**Quality Practice for Children Under Threes Across All Early Years Providers**

This document should be used alongside the following

* **Essex Early Years and Childcare: Safeguarding check list/audit tool for all early years and childcare Providers**

[https://eycp.essex.gov.uk/safeguarding/early-years-child-protection-resources/](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Feycp.essex.gov.uk%2Fsafeguarding%2Fearly-years-child-protection-resources%2F&data=05%7C01%7C%7C346d71a90a0d49a6bb8408da7ec9b9ea%7Ca8b4324f155c4215a0f17ed8cc9a992f%7C0%7C0%7C637961702118366672%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=LUuH5B1ag1cGqeYbNiiwbQCfffuSvVDhc%2BOhdbLAzy0%3D&reserved=0)

| **Areas to consider about your provision** | **Supporting evidence** | **Actions you have identified**  | **Date actions need to be completed**  |
| --- | --- | --- | --- |
| My Key Person and Buddy are allocated to me before I start and support my transition (settling in visits) into the setting and when moving to other rooms or within early years provison in a school |  |  |  |
| I feel that I am special to someone who understands how my needs should be met. I am special, noticed, missed, valued and understood by someone who cares for me in the setting. |  |  |  |
| My key person together with my parents or carers completes an ‘All About Me’ so everyone understands all my needs as well as prior learning and development |  |  |  |
| My routines are sought, understood, used and respected by my key person |  |  |  |
| I feel welcomed, safe and secure, I belong and am not lost in the crowd |  |  |  |
| My care needs are supported sensitively and consistently   |  |  |  |
| My Key Person is the one who changes my nappy and supports me when I am upset.  |  |  |  |
| I am supported to make choices for equipment, activities and during group times |  |  |  |
| I am given time and space to explore, observe, experiment, discover, reflect, concentrate and develop my interests  |  |  |  |
| I feel it is alright to be unsure, ask questions, take risks, make mistakes and learn |  |  |  |
| You communicate with my parents or carers, engage with them and involve them in all my learning and development |  |  |  |
| My thoughts, ideas and feelings are respected, sought and noted and are used to influence my learning, development and planning |  |  |  |
| There are planned activities, experiences that support and challenge me |  |  |  |
| All aspects of my learning and development are considered equally important, although I am mainly supported in the prime areas of development |  |  |  |
| My strengths and areas for development are supported, recorded and shared with my parents or carers |  |  |  |
| My learning and development is observed, assessed and monitored ensuring opportunities offered are relevant and meet my develomental needs and interests.  |  |  |  |
| The people who are special to me and know me best are invited to meet with my key person to discuss my learning and development as well as my next steps |  |  |  |
| Now I am two years old my key person writes my Two Year Old Progress Check and shares it at my Integrated Review with my Health Visitor and parents or carers |  |  |  |
| There are opportunities given to me to spend special time with my key person and key group during my time in the setting |  |  |  |
| I play outside at least once every session I attend allowing me time to explore and investigate safely and I am not being kept/left in a buggy  |  |  |  |
| My Key Person talks to my parents and carers and helps them to support my learning and development at home by sharing ideas and suggestions for fun things to do at home |  |  |  |
| I have access to fresh drinking water at all times and I am supported in helping myself |  |  |  |
| The food I am offered is healthy, nutritious and meets my developmental needs |  |  |  |
| I am supported in my independence by being given the right, developmentally appropriate utensils to eat and drink with |  |  |  |
| My key person knows all my medical requirements and supports me with any medical or first aid needs I may require |  |  |  |
| I am supported by qualified and knowledgeable practitioners who have experience of working with children under three |  |  |  |