

**LEICESTERSHIRE HOLIDAY ACTIVITIES AND FOOD PROGRAMME**

**QUALITY ASSURANCE/COMPLIANCE VISIT RECORD 2023**

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| **Section 1** |
| **Provider name:** | **Delivery Venue:** |
| **Date of QA:** | **Session times (start/end)**: |
| **Completed by:** **(QA officer – Active Together)****(QA Officer - LCC)** | **In discussion with:** **(Provider)**  |
| **Is venue Ofsted registered? Yes / No****Registration recommended? Yes / No / N/A Reason:****Provider comments:** | **How many children in total attending today:****How many fee paying/other funding children today:****How many HAF funded children today:** |

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| **Section 2** |
| **Food provision** | **Yes**  | **No** |
| Does the meal being provided today meet school food standards (high quality and nutritious)?  |  |  |
| Are allergies/ dietary requirements /religious /cultural requirements being taken into account?Please describe how? |  |  |
| What meals are provided | Breakfast / lunch / tea | Hot / cold / mixed offer | Snacks  |  |  |
| How is the provider ensuring that all meals/snacks provided meet school food standards? |  |
| Please record the meal/snacks offered today and examples of other meals/snacks that have been/will be offered |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations**:  |
| **Training recommended:**  |
| **Increasing awareness of healthy eating, healthy lifestyles, and positive behaviours** | **Yes**  | **No** |
| Are **daily** activities planned and offered for healthy eating and healthy lifestyles? |  |  |
| Are the activities/experiences age appropriate and engaging for all children? |  |  |
| How is the provider helping to improve children’s knowledge and understanding of healthy eating and healthy lifestyles? |  |
| Please record the activities being offered today and examples of other activities that have been/will be offered |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations:** |
| **Training recommended:**  |
| **Enriching activities**  | **Yes**  | **No**  |
| Are **daily** enriching activities/experiences planned and being offered? |  |  |
| Are the activities/experiences age appropriate and engaging for all children? |  |  |
| How is the provider ensuring the activities offered support children to develop new skills, try new experiences and socialise? |  |
| Please record the activities being offered today and examples of other activities that have been/will be offered |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations**: |
| **Training recommended**:  |
| **Physical activities**  | **Yes**  | **No**  |
| Are **daily** physical activities planned and offered to meet physical activity guidelines/60 minutes? |  |  |
| Are the activities age appropriate and engaging for all children? |  |  |
| How is the provider ensuring the activities offered support all children to be physically active?  |  |
| Please record the activities being offered today and examples of other activities that have been/will be offered  |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations:** |
| **Training recommended:**  |
| **Signposting and referrals and supporting families** | **Yes**  | **No** |
| Are families provided with information/signposting/referrals to other services to meet needs? |  |  |
| How is the provider identifying needs and providing signposting and referrals to other services and support that would benefit families attending their provision? |  |
| Please record the activities being offered today and examples of other activities that have been/will be offered  |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations:** |
| **Training recommended:**  |
| **Environment and sustainability** | **Yes**  | **No** |
| Has the provider considered ways their programme can be more environmentally friendly and sustainable? |  |  |
| Please record the practices/activities being undertaken  |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations:** |
| **Training recommended:**  |

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| **Section 3** |
| **Accessibility and inclusiveness** | **Yes** | **No** |
| Are HAF funded places being provided for children with SEND or additional needs? |  |  |
| Are activities accessible and inclusive/adapted to be accessible and inclusive for all children? |  |  |
| Are children supported to engage with activities where needed? |  |  |
| Please detail how the provider is ensuring activities are accessible/ inclusive/meet children’s needs |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations:**  |
| **Training recommended:**  |
| **Safeguarding policies and procedures – staff awareness and practice**  | **Yes** | **No** |
| Staff/volunteers aware of child protection/safeguarding policies and procedures? |  |  |
| Staff/volunteers aware of how to report a concern? |  |  |
| Staff/volunteers aware of complaints policies and procedures? |  |  |
| Staff/volunteers aware of behaviour policies and procedures? |  |  |
| Evidence of safeguarding procedures in action (eg site security and ID checks)? |  |  |
| **Health and safety policies and procedures – staff awareness and practice**  |  |  |
| Staff/volunteers aware of health and safety policies and procedure |  |  |
| Evidence of procedures in place to operate the provision safely (eg risk assessments actioned)? |  |  |
| Evidence of Covid safety procedures in place (eg regular handwashing and anti-bac wipe downs)? |  |  |
| **Provider comments:** |
| **QA Officer comments:** |
| **QA Officer Recommendations:** |
| **Training recommended:**  |
| **Documentation**  | **Yes**  | **No** |
| Child registration form |  |  |
| Daily register: Child/Adult |  |  |
| Accident/Incident  |  |  |
| Medication & emergency |  |  |
| Dietary requirements/allergies |  |  |
| Risk assessments (site and activity) |  |  |
| **Provider comments:** |
| **QA Officer comments:**  |
| **QA Officer Recommendations:** |
| **Training recommended:**  |

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| **Section 4: To be completed by QA officers**  |
| **Please rate how well you feel the provision is meeting each of the HAF standards, based on your observations and discussions today. This information is required by the DfE and will inform provider support offered for future HAF programmes.**  |
| **HAF Standards**  | **1Very poor** | **2Poor** | **3Acceptable** | **4Good** | **5Excellent** |
| **Healthy food - meets School Food Standards** |  |  |  |  |  |
| **Healthy eating, healthy lifestyles** |  |  |  |  |  |
| **Enriching activities** |  |  |  |  |  |
| **Physical activities**  |  |  |  |  |  |
| **Signposting, referrals and support** |  |  |  |  |  |
| **Accessibility and inclusiveness**  |  |  |  |  |  |
| **Safeguarding policies and procedures** |  |  |  |  |  |
| **Health and safety policies and procedures** |  |  |  |  |  |

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| **Section 5: to be completed with provider** |
| **How have any recommendations from last QA visit been addressed?** |
| **Any other comments / feedback from provider?** |
| **Any further support needed from the HAF team?** |
| **HAF Provider signature:**  | **Date:** |
| **LCC QA Officer signature:****Active Together** **Officer signature:**  | **Date:**  |