

SAFEGUARDING CHECK UP

Setting Name:

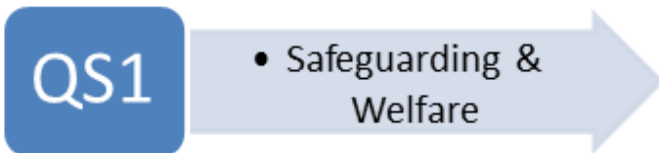


States of Guernsey
States Early Years Team

SEYT SAFEGUARDING REPORT

Name of Provider			
Address of Provider			
Telephone Numbers		Email Address	
Name of Registered Person		Contact Details	Email:
			Telephone:
Number of children registered		Number present today/Register	
Manager		Deputy Manager	

Date of Safeguarding Check Up		Time of Safeguarding Check Up	
Name of Inspector			



Safeguarding & Child Protection

Named Person	
Deputy Named Person	
Route Map Displayed	
Staff aware of CP process	1.
	2.

	3.		
Safeguarding conversation with Named persons			
Number of Staff who have completed Level 1 training		Record of any staff not completed (initials)	
Number of Staff who have completed Level 2 training			
Number of Staff who have completed Level 3 training			
Safeguarding policy checked pre inspection visit (Must include managing allegations against staff, whistle blowing, E-safety and use of personal devices/equipment)			In place? Y / N
Operation Encompass Updated contact info? Registered with OE? Letter sent to all parents/carers re OE? Info on Prospectus/Website?			
Parents pack checked pre inspection visit			
Photo/Social Media permissions clear & effective			
Personal devices checked (watches, phones, new technology)			
How are children taught about safeguarding?			
Outings – risk assessment checked prior to inspection visit			

Safeguarding Outcomes

Complies with EYQSF – Actions for improvement below		Does not Comply with EYQSF - Immediate actions and/or Enforcement Required identified below	
---	--	---	--

ACTIONS

EYQSF	Action	By whom	By when
QS1			

Date		Copies sent to	
Signature/s			