

Childhood Matters

A Quality Framework for Childhood Provision



"Children should be encouraged to be themselves, be responsible and be the best they can be." (Article 29 of The United Nations Convention on the Rights of the Child)

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Foreword



Foreword for Early Years Matters and Childhood Matters Quality Frameworks by Group Director of Education

The Quality Frameworks for Early Years and Childhood providers, 'Early Years Matters' and 'Childhood Matters', set out an agreed framework to ensure all children have access to the highest quality of care, learning and development in Jersey's registered settings.

This document will enable professionals working in the Early Years and Childhood sectors to engage in a continuous cycle of self-evaluation and reflection, improving on past best and maintaining the highest standards.

The Childcare and Early Years Service (CEYS), on behalf of the Department for Children, Young People, Education and Skills (CYPES), will both support and challenge levels of quality provision for children and families. We will do this through providing development opportunities and by regulating providers to ensure compliance with required standards.

I am therefore delighted to be sharing this document with you, confident in the knowledge that this will support you to achieve positive outcomes and aspirations for children in Jersey. It is a pleasure to endorse a document that ensures the best possible outcomes for our children by providing standards for safe, positive environments. It supports the Rights of the Child as set out in the United Nations Convention on the Rights of the Child (UNCRC); acknowledging our children as unique individuals who should be nurtured and supported by caring, sensitive and well qualified, experienced practitioners.

I look forward to sharing your journey to success as you strive to support the ambition of this Department, that all children have the best start and the commitment of the Government of Jersey to put children first.

Seár O'Rega

Seán O'Regan Children, Young People and Skills (CYPES)



Introduction

The Childhood Quality Framework, Childhood Matters, has been written with the collective support and guidance of Playworkers and other professionals involved in the safety care and welfare of children in Jersey. Providing a quality play offer that is centred on the 'child at play', necessitates an understanding of play concepts and principles. The Childhood Quality Framework provides a guide that is designed to enhance provision and provide knowledge that will improve the experience for children, families and practitioners. Play theories and principles can be challenging to grasp. They are based upon the principle that play is a fundamental right and a process that children naturally engage with, as central to their well-being and childhood experience.

The aim of this document is to extend and enrich children's learning from birth to 12. The Government of Jersey and the Children, Young People and Skills (CYPES) Department aim for Jersey to be the best place for children to grow up. It is our duty to ensure that every child has the opportunity and indeed has the right to a happy, healthy start to their childhood. Through working in close partnership with colleagues, families and other agencies and organisations, we can support this aim.

This document draws on conclusive international evidence that early childhood is a vital period in children's learning and development. Early Years and Childhood practitioners guided by this and the Early Years Quality Framework, will be valuing and supporting the principles as laid out in the UNCRC. Primarily, that all children have the right to an education that lays a foundation for the rest of their lives, maximises their ability and respects their family, cultural identity. The Convention recognises children's right to play and be active participants in all matters affecting their lives.

More broadly, this framework supports the ambitions of Jersey's Children and Young People's Plan 2019-2023, that children will grow up safely, learn and achieve, live healthy lives and are valued and involved.

Definition of Childhood Provision

Childhood Provision is a facility that provides care for pre-school year children (Early Childhood) – 12 years, before school, after school and during school holidays.

Children who have completed their pre-school year can access a holiday club during the summer holidays prior to starting a Reception class in school; Early Childhood requirements for registration state that appropriate provision must be made for these young children. (See section 7, Early Childhood Care, to be written)

- Single Activity Club is a service offering a single activity to children. Examples of this could be an art club, a drama club, a nature club, a digital club, an adventure club or sports based club.
- Play work/multi activity club is an after school or breakfast club or holiday club, or a combination of all three. Providing care for children between the ages of three and 12 years.
- Early Childhood Care is one aspect of Childhood Provision for children under 5 who would be in the Early Years Foundation Stage (EYFS), which takes place outside of the nursery and school day. Children who are not toilet trained would not usually be able to attend, unless this was a pre-existing medical condition and a pre-agreed arrangement is in place for those with additional needs.

How to use this Quality Framework

This document is designed to support you in reviewing your practice against an agreed standards framework. It will help you in determining your strengths and identifying areas of developments in each of the six quality standards.

For all standards 'exceeding' judgments can only be made if all areas are firstly 'secure'.

Quality Standard 1 **must be 'met'** to ensure compliance with the Statutory Requirements (SRs). Where SRs and Articles of the Day Care of Children (Jersey) Law 2002 are relevant to the quality standard, they are clearly identified and linked.

Vision

From birth, children develop their unique qualities, traits, personalities and talents. Our aim through this document is to nurture, develop and recognise all children as special, unique individuals with the rights to be treated as such. Earliest learning and development takes place through connections and relationships with family and community. As children engage with the joys and challenges of everyday life, their interests and identities are being formed and shaped. Relationships are crucial in early years and childhood in ensuring children develop a sense of belonging shaping children into who they are and can become. Our ambition is that this is achieved through:

- Having responsive, caring and highly skilled practitioners
- Recognising that children's imagination, curiosity and excitement in discovery and creativity are at the forefront of any play framework.
- Understanding children develop at different rates and in a variety of ways.
- Ensuring the environment supports, facilitates and motivates children to engage fully with the care, learning and development opportunities on offer.
- Children's needs, interests and well-being are considered, promoted and supported accordingly.

Our core values and principles:

- Listening to children's voices and embedding their rights into everyday practice
- Giving all children and families equal opportunities
- Nurturing respectful and reciprocal relationships
- Working together in partnership with families and communities
- Supporting effective leadership and self-evaluation
- Securing quality and standards that enable all children to thrive

Extract of the Day Care of Children (Jersey) Law 2002

This law provides regulations for the care of children.

Article 1 - Interpretation

- (1) In this Law, unless the context otherwise requires "day care accommodation" means any place where children under the age of 12 years are looked after for reward for a period or periods the total of which exceeds 2 hours in any day and 6 days in any calendar year and which is not
 - (a) wholly or mainly used as a private dwelling;
 - (b) a place (such as a supermarket or hotel crèche) where the parents of, or other persons who normally care for, those children are not expected to leave the vicinity while the children are being looked after; or
 - (c) a place which, in respect of those children, is operating as a school, hospital, nursing home, mental nursing home, residential care home or voluntary home;

"day carer" means a person -

- (a) who looks after one or more children under the age of 12 years in his or her home or other place wholly or mainly used as a private dwelling for reward;
- (b) who looks after any such child for a period or periods the total of which exceeds 2 hours in any day and 6 days in any calendar year; and
- (c) who is not
 - (i) a parent or relative of, or person with parental responsibility for, all such children,
 - (ii) an appointed foster parent or a person who is fostering them privately, and
 - (iii) employed as a nanny for all such children by a parent of, or other person who normally cares for, those children and who is looking after the children wholly or mainly in the home of his or her employer;

"Minister" means the Minister for Education;

- "Premises" means day care accommodation or the place where a day carer looks after, or proposes to look after, any children. (Article 1(1) amended by R&O. 158/2015)
- (2) Words and phrases used in this Law shall, unless the context otherwise requires, have the same respective meanings as in the Children (Jersey) Law 2002. (chapter 12.200)

Article 4 - Power to impose requirements in respect of day care accommodation and day carers

- (1) Where the Minister registers an application under Article 2, the Minister may impose any or all of the following requirements -
 - (a) specify the maximum number of children, or the maximum number of children within specified age groups, who may be looked after (having regard to the number of other children who may at any time be on the premises);
 - (b) require the applicant to secure that the premises and the equipment used on the premises, are adequately maintained and kept safe;
 - (c) require the applicant to keep records in relation to the children received, and persons living or working, at the premises containing such particulars as the Minister may specify; and
 - (d) specify the training and qualifications to be possessed by the day carer or any person employed at day care accommodation;
 - (e) in the case of day care accommodation -
 - (i) specify the number of persons who may be employed at that accommodation,
 - (ii) require to be kept informed of the persons there employed, their names, addresses, training and qualifications, and the facilities provided and the period during which they are provided; and
 - (f) impose such other requirements as to the health and welfare of children being looked after as the Minister considers appropriate.
- (2) The Minister may at any time vary any requirement imposed under this Article, impose any additional requirement or remove any requirement.

Legislation

Day care of children (Jersey) Law 2002 Education (Jersey) Law 1999 Children (Jersey) Law 2002 Health and Safety at Work (Jersey) Law 1989 Restriction on Smoking (Workplaces) (Jersey) Regulations 2006 Employment (Jersey) Law 2003 Discrimination (Jersey) Law 2013 Discrimination (Disability) (Jersey) Regulations 2018 Data Protection (Jersey) Law 2018 Freedom of Information (Jersey) Law 2011



United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC explains what every child should have to make sure they can be happy and healthy wherever they live. The UNCRC has 42 Articles. Below are a number of articles that your work with children, through an ambitious drive for quality standards, will support.

Article 2 "Children won't be discriminated against. This means they won't be treated differently or unfairly, just because of who they are." Article 3 "Anyone working with or for children should do what is best for each child."

Article 12 "Children have a right to be heard and to say what they think should happen when decisions are being made about them."

Article 31 states: All children have the right to rest and to play

- 1. States Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
- 2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

A child's right to play, culture, leisure and rest is recognised in article 31 of the UNCRC and is often described as the article that most wholly represents the child's right to be a child. The importance of play in children's day to day lives for their health and well-being is increasingly recognised in a range of policies affecting children. Despite this, article 31 is also described as one of the forgotten articles of the convention.

From 2008 IPA worked closely with the UN Committee on the Rights of the Child to produce a General Comment on article 31 to enhance understanding of the importance of article 31 for children's well-being and development worldwide. The UN General Comment on article 31 was adopted by the UN Committee on the Rights of the Child on Friday 1st February 2013.

The General Comment is an official document that clarifies for governments worldwide the meaning and importance of article 31 of the Convention on the Rights of the Child (CRC) and clearly defines the responsibilities of governments that are implicit in the article.

The stated objectives of the General Comment are:

- a) To enhance understanding of the importance of Article 31 for children's well-being and development, and for the realisation of other rights in the Convention.
- b) To provide interpretation to States parties with regard to the provisions and consequent obligations, associated with Article 31.
- c) To provide guidance on the legislative, judicial, administrative, social and educational measures necessary to ensure its implementation for all children without discrimination and on the basis of equality of opportunity.

For further information and resources about article 31 and the General Comment, visit <u>http://article31.ipaworld.org/article-31/a31-general-comment/</u>

The Playwork Principles

Playwork Principles establish the professional and ethical framework for playwork. The Principles describe what is unique about play and playwork, and provide the playwork perspective for working with children and young people.

Playwork Principles are based on the recognition that children and young people's capacity for positive development will be enhanced if given access to the broadest range of environments and play opportunities. The Playwork Principles were developed by the play sectors fundamental statements about the relationships between play and playwork and are held in trust by the Playwork Principle Scrutiny Group (<u>http://www.playwales.org.uk/eng/scrutinygroup</u>).

- 1. All children and young people need to play. The impulse to play is innate. Play is a biological, psychological and social necessity, and is fundamental to the healthy development and well-being of individuals and communities.
- 2. Play is a process that is freely chosen, personally directed and intrinsically motivated. That is, children and young people determine and control the content and intent of their play, by following their own instincts, ideas and interests, in their own way for their own reasons.
- 3. The prime focus and essence of playwork is to support and facilitate the play process and this should inform the development of play policy, strategy, training and education.
- 4. For playworkers, the play process takes precedence and playworkers act as advocates for play when engaging with adult-led agendas.
- 5. The role of the playworker is to support all children and young people in the creation of a space in which they can play.
- 6. The playworker's response to children and young people playing is based on a sound up-to-date knowledge of the play process, and reflective practice.
- 7. Playworkers recognise their own impact on the play space and also the impact of children and young people's play on the playworker.
- 8. Playworkers choose an intervention style that enables children and young people to extend their play. All playworker interventions must balance risk with the developmental benefit and well-being of children.

Quality Standards Description

1. Safeguarding and Promoting Children's Welfare

1.1 Child Protection and Safeguarding Children1.2 Health and Safety Standards

1.3 Suitable Adults

2. Healthy Child and Adult

2.1 Healthy Practices2.2 Positive Relationships and Well-being

3. Enabling Environments – Premises

3.1 Opportunities for Play and Learning

3.2 Safety and Suitability

4. Development of Play and Learning

4.1 Play frameworks4.2 Reflecting needs and best practice

5. Interactions, Engagement and Working Together

- 5.1 Building Relationships
- 5.2 Effective Interactions
- 5.3 Partnership with Families and Communities
- 5.4 Working Together
- 5.5 Transition

6. Effective Leadership and Management

- 6.1 Governance and Service Management
- 6.2 Professional Support and Development
- 6.3 Policies, Procedures and Administrative Systems
- 6.4 Self-evaluation and Quality Assurance

7. Early Childhood Care

7.1 To be added in 2020 following consultation

Quality Standard 1 Safeguarding and Promoting Children's Welfare

Core Values

Children's voices and rights are embedded and promoted through everyday activity.

"Children who have experienced any form of neglect or abuse should be supported and given special care." UNCRC, Article 39 "If the laws in a country protect children better than this Convention does, then those laws should be kept." UNCRC, Article 41

For Quality Standard 1, **'Developing'** practice within this standard is not an option, as the lowest judgement a setting can make is **'Not met'**. 'Safeguarding and promoting children's welfare' must be **'Secure'** as a minimum to ensure compliance due to the statutory requirement within this the quality standard. (For all other standards, the heading in the first column for evaluating provision is **'Developing'**.)

1.1 Child Protection and Safeguarding Children

| Standard | Not met | Secure | Exceeding |
|----------------------|---|---|---|
| 1.1.1 Pre-Employment | Safeguarding is ineffective. DBS checks | Providers must follow a safer | The use of correct terminology is used in |
| Systems | are not current. Appropriate health | recruitment process to: | advertisements for roles within the |
| | checks for all practitioners not | | organisation i.e. describes the specific |
| | completed, written references not | Ensure that people looking after children | qualifications and training required for |
| | available. Official safer recruitment | are suitable to do so. All practitioners | the role. |
| | process not followed. Appropriate | must obtain an enhanced DBS certificate, | |
| | qualifications and training are not | this includes people who live or work on | |
| | verified. | the premises. Prevent people whose | |
| | | suitability has not been checked to have | |
| | | unsupervised contact with children. | |
| | | Record information about practitioner's | |
| | | qualifications. Record information about | |
| | | the identity checks and vetting processes | |
| | | that have been completed, including the | |
| | | criminal records disclosure number, date | |
| | | it was obtained and who obtained it. | |
| | | Ensure that a referral to the Disclosure | |

| Standard | Not met | Secure | Exceeding |
|------------------------|--|--|--|
| | | and Barring Service is made where a | |
| | | member of staff is dismissed (or would | |
| | | have been, had the person not left the | |
| | | setting first) because they have harmed a | |
| | | child or put a child at risk of harm. | |
| Supporting Evidence | | | |
| 1.1.2 Practitioners | The setting is working towards ensuring | All practitioners have appropriate | Practitioners are supported and |
| qualifications, | that practitioners have the minimum | qualifications, training, skills and | mentored to upskill/gain further |
| training, support and | qualification requirements. This poses an | knowledge and a clear understanding of | qualifications and attend training i.e. |
| skills – see | unacceptable risk to the safety, health or | their roles and responsibilities. The | MAYBO, ELSA, Parenting. |
| qualifications | well-being of any child or children being | provider must ensure there is a deputy | |
| framework | cared for by the service. | who, in their judgement, is capable and | |
| | | qualified to take charge in the manager's | |
| | | absence. At least one practitioner has a | |
| | | current First Aid at Work qualification | |
| | | (FAW). All practitioners working directly | |
| | | with children must hold a current | |
| | | paediatric first aid certificate. | |
| | | Providers must ensure that practitioners | |
| | | can understand and use English to | |
| | | ensure the well-being of children in their | |
| | | care. Manager must be supernumerary | |
| | | once the number of children reaches 30. | |
| Supporting Evidence | | | |
| 1.1.3 Child Protection | Safeguarding is ineffective. | Both manager and deputy (or other | Practitioners are aware of their |
| Systems | | practitioner) must undertake designated | responsibilities to be alert to signs of |
| | | lead training. A practitioner must be | abuse and neglect and are aware of the |
| | | designated to take lead responsibility for | correct process regarding how to |
| | | safeguarding children and have | escalate those concerns. Practitioners |
| | | undertaken relevant training. There must | manage cases, support children and |
| | | be a policy for safeguarding and child | families and refer cases to relevant |

| Standard | Not met | Secure | Exceeding |
|-----------------------|---|---|--|
| Supporting Evidence | | protection. The designated safeguarding lead is responsible for liaison with the Children and Families Hub and CEYS where necessary. Procedures must be in place to handle an allegation against a member of staff. Knowledge of the Jersey Designated Officer (JDO) and Independent Safeguarding Standards (ISS) and roles are understood. Providers must have an on-line/e-safety policy to include the use of mobile phones, cameras, CCTV and video images. All practitioners employed by the setting must have attended the CEYS 6 hour safeguarding training (for off-island providers, a safeguarding certificate must be provided). If providers have concerns about children's safety or welfare, they must notify the Children and Families Hub immediately. If out of hours the police must be called. | agencies where appropriate, including Children and Families Hub enquiries. Practitioners keep thorough child protection logs/chronologies and records. |
| 1.1.4 E-safety policy | Safeguarding is ineffective. No e-safety policy. | Safeguarding is effective and policy is clear. Practitioners oversee and monitor the safe use of technology when children are in their care and take action immediately if they are concerned about a child's well-being. All practitioners receive appropriate online safety training that is relevant and regularly updated. There are mechanisms in place to | E-safety policies are clear, understood and respected by all. Support to educate children, families and practitioners with knowledge and skills in online safety is in place. Systems are in place to monitor how the provision is portrayed online by parents, children and practitioners. |

| Standard | Not met | Secure | Exceeding |
|--|------------------------------|--|--|
| | | online safety issues. There is a practitioner's device policy which is adhered to by all. | |
| Supporting Evidence | | | |
| 1.1.5 Multi-Agency Working (Early Help / Children and Families Hub) | Safeguarding is ineffective. | Safeguarding is effective. The designated lead manages cases, supports children, families and practitioners and refers cases to relevant agencies where appropriate, including the Children and Families Hub enquiries. Provider keeps thorough child protection logs/chronologies and records. | All practitioners have training in current safeguarding initiatives. |
| Supporting Evidence | | | |

1.2 Health and Safety Standards

| Standard | Not met | Secure | Exceeding |
|---|--|---|---|
| 1.2.1 Food Hygiene/Infection Control <i>Food preparation,</i> <i>snack routines &</i> <i>policies</i> | Basic hygiene practices are not maintained by all practitioners. Some practitioners engaged in food prep hold level 2 Food Hygiene qualification. | All practitioners hold a level 2 Food Hygiene. Practitioners have a copy of the setting's policy. Information must be sought and recorded on each child's dietary and health needs. | Effective hygiene practices are effectively and consistently promoted and embedded in the everyday routines. All children are encouraged to learn about hygiene for daily routines and this is embedded in everyday practice. Practitioners have been involved in the review of the associated policy. |
| Supporting Evidence | | | |
| 1.2.2 Infection Control | Some steps are taken to control the spread of infectious diseases and to manage injuries and illness. | Providers have a procedure for managing illness and infections. There is a policy | Preventative steps are evident in controlling the incidence and spread of infectious diseases. In addition, the |

| Standard | Not met | Secure | Exceeding |
|--|--|--|--|
| Supporting Evidence | | and procedure for administering medicines. Smoking is not permitted near to children, this includes both inside and outside areas where children are or are about to be present – this includes vaping. Practitioners who smoke/vape must not do so in work clothing. Practitioners must not be under the influence of alcohol or any other substance that may affect their ability to care for children. If alcohol is on the premises, it must be correctly stored and children must not have access to this area. | management of injuries and illness accords with recognised guidelines, and best practice is embedded in the team and the delivery of the program. |
| 1.2.3 Accidents and Medication First aid/ medical information is accessible for practitioners; first aid boxes are appropriately stocked; accident log book. | Policy is in place, but not practised and implemented by all practitioners. | Providers have a health and safety policy, they ensure there is a correctly stocked first aid box, accessible at all times. Written records are kept of accidents and first aid, which are shared with parents/carers. Notification to CEYS within 2 days of serious accident, illness, injury or death. | Policies to effectively manage accidents and medication are developed in consultation with relevant authorities and practitioner teams and are practised, implemented and reviewed regularly. Health and safety strategies are regularly practised and implemented effectively. All children with a medical condition have an individual care plan and input from parents/carers/medical professionals is sought to ensure the ongoing safety of the child. |
| Supporting Evidence | | | |

| Standard | Not met | Secure | Exceeding |
|---|--|--|--|
| 1.2.4 Health and Safety Audit <i>Health and Safety</i> <i>policy; log of incidents;</i> <i>risk assessments</i> | The provision is working towards ensuring that every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury. Records of Health and Safety incidents and issues are incomplete | Providers take reasonable steps to ensure that practitioners and children are not exposed to unacceptable risk and that risk is managed appropriately. There is liability insurance in place. Providers must be able to demonstrate how risks are managed by providing written risk assessments, showing clearly where the benefit outweighs the risk. 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. | Effective steps are taken to identify and manage risks and the precautions taken to protect children from hazards and harm reflect best practice. An approach to risk assessment that takes into account the benefits of children and young people engaging in challenging play experiences whilst ensuring that they are not exposed to unacceptable risk of harm. Children are given opportunities to understand what they can achieve and manage, to grow physically and mentally stronger, to learn new skills and knowledge, and to deal better with what our uncertain world throws at them. Children can practice taking risks within the relative safety of a play space. |
| Supporting Evidence | | | |
| 1.2.5 Incidents and emergencies <i>Emergency evacuation procedures</i> | Plans are in place and practised regularly to manage incidents and emergencies. | Premises must be secure where applicable i.e. where there is a building. Providers must comply with health and safety legislation. Providers must take reasonable steps to ensure the safety of children, practitioners and others in case of fire or other emergency. Providers must follow emergency evacuation procedures. Fire detection and control equipment is in working order. Up to date records of health and safety checks must be made available. There must be | Plans to effectively manage incidents and emergencies are developed and reviewed in consultation with relevant authorities. Health and safety strategies are regularly practised and implemented effectively. Comprehensive records are kept. |

| Standard | Not met | Secure | Exceeding |
|---|--|---|---|
| | | clearly marked fire exits which are free | |
| | | from obstruction where applicable. | |
| Supporting Evidence | | | |
| 1.2.6 Equipment and Resources (play spaces, permanent and physical, indoors and outdoors) | The environment is safe, however a lack of care with equipment and apparatus is evident, the environment is untidy and not clean and records are incomplete or not kept. | Premises, outdoor space, furniture and equipment must be suitable and fit for purpose. The environment and resources are safe and are maintained on a regular basis. Practitioners work together with children to show respect, care and appreciation for the natural environment. | The environment and resources are safe and checked by professionals. Children are provided with opportunities to care for and learn from their environment and resources. Practitioners and children participate in the care of the environment and resources. Children's views are sought when planning areas and when sourcing new resources. Children regularly encounter new resources that stimulate their imagination and extend their freedom and control. |
| Supporting Evidence | | | |
| 1.2.7 Safety (Fire; Access; First Aid; outings; temperature; light/water/noise etc.) | The provision has a Fire and Evacuation plan and reasonable steps are taken to ensure the safety of children, practitioners and others in case of fire, flood, weather extremes or hostile adult. Evacuation plan is not practiced. No records kept. | The provision has emergency evacuation procedures. Fire awareness course to be gained by a manager or team leader if they are in charge of a team/building (updated every 3 years, or when internal building layout changes). Fire detection and control equipment is in working order and is checked by a professional organisation on an annual basis. Fire and emergency records are kept according to retention schedules. Provision has clearly marked fire exits which are free from obstruction. Practitioners and children are capable | All practitioners are involved in the review of the Fire and Evacuation plan. Children's views are sought after emergency evacuation procedures are carried out. |

| Standard | Not met | Secure | Exceeding |
|---------------------|---------|--|-----------|
| | | and confident at following the fire procedures. Outings procedures are followed and ratios adhered to, taking into consideration the risk assessment for the outing and for individual children. Missing child procedures followed and log of incidents kept. Uncollected child procedures are followed. | |
| Supporting Evidence | | | |

1.3 Suitable Adults

| Standard | Not met | Secure | Exceeding |
|------------------------------|---------------------|---|--|
| 1.3.1 Ratios (in and out) | Ratios are not met. | Children must be within sight and hearing of practitioners. Only those aged 16 or over may be included in ratios. Ratios: The minimum adult/child ratios for children from 3 years (at the end of nursery) up to 12 years, which must be maintained at all times are: One adult to every eight children under the age of five years. One adult to every 10 children over the age of five years. At least two practitioners must be present on the premises at all times and there must be adequate practitioners to meet children's needs at break times. | In addition to 'secure criteria', ratios are flexible in accordance with the needs of the individuals and the circumstances. Practitioners-to-child ratios and qualification requirements are maintained at all times, and the organisation of practitioners contributes to a high quality learning and care environment for children. |
| Supporting Evidence | | | |

| Standard | Not met | Secure | Exceeding |
|--------------------------------------|--|--|---|
| 1.3.2 Qualifications and Training | Safeguarding is ineffective. Practitioners are unsuitable or have inappropriate levels of training for the position held. Safer recruitment processes have not been followed. | Safeguarding is effective. Provision ensures that practitioners and volunteers are competent, trained and qualified to an appropriate level. All mandatory training is current. | Safeguarding is effective. Practitioners are supported to undertake relevant additional qualifications. |
| Supporting Evidence | | | |
| 1.3.3 Suitability | Safeguarding is ineffective. Practitioners are unsuitable. | Safeguarding is effective. All practitioners are required to have the appropriate experience, skills and ability to do their jobs and are mentally and physically capabl of caring for children. | |
| Supporting Evidence | | | |
| Summary | | I | 1 |

Quality Standard 2 Healthy Child and Adult

Core Values

Securing quality and standards that enable all children to thrive.

"All children who have a disability should have special support." UNCRC, Article 32

2.1 Healthy Practices

Healthy eating and physical activity are embedded in the program for children

| Standard | Not met | Secure | Exceeding |
|--|---|---|---|
| 2.1.1 Healthy Eating (water, snacks) | The nutritional value in the food provided by the setting has not been considered. Water is only available when asked for. | Food or snacks supplied by the setting are healthy, balanced and nutritious. Fresh drinking water is available and accessible at all times. | Food and water provided by the setting is nutritious and appropriate for each child. Healthy eating is consistently and actively promoted and embedded in the everyday program. Collaboration with children encourages taking part in the selection of healthy food which is provided. Children are encouraged to take an interest in where food comes from. |
| Supporting Evidence | | | |
| 2.1.2 Children have a strong sense of well- being Leuven scales | Children are inadequately supervised. Practitioners not attuned to children's needs. | Children are adequately supervised and supported at all times. Practitioners provide warm trusting relationships and safe environments. Children become strong in their social and emotional well- being. Information on children's health needs is available to all practitioners. | Children are effectively supervised and supported at all times. Children take increasing responsibility for their own health and well-being. Practitioners acknowledge children's cultural and social identity and respond sensitively to their emotional states. Practitioners have a thorough knowledge of well-being, both physical and psychological. |

| Standard | Not met | Secure | Exceeding |
|---------------------|---|--|---|
| | | Practitioners are familiar with the needs of all children to ensure each child's safety and well-being. | Practitioners develop and implement strategies that promote resilience and assertiveness. Well-being and involvement levels are observed and monitored. |
| Supporting Evidence | | | |
| 2.1.3 Care Routines | The needs of some children are not met. | Effective systems respond to and meet the needs of all children. Children's individual comfort needs are provided for and there are opportunities to meet each child's need for sleep, rest and relaxation. There is a policy for intimate care. | Children thrive as a result of highly effective care systems and routines. Each child's comfort is provided for and there are a range of opportunities for both individuals and groups that effectively meet each child's need for sleep, rest and relaxation. A staff member is designated to take responsibility for all aspects of intimate care. |
| Supporting Evidence | | | |

2.2 Positive Relationships and Well-being

| Standard | Developing | Secure | Exceeding |
|--|---|---|--|
| 2.2.1 Dignity and rights of every child are maintained at all times | No United Nations Convention on the Rights of the Children (UNCRC) knowledge or information is displayed. | Children's rights according to the UNCRC are respected in the setting. Children are listened to and appropriate responses given. Children are consulted on their play needs and preferences, likes and dislikes using a range of methods. Policies, procedures and playwork practice are reviewed to ensure full | Children's rights, including their right to play, as stated in the UNCRC (1989) are respected, promoted and integrated throughout the setting. Children are supported, according to their age, needs and abilities to make personal choices and to be actively engaged in making decisions affecting their lives. |

| Standard | Developing | Secure | Exceeding |
|--|---|--|---|
| | | consideration of the range of children's rights. | |
| Supporting Evidence | | | |
| 2.2.2 Managing and responding to behaviour | The provision is working towards managing children's behaviour more consistently. Children on the whole listen to adults and each other. Occasionally the behaviour of some children disrupts the play and enjoyment of others. Bullying is not responded to by practitioners. | All practitioners manage children's behaviour fairly and consistently following the behaviour plans provided where necessary. Children demonstrate good behaviour showing that they feel safe and confident. Children gain an understanding of risk through activities that encourage them to explore their environment. Practitioners provide children with strategies to make informed choices about their behaviours. Children with disabilities are supported to build relationships with their peers. | Practitioners manage children's behaviour positively and consistently. Practitioners understand that feelings of distress, fear or discomfort may take some time to resolve. Children demonstrate exceptionally positive behaviour and high levels of self-control for their age, showing cooperation and respect for others. Practitioners model clear communication strategies to support children to sustain productive relationships with other children in play and social experiences. Practitioners work with other professionals to support children for whom behaviour needs are complex. |
| Supporting Evidence | | | |
| 2.2.3 Learning to manage feelings and understand those of others and respond appropriately | Children's learning to respect and celebrate each other's differences is limited; conflict between individuals is evident. | Children are learning to respect and celebrate each other's differences and to build their understanding of diversity beyond their immediate experience. Practitioners support children in times of change and bridge the gap between familiar and the unfamiliar. | Children are developing a good understanding of how to keep themselves safe and manage risks. Practitioners acknowledge each child's uniqueness in positive ways. Practitioners motivate and encourage children to succeed when they are faced with challenges. Practitioners promote children's sense of belonging, connectedness and well-being. |

| Standard | Developing | Secure | Exceeding |
|---------------------|------------|--------|-----------|
| Supporting Evidence | | | |
| Summary | | | |

Quality Standard 3 Enabling Environments - Premises

Core Values:

Play is allowed to develop, experiences to be shared, children to feel safe, secure and supported to develop and grow.

3.1 Opportunities for Play and Learning

| Standard | Developing | Secure | Exceeding |
|--|---|---|---|
| 3.1.1 Spaces available/areas created | Children's access to play spaces is limited to specific times and there are few choices of areas. The play space is set up by adults and children's opportunities to modify it are limited. Access to equipment and resources is limited to a small range and is by request only. | Children are able to access physical affective and transient play spaces with a variety of choices. Children can develop, adapt, manipulate and change the play environment. Children have access to a range of equipment and resources to meet their diverse play needs. | Children have direct access to outdoor natural environments and a variety of sensory experiences. Children can create, modify and experiment with a variety of play spaces. Children regularly encounter new resources that stimulate their imagination and extend their freedom. |
| Supporting Evidence | | | |
| 3.1.2 Display and appropriate resources | Display areas are dominated by the main user of the setting, resulting in limited opportunities for children to have input into what can be displayed. No parent information board. Resources are mainly plastic and have limited possibilities. | Display areas are available for practitioners and children. Practitioners have an area to display information for parents. Appropriate resources are provided, including "loose parts". Some natural resources are provided. | Children have ownership over display areas. Children and practitioners work collaboratively to display their own ideas and reflections. Children and practitioners work collaboratively to review current resources. Children's views are sought when buying or sourcing new resources. Practitioners promote open ended resources. |
| Supporting Evidence | | | |
| 3.1.3 Access and routines | Routines are inconsistent and chaotic | Routines support children's needs. | Children and practitioners work collaboratively to ensure that routines are appropriate for the diverse play needs of the group. |

| Standard | Developing | Secure | Exceeding |
|--|---|---|---|
| Supporting Evidence | | | |
| 3.1.4 Independence, competence and exploration | Children have some options but the variety of play opportunities are limited. There is a choice of activities but they are mainly designed, led and controlled by adults. Children have some opportunities for independent play but limited access to test out, experience challenge and engage with risk. | Children are able to engage with a range of play types and play experiences. Children are able to control the content and intent of their play. Children have opportunities to experience challenge and engage with risk and there are opportunities for graduated progression. | Children have access to an increasing range of diverse play experiences and opportunities. Children are able to introduce their own ideas to develop and create new and stimulating experiences for themselves. Children feel confident and are supported to experiment with opportunities that further extend and test out their own boundaries and capabilities. |
| Supporting Evidence | | | |

3.2 Safety and Suitability

| Standard | Developing | Secure | Exceeding |
|--|---|---|--|
| 3.2.1 Storage/availability | Limited storage available, the main user of premises dominates storage. | Sufficient storage available for all resources. | Storage sufficient and allows for children to independently access many resources. Storage solutions maximised by good use of furniture and equipment – this could be outdoor sheds, storage boxes, shelving etc. |
| Supporting Evidence | | | |
| 3.2.2 Participation and flexibility of use to all | Main user of premises does not allow for participation and flexibility. | Some flexibility between users. Negotiation of spaces and storage is successful. Main user acknowledges that children and young people are entitled to appropriate play spaces. | Users of shared premises meet regularly to discuss any concerns. Negotiation takes into account the needs of all users including children's needs. Children's view are also taken into account. |

| Standard | Developing | Secure | Exceeding |
|--|--|--|---|
| Supporting Evidence | | | |
| 3.2.3 Interaction between indoor and outdoor | Inflexible routines do not allow for free flow. Opportunities for outdoor play are limited. Practitioners do not enjoy being outdoors. | Routine allows for "free flow" between indoors and outdoors. Practitioners enjoy being outside and share this enjoyment and enthusiasm with children. | Children choose where they wish to play – outdoors is accessible at all times. Children are able to rest outdoors. Children are able to eat outdoors. |
| Supporting Evidence | | | |
| 3.2.4 Caring for the environment and sustainable practices | Practitioners do not provide good role models or have clear routines with regards to caring for the environment. Areas requiring attention are ignored. | Practitioners consider the whole environment and have good routines that take into consideration the maintenance of the environment. Routine checks are made and recorded. | Practitioners provide a good role model for children and the care of the environment is embedded into practice. Children and practitioners work collaboratively, creating a sustainable understanding about their responsibility to care for the environment, day to day and for longer term sustainability. |
| Supporting Evidence | | | |
| Summary | | | |

Quality Standard 4 Development of Play and Learning

Core Values

Securing quality and standards that enable all children to thrive

"Children have the right to give and to get information." UNCRC, Article 13

4.1 Play Frameworks

| Standard | Developing | Secure | Exceeding |
|---|--|---|---|
| 4.1.1 Practitioner knowledge (Play Cycle, Play Environment, Play Process) | Practitioner's interactions with children are minimal or inappropriate. Practitioner's knowledge of children is lacking. Limited observations or reflective practice undertaken. | Practitioners allow play to continue uninterrupted. Practitioners support and facilitate the play process. Practitioners make observations individually and as a team and use these to reflect on their own practice. Practitioners choose appropriate intervention styles. Practitioners recognise and respond to play cues in a way that supports children to extend their play. | Practitioners reflect, analyse and evaluate their playwork in order to develop future practice. Practitioners review and develop strategies that sensitively enhance children's self-directed play. Practitioners use their knowledge of the play process and relevant theories to support the playing child. Practitioners choose an intervention style that recognises their own impact on the play space, the children and young people's play and vice versa. |
| Supporting Evidence | | | |
| 4.1.2 Planning, reflections and observation | Limited observations lead to a lack of engagement. Practitioner's observations are not used effectively to support children's play needs. | Practitioner's observations are reflected upon and this knowledge is used to effectively support children's play needs. Children are motivated and interested in a broad range of planned activities. | Practitioner's observations and reflections are shared in weekly team meetings. Children's individual play needs are supported by the resulting planning process. The aim, intentions and reasons behind carrying out a |

| Standard | Developing | Secure | Exceeding |
|-----------------------------|--|---|--|
| | | | planned activity or play opportunity are clear and understood. |
| Supporting Evidence | | | |
| 4.1.3 Indoor and Outdoor | Strict routines are adhered to, that limit the length of time children can access the outdoor space. Routines limit children's opportunities to develop their own play frames. | Routines allow for children to become connected with their environments. Children demonstrate social responsibility and show respect for their environment. | Practitioners create environments in which children can contribute in meaningful ways. Practitioners organise environments and spaces in ways that promote small and large group interactions and meaningful play and leisure. |
| Supporting Evidence | | | |

4.2 Reflecting needs and best practice

| Standard | Developing | Secure | Exceeding |
|---|---|---|--|
| 4.2.1 Responsive and reflective of children's ideas and interests and play | Activities provided are not the children's choice. Practitioner knowledge of the child's interests is not reflected in the play offer. | Children have opportunities to share their ideas and interests with practitioners. Practitioners are responsive to children's wishes with regard to the ideas shared. | Children are highly motivated and very eager to join in. Children demonstrate curiosity and imagination. Children are responsive to adults and to each other. |
| Supporting Evidence | | | |
| 4.2.2 Child and adult initiated activities | Only practitioner initiated activities are offered. Areas are set up without input from children. | Children's ideas are communicated to practitioners and acted upon. | There are planned opportunities for information sharing between children and practitioners. Children's (voice) ideas are valued and respected. |
| Supporting Evidence | | | · |

| Standard | Developing | Secure | Exceeding |
|---|--|---|---|
| 4.2.3 Provision for meeting individual needs through early identification and intervention E.g. EAL/SEN/EWO/Early Help | Limited opportunities for parents and other organisations to share knowledge of individual children. | The setting's SEND policy is shared with all practitioners and parents. Children's individual needs are acknowledged and provided for. Barriers to the sharing of information between organisations are explored and acted upon. There is an identified practitioner for SEND lead. | Support agencies are welcomed into the setting to continue with support already provided during the school day. |
| Supporting Evidence | | | |
| Summary | 1 | | 1 |
Quality Standard 5 Interactions, Engagement and Working Together

Core Values

Respectful and reciprocal relationships and working together in partnership with families and communities.

5.1 Building Relationships

| Standard | Developing | Secure | Exceeding |
|--|--|---|--|
| 5.1.1 Practitioners in the provision are sensitive to the children's needs and offer interventions as necessary and give autonomy. | Some interactions with children are warm and respectful and sometimes responsive and build trust. | Interactions with each child are warm, responsive and build trusting relationships. | Interactions with each child are consistently warm, responsive and build trusting relationships that promote children's sense of security and belonging. |
| Supporting Evidence | | | |
| 5.1.2 Strong role models, support, trusting, meaningful interactions. Effectiveness of interactions and provision | The provision provides opportunities for play. These opportunities promote children's enjoyment but a lack of monitoring means that this is not always the case. Practitioners lack the necessary communication skills to build strong trusting relationships. | Practitioners are good role models and usually have high expectations of children based on mostly accurate assessment of their skills, knowledge and understanding. They use their understanding of each child to ensure planned activities are largely engaging and challenging for all. The resources/equipment and activities provided and the quality of interaction support children's well-being and resilience. | Practitioners are exceptional role models and have consistent expectations of children. Provision is based on accurate assessments of children's needs and interests. As a result, every child experiences activities that are appropriate to their individual needs. These may provide fun, risk as a benefit, stimulate them and develop their skills, understanding and knowledge. |
| Supporting Evidence | | | |

| Standard | Developing | Secure | Exceeding |
|---|---|--|--|
| 5.1.3 Each child feels secure, confident and included | Practitioners offer minimal support to children. Practitioners provide limited opportunities for choice and collaboration. | Practitioner's recognise and value children's involvement in a variety of play experiences. Practitioners provide environments that are flexible and open- ended. Practitioners listen carefully to children's ideas and discuss with them how these ideas might be developed. | Practitioner's plan environments with appropriate levels of challenge where children are encouraged to explore, experiment and take appropriate risks. Practitioner's encourage children to communicate and make visible their own ideas and theories. They provide opportunities for children to initiate and lead activities. Children's achievements are celebrated. |
| Supporting Evidence | | | |

5.2 Effective Interactions

| Standard | Developing | Secure | Exceeding |
|---|---|--|---|
| 5.2.1 Opportunities to work together on shared learning | There is little or no provision for children to work together. Provision sometimes acknowledges children's interests and provides resources for this. | Provision offers children opportunities to work together. Children are encouraged to recognise the contributions they make to shared projects and experiences. Disabilities are recognised and children are supported to work alongside their peers. | There are opportunities for children to understand and value difference, diversity and inclusion. Practitioners draw on family and community experiences and expertise to include familiar games and physical activities. Practitioners collaborate with children to plan and document their achievements and share their successes with their families. |
| Supporting Evidence | | | |
| 5.2.2 Settings model appropriate; sensitive, open interactions that | Practitioners require encouragement to model open and sensitive interactions with children. Children are sometimes presented with opportunities to choose, | Practitioners demonstrate care, understanding and respect for all children. Children are encouraged to discuss emotions and responses to | Provision provides opportunities for children to collaboratively negotiate their rights in relation to rights of others. |

| Standard | Developing | Secure | Exceeding |
|--|---|---|--|
| allow children to learn skills for life | manage change and cope with frustrations. | events. Emotional regulation and self- control are supported by knowledgeable practitioners. | |
| Supporting Evidence | | | |
| 5.2.3 Developing communication skills that support positive interactions with other children and adults | Practitioners sometime value and respond to children's conversations. | Practitioners respond sensitively and appropriately to children's conversations. Practitioners collaborate with children and colleagues about routines and procedures. | Practitioners engage in sustained communication with children about ideas and experiences. Practitioners allow children to direct their own play experiences with their peers. Practitioners value a child's linguistic heritage by encouraging use and development of home language. |
| Supporting Evidence | | | |
| | | | |

5.3 Partnership with Families and Communities

| Standard | Developing | Secure | Exceeding |
|--|--|--|---|
| 5.3.1 Effective communication, collaboration and consultation | No opportunities for consultation. Communication between families and setting is poor. | The views of parents are sought via a range of ways including a newsletter, an ideas post box, a compliments and complaints process and annual consultation. Feedback is valued. | Parent representation on committee or senior leadership team. Training opportunities for the parent representative are offered. Feedback is responded to. |
| Supporting Evidence | | | |
| 5.3.2 Views, attitudes and beliefs of parents/carers acknowledged | Limited evidence of how parent's views are acknowledged. | Parent's views are acknowledged by practitioners. Complaints procedure is robust. Parents input is actively pursued via newsletter requests. | Parent are represented on the committee or senior leadership team. |

| Standard | Developing | Secure | Exceeding |
|---|--|---|--|
| Supporting Evidence | | | |
| 5.3.3 Parents as partners | Strategies for engaging with parents about their child are weak. | Parents and carers contribute to the setting's assessments of children's starting points. Parents are encouraged to support their children's interests at home. | Leaders and practitioners are highly effective in helping parents and carers, including those from different groups, to engage positively with their children's interests at home. |
| Supporting Evidence | | | |
| 5.3.4 Support, guidance and sign posting to enhance parenting capacity and confidence | No additional information available. | There is an identified practitioner as the lead for parent support. | Practitioners supported to gain a "parenting support" qualification. Leaders and practitioners are highly effective in helping parents and carers, including those from different groups, to engage positively with their child's interests in the play environment. |
| Supporting Evidence | | | |

5.4 Working Together

| Standard | Developing | Secure | Exceeding |
|---|--|--|--|
| 5.4.1 Work in partnership with other services to meet the needs of the child and family | No early identification of children with SEND/additional requirements. | Leaders ensure that children's needs are identified and have the support they need. Barriers to early identification are recognised and effective steps are taken to ensure transitions are smooth. Effective partnerships with external agencies and other providers are built to ensure all children are supported. | Leaders ensure that assessment approaches identify children's individual needs and any development difficulties at an early stage. Highly effective partnerships with other agencies ensure effective intervention to assist children with special educational needs or disabilities, in making outstanding progress from their starting points. |

| Standard | Developing | Secure | Exceeding |
|--|--|---|---|
| Supporting Evidence | | | |
| 5.4.2 Access to inclusion and support services | No access to inclusion and support services. | Relationships with inclusion support agencies are developed and valued. | Leaders ensure that support from external services is embedded into practice. Leaders support practitioners to gain additional training and qualifications that support children with additional needs i.e. disabled children and young people. |
| Supporting Evidence | | | |
| 5.4.3 Community involvement | No community involvement | Community involvement is supported and encouraged by the leadership team and practitioners. | Relationships with the community are valued and developed in a variety of ways i.e. the involvement of community sporting groups, the sharing of skills and support from charity organisations. |
| Supporting Evidence | | | |

5.5 Transition

| Standard | Developing | Secure | Exceeding |
|--|--|---|--|
| 5.5.1 Share transition information on children's care, learning and development to support continuity of care | No procedures are in place for the sharing of information. Barriers to sharing information are acknowledged but not explored. | Barriers to sharing knowledge are explored and challenged. Processes are put in place to ensure the smooth transition of children. Records are kept securely according to the retention schedules. | Transition information is shared on a need to know basis with the manager of the provision. Provision ensures that information is used to enhance the experience of the child. Additional support and information is sought from partner agencies where there is a need. |
| Supporting Evidence | | | |

| Standard | Developing | Secure | Exceeding |
|---|---|---|---|
| 5.5.2 Work in partnership with home and school setting to ensure smooth transfers and sharing of information and records. | No procedure in place to work in partnership with home or school with regard to sharing information and records. | Partnership working is embedded in the transition process. Information sharing protocols are in place. | Regular meetings are held with school leadership teams to agree and share information that supports the child and family. Regular meetings are held with parents and carers to agree and share information which supports the child. |
| Supporting Evidence | | | |
| Summary | | | |

Quality Standard 6 Effective Leadership and Management

Core Values

Effective leadership and management promotes a positive organisational culture and builds a professional learning community e.g. Continuous Professional Development (CPD), workforce development, self-evaluation and continuous improvement.

6.1 Governance and Service Management

| Standard | Developing | Secure | Exceeding |
|--|--|--|--|
| 6.1.1 Well embedded systems of management (committee/governance etc.) support the setting's vision and values | Managers are not qualified. Policies have not been reviewed. Some practitioners do not have an understanding of their own role. | Managers are appropriately qualified. Policies have been developed in conjunction with practitioners. Policies and procedures are reviewed on a regular basis using the knowledge and experience of the team. | The committee/senior leadership team have an understanding of the ethos of the provision. The committee/senior leadership team have knowledge of the policies and procedures of the provision. |
| Supporting Evidence | | | |
| 6.1.2 Middle and senior management are effective in maintaining a good provision Supporting Evidence | Management structure is weak. Roles are not defined leading to confusion and a lack of commitment. | Managers maintain an effective provision. Roles within the provision are defined and appropriate training has been given. Team leaders are qualified. | Practitioners are supported to gain additional qualifications that will enhance and support the experiences of children. |
| 6.1.3 Robust systems that manage safer recruitment, suitable person, ratios, qualifications, insurance etc. (DBS) | Safer recruitment processes are not followed. Daily routines and statutory requirements are not adhered to. | Manager/SLT are responsible for the safeguarding of children in the care of the provision. Managers/SLT ensure that all practitioners, governors and volunteers meet their safeguarding responsibilities. Managers/SLT facilitate safeguarding training for practitioners, governors and volunteers. Managers/SLT | |

| Standard | Developing | Secure | Exceeding |
|---|---|--|---|
| | | implement the child protection policy and other Safeguarding policies. Managers/SLT ensure appropriate site security arrangements are in place. Managers/SLT ensure oversight and implementation of the provision's | |
| Supporting Evidence | | record keeping. | |
| 6.1.4 Effective systems minimise complaints. Documentation, communication and information | Internal systems are weak and in need of review i.e. poor record keeping, gaps in practitioner knowledge, information to parents not shared. | Consistent and robust record keeping is in place. Information to parents/carers is clear. Policies are provided to all parents. Documentation for parents is accessible and clear. | Website which provides all information to parents, content is clear. Parents can communicate with the provision in a number of ways. |
| Supporting Evidence | | | |

6.2 Professional Support and Development

| Standard | Developing | Secure | Exceeding |
|---|---|--|--|
| 6.2.1 Induction for new practitioners is robust and effective | No induction process | All practitioners have an induction. All practitioners are provided with policies. All practitioners have a training plan which is developed during the probationary period. | New practitioners are provided with a mentor. New practitioners have monthly supervision meetings with their mentor. |
| Supporting Evidence | | | |
| 6.2.2 Commitment to develop and retain practitioners | No supervision or appraisal processes. Practitioners are not encouraged to upskill. | Practitioners have an annual appraisal and review. Practitioners have regular supervision where issues can be raised and ideas discussed. | Professional development leads to measurable improvement in practitioner effectiveness. |

| Standard | Developing | Secure | Exceeding |
|---|---|---|---|
| Opportunities to lead, have supervision and effective performance management | No further training opportunities are provided. | Record keeping is good. An accurate evaluation of practitioners work allows for practitioners to feel valued. | Practitioners are encouraged and supported to obtain additional qualifications and experiences which enhance the quality of the provision. |
| Supporting Evidence | | | |

6.3 Policies and Procedures

| Standard | Developing | Secure | Exceeding |
|---|---|--|---|
| 6.3.1 Confidentiality and data protection | A lack of demonstrable commitment towards ensuring confidentiality and data protection. | General Data Protection Regulation (GDPR) training has been attended by the manager. GDPR policy document available. | Manager holds in-house training for the team on GDPR. |
| Supporting Evidence | | | |
| 6.3.2 Contact/emergency information Supporting Evidence | Records are available. No process for parents to update their records annually. | All records are updated annually. Parents are reminded to provide updated information. | Records are both online and in hard copy. Team leaders hold the records about the children in their care. |
| 6.3.3 Policies that are reviewed, shared with parents and owned by all | Policies are available on request. No practitioners input into the development or review of policies. | Policies are provided to all parents. Policies are provided to all practitioners. Practitioners can provide input and ideas into the review and development of policies. | Children's health, safety and well-being are well supported by the vigilant and consistent implementation of robust policies and procedures. Policies are available on setting website and are up to date. |
| Supporting Evidence | | | |
| 6.3.4 Records must be kept (retention) | Incomplete records | Records kept according to the retention schedule | Annual review of retention schedule and storage of records. |

| Standard | Developing | Secure | Exceeding |
|--|--|--|--|
| Supporting Evidence | | | |
| 6.3.5 Equal opportunities actively promoted in all policies and procedures | Equal opportunities are acknowledged but not implemented. | Policy for equal opportunities is implemented. | Individual needs of children, practitioners and parents are acknowledged and acted upon. Support is available for those who require it, to enable safe working practices (consideration for children's safety is paramount). |
| Supporting Evidence | | | |

6.4 Self-evaluation and Quality Assurance

| Standard | Developing | Secure | Exceeding |
|---|--|---|---|
| 6.4.1 Reflective practice, values and self-evaluation | Leaders and managers do not have an accurate picture of the strengths and weaknesses of the provision and have not identified important shortcomings that remain unresolved. | Leaders and managers have an accurate picture of the strengths and weaknesses of the provision as a result of an effective cycle of self-evaluation. | Leadership is effective and there is an accurate picture of the strengths and areas for development in the setting. The implementation of well-focused plans has led to rapid improvements in achievement or has maintained the highest levels of achievement for all children over a sustained period. Accurate and insightful evaluation of the impact of practitioners work leads to improvements in practice. |
| Supporting Evidence | | | · · · · |
| 6.4.2 Committed to working with CEYS/Education Department to | Use of self-evaluation tools is minimal. Practitioners not encouraged to attend training. Gaps in mandatory training. | Leaders and managers work with the CEYS team. Self-evaluation systems are embedded. Evidence of team meetings is provided that demonstrate the | Leaders and managers actively seek to work with the CEYS team in a range of ways. Whole sector manager meetings |

| Standard | Developing | Secure | Exceeding |
|---|--------------------------------------|--|--|
| develop practice through shared opportunities for self- evaluation | | willingness to develop. Whole sector manager meetings are attended. | are attended and support for other settings is provided. A willingness to share own knowledge and experience is demonstrated. A willingness to take part in projects/initiatives is demonstrated. |
| Supporting Evidence | | | |
| 6.4.3 Voice of practitioners, parents and children used to support setting's development plan | No future development plans written. | Consultations with practitioners take place on an annual basis. Consultations with parents take place on an annual basis. Children's voice is recognised and ways in which to capture this are discussed. | Further opportunities for consultation are offered that enhance the experiences of children, families and practitioners. Children are encouraged and supported to develop a children's leadership group. Children use the UNCRC to advise the leaders and managers on their thoughts and ideas. Effective relationships with external agencies are established and utilised in the development of the provision. |
| Supporting Evidence | | | |
| Summary | | | |

Quality Standard 7 Early Childhood Care

To be added in 2020 following consultation

