small world activities, puzzles, arts and crafts and the practice of using small tools, with feedback and support from adults, allow children to develop proficiency, control and confidence. |  |  |  |
| **Literacy** It is crucial for children to develop a life-long love of reading. Reading consists of two dimensions: language comprehension and word reading. Language comprehension (necessary for both reading and writing) starts from birth. It only develops when adults talk with children about the world around them and the books (stories and non-fiction) they read with them, and enjoy rhymes, poems and songs together. Skilled word reading, taught later, involves both the speedy working out of the pronunciation of unfamiliar printed words (decoding) and the speedy recognition of familiar printed words. Writing involves transcription (spelling and handwriting) and composition (articulating ideas and structuring them in speech, before writing). |  |  |  |
| **Mathematics** Developing a strong grounding in number is essential so that all children develop the necessary building blocks to excel mathematically.Children should be able to count confidently, develop a deep understanding of the numbers to 10, the relationships between them and the patterns within those numbers. By providing frequent and varied opportunities to build and apply this understanding - such as using manipulatives, including small pebbles and tens frames for organising counting - children will develop a secure base of knowledge and vocabulary from which mastery of mathematics is built. In addition, it is important that the curriculum includes rich opportunities for children to develop their spatial reasoning skills across all areas of mathematics including shape, space and measures. It is important that children develop positive attitudes and interests in mathematics, look for patterns and relationships, spot connections, ‘have a go’, talk to adults and peers about what they notice and not be afraid to make mistakes. |  |  |  |
| **Understanding the world** Understanding the world involves guiding children to make sense of their physical world and their community. The frequency and range of children’s personal experiences increases their knowledge and sense of the world around them – from visiting parks, libraries and museums to meeting important members of society such as police officers, nurses and firefighters. In addition, listening to a broad selection of stories, non-fiction, rhymes and poems will foster their understanding of our culturally, socially, technologically and ecologically diverse world. As well as building important knowledge, this extends their familiarity with words that support understanding across domains. Enriching and widening children’s vocabulary will support later reading comprehension. |  |  |  |
| **Expressive arts and design** The development of children’s artistic and cultural awareness supports their imagination and creativity. It is important that children have regular opportunities to engage with the arts, enabling them to explore and play with a wide range of media and materials. The quality and variety of what children see, hear and participate in is crucial for developing their understanding, self-expression, vocabulary and ability to communicate through the arts. The frequency, repetition and depth of their experiences are fundamental to their progress in interpreting and appreciating what they hear, respond to and observe. |  |  |  |
|  | **Early Learning Goals** |  |  |  |
| 1.7 – 1.11 | The level of development children should be expected to have reached by the end of the EYFS is defined by the **early learning goals** (ELGs) as set out on pg. 11– 16 of the EYFS statutory framework for group and school based providers |  |  |  |
| When forming a judgement about whether an individual child is at the expected level of development, teachers should draw on their knowledge of the child and their own expert professional judgement. This is enough evidence to assess a child’s individual level of development in relation to each of the ELGs. **Recorded written or photographic evidence is not required.** |  |  |  |
|  | **Learning and Development Considerations** |  |  |  |
| 1.12 | Practitioners should be ambitious for all children. To do this they *must* consider the individual needs, interests, and development of each child in their care. They *must* use this information to plan a challenging and enjoyable experience for each child in all areas of learning and development.  |  |  |  |
|  | **Acting on Concerns** |  |  |  |
| 1.13 | Throughout the early years, if a provider is worried about a child’s progress in any prime area, practitioners *must* discuss this with the child’s parents and/or carers and agree how to support the child. |  |  |  |
| Practitioners *mus*t consider whether a child needs any additional support, including whether they may have a special educational need or disability which requires specialist support. |  |  |  |
|  | **English as an Additional Language** |  |  |  |
| 1.14-1.15 | Providers *must* ensure that children have sufficient opportunities to learn and reach a good standard in English language during the EYFS, ensuring children are ready to benefit from the opportunities available to them when they begin Key Stage 1. When assessing communication, language, and literacy skills, practitioners *must* assess children’s skills in English. If a child does not have a strong grasp of English language, practitioners *must* explore the child’s skills in the home language with parents and/or carers, to establish whether there is cause for concern about language delay. |  |  |  |
|  | **Approaches to teaching and Learning**  |  |  |  |
| 1.16 | Practitioners *must* stimulate children’s interests, responding to each child’s emerging needs and guiding their development through warm, positive interactions coupled with secure routines for play and learning. |  |  |  |
| 1.18 | In planning and guiding what children learn, practitioners *must* reflect on the different rates at which children are developing and adjust their practice appropriately. Three characteristics of effective teaching and learning are: * **Playing and exploring** - children investigate and experience things, and ‘have a go’.
* **Active learning** - children concentrate and keep on trying if they encounter difficulties and enjoy achievements.
* **Creating and thinking critically** - children have and develop their own ideas, make links between ideas, and develop strategies for doing things.
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# Section 2 – Assessment

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| Audit of MUSTs to be used in conjunction with the[Early years foundation stage (EYFS) statutory framework](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2) For group and school based provision  | Review date | How can you evidence that you are meeting the requirement (including Location of evidence) | Action required |
| 2.1 | Assessment plays an important part in helping parents, carers and practitioners to recognise children’s progress, understand their needs, and to plan activities and support. This section sets out the assessment requirements group and school-based providers *must* meet, as well as guidance on assessment. |  |  |  |
| 2.2 | Assessment should not entail prolonged breaks from interaction with children, nor require excessive paperwork. When assessing whether an individual child is at the expected level of development, practitioners should draw on their knowledge of the child and their own expert professional judgement and should not be required to prove this through collection of physical evidence. |  |  |  |
| 2.3 | Practitioners should keep parents and/or carers up to date with their child’s progress and development. Practitioners should address any learning and development needs in partnership with parents and/or carers, and any relevant professionals. |  |  |  |
| 2.4 | Assessment should inform an ongoing dialogue between practitioners and year 1 teachers about each child’s learning and development, to support a successful transition to Key Stage 1. |  |  |  |
|  | **On going assessment**  |  |  |  |
| 2.5 | Ongoing assessment (also known as formative assessment) is an integral part of the learning and development process. It involves practitioners understanding children’s interests and what they know and can do, and then shaping teaching and learning experiences for each child reflecting that knowledge. In their interactions with children, practitioners should make and act on their own day-to-day observations about children’s progress and observations that parents and carers share. However, there is no requirement to keep written records in relation to this. |  |  |  |
|  | **Progress check at age two** |  |  |  |
| 2.6-2.7 | When a child is aged between two and three, practitioners *must* review their progress, and provide parents and/or carers with a short written summary of their child’s development in the prime areas.  |  |  |  |
| Beyond the prime areas, it is for practitioners to decide what the written summary should include, reflecting the development level and needs of the individual child. |  |  |  |
| 2.8 | The summary must: * Highlight areas in which a child is progressing well.
* Highlight areas in which some additional support might be needed.
* Focus particularly on any areas where there is a concern that a child may have a developmental delay, which may indicate a special educational need or disability.
* Describe the activities and strategies the provider intends to adopt to address any issues or concerns. This plan should involve parents and carers and other professionals (for example, the provider’s Special Educational Needs Co-ordinator (SENCO) or health professionals) as appropriate.
 |  |  |  |
| 2.9 | If a child moves settings between the ages of two and three it is expected that the progress check would usually be undertaken by the setting where the child has spent most time. Practitioners *must* discuss with parents and/or carers how the summary of development can be used to support learning at home. Non-statutory guidance, [Progress check at age 2](https://www.gov.uk/government/publications/progress-check-at-age-2) is available to support practitioners in completing the progress check. |  |  |  |
| 2.10 | Practitioners should encourage parents and/or carers to share information from the progress check with other relevant professionals, including their health visitor and the staff of any new provision the child may move to.  |  |  |  |
| Practitioners *must* agree with parents and/or carers when will be the most useful point to provide a summary. Where possible, the progress check and the Healthy Child Programme health and development review at age two (when health visitors gather information on a child’s health and development) should inform each other and support integrated working. This will allow health and education professionals to identify strengths as well as any developmental delay and any particular support from which they think the child/family might benefit.  |  |  |  |
| Providers *must* have the consent of parents and/or carers to share information directly with other relevant professionals. |  |  |  |
| **Assessment at the end of the EYFS – the Early Years Foundation Stage Profile (EYFSP)** |
| 2.13 | In the final term of the year in which the child reaches age five, and no later than 30th June in that term, the EYFS Profile *must* be completed for each child. This is therefore usually undertaken by reception teachers, but on rare occasions it could be undertaken in other settings too. A provider other than a reception teacher *must* complete the EYFS profile only where a child they are caring for has not started school by the final term of the year in which the child reaches age 5 and will complete the EYFS in their setting. |  |  |  |
| 2.14 | The Profile *must* reflect practitioners’ own knowledge and professional judgement of a child to inform discussions with parents and carers, and any other adults whom the teacher, parent or carer judges can offer a useful contribution. |  |  |  |
| 2.15 | Each child’s level of development *must* be assessed against the early learning goals.  |  |  |  |
| Practitioners *must* note whether children are meeting expected levels of development, or if they are not yet reaching expected levels (“emerging”). |  |  |  |
| 2.16 | Year 1 teachers *must* be given a copy of the Profile report. Reception teachers, or early years practitioners where the Profile has been completed for a child who has remained in registered early years provision, may choose to provide a short commentary on each child’s skills and abilities in relation to the three key characteristics of effective teaching and learning (see paragraph 1.18).  |  |  |  |
| 2.17 | Relevant providers *must* share the results of the Profile with parents and/or carers and explain to them when and how they can discuss the Profile with the practitioner who completed it. |  |  |  |
| For children attending more than one setting, the Profile *must* be completed by the setting where the child spends most time. If a child moves to a new setting during the academic year, the original setting must send their assessment of the child’s level of development against the early learning goals to the relevant school within 15 days of receiving a request.  |  |  |  |
| If a child moves during the summer term, relevant providers *must* agree which of them will complete the Profile. |  |  |  |
| 2.18 | The Profile *must* be completed for all children, including those with special educational needs or disabilities (SEND). |  |  |  |
| Reasonable adjustments to the assessment process for children with special educational needs and disabilities *must* be made as appropriate. Providers should consider whether they may need to seek specialist assistance to help with this. |  |  |  |
|  | **Information to be provided to the Local Authority** |  |  |  |
| 2.19 | Early years providers *must* report EYFS Profile results to local authorities, upon request. Local authorities are under a duty to return this data to the relevant Government department. |  |  |  |

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# Section 3 – The Safeguarding and Welfare Requirements

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| Audit of MUSTs to be used in conjunction with the[Early years foundation stage (EYFS) statutory framework](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2) | How can you evidence that you are meeting the requirement (including Location of evidence) | Rating | Review date | Action required |
|  | **Providers must ensure that their arrangements for safeguarding children comply with current guidance from government and the Waltham Forest Safeguarding Children Board (WFSCB).** [**Safeguarding in EYFS**](https://thehub-beta.walthamforest.gov.uk/safeguarding-eyfs) |  |  |  |  |
| 3.1 | Children learn best when they are healthy, safe, secure, when their individual needs are met, and when they have positive relationships with the adults caring for them. |  |  |  |  |
| 3.2 | This section of the framework sets out the safeguarding and welfare requirements providers *must* meet. They are designed to help providers create a high-quality, welcoming, and safe setting where children can enjoy learning and grow in confidence. |  |  |  |  |
| 3.3 | Providers *must* take all necessary steps to keep children safe and well. The requirements in this section explain what early years providers must do to: • Safeguard children. • Ensure the adults who have contact with children are suitable. • Promote good health.• Support and understand behaviour.• Maintain records, policies, and procedures. |  |  |  |  |
|  | **Safeguarding policies and procedures** |  |  |  |  |
| 3.4 | In every setting, a practitioner must be designated to take lead responsibility for safeguarding children. The lead practitioner is responsible for liaison with local statutory children's services agencies, and with the LSP (Local Safeguarding Partners). All practitioners *must* be alert to any issues of concern in the child’s life at home or elsewhere. |  |  |  |  |
| 3.5 | Providers *must* have and implement policies and procedures to keep children safe and meet EYFS requirements. Schools are not required to have separate policies to cover EYFS requirements provided the requirements are already met through an existing policy. Where providers are required to have policies and procedures as specified below, these policies and procedures should be recorded in writing. Policies and procedures should be in line with the guidance and procedures of the **WFSCB**  |  |  |  |  |
| 3.6 | Safeguarding policies *must* include: • The action to be taken when there are safeguarding concerns about a child.• The action to be taken in the event of an allegation being made against the member of staff.• How mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting. *Providers may find it helpful to read* [*'Safeguarding children and protecting professionals in early years settings: online safety considerations’*](https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations)*.*  |  |  |  |  |
|  | **Concerns about Children’s Safety and Welfare** |  |  |  |  |
| 3.7 | If providers have concerns about children's safety or welfare, they *must* immediatelynotify their local authority children's social care team, in line with local reporting procedures, and, in emergencies, the police. Providers *must* also take into account the government’s statutory guidance [‘Working Together to Safeguard Children’](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) and[‘Prevent duty guidance for England and Wales](https://www.gov.uk/government/publications/prevent-duty-guidance)’ All schools are required to haveregard9 to the government’s statutory guidance ‘[Keeping Children Safe in Education’](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2),and other childcare providers may also find it helpful to read this guidance. |  |  |  |  |
| 3.8 | Registered providers *must* inform Ofsted, or the agency with which a provider of CoDP is registered, of any allegations of serious harm or abuse by anyone living, working, or looking after children at the premises. This *must* happen whether the allegations of harm or abuse are alleged to have been committed on the premises or elsewhere, for example, on a visit.Registered providers *must* also notify Ofsted/ their agency of the action they have taken in response to the allegations. Ofsted/the agency *must* be notified as soon as is reasonably practicable, but in any event within 14 days of the allegations being made. A registered provider who, without a reasonable excuse, fails to do this commits an offence. |  |  |  |  |
|  | **Suitable People**  |  |  |  |  |
| 3.9 | Providers *must* ensure that people looking after children are suitable; they must have the relevant qualifications, training and have passed any required checks to fulfil their roles. Providers *must* take appropriate steps to verify qualifications, including in cases where physical evidence cannot be produced. Providers *must* also ensure that any person who may have regular contact with children (for example, someone living or working on the same premises the early years provision is provided), is suitable |  |  |  |  |
| 3.10 | Ofsted, or the agency with which a provider of CoDP is registered, is responsible for checking the suitability of: • The provider. • Every other person looking after children on domestic premises for whom the care is being provided.• Every other person living or working on any domestic premises from which the childcare is being provided, including requiring enhanced criminal records checks and barred list checks. |  |  |  |  |
| 3.11 | Registered group and school based providers, except CoDP providers, *must* obtain an enhanced criminal records check for every person aged 16 and over (including for unsupervised volunteers, and supervised volunteers who provide personal care) who: • Works directly with children. • Lives on the premises on which the childcare is provided (unless there is no access to the part of the premises when and where children are cared for) and/or • Works on the premises on which the childcare is provided (unless they do not work on the part of the premises where the childcare takes place, or do not work there at times when children are present).An additional criminal records check (or checks if more than one country) should also be made for anyone who has lived or worked abroad |  |  |  |  |
| 3.12 | An additional criminal records check (or checks if more than one country) should also be made for anyone who has lived or worked abroad. |  |  |  |  |
| 3.13 | Providers *must* tell staff that they are expected to disclose any convictions, cautions, court orders, reprimands and warnings that may affect their suitability to work with children (whether received before or during their employment at the setting). Providers *must* not allow anyone whose suitability has not been checked, including through a criminal records check, to have unsupervised contact with children being cared for. |  |  |  |  |
| 3.14 | Providers *must* record information about staff qualifications and the identity checks and vetting processes that have been completed (including the criminal records check reference number, the date a check was obtained and details of who obtained it). |  |  |  |  |
| 3.15 | Providers are required to make a referral to the Disclosure and Barring Service if a member of staff is dismissed (or would have been, had they not left the setting first) because they have harmed a child or put a child at risk of harm. |  |  |  |  |
|  | **Disqualification** |  |  |  |  |
| 3.16 | A provider or a practitioner may be disqualified from registration. Providers may find [guidance](https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006) about disqualification under the Childcare Act 2006 helpful. If a provider is disqualified, they must not continue as an early years provider or be directly involved in the management of any early years provision. When a person is disqualified, providers *must* not employ that person in connection with early years provision. |  |  |  |  |
| 3.17 | A registered provider *must* notify Ofsted, or the agency with which a provider of CoDP is registered, 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 example of a significant event. |  |  |  |  |
| 3.18 | The registered provider *must* give Ofsted, or the agency with which a provider of CoDP is registered, the following information about themselves or about any person who lives or is employed in the same household as the registered provider: • Details of any order, determination, conviction, or other ground for disqualification from registration under regulations made under section 75 of the Childcare Act 2006. • The date of the order, determination or conviction, or the date when the other ground for disqualification arose. • The body or court which made the order, determination or conviction, and the sentence (if any) imposed.• A certified copy of the relevant order (in relation to an order or conviction). |  |  |  |  |
| 3.19 | A setting’s registered person *must* provide this information to Ofsted/the agency as soon as reasonably practicable, but, in any event within 14 days of the date the provider became aware of the information or should have reasonably become aware of it if they had made reasonable enquiries. |  |  |  |  |
| 3.20 | If a provider becomes aware of relevant information that may lead to an employee being disqualified, the provider *must* take appropriate action to ensure the safety of children. |  |  |  |  |
|  | **Staff taking medication /other substances**  |  |  |  |  |
| 3.21 | 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 practitioner is taking medication which may affect their ability to care for children, they should seek medical advice.Practitioners *must* only work directly with children if the medical advice received confirms that the medication is unlikely to impair that person’s ability to look after children properly. All medication on the premises *must* be stored securely, and out of reach of children, at all times. |  |  |  |  |
|  | **Smoking and vaping**  |  |  |  |  |
| 3.22 | Providers *must* not allow smoking in or on the premises when children are present or about to be present. Practitioners 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](https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces) |  |  |  |  |
|  | **Qualifications, training, support and skills** |  |  |  |  |
| 3.23 | Providers *must* follow their legal responsibilities under the Equality Act 2010 including the fair and equal treatment of practitioners regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. |  |  |  |  |
| 3.24 | **Safeguarding training** |  |  |  |  |
| Providers *must* train all staff to understand their safeguarding policy and procedures and ensure that all staff have up to date knowledge of safeguarding issues. Training made available by the provider *must* enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include: • Significant changes in children's behaviour. • A decline in children’s general well-being. • Unexplained bruising, marks or signs of possible abuse or neglect. • Concerning comments from children.• Inappropriate behaviour from practitioners, or any other person working with the children. This could include inappropriate sexual comments; excessive one to-one attention beyond what is required through their role; or inappropriate sharing of images. • Any reasons to suspect neglect or abuse outside the setting, for example in the child’s home or that a girl may have been subjected to (or is at risk of) [female genital mutilation](https://www.gov.uk/government/collections/female-genital-mutilation).  |  |  |  |  |
|  | Providers may find it helpful to read [‘What to do if you’re worried a child is being abused: Advice for practitioners’](https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2) |  |  |  |  |
| 3.25 | The lead practitioner *must* provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required. The lead practitioner *must* attend a child protection training course that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect (as described at paragraph 3.8). |  |  |  |  |
|  | **Training and skills**  |  |  |  |  |
| 3.26 | What practitioners know, plan for, and do matters for children’s learning, development, safety, and happiness in settings. Providers *must* ensure that all staff receive induction training to help them understand their roles and responsibilities. Induction training must include information about emergency evacuation procedures, safeguarding, child protection, and health and safety issues. Providers *must* support staff to undertake appropriate training and professional development opportunities to ensure they offer quality learning and development experiences for children that continually improves. |  |  |  |  |
|  | **Supervision of staff** |  |  |  |  |
| 3.27 | Providers *must* put appropriate arrangements in place for the supervision of staff who have contact with children and families. Effective supervision provides support, coaching, and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork, and continuous improvement, which encourages the confidential discussion of sensitive issues. |  |  |  |  |
| 3.28 | Supervision should provide opportunities for staff to:• Discuss any issues – particularly concerning children’s development or wellbeing, including child protection concerns.• Identify solutions to address issues as they arise. • Receive coaching to improve their personal effectiveness. |  |  |  |  |
|  | **Paediatric First Aid** |  |  |  |  |
| 3.29 | At least one person who has a current paediatric first aid (PFA) certificate *must* be on the premises and available at all times when children are present and must accompany children on outings. The certificate *mus*t be for a full course consistent with the criteria set out in Annex A. |  |  |  |  |
| PFA training *must* be renewed every three years and be relevant for people caring for young children and babies. |  |  |  |  |
| 3.30 | Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly. |  |  |  |  |
| 3.31 | All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3 in an early years setting. To continue to be included in the ratio requirement the certificate *must* be renewed every 3 years. |  |  |  |  |
| 3.32 | Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate. |  |  |  |  |
|  | **English Language Skills** |  |  |  |  |
| 3.33 | Providers *must* ensure that staff have sufficient understanding and use of English to ensure the well-being of children in their care. For example, settings *must* be able to: • Keep records in English. • Liaise with other agencies in English. • Summon emergency help. • Understand instructions. For example, about the safety of medicines or food hygiene. |  |  |  |  |
| **Key Person** |  |  |  |  |
| 3.34 | Each child *must* be assigned a key person. Their role is to help ensure that every child’s care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents and/or carers. They should also help families engage with more specialist support if appropriate. |  |  |  |  |
|  | **Staff: child ratios** |  |  |  |  |
| 3.35 | Staffing arrangements *must* meet the needs of all children and ensure their safety. Providers *must* ensure that children are adequately supervised, including whilst eating, and decide how to use staff to ensure children’s needs are met. Providers *must* inform parents and/or carers about how staff are organised, and, when relevant and practical, aim to involve them in these decisions. |  |  |  |  |
| 3.36 | Children *must* usually be within sight and hearing of staff and always within sight or hearing.  |  |  |  |  |
| 3.37 | In settings on the early years register, the manager of the setting *must* hold an approved qualification of level 3 or above and at least half of all other staff *must* hold at least an approved level 2 qualification. Managers appointed on or after 1 January 2024 must have already achieved a suitable level 2 qualification in maths or *must* do so within two years of starting in the position. Managers are responsible for ensuring staff have the right level of maths knowledge to effectively deliver the EYFS curriculum. Managers should have at least two years’ experience of working in an early years setting, or have at least two years’ other suitable experience. The provider *must* ensure there is a named deputy who, in their judgement, is capable and qualified to take charge in the manager’s absence. |  |  |  |  |
| 3.38 | To count within the ratios at level 3, staff holding an Early Years Educator qualification *must* also have achieved a suitable level 2 qualification in English. An approved qualification is defined by the Department for Education as meeting the criteria set out in the [Early years qualification requirements and standards](https://www.gov.uk/government/publications/early-years-qualification-requirements-and-standards) document. Approved qualifications will be published on the [Early years qualifications finder](https://www.gov.uk/guidance/early-years-qualifications-finder) |  |  |  |  |
| 3.39 | The ratio requirements below apply to the total number of staff available to work directly with children. Exceptionally, and where the quality of care and safety and security of children is maintained, changes to the ratios may be made. For settings providing overnight care, the relevant ratios continue to apply and at least one member of staff *must* be awake at all times. |  |  |  |  |
| 3.40 | 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* have suitable experience of working with under twos |  |  |  |  |
| 3.41 | For children aged two: * there *must* be at least one member of staff for every five 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 |  |  |  |  |
| 3.42 | For children aged three and over in registered early years provision where a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status or another approved level 6 qualification, is **working directly with** the children: * there *must* be at least one member of staff for every 13 children

at least one other member of staff *must* hold an approved level 3 qualification |  |  |  |  |
| 3.43 | For children aged three and over at any time in registered early years provision when a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status or another approved level 6 qualification is **not** 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 |  |  |  |  |
| 3.44 | For children aged three and over in independent schools (including in nursery classes in free schools and academies) where a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status or another approved level 6 qualification, an instructor, or another suitably qualified overseas trained teacher, is working directly with children:•For classes where the majority of children will reach the age of five or older within the school year, there *must* be at least one member of staff for every 30 children. • For all other classes there *must* be at least one other member of staff for every 13 children. • At least one other member of staff *must* hold an approved level 3 qualification. |  |  |  |  |
| 3.45 | For children aged three and over in independent schools (including in nursery classes in free schools and 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 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. |  |  |  |  |
| 3.46 | For children aged three and over in maintained nursery schools and nursery classes in maintained schools: • There *must* be at least one member of staff for every 13 children. • At least one member of staff *must* be a school teacher as defined by section 122 of the Education Act 2002. • At least one other member of staff *must* hold an approved level 3 qualification. |  |  |  |  |
| 3.47 | Reception classes in maintained schools and academies are subject to infant class size legislation, which is limited to 30 pupils per school teacher (subject to permitted exceptions) while an ordinary teaching session is conducted. ‘School teachers’ do not include teaching assistants, higher level teaching assistants, or other support staff. Consequently, in an ordinary teaching session, a school *must* employ sufficient school teachers to enable it to teach its infant classes in groups of no more than 30 per school teacher. |  |  |  |  |
| 3.48 | In an ordinary teaching session, a school *must* employ sufficient school teachers to enable it to teach its infant classes in groups of no more than 30 per school teacher |  |  |  |  |
| 3.48 | Some schools may choose to mix their reception classes with groups of younger children (for example, nursery pupils, non-pupils, or younger children from a registered provider). In such cases they *must* determine ratios within mixed groups, guided by all relevant ratio requirements and by the needs of individual children within the group. In exercising this discretion, the school *must* comply with the statutory requirements relating to the education of children of compulsory school age and infant class sizes. Schools’ partner providers *must* meet the relevant ratio requirements for their provision. |  |  |  |  |
| 3.49 | Suitable 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 the ratios at the level below their level of study, if the provider is satisfied that they are competent and responsible |  |  |  |  |
|  | **Before/after school care and holiday provision** |  |  |  |  |
| 3.50 | Where the provision is solely before/after school care or holiday provision for children who normally attend reception class (or older) during the school day, there must be sufficient staff as for a class of 30 childrenIt is for providers to determine how many staff are needed to ensure the safety and welfare of children, bearing in mind the type(s) of activity and the age and needs of the children. It is also for providers to determine what qualifications, if any, the manager and/or staff should have. See details on page 6 of the EYFS for the learning and development requirements for providers offering care exclusively before/after school or during the school holidays. |  |  |  |  |
| 3.51 | **Health: medicines** |  |  |  |  |
| Providers *must* promote the good health, including the oral health, of the children they look after. |  |  |  |  |
| 3.52 | Providers have a procedure, which *must* be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure *must* also cover the necessary steps to prevent the spread of infection. |  |  |  |  |
| 3.53 | Providers *must* have and implement a policy, and procedures, for administering medicines to children.It *must* include systems for obtaining information about a child’s needs for medicines, and for keeping this information up to date. Staff *must* have training if 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 (medicines containing aspirin should only be given if prescribed by a doctor). |  |  |  |  |
| 3.54 | 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 the medicine has been taken, or as soon as reasonably practicable. |  |  |  |  |
|  | **Health: food and drink** |  |  |  |  |
| 3.55 | 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.  |  |  |  |  |
|  | **Food and drink facilities** |  |  |  |  |
| 3.56 | 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.  |  |  |  |  |
| Providers *must* be confident that those responsible for preparing and handling food are competent to do so. All staff involved in preparing and handling food *must* receive training in food hygiene.  |  |  |  |  |
| 3.57 | **Food poisoning** |  |  |  |  |
| Registered providers *must* notify Ofsted, or the agency with which a provider of CoDP is registered, of any food poisoning affecting two or more children cared for on the premises. This *must* be done as soon as is reasonably practical, but, in any event, within 14 days of the incident. A registered provider who, without reasonable excuse, doesn’t meet this requirement commits an offence. |  |  |  |  |
| **Supporting and understanding children’s behaviour** |  |  |  |  |
| 3.58 | Providers are responsible for supporting, understanding, and managing children’s behaviour in an appropriate way. |  |  |  |  |
| 3.59 | Providers *must* not give or threaten corporal punishment or any punishment which could negatively affect a child's well-being. Providers *must* take reasonable steps to ensure that corporal punishment is not given by anyone who is caring for or is in regular contact with a child, or by anyone living or working in the premises where care is provided. Any early years provider who does not meet these requirements commits an offence. A person will not be considered to have used corporal punishment (and therefore will not have committed an offence), if physical intervention was taken to avert immediate danger of personal injury to any person (including the child) or to manage a child’s behaviour if absolutely necessary. |  |  |  |  |
| 3.60 | Providers *must* keep a record of any occasion where physical intervention is used, and parents and/or carers must be informed on the same day, or as soon as reasonably practicable. |  |  |  |  |
|  | **Special educational needs** |  |  |  |  |
| 3.61 | Providers *must* have arrangements in place to support children with Special Education Needs and Disabilities (SEND). Maintained schools, maintained nursery schools and all providers who are funded by the local authority to deliver early education places must take into account the [Special Educational Needs Code of Practice](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf).Maintained schools and maintained nursery schools must identify a member of staff to act as Special Educational Needs Co-ordinator (SENCO) and other providers (in group provision) are expected to identify a SENCO. Providers may find it helpful to familiarise themselves with the early years section of the [SEND Code of Practice](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf). |  |  |  |  |
|  | **Safety and suitability of premises, environment and equipment** |  |  |  |  |
|  | **Accident and injury** |  |  |  |  |
| 3.62 | Providers *must* ensure a first aid box with appropriate items for use on children is always accessible.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, of any first aid treatment given. |  |  |  |  |
| 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, of any first aid treatment given.  |  |  |  |  |
| 3.63 | Registered providers *must* notify Ofsted, or the agency with which a provider of CoDP is registered, of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. This *must* be done as soon as is reasonably practicable, but in any event, within 14 days of the incident occurring. A registered provider who, without reasonable excuse, does not meet this requirement commits an offence. |  |  |  |  |
| 3.63 | Providers *must* notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies. |  |  |  |  |
|  | **Safety of premises** |  |  |  |  |
| 3.64 | 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). |  |  |  |  |
| 3.65 | 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. Providers *must* have: • An emergency evacuation procedure. • Appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and/or fire extinguishers) which is in working order. |  |  |  |  |
| 3.65 | Fire exits *must* be clearly identifiable, and fire doors are free of obstruction and easily opened from the inside. |  |  |  |  |
|  | **Indoor space requirements** |  |  |  |  |
| 3.66 | The premises and equipment *must* be organised in a way that meets the needs of children. Providers *must* meet the following indoor space requirements where indoor activity in a building(s) forms the main part of (or is integral) to the provision: * Children under two years: 3.5 m2 per child
* Two year olds: 2.5 m2 per child
* Children aged three to five years: 2.3 m2 per child
 |  |  |  |  |
| 3.67 | Where the space standards are applied, providers cannot increase the number of children on roll because they additionally use an outside area. Forest and other exclusively (or almost exclusively) outdoor provision is not required to meet the space standards above as long as children’s needs can be met. For this kind of provision, indoor space requirements can be used as a guide for the minimum area needed. |  |  |  |  |
|  | **Outdoor access** |  |  |  |  |
| 3.68 | Providers *must* provide access to an outdoor play area. If that is not possible, they must ensure that outdoor activities are planned and taken on a daily basis (unless circumstances make this inappropriate, for example unsafe weather conditions). |  |  |  |  |
| Providers *must* follow their legal responsibilities under the Equality Act 2010 (for example, the provisions on reasonable adjustments).  |  |  |  |  |
|  | **Sleeping arrangements** |  |  |  |  |
| 3.69 | Sleeping children *mus*t be frequently checked to ensure that they are safe. Being safe includes ensuring that cots and bedding are in good condition and suited to the age of the child, and that babies are placed down to sleep safely in line with the latest government safety guidance: [Sudden infant death syndrome (SIDS)](https://www.nhs.uk/conditions/sudden-infant-death-syndrome-sids/)Practitioners may also find it helpful to read NHS advice on safety of sleeping children: [Reduce the risk of sudden infant death syndrome](https://www.nhs.uk/conditions/baby/caring-for-a-newborn/reduce-the-risk-of-sudden-infant-death-syndrome/) |  |  |  |  |
|  | **Baby room** |  |  |  |  |
| 3.70 | 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. |  |  |  |  |
|  | **Toilets and intimate hygiene** |  |  |  |  |
| 3.71 | Providers *must* ensure: • There is an adequate number of toilets and hand basins available – there should usually be separate toilet facilities for adults. • There are suitable hygienic changing facilities for changing any children who are in nappies. • There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items. |  |  |  |  |
|  | **Organising premises for confidentiality and safeguarding** |  |  |  |  |
| 3.72 | Providers *must* ensure: • There is an area where staff may talk to parents and/or carers confidentially. • There is an area for staff to take breaks away from areas being used by children. • Children are only released into the care of individuals of whom the parent has explicitly notified the provider. • Children do not leave the premises unsupervised.• They take all reasonable steps to prevent unauthorised persons entering the premises and have an agreed procedure for checking the identity of visitors. • They consider what additional measures are necessary when children stay overnight. |  |  |  |  |
|  | **Insurance** |  |  |  |  |
| 3.73 | Providers *must* carry the appropriate insurance (e.g. public liability insurance) to cover all premises from which they provide childcare**.** |  |  |  |  |
|  | **Safety on Outings** |  |  |  |  |
| 3.74 | Children *must* be kept safe while on outings. Providers *must* assess potential risks or hazards 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 up to providers. |  |  |  |  |
| 3.75 | Vehicles transporting children, and the driver of those vehicles, *must* be adequately insured |  |  |  |  |
|  | **Risk assessment** |  |  |  |  |
| 3.76 | 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. |  |  |  |  |
|  | **Information and record keeping** |  |  |  |  |
| 3.77 | Providers *must* maintain records, obtain and share relevant information (with parents and carers, other professionals working with the child, the police, social services and Ofsted or their CMA, as appropriate). This is to ensure their setting is safe and efficiently managed, and the needs of all children are met. |  |  |  |  |
| Providers *must* enable a regular two-way flow of information with parents and/or carers (and between other providers if a child is attending more than one setting). If requested, providers should incorporate parents’ and/or carers’ comments into children’s records. |  |  |  |  |
| 3.78 | Records *must* be easily accessible and available (these may be kept securely off the premises). |  |  |  |  |
| Confidential information and records about staff and children *must* be held securely and only accessible and available to those who have a right or professional need to see them. |  |  |  |  |
| Providers *must* be aware of their responsibilities under Data Protection legislation and where relevant the Freedom of Information Act 2000. |  |  |  |  |
| 3.79 | Providers *must* ensure that all staff understand the need to protect the privacy of the children in their care, as well the legal requirements that exist to ensure that information relating to the child is handled in a way that ensures confidentiality. Parents and/or carers *must* be given access to all records about their child, provided that no relevant exemptions apply to their disclosure under the Data Protection Act. |  |  |  |  |
| 3.80 | Records relating to individual children *must* be retained for a reasonable period of time after they have left the provision. |  |  |  |  |
|  | **Information about the child** |  |  |  |  |
| 3.81 | Providers *must* record the following information for each child in their care: • Full name. • Date of birth. • Name and address of every parent and/or carer who is known to the provider. • Information about any other person who has parental responsibility for the child. • Which parent(s) and/or carer(s) the child normally lives with. • Emergency contact details for parents and/or carers. |  |  |  |  |
|  | **Information for parents and carers** |  |  |  |  |
| 3.82 | Providers *must* share the following information with parents and/or carers:• How the EYFS is being delivered in the setting, and how parents and/or carers can access more information. • The range and type of activities and experiences provided for children, the daily routines of the setting, and how parents and carers can share learning at home. • How the setting supports children with special educational needs and disabilities. • Food and drinks provided for children. • Details of the provider's policies and procedures - making copies available on request. This includes the procedure to be followed in the event of a parent and/or carer failing to collect a child at the appointed time, or in the event of a child going missing at, or away from, the setting. • How staffing in the setting is organised. • The name of their child’s key person and their role. • A telephone number for parents and/or carers to contact the provider in an emergency. |  |  |  |  |
|  | **Complaints** |  |  |  |  |
| 3.83 | Providers *must* put in place a written procedure for dealing with concerns and complaints from parents and/or carers, and must keep a written record of any complaints, and their outcome |  |  |  |  |
| All providers *must*: • Investigate written complaints relating to how they are fulfilling the EYFS requirements. • Notify the person who made the complaint of the outcome of the investigation within 28 days of having received the complaint. • Make a record of complaints available to Ofsted, or the agency with which a provider of CoDP is registered, on request. |  |  |  |  |
| 3.84 | Providers *must* make available to parents and/or carers the details about how to contact Ofsted, or the agency with which a provider of CoDP is registered, if they believe the provider is not meeting the EYFS requirements. |  |  |  |  |
|  | **Inspections and quality assurance visits** |  |  |  |  |
| 3.85 | If providers become aware that they are to be inspected by Ofsted or have a quality assurance visit by the CMA, they *must* notify parents and/or carers. After an inspection by Ofsted or a quality assurance visit by their CMA, providers *must* supply a copy of the report to parents and/or carers of children attending on a regular basis. |  |  |  |  |
|  | **Information about the provider** |  |  |  |  |
| 3.86 | Providers *must* hold the following documentation: * name, home address and telephone number of the provider and any other person living or employed on the premises
* name, home address and telephone number of anyone else who will regularly be in unsupervised contact with the children attending the early years provision
* a daily record of the names of the children being cared for on the premises, their hours of attendance and the names of each child's key person
* their certificate of registration (which must be displayed at the setting and shown to parents and/or carers on request)
 |  |  |  |  |
|  | **Changes that must be notified to Ofsted** |  |  |  |  |
| 3.87` | All registered early years providers *must* notify Ofsted of any change: • In the address of the premises (and seek approval to operate from those premises where appropriate). • To the premises which may affect the space available to children and the quality of childcare available to them. • In the name or address of the provider, or the provider’s other contact information. • To the person who is managing the early years provision. • Any proposal to change the hours during which childcare is to be provided which will entail the provision of overnight care. • Any significant event which is likely to affect the suitability of the early years provider to look after children. • Any significant event which is likely to affect the suitability of any person who cares for/is in regular contact with children on the premises. • Where the early years provision is provided by a company, any change in the name or registered number of the company.• Where the early years provision is provided by a charity, any change in the name or registration number of the charity. • Where the childcare is provided by a partnership, body corporate or unincorporated association, any change to the “nominated individual”. • Where the childcare is provided by a partnership, body corporate or unincorporated association whose sole or main purpose is the provision of childcare, any change to the individuals who are partners in, or a director, secretary or other officer or members of its governing body. |  |  |  |  |
| 3.88 | Where providers are required to notify Ofsted about a change of person except for managers, as specified in paragraph above, providers *must* give Ofsted the new person's name, any former names or aliases, date of birth, and home address. If there is a change of manager, providers *must* notify Ofsted that a new manager has been appointed. Where it is reasonably practical to do so, this *must* be done in advance of the change happening. In other cases, this *must* be made as soon as is reasonably practical but, in any event, within 14 days. A registered provider who, without reasonable excuse, fails to comply with these requirements commits an offence. |  |  |  |  |
| 3.89 | Please note that where providers of CoDP are registered with a CMA the above notifications should be given to their CMA, not Ofsted. |  |  |  |  |
|  | **Other legal duties** |  |  |  |  |
| 3.90 | The EYFS requirements sit alongside other legal obligations and do not supersede or replace any other legislation which providers *must* still meet. For example, where provision is taking place in maintained schools there is other legislation in place with which headteachers, teachers and other practitioners must comply with. |  |  |  |  |
| Other duties on providers include:• Employment laws.• Anti-discriminatory legislation.• Health and safety legislation.• Data collection regulations.• Duty of care. |  |  |  |  |
|  | **Criteria for effective Paediatric First Aid (PFA) training (Annex A)** |  |  |  |  |
| 2 | Following PFA training, an assessment of competence leads to the award of a certificate. |  |  |  |  |
| 3 | The certificate must be renewed every three years. |  |  |  |  |
| 4 | Adequate resuscitation and other equipment including baby and junior models must be provided, so that all trainees are able to practice and demonstrate techniques. |  |  |  |  |
| 5 | The emergency PFA course should be undertaken face-to-face and last for a minimum of 6 hours (excluding breaks) and cover the following areas: • Be able to assess an emergency situation and prioritise what action to take • Help a baby/child who is unresponsive and breathing normally. • Help a baby/child who is unresponsive and not breathing normally. • Help a baby/child who is having a seizure. • Help a baby/child who is choking. • Help a baby/child who is bleeding. • Help a baby/child who is suffering from shock caused by severe blood loss (hypovolemic shock).(Face to Face means trainers are physically present with their trainees. This excludes the use of online platforms.) |  |  |  |  |
| 6 | The full PFA course should last for a minimum of 12 hours (excluding breaks) and cover the elements listed below in addition to the areas set out in paragraph 5 (the emergency PFA training elements outlined in paragraph 5 should be delivered face-to-face). • Help a baby/child who is suffering from anaphylactic shock. • Help a baby/child who has had an electric shock. • Help a baby/child who has burns or scalds. • Help a baby/child who has a suspected fracture. • Help a baby/child with head, neck or back injuries. • Help a baby/child who is suspected of being poisoned. • Help a baby/child with a foreign body in eyes, ears or nose. • Help a baby/child with an eye injury. • Help a baby/child with a bite or sting. • Help a baby/child who is suffering from the effects of extreme heat or cold. • Help a baby/child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions.• Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and how to record accidents and incidents). |  |  |  |  |
| 7 | Providers should consider whether paediatric first aiders need to undertake annual refresher training, during any three-year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures. |  |  |  |  |

# Appendix – Ratio chart

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For group and school-based providers** | **Ratio[[2]](#footnote-2)** | **No. of staff requiring to hold a full and relevant level 3 qualification**  | **No. of staff requiring a full and relevant level 2 qualification** | **Specific requirements** |
| 3.40 | **For children aged under two** | There must be at least one member of staff for every three children (1:3) | At least one member of staff who must also be suitably experienced in working with children under two. | At least half of all other staff  | At least half of all staff must have received training that specifically addresses the care of babies and where there is an under two-year-olds room the member of staff in charge of that room must, in the judgement of the provider, have suitable experience of working with under twos.  |
| 3.41 | **For children aged two** | There must be at least one member of staff for every five children(1:5) | At least one member of staff. | At least half of all other staff. |  |
| 3.42 | **For children aged three and over****in a registered EYs provision where a person holding an approved level 6 qualification directly works with children** | There must be at least one member of staff for every thirteen children (1:13) | At least one other member of staff |  | Person with Qualified Teacher Status, Early Years Professional Status,Early Years Teacher Status, or another approved level 6 qualification is workingdirectly with children |
| 3.43 | **For children aged three and over in a registered EYs provision where a person holding an****approved level 6 qualification is not working directly with****children** | There must be at least one member of staff to every eight children (1:8) | At least one member of staff | At least half of all other staff. | Person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status, or another approved level 6 qualification is not working directly with children: |
| 3.44 | **For children aged three and over in independent schools (including in nursery****classes in free schools and academies) where a person holding an approved level 6 qualification or other suitably qualified person directly works with children** | For classes where the majority of children will reach the age of five or older within the school year: one staff member for every thirty children (1:30)For all other classes there must be one member of staff for every thirteen children (1:13) | At least one other member of staff |  | Person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status or another approved level 6 qualification, an instructor[[3]](#footnote-3), or another suitably qualified overseas trained teacher is expected to be working directly with the children. |
| 3.45 | **For children aged three and over in independent schools (including in nursery****classes in free schools and academies) where there is no person holding an approved level 6 qualification or other suitably qualified person working directly with children** | At least one member of staff for every eight children. (1:8) | At least one member of staff | At least half of all other staff  | Where there is no person with QualifiedTeacher Status, Early Years Professional Status, Early Years Teacher Status oranother approved level 6 qualification, no instructor, and no suitably qualifiedoverseas trained teacher, working directly with children: |
| 3.46 | **For children aged three and over in a maintained school[[4]](#footnote-4)** | At least one member of staff for every thirteen children. (1:13) | At least one member of staff |  | At least one member of staff **must** be a school teacher as defined by section 122 of the Education Act 2002. If school chooses to mix their reception class with groups of younger children they must determine ratios within mixed groups guided by relevant ratio requirements and needs of individual children within the group.In exercising this discretion, the school must comply with the statutory requirements relating to the education of children of compulsory school age and infant class sizes. Schools’ partner providers must meet the relevant ratio requirements for their provision. |
| 3.50 | **Solely before/after school care or holiday provision for children who normally attend reception class (or older) during the school day** | Sufficient staff for a class of thirty children.  |  |  | It is for providers to determine how many staff are needed to ensure safety and welfare of children, bearing in mind the type(s) of activity and the age and needs of children. It is also for providers to determine what qualifications, if any, the manager and/or staff should have.  |

1. This [Early Years Foundation Stage (EYFS) framework](https://assets.publishing.service.gov.uk/media/6596dc9fc23a10000d8d0ba8/EYFS_statutory_framework_for_group_and_school_based_providers.pdf) is mandatory for all group and school-based early years providers in England from 4 January 2024. [↑](#footnote-ref-1)
2. Suitable 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 the ratios at the level below their level of study, if the provider is satisfied that they are competent and responsible [↑](#footnote-ref-2)
3. See conditions on page 30 of Statutory Framework. [↑](#footnote-ref-3)
4. reception classes in maintained schools are subject to infant class size legislation. 1 teacher to 30 pupils. School teachers do not include teaching assistants, higher level teaching assistants or other support staff. [↑](#footnote-ref-4)