



Registered Charity No. 1039722

9.3 Social Wellbeing Audit

Please include comments and actions for each question answered 'No'.

Audit Area

Has the setting planned and implemented a behaviour strategy?

Does the setting have a named and suitably skilled behaviour coordinator as per the EYFS safeguarding and welfare requirements?

Is Leuven's assessment scale for children's well-being and involvement used in the setting?

Are the dynamics of the setting managed to ensure a balanced intake of children? (For example, age, needs and sex of children)

Yes	No	Comments	Actions to be taken

Audit Area

Do all staff understand and use an approved method for identifying and analysing unwanted behaviours? (For example, antecedent, behaviour and consequence chart)

Do the policy and procedures on behaviour incorporate related EYFS requirements?

Are policy and procedures relating to 'management' of behaviour reviewed and updated annually?

Do children have regular access to an outdoor environment?

Are all areas of the indoor and outdoor play environments uncluttered and defined?

Is there sufficient space for children to move around freely in all areas of the play environment?

Do children have access to quiet areas?

Is there control of natural/artificial light in play areas?

Audit Area

Can the temperature of the play environment be controlled?

Yes	No	Comments	Action to be taken
Yes	No	Comments	Action to be taken

Is the internal play environment free from unnecessary noise?

Are there sufficient general resources for children of all ages and abilities?

Are unfavourable acoustics in the play area managed to prevent noise distortion? (for example, introduction of soft furnishings, canopies etc)

Are supplementary methods of communication used in the setting? (For example, signing)

Are pictorial symbols used to improve children's understanding of the daily timetable? (For example, picture exchange communication)

Are known trigger points for conflict in the setting managed?

Name of behaviour coordinator person completing the audit:

Date:

Name and signature of manager overseeing the audit:

Date

Review date:

_____	_____
_____	_____
_____	_____