



# Early Years Quality Standards Framework (EYQSF)

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## INTRODUCTION

Every child deserves to be supported to realise their full potential and to have the best possible start in life. We have a privileged opportunity and responsibility in the Early Years to ensure we build the strongest foundations for our children to thrive and fulfil their dreams. Our responsibility in the Early Years is to strengthen partnerships with children, parents, the wider family and a range of professionals, to ensure our roles and expertise enables every child to have the best possible start in life. The Early Years are the foundation stage on which every child's life chances sit, we have a duty to make a difference for every child and it starts in the womb.

Children who experience high quality early years provision are well placed to achieve better outcomes throughout their school life and beyond into employment.<sup>1</sup> The Early Years Quality Standards Framework (EYQSF) will help us to focus on raising and sustaining a consistent quality of early years experiences for our children and families.

In Guernsey and Alderney we will work to secure an equality of opportunity to develop a culture of support, reflection and empowerment within the Early Years Sector to ensure our children have the skills, knowledge, passion and independence to fulfil their dreams to become life-long learners in environments that are safe and to promote their health and wellbeing.



## DEFINITION OF TERMS

The term **curriculum** is used to describe everything children do, see, hear or feel in their setting, both planned and unplanned.

**CYPP** - Children's and Young People's Plan.

**Early Childhood Environmental Rating Scales - (ECERS-3)** an internationally validated scale used to assess the quality of practice and self-compliance. In this document, these are sometimes referred to as the rating scales.<sup>2</sup>

**Early Years Foundation Stage (EYFS)** is the curriculum guidance from birth through to five years old. This curriculum is followed through into a child's first year in primary school, reception class.<sup>3</sup>

The **Early Years Quality Standards Framework (EYQSF)** is defined on page 5. In the rest of this document it is simply referred to as EYQSF, or described as 'the Framework'.

Reference to **Guernsey** includes Herm, Jethou and Lihou Island.

The **Preschool Education Funding (PSEF)** is the States of Guernsey funding that enables providers within the private and voluntary sector to offer term time places of 15 hours for some 3 and 4 year olds.

**HSE** – Health and Safety Executive. Based at Environmental Health & Pollution Regulation, Health & Social Services Department, Longue Rue, St. Martins, GY4 6LD.

A **Nursery** is a facility that provides, for reward, care and learning for children under five, without a parent, for a continuous period of four hours or more in any day in premises that are not domestic premises.

The word **parent** is used to refer to mothers, fathers, legal guardians, carers and the primary carers of children in the early years setting.

The adults who work with children in the settings, whatever their qualifications or role, are referred to as **practitioners**.

A **Preschool** is a facility that provides care and learning for children under five, without parents, for a continuous period of up to six hours in any given day in premises that are not domestic premises.

The term **Professional Partner** refers to other services for example; Health Visitors, Speech and Language Therapists, Specialist Teachers, Educational Psychologists and members of the Early Years Team, whose role it is to challenge and support the Early Years Provider.

The term **Provider** means the Early Years Nurseries and Pre Schools in Guernsey and Alderney.

The **role of the practitioner** includes establishing relationships with children and their parents, planning the learning environment and curriculum, supporting and extending children's play,

learning and development, assessing children’s achievements and planning their next steps. The word **teaching** is used to include all these aspects of their role.

**RIDDOR** – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

**SEND** – Special Educational Needs and/ or Disability.

**The States Early Years Team** Includes Registration and Inspection Team (HSC), the Learning and Development Team (Education) and the Inclusion Team.

When referring to a child’s **wider family** this could include (but not exclusively); grandparents, foster carers, guardians. Everyone who is involved with the care and learning of a child.



## OUR SHARED VISION

Our shared vision is to work together with parents and each other in the States and private sectors so we can provide the very best education and care for the children in the Bailiwick.

We aim to nurture young children so they are confident, happy and excited to learn. We hope our children will grow up to be caring and productive members of our society. As practitioners we will endeavour to be reflective in our practice with each child at the centre of our work.

We will work within an ethos of inclusion so that every child, parent and practitioner is valued for their strengths and supported in their development.

We will ensure that all Early Years settings are safe, whilst managing risk positively and promote health and well-being for every child.

The Early Years Quality Standards Framework sets an agreed framework to enable all children to access the highest quality Early Years Provision throughout Guernsey and Alderney.

Guernsey and Alderney  
Years Provision throughout  
to access the highest quality Early  
Provision throughout Guernsey and Alderney

- The Early Years Quality Standards Framework has been developed through consultation within the pre schools and day nurseries, wider professionals working with children under five across Health and Social Care, Education, Sport and Culture, The Guernsey Institute and the Guernsey Preschool Learning Association.
- The Early Years Quality Standards Framework will be reviewed biennially.

# PRINCIPLES

## The EYQSF is built on our principles of:

- the role of effective leadership in securing and improving quality
- a continuous cycle of self-evaluation, improvement and reflection, enabling and empowering practitioners to see themselves as learners, seeking improvements in their practice, reducing inequality and having the highest aspirations for all children
- a system of support and challenge which is agreed and transparent
- strong partnerships with Education, Health and Social Care, other Early Years Providers, Schools, Professionals and the local community

We will also uphold the four guiding principles, based on the Statutory Framework for the Early Years Foundation Stage which will help shape practice, these are:

- every child is a **unique child**, who is constantly learning and can be resilient, adaptable, confident and self-assured
- children learn to be strong and independent through **positive relationships**
- children learn and develop well in **enabling environments**, in which their experiences respond to their individual needs, there is a strong partnership between practitioners and parents and which are safe and promote positive health and well-being
- **children develop and learn in different ways and at different rates.** The framework covers the education and care of all children, including children with special educational needs and disabilities. <sup>3</sup>

## Early Years Registration and Inspection Service:

- all Early Years Providers must be registered with the Registration and Inspection Service
- the re-registration of the Early Years premises is completed every two years unless indicated on the registration certificate
- the registration and inspection team are responsible for inspecting all early years providers, services and activities to ensure compliance with the current legislation.
- successful application and compliance by Early Years providers allows registration with HSC and for providers, services and activities to operate



# CHARACTERISTICS OF EFFECTIVE LEARNING

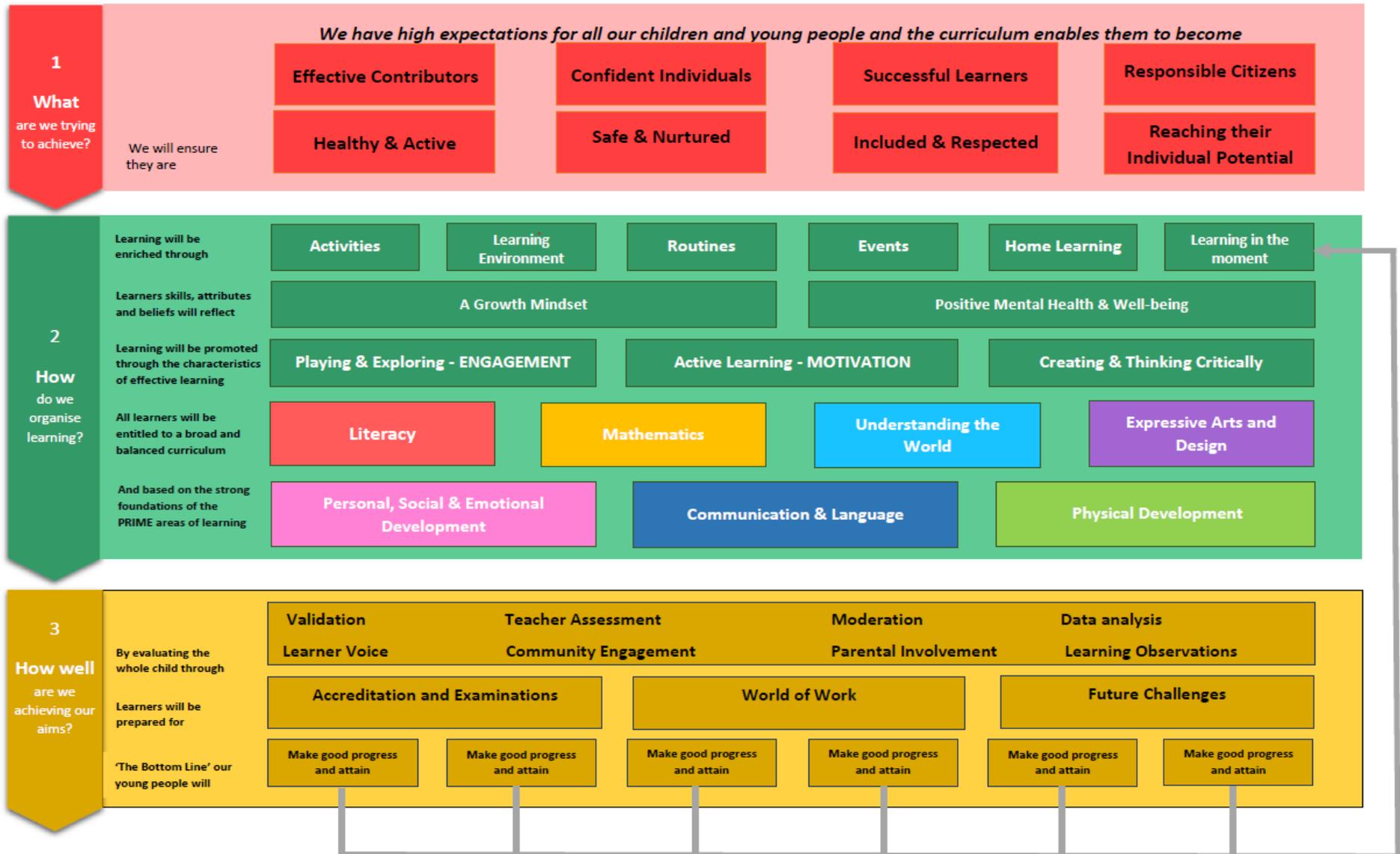
A child's learning and development happens in the context of the relationships and environment which is around them. Every child's experiences are unique to their own family, community and circumstances. The characteristics of effective learning are the ways in which children engage with other people and their environment which underpins their learning and development. What they learn is significant, but how children learn is vital in ensuring children have the life skills to progress through their education and into society. The Characteristics of Effective Learning are;

- **PLAYING AND EXPLORING – Engagement**
  - Finding out, investigating and exploring
  - Playing with what they know
  - Being willing to 'have a go'
- **ACTIVE LEARNING – Motivation**
  - Being involved and concentrating
  - Being able to keep trying when things are difficult
  - Enjoying achieving what they set out to do
- **CREATING AND CRITICALLY THINKING - Thinking**
  - Having and developing their own ideas
  - Making links between ideas
  - Developing and choosing strategies for doing things

“...it is not enough for a child to have a particular skill or know some facts. These are of little value in the end without the desire, confidence, motivation and control to use them.”

Helen Moylett (2011)<sup>4</sup>

# BAILIWICK EDUCATION PURPOSES FOR EARLY YEARS



## BAILIWICK HEALTH PURPOSES FOR EARLY YEARS



# QS1

## • Safeguarding and Welfare

If a standard is highlighted in colour it will be part of your Self Evaluation Review (SER) which will form part of your inspection

**Core Values:** Children learn best when they are healthy, safe and secure, when their individual needs are met and when they have positive relationships with the adults caring for them. Safe and secure environments are essential for children to play interact and develop, without this learning is not effective.

### QS 1.1 Safeguarding

- 1.11 The protection of the child is the Provider's first priority. The Provider must ensure there is a Named Safeguarding Lead (NSL) to take the lead responsibility for child protection and safeguarding children in every setting. In their absence a Named Deputy Safeguarding Lead should be identified. The Named Safeguarding Lead and Deputy Safeguarding Lead must complete the ISCP Level 1, 2 and 3 Safeguarding Children training and provide advice and guidance to staff, volunteers and students to ensure the implementation of child protection and safeguarding policies and procedures. All Staff, including cover staff, must complete the ISCP online e-learning Level 1 and attend the Level 2 Safeguarding Children training. All safeguarding training needs to be updated every 3 years. Lead practitioners for safeguarding will also liaise with safeguarding agencies in any safeguarding and child protection situation; The lead practitioner for safeguarding develops and implements a Safeguarding policy which links with Bailiwick procedures, and which includes contact names and telephone numbers, and ensures that all adults working and looking after children in the provision are able to put the policy into practice.
- 1.12 The Provider must be aware of and meet their responsibilities under The Children (Guernsey and Alderney) 2008 Law, <http://childrenlaw.gg/> and knows whom to contact if concerned about a child.
- 1.13 Early Years Providers are part of Operation Encompass. This is a Police and Education early intervention safeguarding partnership which supports children and young people who experience domestic abuse. Operation Encompass means that the Police will share information about domestic abuse incidents with the Designated Safeguarding Lead (DSL) or Deputy Safeguarding Lead **prior** to the start of the next weekday when they have been called to a domestic incident. Information is stored in line with all other confidential safeguarding and child protection information.
- 1.14 The Provider ensures that all staff and volunteers understand their safeguarding policy and procedures and have up to date knowledge of safeguarding issues. Providers must ensure staff are able to identify signs of possible abuse and neglect at the earliest opportunity. This may include:
- significant changes in children's behaviour
  - deterioration in children's general well-being

- Children’s comments which give cause for concern
- Any reasons to suspect neglect or abuse outside the setting, for example in the home and/or
- Inappropriate behaviour displayed by members of staff, volunteers, students or any other person working with children e.g. sharing inappropriate images; excessive attention beyond their required role; or inappropriate comments.

Providers must ensure staff are aware of their responsibility to report concerns to the relevant persons according to local guidance. [www.iscp.gg](http://www.iscp.gg)

1.15 The provider has a written safeguarding policy which clearly states staff responsibilities for the reporting of suspected child abuse or neglect. It includes procedures to be followed in the event of an allegation being made against a member of staff or volunteer. These procedures are shared with parents before admission to the setting.

1.16 Written permission should be obtained from parents before photographs, video or other recordings are taken of children including how the provider is sharing these images E.g. Websites, Facebook, X (previously Twitter), Instagram, Capture, Tapestry and Seesaw.

1.17 Personal mobile phones and other personal photographic equipment e.g. Smart Watches, should not be carried by staff members during working hours. Provider’s photographic equipment must be used to capture learning and development, including outings. No photographs of children should be stored on personal devices.

1.21 The Provider must ensure that adults who care and educate the children or have unsupervised access to them, are suitable to do so. Providers will ensure all information is compiled in order to establish the suitability of staff and/or volunteers. **Checks must be completed before an individual commences working or volunteering with children.** The following checks are required:

- Personal Declaration Form
- A Nationally recognised Enhanced Level DBS Check for Child Workforce (criminal record check via a Disclosure and Barring Service).
- Health Declaration signed by GP (not for volunteers)
- Children and Family Community Services Check (to be sent/emailed to SEYT for processing)
- 2 references, must include previous employer (not for volunteers)

The above requirements apply to all staff and/or volunteers including work experience students aged 16 or over.

When staff transfer from one employer to another, the above checks must be completed as there may be changes in circumstances. Being on the DBS Update Service permits a new employer to view the update status and expiration date linked to a practitioners subscription. The DBS certificate (paper copy) must be seen as it contains the original information relating to the practitioner.

A volunteer requires the above checks (unless otherwise stated) if they are attending the provision once a week or more, on 4 days within any 30-day period. However, if a volunteer attends for a one-off event, checks are at the provider’s

discretion. Volunteers must not have unsupervised contact with children for any period of time. Volunteers **must not** be included as staff in calculating the minimum adult/child ratio.

It is a requirement that **all** new members of staff and/or volunteers receive a comprehensive induction before commencing.

- 1.22 All staff are required to have the appropriate experience, skills and ability to do their work and are mentally and physically capable of caring for children.
- 1.23 Providers must tell staff that they are expected to disclose any convictions, court orders cautions or warnings that may affect their suitability to work with children (both before and during their employment at the setting).
- 1.24 Providers must record information about staff qualifications, identity checks and the vetting processes that have been completed including the DBS reference number, date of disclosure and details of who obtained it. All new staff must sign up to the DBS Update Service, it is recommended all existing staff join the DBS Update Service in due course.
- 1.25 Providers are required to make a referral to the Disclosure and Barring Service if a staff member or volunteer 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. [Making barring referrals to the DBS - GOV.UK \(www.gov.uk\)](https://www.gov.uk/making-barring-referrals-to-the-dbs)

Smoking, Vaping,  
Alcohol,  
Prescribed & Non  
Prescribed  
Substances

QS  
1.3

- 1.31 At no times should alcohol be on the Early Years premises. Staff should not be under the influence of alcohol or any other substance either during working hours or prior to and sufficiently close to a period of work such that their performance may be affected. The registered person should ensure that staff taking medication, which may make them drowsy or affect their performance, are allocated appropriate tasks. Any staff medication on the premises must be securely stored and out of reach of children at all times.
- 1.32 Providers must not allow smoking/vaping in or on the premises, or within 15 metres (50 feet) of the premises, open windows or ventilation intakes. Providers must not allow smoking/vaping in vehicles used by the Providers to transport children.
- 1.33 If practitioners leave the premises to smoke/vape, they must cover their clothes. Before they return to their duties, they must wash their hands thoroughly with soap and remove the items used to cover their clothes.

QS  
1.4 Healthcare

- 1.41 The Provider promotes the good health of children and takes positive steps to prevent the spread of infection and appropriate measures when they are ill. The Provider makes sure that the parents inform their setting about their child's health care needs. In consultation with the child's parent(s) the child's health care needs are understood and any action that is necessary to support and enable the child, must be done in agreement with the parents. Emergency procedures are agreed, recorded and shared with all staff.
- 1.42 The premises and equipment are clean and hygienic. The registered person ensures that staff are informed and aware of the importance of good hygiene practice in order to prevent the spread of infection. Carpets in areas used by babies and toddlers must be thoroughly cleaned (shampooed or steam cleaned) at a minimum of three month intervals or whenever required if earlier.

Staff are informed of and kept up to date with hygiene procedures. A cleaning and disinfection policy and procedure should be maintained and daily records kept. Nappy changing should take place in accordance with the individual needs of the child and not as part of nursery routine. All aspects of nappy changing should prevent cross contamination of bodily fluids, waste, clean nappies, ointments etc.

- 1.43** Children are encouraged to learn about hygiene through the daily routine and supported through their development in the Prime Area of Health and Self Care. This includes having a Snuffle station to promote good respiratory etiquette.
- 1.44 The Provider must ensure that any animals, including therapy dogs, on the premises are safe to be in the proximity of children and do not pose a health risk. In no circumstances should animals be either (a) left unattended with children or (b) transported in a vehicle with children unless kept secure and separate from children. A full risk assessment must be completed before an animal is brought into the premises. Any animal waste food, soiled bedding and excrement etc. should be removed to prevent risk of infection. Children and staff should wash hands with soap thoroughly immediately after interactions with animals.
- 1.45 Sandpits are protected from contamination and the sand is clean. Water trays are emptied after each session and cleaned and disinfected regularly.
- 1.46 There is a first aid box that is checked regularly and the contents replaced as necessary at the Premises and in any vehicles transporting children. This is readily accessible, but out of reach of children. During operational hours, which includes breaks, at least one member of staff is on the premises (including outings and transporting children), who is trained in the accredited full Paediatric First Aid. Providers need to consider the number of children, staff and layout of the premises to ensure that a trained paediatric first aider is able to respond quickly to emergencies and therefore Providers may exceed the minimum requirements as a matter of best practice. *Criteria for accredited Paediatric First Aid training can be found under Annex A.*
- 1.47 There is a policy about the exclusion of children who are ill or infectious which is discussed with parents. This includes a procedure for contacting parents or another adult designated by the parent if a child becomes ill while in the registered person's care. The registered person notifies other parents if a child attending has been diagnosed as having an infectious disease, if appropriate.
- 1.48 No child should be permitted to stay at the setting if the child appears to be ill. If a child becomes unwell during their time with the Provider, care is taken to prevent possible infection, parents are notified as soon as possible and necessary steps are taken to make the child comfortable. Notify the Registration and Inspection team of any outbreaks.
- 1.49 If a child has a long term health condition e.g. asthma or requires regular support and/or medication, a Health Care plan must be in place which has been completed with advice from a qualified healthcare professional.
- 1.50 Supersmiles supervised toothbrushing programme should be provided to preschool age as part of the policy letter.
- 1.51 If administering over the counter and/or prescribed medication to a child, the registered person does so only with parent/carers written agreement. There must be an understanding of the possible side effects of the medication alongside safe

dosage as stated on the box should it be an over the counter medication. For prescribed medication see 1.52.

- 1.52 All medicines are stored in their original containers, are clearly marked (and, in the case of prescription-only medicines, are clearly labelled with the child's name) and are inaccessible to children. The registered person ensures medication is not received into or kept at the setting if it is out of date. The registered person finds out from the person delivering the child exactly when medication was last administered.
- 1.53 If the administration of any prescribed medication requires technical/medical knowledge, the registered person obtains training from a qualified, accredited health professional specific to the needs of the child e.g. epi pens.
- 1.54 Written records are kept of all medicines administered to children, and parents sign the record book to acknowledge the entry.
- 1.55 Prescribed medicines are not administered unless a doctor has prescribed them for that child.
- 1.61 Providers must be registered with the Office of Environment Health and Pollution Regulation. All staff that prepare snacks on the premises must ensure they have the minimum of Level 1 Food Hygiene qualification. All staff who prepare meals, must have minimum Level 2 Food Hygiene Qualification, which requires updating every 3 years. Best practice would be for at least one member of staff to have completed Level 2 Food Hygiene as this includes cleaning and hygiene requirements.
- 1.62 The registered person ensures that there is an Eat Well Policy in place. In developing the policy the registered person must consult with families and children and ensure they are kept informed regarding issues relating to food and drink. The Policy must reference how a provider ensures they consider children and staff with any allergies, how they would meet their needs and ensure they are inclusive in this area. Healthy varied menus, meals and snack must be planned in advance and will consider taste, colour, texture and seasonality. Snacks should follow the recommendations in place from the Health Improvement Commission Early Years Snack Guide. [EY Snack Guide \(d3qb9i95n0tpqi.cloudfront.net\)](https://www.cloudfront.net/d3qb9i95n0tpqi.cloudfront.net). Consideration of packaging should be made with regards to the environment and recycling. The children must receive varied and nutritious food that is prepared in an appropriate manner, adequate in quantity and consistent with the requirements of the parents, and meets the religious, cultural and dietary requirements of children. Advice about nutritious food is sought from the Community Dietician, as necessary through the Health Improvement Commission.
- 1.63 Children who stay for the whole day are offered a midday meal and other snacks and drinks routinely (meals may be supplied by the parents). There must be facilities for children to sit at tables for their meals. Sterilisation equipment must be used for any feeding equipment and dummies. Records must be kept of babies' food intake for parents. All crockery and utensils to be cleaned and disinfected after use as detailed in Food Safety Management procedures.
- 1.64 All food is stored safely and, if necessary, in a refrigerator at a temperature below 5°C or hot holding (storage of hot foods) at a temperature over 63°C. If parents provide packed lunches, they are informed of items that can be stored safely and include an icepack in the child's packed lunch box. Fresh drinking water is available

to children at all times. Expressed breast milk requires specific storage, refer to [BFN Expressing Leaflet 2019.pdf \(breastfeedingnetwork.org.uk\)](https://www.breastfeedingnetwork.org.uk/Expressing_Leaflet_2019.pdf)

- 1.65 The Provider obtains and records information from parents about each child's dietary requirements, preferences and food allergies, and acts in line with this information.
- 1.66 Feeding should take place in accordance with the individual needs of the child and not as part of a daily routine. Babies should be held during bottle feeding, preferably by their key person. Opportunities to support parents in breast feeding should be organised.



**Core Values:** Effective leadership is essential in creating a shared vision, a passionate, focussed reflective workforce to drive continual improvement ensuring the best possible outcomes for children. Success comes from the highest aspirations, ethos and communication that good leadership brings. Effective Management enables leaders to thrive, it ensures effective systems and processes are in place to monitor and assess data accurately to inform self - evaluation, appraisal of staff, staff development, financial and resource management and best value principles. Strong leaders and managers are constantly challenging their thinking and knowledge, and learning is a driver for

- 2.11 Providers will ensure information about the provision on offer is accessible, accurate and up to date and parents are fully informed of the services they are providing. Once a child attends a setting, Providers must ensure there is an agreed contract with parents which sets out the expectations of both parties as to the safeguarding, welfare, education and business arrangements.
- 2.12 Providers must ensure all policies are up to date, reflective of the setting and meet the needs of children. A framework for regular review of policies with the staff team should be in place. All policies must be published in parent and staff information. The following policies must be in place;
- Safeguarding Policy including ISCP guidance, intimate care, camera and images, whistleblowing, safer recruitment , Operation Encompass
  - Inclusion Policy including SEND and equal opportunities
  - Positive behaviour Management/Relationship Policy
  - Partnership with Parents/Carers including: Lost or missing children, Induction of new children, Infection Prevention and Control (exclusion after illness, contagious conditions and COVID, Collection of children and separated families.
  - Accident and incident procedures
  - No smoking, vaping, medication (prescribed and non prescribed), drugs and alcohol
  - Cleaning and disinfection schedules
  - Health and Safety at Work Policy, including Legionella and Risk Assessments including outings and indoor and outdoor offer.
  - Food Safety Management System based on HACCP principles
  - Fire and Emergency Policy and procedures, including dates of at least 2 fire drills annually
  - Complaints and Concerns
  - Data Protection
  - Eat Well policy
- 2.13 Complaints procedures must be handled in a sensitive and confidential manner unless safeguarding requires information to be shared. All complaints should be

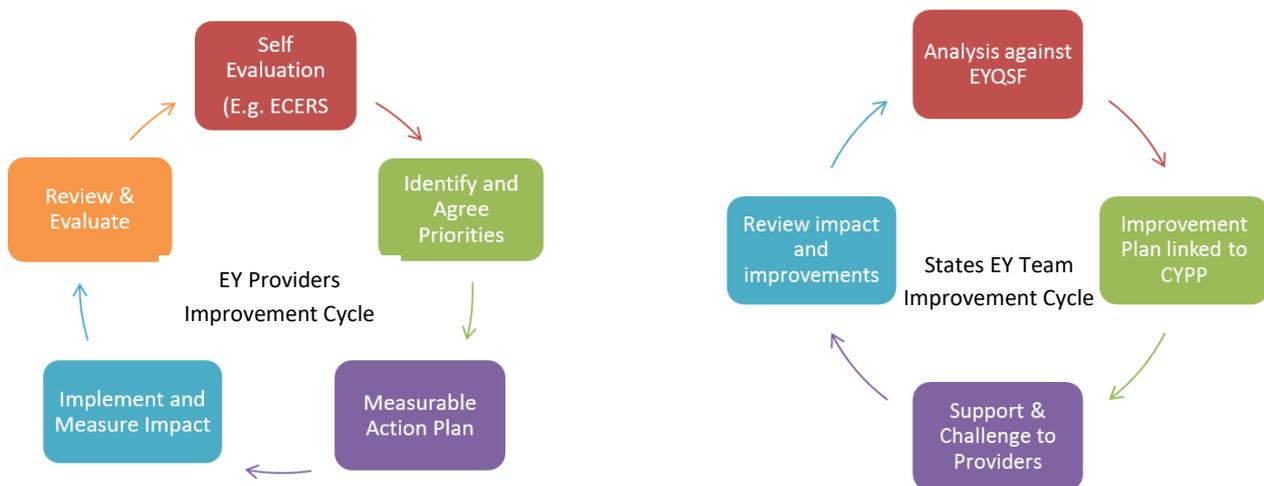
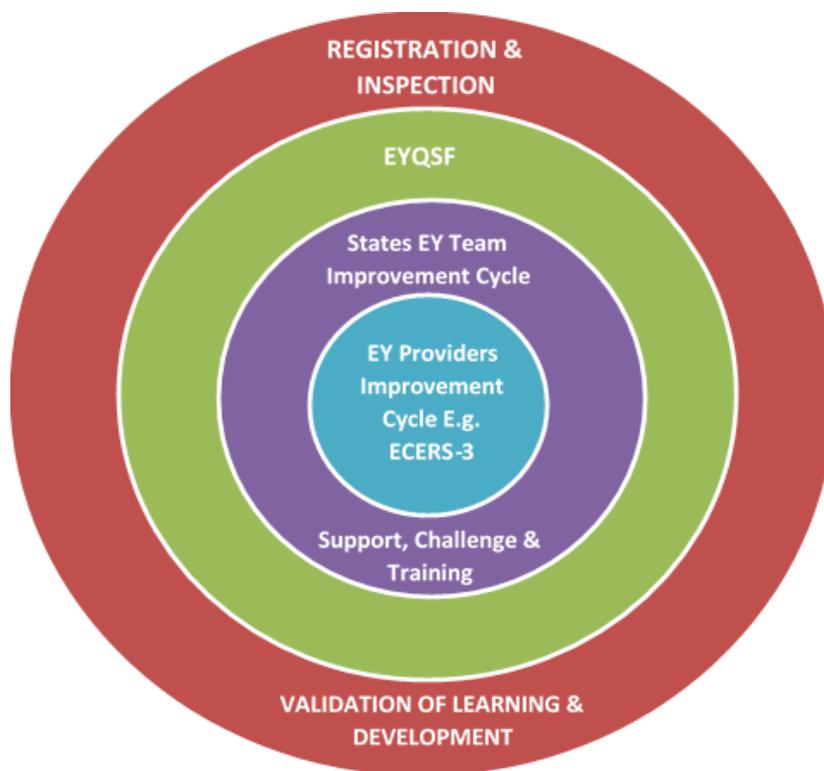
considered and/or investigated and the complainant must be notified of the outcome. Providers must keep detailed records of all complaints.

2.14 Providers must carry adequate public liability insurance, which is displayed, and vehicle insurance if required.

**2.15** Providers must ensure that effective, robust and transparent financial procedures are operated. Effective financial and business planning is in place to ensure sustainability of service.

2.16 All Providers must annually register with with the Office of the Data Protection Authority. Records of individual children, families, employees and volunteers must be kept secure and confidential as per the ODPa guidance. [Records.pdf \(odpa.gg\)](#)

**2.21** Providers must engage in the effective quality improvement programme e.g. ECERS-3, ITERS and Leuven. A continuous cycle to monitor quality in the setting must be in place and positively impacting on the children’s learning, development, safeguarding and welfare.



**2.22** All quality improvement programmes should inform settings action planning with measurable impacts recorded.

- 2.23** Providers must act on advice and recommendations of the States Early Years Team and any other professional partners in order to improve the quality of their settings and offer the best outcomes for children.
- 2.31 Providers must record the following information for each child in their care: full name; date of birth; name and address of every parent/carer who is known to the provider (and any other person who is known to have parental responsibility for the child); which parent(s) the child normally lives with; and emergency contact details for parents. When a child is enrolled the child's ID must be seen by the provider. Emergency contact details must be updated annually or when required
- 2.32** Providers must ensure the following information is available to parents:
- how the Early Years Curriculum (EYFS) is being delivered and how parents can access more information if requested;
  - the variety and types of activities and experiences the children are provided with, the daily routines and how parents can support and share the learning at home;
  - how the setting supports children with special educational needs and disabilities;
  - any food and drink provided by the setting
  - details of policies and procedures (these should be available on request) including what to do if a parent fails to collect a child at the appointed time or in the event of a child going missing;
  - staffing in the setting; the name of their child's key person and their role; and a telephone number for parents to contact the setting in an emergency;
- 2.33 The following documentation should be available;
- name, business address and telephone number of the provider;
  - any other person living on the premises;
  - daily records of the names of children on the premises, their hours of attendance and the names of each child's key person
  - the certificate of registration (which must be displayed at the setting and shown to parents if required).
- 2.34 Providers must retain records about individual children in line with the terms of their insurance and the Data Protection (Bailiwick of Guernsey) Law, 2017.
- 2.35 Providers must retain a copy of the most recent inspection report together with any actions required. These documents must be available to parents.
- 2.36 The Registration and Inspection Team must be informed, in writing (email: [SEYT@gov.gg](mailto:SEYT@gov.gg)) of the following immediately;
- any changes in the personnel running the setting, the person in charge, members of staff and people living on the premises;
  - any change in the name of any of the above and home address of the registered person;
  - any significant changes to the premises inside and outside or address
  - any significant changes to the type of service or in the hours in which the service is provided;
  - any infectious disease, serious injury or death;
  - any instances of children going missing;

- allegations of serious harm or abuse by a member of staff which is alleged to have taken place on the premises
- any other significant event likely to affect the suitability of the registered person, or likely to affect the health, safety and welfare of the child.

2.37 Providers must maintain records and obtain and share information with parents, other professionals working with the child, the police, Children and Family Community Services and the States Early Years Team, to ensure the safe and efficient management of the setting and to help ensure the needs of all children are met. Providers must facilitate regular two way communication between parents and other providers if a child attends more than one setting.

2.38 Records must be easily accessible and confidential information and records about staff and children must be kept secure, and only accessible and available to those who have a right or professional need to see them. Providers must be aware of their responsibilities under the Data Protection (Bailiwick of Guernsey) Law, 2017 (as amended) and where relevant the [States of Guernsey Code of Practice on Access to Public Information \(2013\)](#).

2.39 Providers must ensure that all staff understand the requirement to protect the child's privacy as well as any legal requirements when handling information to ensure confidentiality. Those with parental responsibility of the child are entitled to the child's data as per Section 15 of The Data Protection (Bailiwick of Guernsey) Law, 2017, unless exemptions apply. Please see the guidance from the ODPa on handling [Data Subject Access Requests](#).

2.41 Providers must ensure all staff and students receive induction training so they have a clear understanding of their roles and responsibilities. Induction training must include safeguarding, emergency evacuation procedures, infection prevention and control, health and safety and all policies and procedures. In order to ensure Providers are offering continued improvement in the quality learning and development experience for the children, staff must be supported to complete appropriate training, including obtaining relevant Maths and English qualifications where applicable, and continuing professional development.

**2.42** Providers must ensure regular supervision and annual appraisals take place for staff who are working directly with children and families. Supervision should encourage reflective practice, team work and continuous improvement. Effective supervision provides support and facilitates staff in their own learning and development in the best interests of the children. Supervision should offer staff an occasion to:

- discuss any issues particularly concerning a child's well-being or learning and development
- reflect on practice and challenges and discover solutions with support
- receive training, support and encouragement to improve personal effectiveness

2.43 The registered person must provide all information requested by the Registration and Inspection Team in order to establish their suitability and the suitability of their staff and volunteers.

- 2.44 Prior to their appointment, a manager and deputy manager;
- has at least 3 years of experience of working in an early years setting, not including experience whilst gaining qualification;
  - are at least 21 years of age;
  - the Manager and Deputy Manager have a recognised VQ Level 3 minimum childcare qualification
- 2.45 The registered person ensures that two staff, being the manager and the deputy manager, both have a minimum of a VQ Level 3 childcare qualification. Sufficient original documentation evidencing the qualifications required must be submitted to the Registration and Inspection Team.
- 2.46 There are at least two qualified staff (both of those must hold a VQ level 3 in childcare) on duty at any time. Then at least 50% of overall staffing must hold a qualification at a minimum of VQ level 3 in childcare, or equivalent qualification. From May 2017 this includes Grade C or above in GCSE English or a pass in Functional Skills in English for practitioners with the Early Years Educator qualification. Managers employed on or after 1st January 2024 are required to hold a Level 2 Maths qualification. The balance of qualified and unqualified staff must be organised so that each room/area has 50% or more qualified members of staff. Staff arrangements should minimise the number of carers for the individual child. See DfE website [Check early years qualifications - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- 2.47 The registered person ensures that all staff under the age of 18 years are supervised at all times and are not counted in the adult/child ratios.
- As of January 2024 each setting may employ one suitable 17 year old apprentice. This person needs to complete a 6 month probationary period prior to enrolling/attending/participating on a relevant childcare course or being counted in ratios. Parents/Carers must be made aware that a person under 18 years of age will be caring for their child. See SEYT Decision Letter, January 2024.
- 2.48 All staff are required to be mentally and physically capable of caring for children and are required to have the appropriate experience, skills and ability to do their jobs.
- 2.49 Staff working with babies must have received training in this specific area. The person in charge of the baby room must have at least 3 years experience of working with children under two years old. A key worker system should minimise the number of carers for the individual child. A consistent key worker system is vital for the development of positive attachments.
- 2.51 The registered person must meet the required adult: child ratios.
- The minimum staffing ratios are;
- one adult to three children under 2 years
  - one adult to four children aged 2 years
  - one adult to eight children aged 3 to 5 years
- 2.52 There are adequate staff to ensure the security of any group of children which is constantly changing and give children the help they need to settle in. Regular volunteers and trainees are not taken into account in the staffing ratios, with exception for a work based apprentice who meets the criteria at 2.47.

- 2.53 Providers must ensure there is a named deputy who is able to take charge in the absence of the person in charge. If the Manager and Deputy Manager is off the premises a named acting Deputy must be in place.
- 2.54 Staffing levels are maintained during outings and transportation of children but, according to circumstances, it may be necessary to exceed them.
- 2.54 The registered person must ensure that suitable contingency arrangements are in place to cover emergencies, unexpected staff absences with sufficient, suitable staff to cover breaks, holidays, training and sickness.
- 2.55 The adult:child ratios relate to staff time available to work directly with children. Additional staff and management resources may be required to undertake management tasks, prepare meals, for domestic tasks and to maintain premises and equipment.

OS  
2.6 Equal  
Opportunities

- 2.61 The registered person actively promotes equality of opportunity and anti-discriminatory practice for all children, parents/carers, employees and volunteers. Consideration to be given to The Prevention of Discrimination (Guernsey) Ordinance, 2022 and the implementation dates for the legislation (See the Employment and Equal Opportunities Service Providers – Complete Guide, 9.6 Implementation dates for legislation).
- 2.62 All children and adults are treated with equal concern and the registered person complies with relevant anti-discriminatory legislation and good practice. The registered person promotes equal opportunities in the areas of employment, training, admission to care and access to the resources, activities and facilities available, with cultural awareness.
- 2.63 The registered person ensures that all children have equitable access to an appropriate range of activities and facilities.
- 2.64 The registered person ensures that children’s records contain information that enables care to be given appropriate to a child’s cultural and ethnic background.



## QS3

### • Positive Interactions and Well-Being

**Core Values:** Many forms of play help children become confident learners, with excellent dispositions for learning and development. Skilled adults who interact with children to enhance their learning is an essential part of enabling children to make the best progress. The best practitioners will have a range of strategies, a depth of knowledge and they will match strategies to the needs of the children and understand the best ways in which children learn at that time.

#### QS 3.1 Key Person

**3.11** Providers must ensure each child is allocated a Key Person before a child starts at the setting. Their role is to meet the learning and care needs of every child individually. They will help the child settle in and provide consistent care and emotional support that is responsive and sensitive to their individual physical and emotional needs (known as secure attachment). They must actively work with parents and support them in strengthening their child's development at home.

#### QS 3.2 Managing & Responding to Behaviour

**3.21** Providers are responsible for understanding and responding to behaviours in appropriate ways that meet the needs of the individual child. They should ensure there are consistent expectations and positive behaviour management systems in place. Practitioners should understand the developmental needs of the child and not just the chronological age of the child and meet their learning and development needs accordingly. This should form a policy around positive behaviour for learning and be shared with parents.

**3.22** If physical intervention was taken to ensure the safety of a child/ren or staff from immediate danger, personal injury or in extreme circumstance to manage a child's behaviour, the person is not deemed to have used corporal punishment. Providers must keep written records of any occasion where physical intervention is used and parents must be informed on the same day or as soon as is reasonably possible.

**3.23** Providers must not use or threaten corporal punishment and must not use or threaten any punishment which could humiliate, intimidate or adversely affect a child's well-being.

#### QS 3.3 Nurture & Well-Being

**3.31** Providers must ensure staff are sensitive, supportive, respectful and responsive to children's needs, helping children to feel confident, valued, appreciated and loved.

**3.32** Providers ensure positive communication occurs between children, staff, parents and other professionals in their setting.

**3.33** Providers should ensure the child's voice is sought in decisions affecting them. For non-verbal children this is done through a variety of ways such as; skilful observations, gesture, sign language, pictorially, through physical reactions etc.

#### Article 12

Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinion taken into account.

#### Convention on the Rights of the Child



7

## QS4

### • Enabling Environment

**Core Values:** An enabling environment supports and extends children's development and learning. It encourages play and allows children to feel relaxed, comfortable and safe. This safe and secure emotional state allows children to access their learning through all of their senses, in premises that are safe, secure and fit for purpose.

QS  
4.1

#### Premises

- 4.11** The premises must be organised in a way that meets the needs of all children.
- 4.12** Providers must provide daily access to outdoor provision unless circumstances make this inappropriate e.g. unsafe weather conditions.
- 4.13 The indoor playing space provides at least 2.8 m<sup>2</sup> for pre-schools and 3.7m<sup>2</sup> for nurseries of usable open space per child. Any new premises must have sufficient space to access high quality outdoor learning and development daily.
- 4.14 Premises must be clean, and hygienic, well-lit with adequate natural light and adequate ventilation.
- 4.15 The registered premises has sole use of the facility during the hours of operation.
- 4.16 Providers must ensure that the requirements of the local planning, building control and fire services are met.
- 4.17 Separate base rooms for both children under two and babies must be provided. However children should have contact with other children and can be transferred to an older group as appropriate for their individual development.

QS  
4.2

#### Equipment

- 4.21 Providers must ensure there are suitable toilet and hand basins and ideally separate toilet facilities for adults. A minimum of one toilet suitable for children and one hand basin with hot and cold water available for every ten children. Paper towels or air dryers should be available with adequate disposal facilities. Communal towels are not acceptable. Any individual towels used by children should be clearly marked with the child's name and washed daily.
- 4.22 Providers must ensure there are suitable changing facilities, positioned to provide privacy and dignity, for any child in nappies and meet good standards of hygiene. Nappy changing should take place in accordance with the individual needs of the child and not as part of a routine.
- 4.23 Providers must ensure an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available (these can be provided by a child's parents).
- 4.24 There is sufficient space and appropriate furniture and equipment to enable practitioners to ensure individual sleep patterns are facilitated throughout the day, alongside good sleep hygiene. See Lullaby Trust for additional information. Sleeping children and room temperature must be checked and recorded every 10 minutes. Cots, mats and mattresses must be sterilised frequently.

- 4.31 Providers must ensure that there is space where confidential conversations can take place with parents and/or professionals and preferably an area away from space being used by the children where staff can take breaks.
- 4.32** Providers must ensure the indoor and outdoor space is utilised to enable children's learning and development. Space should be divided up effectively and ensure maximum impact on learning.
- 4.33 Providers must ensure adults are deployed effectively and operate within ratio at all times.
- 4.34 Providers must ensure resources are accessible, stimulating and challenging. All resources are suitable in design and condition, are well maintained and conform to safety standards e.g. the British Kitemark.
- 4.35** Providers must ensure there is sufficient equipment, enough to provide a choice to enable all children access to a wide and varied curriculum which meets the needs of all the children. This may include appropriately sized chairs and tables for snacks and meals, stair gates, bedding, buggies and car seats.

- 4.41 All rooms should be maintained at a temperature of between 16 - 20 degrees centigrade (60.8 - 68 degrees Fahrenheit).
- 4.42 Providers must ensure there is access to a telephone at all times. This may be a business mobile phone as long as it is kept adequately charged and has good access to the network.
- 4.43 Providers must ensure the premises, including overall floor space, outdoor spaces, resources and equipment are made safe, secure, free from hazards and a daily risk assessment of the inside and outside environments are completed. They must be maintained, kept clean, in good repair and decoration and suitable for the age of the children and activities they are providing. Where play areas are accessed during outings, Providers must ensure a risk assessment has been undertaken to ensure they are safe to use and fit for purpose for the children and staff.
- 4.44 Gas, oil and electrical appliances and fittings must conform to safety requirements, are properly guarded and do not pose a hazard to children. Appropriate annual checks are carried out and records of certificates are kept.
- 4.45 Providers must take reasonable steps to ensure the safety of all children, staff and others on the premises and on outings in the case of fire or any other emergency. There must be an emergency evacuation procedure in place which all people are aware of. Provider must have appropriate fire detection and control equipment (e.g. fire alarms, smoke detectors, carbon monoxide detectors, fire extinguishers) which are in working order and accessible. Fire exits must be clearly identified, fire door must be free from obstruction, not wedged open and easily opened from the inside. Fire drills are carried out twice a year as a minimum and in line with the Fire Officer's requirements.
- 4.46 Providers must ensure all records about vehicles in which children are transported are retained, including insurance details and named drivers. Any vehicle used to transport children must be properly maintained, conform to legal requirements and all drivers must have a valid licence and business insurance. The vehicle must be fitted with child safety locks on windows and doors and must be used. All children

are secured in an appropriate car seat or seat belts as required by law. Consent from parents must be sought in order to transport children. First aid standards as stated in 1.46 are followed.

- 4.47 Providers must ensure all hazardous substances and non-emergency medicines are kept out of sight and reach of children in locked cupboards or cupboards with safety catches.
- 4.48 Providers must ensure there is a first aid box accessible at all times with appropriate content for children. Providers must keep written record of accidents, injuries and first aid treatment. Providers must inform parents of any accident or injury sustained by the child on the same day, or as soon as reasonably practical of any first aid treatment given.
- 4.49 Providers must notify the States Early Years Team of any serious accident, which requires being seen by a health professional, illness or injury or death of any child while in their care, and of the action taken. This must be completed within 24 hours of an incident occurring. Applicable incidents will need to be reported to Infection Prevention (contactable via the PEH switchboard). This may also be subject to the HSE's RIDDOR provisions.

**QS**  
**4.5** Displays

4.50 Providers must ensure there is an information board to support communication with parents and/or carers. Part of which should include the Providers Safeguarding process and all policies. Staff information should be clearly displayed and include Key Person information.

**4.51** Displays should be meaningful to the children so they can enjoy and learn from them. Where possible displays should be at the children's eye level. Displays should predominantly be of the children's work and their learning journeys.<sup>8</sup>



**Core Values:** An effective Early Years Curriculum is a carefully structured, rich, stimulating and engaging play based programme which enables all children to develop in a holistic way. It will provide opportunities for children to engage in planned, child initiated and independent activities both inside and outside. Assessment of children’s progress is essential in ensuring all children reach their full potential

**5.11** Providers must use the seven areas of learning and developments as set out in the Statutory Framework for the Early Years Foundation Stage (2014). All areas are important and interconnected. Three Prime Areas are essential for building the capacity to learn and the foundation skills on which all other learning sits. The Prime Areas are;

- Communication and Language
- Physical Development
- Personal, Social & Emotional Development

**5.12** Providers must also support children in the four Specific Areas of learning, which strengthened and enable the Prime Areas to be applied. The Specific Areas of learning are;

- Literacy
- Mathematics
- Understanding the World
- Expressive Arts and Design

**5.13** There should be sufficient flexibility for practitioners to follow children’s interests, respond to their ideas for developing play activities and provide structured activities (which are also playful) to teach specific knowledge and skills.

**5.14** Each area of learning and development must be a balance of adult led and child initiated activity which is planned and purposeful. Play is often open ended and does not necessarily result in producing something. The process is often more important than the outcome.<sup>9</sup>



As part of this general emphasis on combining child-initiated play and playful adult-led opportunities, confident and reflective practitioners will select the approach that is best for the developmental stage of the children, and for individuals and groups.

Playful practitioners are able to engage with children in their play, and to use characteristics of play in other activities as well.

9

QS  
5.2

Characteristics  
of Effective  
Learning

**5.21** When planning activities and learning opportunities for the children, practitioners must understand and reflect on the ways in which children learn. Skilful planning will encompass how children learn as well as what children learn and the resources and environments should reflect these considerations for learning. The Characteristics of Effective Learning, as outlined in the Statutory Framework for the Early Years Foundation Stage (2014), are as follows:

- ***Playing and Exploring***
- ***Active Learning***
- ***Creating and Thinking Critically***

3

QS  
5.3

Indoor &  
Outdoor  
Learning

**5.31** Providers must ensure children have daily access to indoor and outdoor play provision and are supported to spend time being active in most weathers, the risks from any adverse weather having been assessed and appropriately addressed (see QS4.12).

**5.32** Providers must ensure when planning for children's learning they ensure opportunities are made for large gross motor development, through active movements, utilising all the elements their indoor and outdoor environments give them.

**5.33** Areas of Provision must enable all children to embed their learning in all seven areas of learning.

QS  
5.4

Observation,  
Assessment &  
Planning

**5.41** Practitioners must start with observing children in their freely chosen and independent, play, everyday activities and planned activities. Looking and recording what they see and hear. Evidence can be captured in a variety of ways e.g. written notes, photos, videos or recordings. Observations will provide information about a child's learning, skills and knowledge. It is important to ensure that what is being recorded is significant and meaningful. Notes should be brief and to the point.

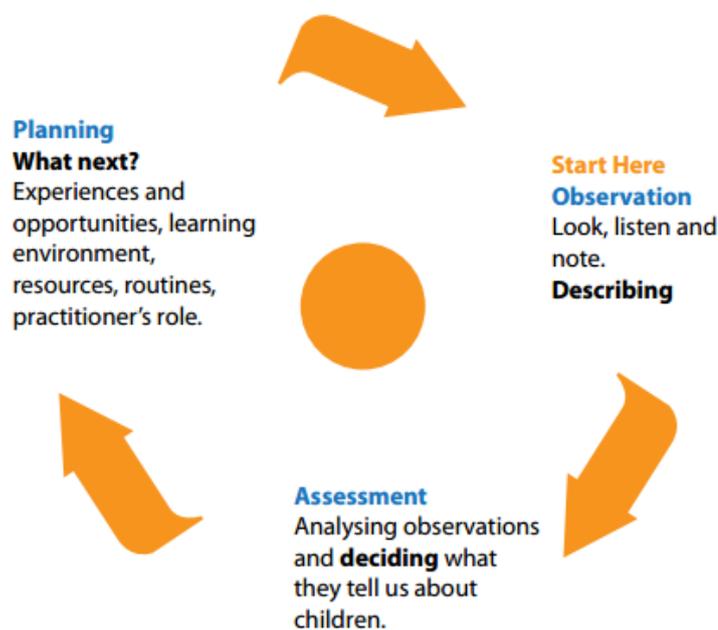
**5.42** Practitioners should learn what a child can do at home from parents and their contributions to their child's learning and development must also be captured as part of the observation process.

**5.43** Practitioners must record every child's on going assessment (sometimes referred to as formative assessment) by considering all evidence collated to gain an accurate understanding of a child's learning, development and progress against the Ages and stages learning outcomes (Development Matters, 2012).

**5.44** Assessment does not mean excessive paperwork or practitioners spending long periods of time not interacting with the children. Paperwork should be effective, purposeful and succinct.

**5.45** Parents should be kept up to date with their child's progress and development. Any learning and development needs identified should be addressed in partnership with parents and any other relevant professionals.

- 5.46** Summative assessment is a ‘summing up’ of an individual child’s achievement at certain points in the year. This could be a baseline, termly or end of year assessment in which a decision is made about which age and stage best fits the child. Prime areas will be more relevant for the youngest children or both prime and specific areas as appropriate. Formative evidence that has been collated will be used to support and inform these.<sup>10</sup>
- 5.47** Assessment must identify a child’s strengths and any areas where the child’s progress is less than expected. If there are significant emerging concerns or an identified special educational need and or disability early intervention should be developed with the child, their parents and other relevant professionals with parents’ permission.
- 5.48** Practitioners must consider the individual needs, interests and stage of development of each child and must use this information to plan a challenging and enjoyable experience for all children across all the areas of learning. Children, are experiencing and learning in the here and now and it is in the moments of curiosity, challenge, exertion or interest – ‘the ‘teachable moment’ – that the skilful adult makes a difference. “By using this cycle on a moment-by-moment basis, the adult will be always alert to individual children (observation), always thinking about what it tells us about the child’s thinking (assessment), and always ready to respond by using appropriate strategies at the right moment to support children’s well-being and learning (planning for the next moment).” (DfCSF, QCDA, *Learning, Playing and Interacting: Good Practice in the Early Years Foundation Stage*, (2009) Page 24)<sup>9</sup>



9

- 5.51** Providers must ensure there is a named Special Educational Needs or Disabilities Coordinator (SENDCo) for each provision who is responsible for supporting practitioners within their settings to support the approach to identifying and meeting SEND. They will ensure the child, their parents are fully informed, involved and part of any support and intervention decisions made in the interest of the child. They will also liaise with other professionals to ensure the most appropriate and effective interventions and strategies are being implemented and reviewed. The

SENDCo from each provision (or a representative) must attend a termly network meeting to ensure their CPD is up to date and relevant so they are able to effectively carry out their role. Any practitioner new to SENDCo the role training must complete relevant training - available through SEYT.

**5.52** Providers must have arrangements in place to identify and support children with Special Educational Needs and/or Disabilities (SEND) and promote equality of opportunity for all the children in their care.

**5.53** Where a child appears to be working below what is typical for their age in the prime areas and practitioners are concerned about their progress, they should inform parents and work in partnership to ensure best Early Years practice and support are put in place. This can be done within the setting with parents or in conjunction with other professionals. Practitioners must consider if a child may have a special educational need or disability which may require specialist support. They should work in partnership with families to access relevant services and agencies as required.

**5.54** Providers must ensure there is a written policy about how they identify SEND, support the children and their families and meet the needs of children with SEND to enable them to access a full and balanced curriculum.

**5.55** Providers must ensure all reasonable adjustments are made to enable a fully inclusive offer for all children. This may be to their physical environment as well as implementing strategies and/or ensuring staff are appropriately knowledgeable and trained.

OS  
5.6 English as an  
Additional  
Language Skill

**5.61** Where there are children whose home language is not English, providers must provide opportunities for children to develop and use their home language in their play and learning where appropriate. Parents should be supported to speak their first language at home, a strong first language helps children learn English as an additional language. Children with a rich first language think in more depth and find it easier to learn English as an additional language. It is important for self-esteem, identity, relationships with their family and community and a sense of belonging. Their language should be respected and visible in their setting.<sup>3</sup>

**5.62** Practitioners must ensure there are lots of opportunities to attain a good standard of English through language rich environments. When assessing Communication and Language and Literacy children must be assessed in English.

**5.63** It is important that if a child has not got a strong grasp of the English language, practitioners must work in partnership with parents to assess and establish in their home Language whether there is a concern about a language delay. EAL is NOT a Special Educational Need on its own. <sup>3</sup>



**Core Values:** The best partnerships are those where each partner is valued equally. Successful relationships become partnerships when there is two-way communication and parents and practitioners really listen to each other and value each other’s views and support in achieving the best outcomes for each child. In the Early Years this can involve teams from different disciplines such as education and health and social care teams working in partnership with families to ensure each child’s individual needs are met.

- 6.11** Providers must ensure effective communication is in place to inform parents about their child’s learning and development, health and well-being.
- 6.12 Progress of their child’s learning and development should be shared at regular times throughout the year. It is essential that if practitioners are concerned that a child is not developing typically for their age that this is discussed with parents and appropriate action is taken to intervene and/or involve further professionals (see QS2.52).
- 6.13** Providers recognise the parents as the child’s first and prime educator. Working alongside parents to support the home learning environment and ensuring knowledge, information and progress is shared.
- 6.14 Providers must ensure children are only released into the care of the parent and/or carer or a person over the age of 18 years old and with written permission from the parent.
- 6.15 Providers must respect and maintain privacy and confidentiality about matters concerning family and children. Providers **MUST** ensure any safeguarding concerns are shared appropriately and follow safeguarding requirements (QS6.11).

11

The home is the single most significant environmental factor in enabling children to develop the trust, attitude and skills that will help them to learn and engage positively with the world - a process that starts at birth, if not before.

Early Home Learning Matters

- 6.21** Providers will work together with colleagues from other agencies that are involved with children e.g. Health Visitors, Educational Psychologists, Speech and Language Therapists, Social Workers etc. and draw upon their expertise and guidance together with their own professional observations and knowledge, the voice of the child and parents to ensure each child reaches their full potential.

- 6.31** Providers will work with partners to support continuity as children encounter transitions in their lives by sharing information with each other and with parents. Transitions should promote security and support future success. Successful transition into school should ensure a shared vision of learning and development, an understanding that relationships matter and a knowledge of the child's experience at home.
- 6.32** Providers should liaise with the child, parents, school and other professional involved with the child to ensure there are sound systems in place to support the transition for each child. This should include the sharing of records, formal or informal discussion with parents and children's previous Key Person.
- 6.33** Providers should seek the views of the child in their transition experiences and value the outcomes.



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# ANNEX A: CRITERIA FOR EFFECTIVE PAEDIATRIC FIRST AID TRAINING

1. Providers need to consider the number of children, staff and layout of the premises to ensure that a trained paediatric first aider is able to respond quickly to emergencies and therefore Providers may exceed the minimum requirements as a matter of best practice.
2. The certificate must be renewed every three years.
3. Training must be provided by an affiliated accredited trainer.
4. Providers should consider whether paediatric first aiders need to undertake annual refresher training, during any three year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures.
5. The **Paediatric First Aid** courses should last for a minimum of 12 hours (2 day course) and cover the following areas:
  - Be able to assess an emergency situation and prioritise what action to take
  - Help a baby or child who is unresponsive and breathing normally
  - Help a baby or child who is unresponsive and not breathing normally
  - Help a baby or child who is having a seizure
  - Help a baby or child who is choking
  - Help a baby or child who is bleeding
  - Help a baby or child who is suffering from shock caused by severe blood loss (Hypovolemic shock)
  - Help a baby or child who is suffering from anaphylactic shock
  - Help a baby or child who has had an electric shock
  - Help a baby or child who has burns or scalds
  - Help a baby or child who has a suspected fracture
  - Help a baby or child with head, neck or back injuries
  - Help a baby or child who is suspected of being poisoned
  - Help a baby or child with foreign body in eyes, ears or nose
  - Help a baby or child with an eye injury
  - Help a baby or child with a bite or sting
  - Help a baby or child who is suffering from the effects of extreme heat or cold
  - Help a baby or child having: a diabetic emergency, an asthma attack, an allergic reaction, meningitis and or febrile convulsions
  - Understand the role and responsibilities of the paediatric first aider (including appropriate content of a first aid box and the need for recording accidents and incidents)