

# EYFS statutory framework for group and school-based providers:

**Effective: 1 September 2025**

Audit of **musts** to be used in conjunction with the Statutory Framework for the Early Years Foundation Stage (EYFS) 2025. Please refer to the EYFS Statutory Framework document when completing this audit.

The learning and development requirements are in Section 1, the assessment requirements are in Section 2, and the safeguarding and welfare requirements are in Section 3 of the framework. The framework uses the word **must** where the requirement is mandatory. Some of the items in the framework provide information that providers **should** take into account when delivering the requirements and **should** not ignore them without a good reason.

	<b>Section 1 – The learning and development requirements</b>	<b>Checked</b>
1.1	This section defines what providers <b>must</b> 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 early years' experience contributes positively to their brain development and readiness for Key Stage 1... Early years providers <b>must</b> guide the development of children's capabilities to help ensure that children in their care will fully benefit from future opportunities.	
	<b>The areas of learning and development</b>	<b>Checked</b>
1.4	There are seven areas of learning and development that set out what providers <b>must</b> teach the children in their settings. All areas of learning are important and inter-connected.	
1.5	Three areas are particularly important for building a foundation for igniting children's curiosity and enthusiasm for learning, forming relationships and thriving. These are the prime areas: communication and language, physical development and personal, social and emotional development.	

1.6	Providers <b>must</b> 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 and expressive arts and design.	
	<b>Educational programmes</b>	<b>Checked</b>
1.6	The educational programmes are high level curriculum summaries which set out what <b>should</b> be taught in settings for each area of learning. They <b>must</b> involve activities and experiences that enable children to learn and develop, as set out under each of the seven areas of learning...	
	<b>Early learning goals</b>	<b>Checked</b>
1.7	The level of development children <b>should</b> be expected to have reached by the end of the EYFS is defined by the early learning goals (ELGs) as set out below.	
1.8	The ELGs <b>should</b> not be used as a curriculum or in any way to limit the wide variety of rich experiences that are crucial to child development.	
1.9	Instead, the ELGs <b>should support</b> practitioners to make a holistic, best-fit judgement about a child's development at the end of the EYFS, and their readiness for year 1.	
1.11	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...	
	<b>Learning and Development Considerations</b>	<b>Checked</b>
1.12	Providers <b>should</b> be ambitious for all children. To do this, they <b>must</b> consider the individual needs, interests, and development of each child in their care. They <b>must</b> use this information to plan a challenging and enjoyable experience for each child in all areas of learning and development. Practitioners working with the youngest children are expected to ensure a strong foundation for children's development in the three prime areas. The specific areas of learning provide children with a broad curriculum and with opportunities to strengthen and apply the prime areas of learning. This is particularly important in developing language and extending vocabulary.	

	<b>Acting on concerns</b>	<b>Checked</b>
1.13	Throughout the early years, if a provider is worried about a child's progress in any prime area, providers <b>must</b> discuss this with the child's parents and / or carers and agree how to support the child. Providers <b>must</b> consider whether a child needs any additional support, including whether they may have a special educational need or disability which requires specialist support.	
	<b>English as an Additional Language</b>	<b>Checked</b>
1.14	For children whose home language is not English, providers may take reasonable steps to provide opportunities for children to develop and use their home language in play and learning, supporting their language development in play and learning, supporting their language development at home.	
1.15	Providers <b>must</b> ensure 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 <b>must</b> assess children's skills in English. If a child does not have a strong grasp of English language, providers <b>must</b> 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.	
	<b>Approaches to teaching and learning</b>	<b>Checked</b>
1.16	This framework does not prescribe a particular teaching approach. Play is essential for children's development, building their confidence as they learn to explore, relate to others, set their own goals and solve problems. Children learn by leading their own play, and by taking part in play which is guided by adults. Practitioners need to decide what they want children to learn in their setting, and the most effective way to teach it. Practitioners <b>must</b> 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.	
1.17	As children grow older and move into the reception year, there <b>should</b> be a greater focus on teaching the essential skills and knowledge in the specific areas of learning. This will help children to prepare for Key Stage 1.	

1.18	<p>In planning and guiding what children learn, practitioners <b>must</b> reflect on the different rates at which children are developing and adjust their practice appropriately. Three characteristics of effective teaching and learning are:</p> <ul style="list-style-type: none"> <li>• <b>playing and exploring</b> - children investigate and experience things, and ‘have a go’</li> <li>• <b>active learning</b> - children concentrate and keep on trying if they encounter difficulties, and enjoy achievements</li> <li>• <b>creating and thinking critically</b> - children have and develop their own ideas, make links between ideas, and develop strategies for doing things.</li> </ul>	
	<b>A quality workforce focused on learning and development and health and safety</b>	<b>Checked</b>
1.19	All children deserve high-quality early education and care. This requires a quality workforce. A well-trained, skilled provider can help every child achieve the best possible educational outcomes ... The requirements in relation to workforce training and responsibilities, including that of the key person, are outlined in Section 3 but they are equally important for children’s learning and development as they are for their safety and welfare.	
	<b>Curriculum guidance</b>	<b>Checked</b>
1.15	<a href="http://www.gov.uk">Development Matters - GOV.UK (www.gov.uk)</a> government curriculum guidance for the EYFS, can support providers to deliver the EYFS learning and development requirements. It can be used as an effective early years curriculum. This guidance is non-statutory ... It is up to providers to decide how they deliver the learning and development requirements.	
	<b>Section 2 – Assessment</b>	<b>Checked</b>
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 <b>must</b> meet, as well as guidance on assessment.	
2.2	Assessment <b>should</b> not involve long breaks from interaction with children or require excessive paperwork. When assessing whether an individual child is at the expected level of development, practitioners <b>should</b> draw on their knowledge of the child and their own expert professional judgement. Providers are not required to prove this through collection of any physical evidence.	

2.3	Practitioners <b>should</b> keep parents and / or carers up to date on their child's progress and development. Practitioners <b>should</b> address any learning and development needs in partnership with parents and / or carers, and any relevant professionals.	
2.4	Assessment <b>should</b> 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.	
	<b>Ongoing assessment</b>	<b>Checked</b>
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, providers <b>should</b> 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.	
	<b>Progress check at age two</b>	<b>Checked</b>
2.6	When a child is aged between two and three, providers <b>must</b> review their progress, and provide parents and/or carers with a short-written summary of their child's development in the prime areas.	
2.7	Beyond the prime areas, it is for practitioners to decide what the written summary <b>should</b> include, reflecting the development level and needs of the individual child.	
2.8	<p>The summary <b>must</b>:</p> <ul style="list-style-type: none"> <li>Highlight areas in which a child is progressing well;</li> <li>Highlight areas in which some additional support might be needed;</li> <li>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;</li> <li>Describe the activities and strategies the provider intends to adopt to address any issues or concerns. This plan <b>should</b> involve parents and carers and other professionals (e.g. the SENCo or the health professionals) as appropriate.</li> </ul>	

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. Providers <b>must</b> discuss with parents and/or carers how the summary of development can be used to support learning at home. Non-statutory guidance, <a href="https://www.gov.uk/government/publications/progress-check-at-age-2">Progress check at age 2 - GOV.UK (www.gov.uk)</a> is available to support providers in completing the progress check.	
2.10	Practitioners <b>should</b> 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 transfer to. Practitioners <b>must</b> 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) <b>should</b> inform each other and support integrated working. This will allow health and educational professionals to identify strengths as well as any developmental delay and any particular support from which they think the child/family might benefit. Providers <b>must</b> have the consent of parents and/or carers to share information directly with other relevant professionals.	
	<b>Assessment at the start of the reception year – the Reception Baseline Assessment (RBA)</b>	Checked
2.11	The Reception Baseline Assessment (RBA) is a short assessment, taken in the first six weeks in which a child starts reception. This information is therefore only relevant to reception teachers in school-based provision.	
2.12	The statutory guidance for the administration of the RBA is set out in Annex B. The guidance covers all intakes in reception within an academic year including during autumn, spring and summer terms	
	<b>Assessment at the end of the EYFS – the Early Years Foundation Stage Profile (EYFSP)</b>	Checked
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 <b>must</b> 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 <b>must</b> 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 provides parents and carers, practitioners and teachers with a well-rounded picture of a child's knowledge, understanding and abilities, their attainment against expected levels, and their readiness for year 1. The Profile <b>must</b> 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 <b>must</b> be assessed against the early learning goals. Practitioners <b>must</b> note whether children are meeting expected levels of development, or if they are not yet reaching expected levels ("emerging").	
2.16	Year 1 teachers <b>must</b> 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). These <b>should</b> help inform a discussion between reception and year 1 teachers about each child's stage of development and learning needs and assist with the planning of activities in year 1.	
2.17	Relevant providers <b>must</b> 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 <b>must</b> 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 <b>must</b> 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 <b>must</b> agree which of them will complete the Profile.	
2.18	The Profile <b>must</b> be completed for all children, including those with special educational needs or disabilities (SEND). Reasonable adjustments to the assessment process for children with SEND <b>must</b> be made as appropriate. Providers <b>should</b> consider whether they may need to seek specialist assistance to help with this...	
	<b>Information to be provided to the local authority</b>	<b>Checked</b>
2.19	Early years providers <b>must</b> report EYFS Profile results to local authorities, upon request. Local authorities are under a duty to return this data to the relevant Government department.	

## Sections 3 – The Safeguarding and Welfare Requirements (2025)

	<b>Introduction</b> (The changes to the September 2025 document are in blue)	Checked
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 people caring for them.	
3.2	This section of the framework sets out the safeguarding and welfare requirements providers <b>must</b> 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 <b>must</b> take all necessary steps to keep children safe and well. The requirements in this section explain what providers <b>must</b> 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.	
	<b>Safeguarding policies and procedures</b>	Checked
3.4	In every setting, a practitioner <b>must</b> be designated to take lead responsibility for safeguarding children. The <b>Designated Safeguarding Lead (DSL)</b> is responsible for liaison with local statutory children's services agencies, and with the LSP (Local Safeguarding Partners). All practitioners <b>must</b> be alert to any issues of concern in the child's life at home or elsewhere.	
3.5	Providers <b>must</b> 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 <b>should</b> be recorded in writing. Policies and procedures <b>should</b> be in line with the guidance and procedures of the relevant LSP.	
3.6	Safeguarding policies <b>must</b> include: <ul style="list-style-type: none"> <li>• The action to be taken when there are safeguarding concerns about a child.</li> <li>• The action to be taken in the event of an allegation being made against a member of staff.</li> </ul>	



	<ul style="list-style-type: none"> <li>• How mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting.</li> <li>• <b>Procedures to follow to check the suitability of new recruits.</b></li> <li>• <b>Detail of how safeguarding training is delivered and how practitioners are supported to put this into practice.</b></li> </ul> <p>Providers may find it helpful to read <a href="#">Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK</a></p>	
	<b>Whistleblowing</b>	<b>Checked</b>
3.7	Providers <b>must</b> put appropriate whistleblowing procedures in place for all staff (including students and volunteers) to raise concerns about poor or unsafe practice in the setting's safeguarding provision. This <b>must</b> include when and how to report concerns and the process that will be followed after staff report concerns. Providers <b>must</b> ensure staff are aware of the setting's whistleblowing procedures and <b>must</b> ensure all staff feel able to raise concerns about poor or unsafe practice and know that such concerns will be taken seriously by the senior leadership team.	
3.8	3.8 Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, they <b>should</b> use the other channels open to them: • NSPCC whistleblowing advice line is available. Staff can call 0800 0280285 – 08:00 to 20:00, Monday to Friday and 09:00 to 18:00 at weekends. The email address is: <a href="mailto:help@nspcc.org.uk">help@nspcc.org.uk</a> . Alternatively, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain Road, London EC2A 3NH. • Ofsted provides guidance on how to make complaints about a provider: <a href="#">Complaints procedure - Ofsted - GOV.UK</a> . • General guidance on whistleblowing can be found via: <a href="#">Whistleblowing for employees: What is a whistleblower - GOV.UK</a>	
	<b>Concerns about children's safety and welfare</b>	<b>Checked</b>
3.9	If providers have concerns about children's safety or welfare, they <b>must</b> immediately notify their local authority children's social care team, in line with local reporting procedures, and, in emergencies, the police. Providers <b>must</b> also take into account the government's statutory guidance <a href="#">Working together to safeguard children - GOV.UK (www.gov.uk)</a> and <a href="#">Prevent duty guidance: England and Wales (2023) - GOV.UK (www.gov.uk)</a> . All schools are required to have regard to the government's statutory	

	guidance <a href="https://www.gov.uk/guidance/keeping-children-safe-in-education">Keeping children safe in education - GOV.UK (www.gov.uk)</a> , and other childcare providers may also find it helpful to read this guidance.	
3.10	Registered providers <b>must</b> 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 <b>must</b> 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 <b>must</b> also notify Ofsted/ their CMA agency of the action they have taken in response to the allegations. Ofsted/the CMA agency <b>must</b> 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.	
3.11	<b>Child absences</b>  Providers <b>must</b> follow up on absences in a timely manner. If a child is absent for a prolonged period of time, or if a child is absent without notification from the parent or carer, attempts <b>must</b> be made to contact the child's parents and/or carers and alternative emergency contacts. Providers <b>must</b> consider patterns and trends in a child's absences and their personal circumstances and use their professional judgement when deciding if their absence should be considered as prolonged. Consideration <b>must</b> be given to the child's vulnerability, parent's and/or carer's vulnerability and their home life. Any concerns <b>must</b> be referred to local children's social care services and/or a police welfare check requested.	Checked
3.12	Providers <b>must</b> have an attendance policy that they share with parent and / or carers. This <b>must</b> include expectations for reporting child absences and the actions providers will take if a child is absent without notification or for a prolonged period of time, for example: implementing the setting's safeguarding procedures, following up with parents and/or carers and contacting emergency contacts if parents and/or carers are not contactable.	
	<b>Suitable people</b>	Checked
3.13	Providers <b>must</b> ensure that people looking after children are suitable; they <b>must</b> have the relevant qualifications, training and have passed any required checks to fulfil their roles. Providers <b>must</b> take appropriate steps to verify qualifications, including in cases where physical evidence cannot be produced. Providers <b>must</b> 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.	

3.14	Ofsted, or the CMA with which a provider of CoDP is registered, is responsible for completing suitability checks of: • The provider. • Every other person looking after children on domestic premises for whom the care is being provided. This includes students, who cannot be counted in the ratios until they have been deemed suitable. 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.	
3.15	Registered group and school-based providers, <b>except CoDP providers</b> , <b>must</b> obtain an enhanced criminal records check for every person aged 16 and over (including for unsupervised volunteers, and supervised volunteers who provide personal care <sup>18</sup> ) 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).	
3.16	An additional criminal records check (or checks if more than one country) <b>should</b> also be made for anyone who has lived or worked abroad.	
3.17	Providers <b>must</b> 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 <b>must</b> not allow anyone whose suitability has not been checked, including through a criminal records check, to have unsupervised contact with children being cared for.	
3.18	Providers <b>must</b> record information about staff qualifications and the identity checks, vetting processes and references that have been completed (including the criminal records check reference number, the date a check was obtained and details of who at the setting obtained it).	
3.19	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.	
	<b>References</b>	<b>Checked</b>

3.20	<p>Providers must obtain a reference for any member of staff (including students and volunteers) before they are recruited. Providers should:</p> <ul style="list-style-type: none"> <li>• Not accept open references e.g. to whom it may concern.</li> <li>• Not rely on applicants to obtain their reference.</li> <li>• Ensure any references are from the candidate's current employer, training provider or education setting and have been completed by a senior person with appropriate authority.</li> <li>• Not accept references from a family member.</li> <li>• Obtain verification of the individual's most recent relevant period of employment where the applicant is not currently employed.</li> <li>• Secure a reference from the relevant employer from the last time the applicant worked with children (if not currently working with children). If the applicant has never worked with children, then ensure a reference is from their current employer, training provider or education setting.</li> <li>• Ensure electronic references originate from a legitimate source.</li> <li>• Contact referees to clarify content where information is vague or insufficient information is provided.</li> <li>• Compare the information on the application form with that in the reference and take up any discrepancies with the applicant.</li> <li>• Establish the reason for the applicant leaving their current or most recent post, and ensure any concerns are resolved satisfactorily before appointment is confirmed.</li> </ul>	
3.21	<p>References should be provided for previous employees upon request in a timely manner. When asked to provide references, providers should ensure the information confirms whether they are satisfied with the applicant's suitability to work with children and provide the facts (not opinions) of any substantiated safeguarding concerns/allegations that meet the harm threshold. They should not include information about concerns/allegations which are unsubstantiated, unfounded, false, or malicious.</p>	

	Disqualification	Checked
3.22	A provider or a practitioner may be disqualified from registration. Providers may find guidance about disqualification under the Childcare Act 2006 helpful. If a provider is disqualified, they <b>must</b> 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 <b>must</b> not employ that person in connection with early years provision.	
3.23	A registered provider <b>must</b> 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 <b>or a person living or working at domestic premises where childcare is provided</b> could be an example of a significant event.	
3.24	The registered provider <b>must</b> give Ofsted, or the CMA 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: <ul style="list-style-type: none"> <li>• Details of any order, determination, conviction, or other ground for disqualification from registration under regulations made under section 75 of the Childcare Act 2006.</li> <li>• The date of the order, determination or conviction, or the date when the other ground for disqualification arose.</li> <li>• The body or court which made the order, determination or conviction, and the sentence (if any) imposed.</li> <li>• A certified copy of the relevant order (in relation to an order or conviction).</li> </ul>	
3.25	The registered provider <b>must</b> provide this information to Ofsted/the CMA agency as soon as reasonably practicable, but, in any event within 14 days of the date the provider became aware of the information or <b>should</b> have reasonably become aware of it if they had made reasonable enquiries.	
3.26	If a provider becomes aware of relevant information that may lead to an employee <b>or a person living or working at domestic premises where childcare is provided being</b> disqualified, the provider <b>must</b> take appropriate action to ensure the safety of children.	

	<b>Staff taking medication / other substances</b>	<b>Checked</b>
3.27	Staff members <b>must</b> 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 <b>should</b> seek medical advice. Practitioners <b>must</b> 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 <b>must</b> be stored securely, and out of reach of children, at all times.	
	<b>Smoking and vaping</b>	<b>Checked</b>
3.28	Providers <b>must</b> not allow smoking in or on the premises when children are present or about to be present. Practitioners <b>should</b> not vape or use e-cigarettes when children are present and providers <b>should</b> consider <a href="#">Use of e-cigarettes in public places and workplaces - GOV.UK</a>	
	<b>Qualifications, training, support and skills</b>	<b>Checked</b>
3.29	Providers <b>must</b> 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.	
	<b>Safeguarding training</b>	<b>Checked</b>
3.30	<a href="#">Providers <b>must</b> ensure that all practitioners are trained in line with the criteria set out in Annex C. Providers <b>must</b> ensure that practitioners are supported and confident to implement the setting's safeguarding policy and procedures on an ongoing basis.</a> Providers <b>should</b> read <a href="#">Child abuse concerns: guide for practitioners - GOV.UK</a>	
3.31	The <b>DSL</b> <b>must</b> provide support, advice and guidance to <a href="#">all practitioners</a> on an ongoing basis, and on any specific safeguarding issue as required. The <b>DSL</b> <b>must</b> attend a <a href="#">training course consistent with the criteria set out in Annex C</a> .	

3.32	Training <b>must</b> be renewed every two years. Providers may consider whether any staff need to undertake annual refresher training during any two-year period to help maintain basic skills and keep up to date with any changes to safeguarding procedures or as a result of any safeguarding concerns that occur in the setting.	
	<b>Training and skills</b>	<b>Checked</b>
3.33	What practitioners know, plan for, and do matters for children's learning, development, safety, and happiness in settings. Providers <b>must</b> ensure that all staff receive induction training to help them understand their roles and responsibilities. Induction training <b>must</b> include information about emergency evacuation procedures, safeguarding, child protection, and health and safety issues. Providers <b>must</b> support staff to undertake appropriate training and professional development opportunities to ensure they offer quality learning and development experiences for children that continually improves.	
	<b>Supervision of staff</b>	<b>Checked</b>
3.34	Providers <b>must</b> 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 <b>should</b> foster a culture of mutual support, teamwork, and continuous improvement, which encourages the confidential discussion of sensitive issues.	
3.35	Supervision <b>should</b> provide opportunities for staff to: <ul style="list-style-type: none"> <li>• Discuss any issues – particularly concerning children's development or wellbeing, including child protection concerns.</li> <li>• Identify solutions to address issues as they arise.</li> <li>• Receive coaching to improve their personal effectiveness.</li> </ul>	
	<b>Paediatric first aid</b>	<b>Checked</b>

3.36	At least one person who has a current paediatric first aid (PFA) certificate <b>must</b> be on the premises and available at all times when children are present and <b>must</b> accompany children on outings. The certificate <b>must</b> be for a full course consistent with the criteria set out in Annex A. PFA training <b>must</b> be renewed every three years and be relevant for people caring for young children and babies.	
3.37	Providers <b>should</b> 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.	
3.38	All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 <b>must</b> 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. <b>All staff who have completed the experience-based route <b>must</b> obtain a PFA qualification before they can be included in the staff:child ratios at level 3.</b> To continue to be included in the ratio requirement the certificate <b>must</b> be renewed every 3 years.	
3.39	Providers <b>should</b> display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.	
	<b>English language skills</b>	<b>Checked</b>
3.40	Providers <b>must</b> ensure that staff have sufficient understanding and use of English to ensure the well-being of children in their care. For example, settings <b>must</b> 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.	
	<b>Key person</b>	<b>Checked</b>
3.41	Each child <b>must</b> 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 <b>should</b> also help families engage with more specialist support if appropriate.	
	<b>Staff:child ratios</b>	<b>Checked</b>
3.42	Staffing arrangements <b>must</b> meet the needs of all children and ensure their safety. Providers <b>must</b> ensure that children are adequately supervised, including whilst eating, and decide how to use staff to ensure children's needs are met. Providers <b>must</b>	



	inform parents and/or carers about how staff are organised, and, when relevant and practical, aim to involve them in these decisions.	
3.43	Children <b>must</b> usually be within sight and hearing of staff and always within sight or hearing. <a href="#">See paragraph 3.63 which applies when children are eating.</a>	
3.44	<p>In settings on the early years register, the manager of the setting <b>must</b> hold an approved qualification of level 3 or above and at least half of all other staff <b>must</b> hold at least an approved level 2 qualification. <a href="#">An approved qualification is defined by the Department for Education as meeting the criteria set out in the <u>Early years qualification requirements and standards - GOV.UK</u> document. Approved qualifications are published on the Early Years Qualifications List ('EYQL') on GOV.UK except, as outlined in paragraphs 1.11 and 1.16 of the Early Years Qualification Requirements and Standards document, those which are not individually listed on the EYQL but count as approved qualifications if they meet certain criteria.</a></p> <p>Managers appointed on or after 1 January 2024 <b>must</b> have already achieved a suitable level 2 qualification in maths or <b>must</b> do so within two years of starting in the position. <a href="#">This also applies to existing managers moving to a new managerial role.</a></p> <p>Managers are responsible for ensuring staff have the right level of maths knowledge to effectively deliver the EYFS curriculum. Managers <b>should</b> have at least two years' experience of working in an early years setting, or have at least two years' other suitable experience. The provider <b>must</b> ensure there is a named deputy who, in their judgement, is capable and qualified to take charge in the manager's absence.</p>	
3.45	To count within the ratios at level 3, staff holding an Early Years Educator qualification <a href="#">and those who have received approval to be included in the ratios at level 3 after attaining experience-based route status</a> <b>must</b> also have achieved a suitable level 2 qualification in English.	
3.46	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 <b>must</b> be awake at all times.	
3.47	<p>For children aged under two:</p> <ul style="list-style-type: none"> <li>• There <b>must</b> be at least one member of staff for every three children.</li> </ul>	

	<ul style="list-style-type: none"> <li>• At least one member of staff <b>must</b> hold an approved level 3 qualification <b>or have received approval to be included in the ratios at level 3 after attaining experience-based route status and be suitably experienced in working with children under two.</b></li> <li>• At least half of all staff <b>must</b> hold an approved level 2 qualification.</li> <li>• At least half of all staff <b>must</b> have received training that specifically addresses the care of babies.</li> <li>• Where there is a room for under two-year-olds, the member of staff in charge of that room <b>must</b>, in the judgement of the provider, have suitable experience of working with under twos.</li> </ul>	
3.48	<p>For children aged two:</p> <ul style="list-style-type: none"> <li>• There <b>must</b> be at least one member of staff for every five children.</li> <li>• At least one member of staff <b>must</b> hold an approved level 3 qualification <b>or have received approval to be included in the ratios at level 3 after attaining experience-based route status.</b></li> <li>• At least half of all staff <b>must</b> hold an approved level 2 qualification.</li> </ul>	
3.49	<p>For children aged three and over in registered early years provision at any time 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 children:</p> <ul style="list-style-type: none"> <li>• There <b>must</b> be at least one member of staff for every 13 children.</li> <li>• At least one other member of staff <b>must</b> hold an approved level 3 qualification <b>or have received approval to be included in the ratios at level 3 after attaining experience-based route status.</b></li> </ul>	
3.50	<p>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 not working directly with children:</p> <ul style="list-style-type: none"> <li>• There <b>must</b> be at least one member of staff for every eight children.</li> </ul>	

	<ul style="list-style-type: none"> <li>• At least one other member of staff <b>must</b> hold an approved level 3 qualification <b>or have received approval to be included in the ratios at level 3 after attaining experience-based route status.</b></li> <li>• At least half of all other staff <b>must</b> hold an approved level 2 qualification.</li> </ul>	
3.51	<p>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:</p> <ul style="list-style-type: none"> <li>• For classes where the majority of children will reach the age of five or older within the school year, there <b>must</b> be at least one member of staff for every 30 children.</li> <li>• For all other classes there <b>must</b> be at least one other member of staff for every 13 children.</li> <li>• At least one other member of staff <b>must</b> hold an approved level 3 qualification <b>or have received approval to be included in the ratios at level 3 after attaining experience-based route status.</b></li> </ul>	
3.52	<p>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:</p> <ul style="list-style-type: none"> <li>• There <b>must</b> be at least one member of staff for every eight children.</li> <li>• At least one member of staff <b>must</b> hold an approved level 3 qualification <b>or have received approval to be included in the ratios at level 3 after attaining experience-based route status.</b></li> <li>• At least half of all other staff <b>must</b> hold an approved level 2 qualification.</li> </ul>	
3.53	<p>For children aged three and over in maintained nursery schools and nursery classes in maintained schools • There <b>must</b> be at least one member of staff for every 13 children. • At least one member of staff <b>must</b> be a schoolteacher as defined by section 122 of the Education Act 2002 • At least one other member of staff <b>must</b> hold an approved level 3 qualification <b>or have received approval to be included in the ratios at level 3 after attaining experience-based route status.</b></p>	

3.54	Reception classes in maintained schools and academies are subject to infant class size legislation, which is limited to 30 pupils per schoolteacher (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 <b>must</b> employ sufficient schoolteachers to enable it to teach its infant classes in groups of no more than 30 per schoolteacher.	
3.55	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 <b>must</b> 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 <b>must</b> comply with the statutory requirements relating to the education of children of compulsory school age and infant class sizes. Schools’ partner providers <b>must</b> meet the relevant ratio requirements for their provision.	
3.56	Providers <b>must</b> not include anyone aged under 17 in ratios, except apprentices who may be included in ratios from the age of 16. Providers <b>must</b> not allow anyone aged under 17 to care for children unsupervised at any time. Providers may count students and long-term volunteers (aged 17 or over) and apprentices (aged 16 or over) in ratios at the level below their level of study but only if the provider is satisfied they are suitable <b>(as in paragraphs 3.13 to 3.16) competent and responsible, and they hold a valid and current paediatric first aid qualification.</b>	
	<b>Before/after school care and holiday provision</b>	<b>Checked</b>
3.57	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 children. It 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 <b>should</b> have. See details on <a href="#">page 8</a> for the learning and development requirements for providers offering care exclusively before/after school or during the school holidays.	
	<b>Health</b>	
	<b>Medicines</b>	<b>Checked</b>

3.58	Providers <b>must</b> promote the good health, including the oral health, of the children they look after.	
3.59	They <b>must</b> have a procedure, which <b>must</b> be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure <b>must</b> also cover the necessary steps to prevent the spread of infection.	
3.60	Providers <b>must</b> have and implement a policy, and procedures, for administering medicines to children. It <b>must</b> include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. Staff <b>must</b> have training if the administration of medicine requires medical or technical knowledge. Prescription medicines <b>must</b> not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin <b>should</b> only be given if prescribed by a doctor).	
3.61	Medicine (both prescription and non-prescription <sup>23</sup> ) <b>must</b> 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 <b>must</b> 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.	
	<b>Food and drink</b>	<b>Checked</b>
3.62	Where children are provided with meals, snacks, and drinks, these <b>must</b> be healthy, balanced and nutritious. <b>To understand how to meet this requirement providers <b>must</b> have regard to the <a href="#">Early Years Foundation Stage nutrition guidance</a></b> Fresh drinking water <b>must</b> always be available and accessible to children.	
	<b>Safer eating</b>	<b>Checked</b>
3.63	<b>Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Annex A.</b>	
3.64	Before a child is admitted to the setting the provider <b>must</b> obtain information about any special dietary requirements, preferences, food allergies <b>and intolerances</b> that the child has, and any special health requirements. <b>This information <b>must</b> be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers</b>	

	<b>must</b> be clear about who is responsible for checking that the food being provided meets all the requirements for each child.	
3.65	Providers <b>must</b> have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information <b>must</b> be kept up to date by the provider and shared with all staff. Providers should refer to the British Society for Allergy and Clinical Immunology <a href="#">BSACI Allergy Action Plan 2018 NoAAI2981-2.pdf</a> Providers <b>must</b> ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning. Providers should refer to the NHS advice on food allergies: <a href="#">Food allergy - NHS</a> and treatment of anaphylaxis: <a href="#">Anaphylaxis - NHS</a>	
3.66	Providers <b>must</b> have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods, including to understand the textures the child is familiar with. Assumptions <b>must</b> not be made based on age. Providers <b>must</b> prepare food in a suitable way for each child's individual developmental needs, working with parents and/or carers to help children move on to the next stage at a pace right for the child. The NHS has some advice providers should refer to: <a href="#">Weaning - Start for Life - NHS</a>	
3.67	Providers <b>must</b> prepare food in a way to prevent choking. This guidance on food safety for young children: <a href="#">Help for early years providers : Food safety</a> includes advice on food and drink to avoid, how to reduce the risk of choking and links to other useful resources for early years providers.	
3.68	Babies and young children should be seated safely in a highchair or appropriately sized low chair while eating. Where possible there should be a designated eating space where distractions are minimised.	
3.69	Children <b>must</b> always be within sight and hearing of a member of staff whilst eating. Choking can be completely silent, therefore, it is important for providers to be alert to when a child may be starting to choke. Where possible, providers should sit facing children whilst they eat, so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.	
3.70	When a child experiences a choking incident that requires intervention, providers should record details of where and how the child choked and ensure parents and/or carers are made aware. The records should be reviewed periodically to	

	identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action should be taken to address any identified concerns.	
	<b>Food and drink facilities</b>	<b>Checked</b>
3.71	There <b>must</b> be an area adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There <b>must</b> be suitable facilities for the hygienic preparation of food for children, if necessary, including suitable sterilisation equipment for babies' food. Providers <b>must</b> be confident that <b>those</b> responsible for preparing and handling food, are competent to do so. All staff involved in preparing and handling food <b>must</b> receive training in food hygiene.	
	<b>Food poisoning</b>	<b>Checked</b>
3.72	Registered providers <b>must</b> notify Ofsted, or the <b>CMA</b> with which a provider of CoDP is registered, of any food poisoning affecting two or more children cared for on the premises. This <b>must</b> 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.	
	<b>Supporting and understanding children's behaviour</b>	<b>Checked</b>
3.73	Providers are responsible for supporting, understanding, and managing children's behaviour in an appropriate way.	
3.74	Providers <b>must</b> not give or threaten corporal punishment or any punishment which could negatively affect a child's well-being. Providers <b>must</b> 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.	
3.75	Providers <b>must</b> keep a record of any occasion where physical intervention is used, and parents and/or carers <b>must</b> be informed on the same day, or as soon as reasonably practicable.	

	<b>Special educational needs</b>	<b>Checked</b>
3.76	Early years providers <b>must</b> have arrangements in place to support children with Special Educational Needs and Disabilities (SEND). Maintained schools, academies and maintained nursery schools are required to 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. Maintained schools, academies and maintained nursery schools and all providers who are funded by the local authority to deliver early education places are required to have regard to the <a href="#">SEND Code of Practice January 2015.pdf</a> Other providers may find it helpful to familiarise themselves with the early years section of the 0-25 SEND Code of Practice.	
	<b>Safety and suitability of premises, environment and equipment</b>	
	<b>Accident or injury</b>	<b>Checked</b>
3.77	Providers <b>must</b> ensure a first aid box with appropriate items for use on children is always accessible. Providers <b>must</b> keep a written record of accidents or injuries and first aid treatment. Providers <b>must</b> 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.	
3.78	Registered providers <b>must</b> notify Ofsted, or the <b>CMA</b> 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 <b>must</b> 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. Providers <b>must</b> notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and <b>must</b> act on any advice from those agencies.	
	<b>Safety of premises</b>	<b>Checked</b>
3.79	Providers <b>must</b> 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 <b>must</b> comply with requirements of health and safety legislation, including fire safety and hygiene requirements.	



3.80	<p>Providers <b>must</b> take reasonable steps to ensure the safety of children, <b>staff</b>, and others on the premises in the case of fire or any other emergency. Providers <b>must</b> have:</p> <ul style="list-style-type: none"> <li>• An emergency evacuation procedure.</li> <li>• Appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and/or fire extinguishers) which is in working order.</li> </ul> <p>Fire exits <b>must</b> be clearly identifiable, and fire doors are free of obstruction and easily opened from the inside.</p>	
	<b>Indoor space requirements</b>	<b>Checked</b>
3.81	<p>The premises and equipment <b>must</b> be organised in a way that meets the needs of children. Providers <b>must</b> meet the following indoor space requirements where indoor activity in a building(s) forms the main part of (or is integral) to the provision:</p> <ul style="list-style-type: none"> <li>• Children under two years: 3.5m<sup>2</sup> per child.</li> <li>• Two-year-olds: 2.5m<sup>2</sup> per child.</li> <li>• Children aged three to five years: 2.3m<sup>2</sup> per child.</li> </ul>	
3.82	<p><b>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 outdoor provision (where children are outside all or almost all of the time) 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.</b></p>	
	<b>Outdoor access</b>	<b>Checked</b>
3.83	<p>Providers <b>must</b> provide access to an outdoor play area. If that is not possible, they <b>must</b> ensure that outdoor activities are planned and taken daily (unless circumstances make this inappropriate, for example unsafe weather conditions). Providers <b>must</b> follow their legal responsibilities under the Equality Act 2010 (for example, the provisions on reasonable adjustments).</p>	

	<b>Sleeping arrangements</b>	<b>Checked</b>
3.84	Sleeping children <b>must</b> 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: <a href="https://www.nhs.uk">Sudden infant death syndrome (SIDS) - NHS (www.nhs.uk)</a> Practitioners <b>should</b> read NHS advice on safety of sleeping babies: <a href="https://www.nhs.uk">Reduce the risk of sudden infant death syndrome (SIDS) - NHS (www.nhs.uk)</a>	
	<b>Baby room</b>	<b>Checked</b>
3.85	There <b>should</b> be a separate baby room for children under the age of two. However, providers <b>must</b> ensure that children in a baby room have contact with older children and are moved into the older age group when appropriate.	
	<b>Toilets and intimate hygiene</b>	<b>Checked</b>
3.86	Providers <b>must</b> ensure: <ul style="list-style-type: none"> <li>• There is an adequate number of toilets and hand basins available – <b>there should usually be separate toilet facilities for adults.</b></li> <li>• There are suitable hygienic changing facilities for changing any children who are in nappies.</li> <li>• <b>Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.</b></li> <li>• There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items.</li> </ul>	
	<b>Organising premises for confidentiality and safeguarding</b>	<b>Checked</b>
3.73	Providers <b>must</b> ensure: <ul style="list-style-type: none"> <li>• There is an area where staff may talk to parents and/or carers confidentially.</li> </ul>	

	<ul style="list-style-type: none"> <li>• There is an area for staff to take breaks away from areas being used by children.</li> <li>• Children are only released into the care of individuals of whom the parent has explicitly notified the provider.</li> <li>• Children do not leave the premises unsupervised.</li> <li>• They take all reasonable steps to prevent unauthorised persons entering the premises and have an agreed procedure for checking the identity of visitors.</li> <li>• They consider what additional measures are necessary when children stay overnight.</li> </ul>	
	<b>Insurance</b>	<b>Checked</b>
3.88	Providers <b>must</b> carry the appropriate insurance (e.g. public liability insurance) to cover all premises from which they provide childcare.	
	<b>Safety on outings</b>	<b>Checked</b>
3.89	Children <b>must</b> be kept safe while on outings. Providers <b>must</b> assess potential risks or hazards for the children and <b>must</b> identify the steps to be taken to remove, minimise, and manage those risks and hazards. The assessment <b>must</b> include consideration of adult to child ratios. The risk assessment does not necessarily need to be in writing; this is up to providers.	
3.90	Vehicles transporting children, and the driver of those vehicles, <b>must</b> be adequately insured.	
	<b>Risk assessment</b>	<b>Checked</b>
3.91	Providers <b>must</b> ensure that they take all reasonable steps to ensure <b>staff and</b> children in their care, are not exposed to risks and <b>must</b> be able to demonstrate how they are managing risks. Providers <b>must</b> determine where it is helpful to make some written risk assessments in relation to specific issues, to inform their practice, and to demonstrate how they are managing risks if asked by parents and/or carers or inspectors. Risk assessments <b>should</b> 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.	

	<b>Information and record keeping</b>	<b>Checked</b>
3.92	Providers <b>must</b> 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 <b>must</b> 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 <b>should</b> incorporate parents' and/or carers' comments into children's records.	
3.93	Records <b>must</b> be easily accessible and available (these may be kept securely off the premises). Confidential information and records about staff and children <b>must</b> be held securely and only accessible and available to those who have a right or professional need to see them. Providers <b>must</b> be aware of their responsibilities under the Data Protection Legislation and, where relevant, the Freedom of Information Act 2000.	
3.94	Providers <b>must</b> ensure that <b>all staff</b> 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 <b>must</b> be given access to all records about their child, provided that no relevant exemptions apply to their disclosure under the Data Protection Act.	
3.95	Records relating to individual children <b>must</b> be retained for a reasonable period of time after they have left the provision.	
	<b>Information about the child</b>	<b>Checked</b>
3.96	Providers <b>must</b> record the following information for each child in their care: <ul style="list-style-type: none"> <li>• Full name.</li> <li>• Date of birth.</li> <li>• Name and address of every parent and/or carer who is known to the provider.</li> <li>• Information about any other person who has parental responsibility for the child.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Which parent(s) and/or carer(s) the child normally lives with.</li> <li>• Emergency contact details for parents and/or carers. <b>Where possible, settings should hold more than two emergency contact numbers for each child.</b></li> </ul>	
	<b>Information for parents and carers</b>	<b>Checked</b>
3.97	<p>Providers <b>must</b> share the following information with parents and/or carers:</p> <ul style="list-style-type: none"> <li>• How the EYFS is being delivered in the setting, and how parents and/or carers can access more information.</li> <li>• The range and type of activities and experiences provided for children, the daily routines of the setting, and how parents and/or carers can share learning at home.</li> <li>• How the setting supports children with special educational needs and disabilities.</li> <li>• Food and drinks provided for children.</li> <li>• Details of their policies and procedures - <b>making copies available on request.</b> 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.</li> <li>• How staffing at the setting is organised.</li> <li>• The name of the child's key person and their role.</li> <li>• A telephone number for parents and/or carers to contact the provider in an emergency.</li> </ul>	
	<b>Complaints</b>	<b>Checked</b>
3.98	<p>Providers <b>must</b> put in place a written procedure for dealing with concerns and complaints from parents and/or carers, and <b>must</b> keep a written record of any complaints, and their outcome. All providers <b>must</b>:</p> <ul style="list-style-type: none"> <li>• Investigate written complaints relating to how they are fulfilling the EYFS requirements.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Notify the person who made the complaint of the outcome of the investigation within 28 days of having received the complaint.</li> <li>• Make a record of complaints available to Ofsted, or the <b>CMA</b> with which a provider of CoDP is registered, on request.</li> </ul>	
3.99	Providers <b>must</b> make available to parents and/or carers the details about how to contact Ofsted, or the <b>CMA</b> with which a provider of CoDP is registered, if they believe the provider is not meeting the EYFS requirements.	
	<b>Inspections and quality assurance visits</b>	<b>Checked</b>
3.100	If providers become aware that they are to be inspected by Ofsted or have a quality assurance visit by the CMA, they <b>must</b> notify parents and/or carers. After an inspection by Ofsted or a quality assurance visit by their CMA, providers <b>must</b> supply a copy of the report to parents and/or carers of children attending on a regular basis.	
	<b>Information about the provider</b>	<b>Checked</b>
3.101	<p>Providers <b>must</b> hold the following documentation:</p> <ul style="list-style-type: none"> <li>• Name, home address and telephone number of the provider and any other person living or employed on the premises.</li> <li>• Name, home address and telephone number of anyone else who will regularly be in unsupervised contact with the children attending the early years provision.</li> <li>• 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.</li> <li>• Their certificate of registration (which <b>must</b> be displayed at the setting and shown to parents and/or carers on request).</li> </ul>	
	<b>Changes that <b>must</b> be notified to Ofsted</b>	<b>Checked</b>
3.102	<p>All registered early years providers <b>must</b> notify Ofsted (<b>but see paragraph 3.104</b>) of:</p> <ul style="list-style-type: none"> <li>• Any change to the address of the premises (and <b>must</b> obtain prior approval to operate from those premises where appropriate).</li> </ul>	

	<ul style="list-style-type: none"> <li>• Any change to the premises which may affect the space available to children and the quality of childcare available to them.</li> <li>• Any change to the name or address of the provider, or the provider's other contact information.</li> <li>• Any change to the person who is managing the early years provision.</li> <li>• Any proposal to change the hours during which childcare is to be provided which will entail the provision of overnight care.</li> <li>• Any significant event which is likely to affect the suitability of the early years provider to look after children.</li> <li>• 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.</li> <li>• Where the early years provision is provided by a company, any change in the name or registered number of the company.</li> <li>• Where the early years provision is provided by a charity, any change in the name or registration number of the charity.</li> <li>• Where the childcare is provided by a partnership, body corporate or unincorporated association, any change to the "nominated individual".</li> <li>• 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.</li> </ul>	
3.103	Where providers are required to notify Ofsted about a change of person except for managers, as specified in paragraph 3.102 above, providers <b>must</b> 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 <b>must</b> notify Ofsted that a new manager has been appointed. Where it is reasonably practical to do so, this <b>must</b> be done in advance of the change happening. In other cases, this <b>must</b> 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.	
3.104	Please note that where providers of CoDP are registered with a CMA the above notifications <b>should</b> be given to their CMA, not Ofsted.	

	<b>Other legal duties</b>	<b>Checked</b>
3.105	<p>The EYFS requirements sit alongside other legal obligations and do not supersede or replace any other legislation which providers <b>must</b> 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 <b>must</b> comply with. Other duties on providers include:</p> <ul style="list-style-type: none"> <li>• Employment laws.</li> <li>• Anti-discriminatory legislation.</li> <li>• Health and safety legislation.</li> <li>• Data collection regulations.</li> <li>• Duty of care.</li> </ul>	