

WARWICKSHIRE COUNTY COUNCIL EARLY EDUCATION FUNDING BUSINESS HEALTH CHECK AND AUDIT

CONFIDENTIAL TO: The Setting and the People Directorate, WCC.

| General Setti | ng Information | | | | | | | |
|---------------------------|--------------------|--|--------------------|--------------------|-----------|----------------------|------|------------|
| Full name and ad | ddress of setting: | Busines | s Health Check & A | Audit Date ar | nd time: | | | |
| | | Telepho | ne Number: | | | | | |
| | | Email A | ddress: | | | | | |
| | | Name of | f Owner: | | | | | |
| | Name o | | | f Nursery Manager: | | | | |
| Occupancy | | | | | | | | |
| Number of Weeks open: | | Is there are out of school club on site? | | | | Is there a club on s | | |
| Age Registered For: | | Number of Places Offered: | | | Current o | ccupancy | | |
| | Babies | | 2-year-ol | ds | 3/4- | year-olds | Olde | r children |
| Places offered: | | | | | | | | |
| Opening | Monday | | Tuesday | Wednesday | | Thursday | | Friday |
| Times: | | | | | | | | |



| Details of 15 hours Funded Entitlement offer including | Comments: | | | | Pupil Premium Policy in place | □ YES | □ NO |
|---|-----------|--|---------------|-------|-------------------------------|-------|------|
| 2 Help: | | | | | Disability Access Fund: | □ YES | □ NO |
| | Comments: | | | | Tax Free Childcare Offer: | | |
| Details of 30 hours Funded Entitlement: | | | | | | □ YES | □ NO |
| OFSTED | | | | | | | |
| URN: | | Latest Ofsted Inspection Date | | | Outcome: | | |
| Marketing | | | | | | | |
| Prospectus | | ☐ YES ☐ NO | Copy Attached | ☐ YES | S □ NO | | |
| Comments: | | | | | | | |
| | | | | | | | |



| Website | ☐ YES | □ NO | Website Address: | | | | |
|---|--------------|---------------|--------------------------------------|------------------------------|--|--|--|
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Social Media | ☐ YES | □ NO | Platforms used: | | | | |
| Comments: | | - | | | | | |
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| | | | | | | | |
| Business Legal Structure | | | | | | | |
| Please circle as appropriate: | | | | | | | |
| VMC / Co. Ltd by Guarantee / Sole Trader / Community Facility Powers (CFP)/ S27 / Social Enterprise / CIC / CIO / | | | | | | | |
| Not for Profit / Unincorporated / | Not for Pr | ofit + I imit | ed Liability / Charity / Private Fo | r Profit / Private – Limited | | | |
| The for Front 7 chinest portated 7 | 1101 101 1 1 | One · Emm | isa Liability / Charity / Frivate Fo | Trione / Trivate - Elimited | | | |
| Constitution or Memorandum and Articles | YES 🗆 NO |) | Comments | | | | |
| of Association Copy Seen | | | | | | | |
| | | | | | | | |



| Premises | | |
|---|------------|-----------|
| Privately owned. | ☐ YES ☐ NO | Comments |
| Landlord – WCC | ☐ YES ☐ NO | |
| Landlord –Private | ☐ YES ☐ NO | |
| Lease/Licence/Rental Agreement Copy Seen: | ☐ YES ☐ NO | |
| Lease/Licence/Rental Agreement Expiry Date: | | |
| Accommodation type and condition | Comments | |
| Projects planned? | Comments | |
| Staffing | | |
| Recruitment and Retention | | |
| Sufficient Staff | ☐ YES ☐ NO | Comments: |
| Successful recruitment campaigns | ☐ YES ☐ NO | |
| Are there specific roles / qualification levels that are harder to recruit too? | □ YES □ NO | |



| Current staffing pressures? | □ YES □ NO | | | | | | |
|---|---|--|--|--|--|--|--|
| Delivery changes plann | Delivery changes planned linked to the expansion to the funded entitlements from April 2024 | | | | | | |
| Premises ChangesStaffingDelivery ModelsAge Range Changes | Comments: | | | | | | |
| Early Years Covid Recovery Grants | | | | | | | |
| | | | | | | | |



| WARWICKSHIRE COUNTY Financial Management, Aud | | | • | | MENTS | |
|---|---------|------------|-----------|-----------|------------------------------------|--|
| Ensure that there are robust financial place as outlined in Warwickshire Corof Early Education Funding. | manager | ment proce | edures in | Comments: | | |
| Expenditure managed securel Signatories on bank account? Authorised staff? Invoices and receipts retained | Ť | □ YES | □NO | | | |
| Cash payments accepted? | | ☐ YES | □NO | | | |
| Robust invoicing system in plan | ace? | □ YES | □NO | | | |
| Debt management policy in pl | ace? | □ YES | □NO | | | |
| Procedure for record management ar retention of business and financial documents (7 years)? | nd | □ YES | □NO | Comments: | | |
| Business and Finance | Copy S | een | Com | ments | Actions Agreed, Date + by Whom. | |
| Up to date business planning processes in place relating to delivery of Funded Entitlement. (Revised within last 12 months) | □ YES | □ NO | | | | |
| Working cash flow forecasting process in place, preferably 3 years, relating to delivery of Funded Entitlement. | □ YES | □ NO | | | | |



| Marketing plan in place, regularly reviewed, linked to local market research. | □ YES | □ NO | |
|---|-------|------|--|
| Any additional business considerations? | □ YES | □ NO | |

| Actions from previous Health Check and / or Audit | | |
|---|---------------------------|--------|
| What | Completion date / by whom | Update |
| | | |
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| Early | Education Funding Audit | | | |
|-------------------------------------|---|-------------------|----------------|-----------|
| | tal Declaration Forms for every funded or the term being audited – | | | Comments: |
| 1. | Correct form used? | ☐ YES | □ NO | |
| 2. | Session numbers / hours tally with claim? | ☐ YES | □NO | |
| 3. | Contract signed by parents and setting? | ☐ YES | □NO | |
| 4. | Signed + dated termly in advance by parents? | ☐ YES | □NO | |
| 5. | Stretch / Term time offer – clear + correct? | ☐ YES | □ NO | |
| 6. | EYPP section completed, where claimed? | ☐ YES | □ NO | |
| 7. | DAF section? | ☐ YES | □NO | |
| 8. | Unused 30 hr codes – any / why? | ☐ YES | □NO | |
| 9. | Any child attending more than one nursery | ☐ YES | □NO | |
| | | | | |
| _ | ing tariff as displayed or handed to s to verify FE provided free at point of ry - | | | Comments: |
| parent deliver | es to verify FE provided free at point of cry - Charges clear and transparent? | □ YES | □NO | Comments: |
| parent deliver | es to verify FE provided free at point of ry - | ☐ YES | □ NO □ NO | Comments: |
| parent deliver | cs to verify FE provided free at point of cry - Charges clear and transparent? Charges for additional services clearly | | | Comments: |
| parent delive 1. 2. | cs to verify FE provided free at point of cry - Charges clear and transparent? Charges for additional services clearly displayed inc. number of funded hours? Funded models and sessions are clear and | □ YES | □NO | Comments: |
| parent deliver 1. 2. 3. | cs to verify FE provided free at point of cry - Charges clear and transparent? Charges for additional services clearly displayed inc. number of funded hours? Funded models and sessions are clear and transparent inc. £0 for funded hours? Website refers to free entitlement & | □ YES | □ NO | Comments: |
| parent deliver 1. 2. 3. | Charges clear and transparent? Charges for additional services clearly displayed inc. number of funded hours? Funded models and sessions are clear and transparent inc. £0 for funded hours? Website refers to free entitlement & session times? Average / stretch / term time – clearly | ☐ YES ☐ YES ☐ YES | □ NO □ NO □ NO | Comments: |



| 8. | Session times displayed / notified to parents, establish the FE session within these? | □ YES | □NO | |
|--------|--|-------|------|-----------|
| 9. | FE model offered corresponds to advertised session times? | □ YES | □NO | |
| Conice | s of register or signing in sheets | | | Comments: |
| Copies | s of register or signing in sheets | | | Comments. |
| 1. | Child attendance matches claimed hours? | ☐ YES | □NO | |
| 2. | Note key used for recording absence. | ☐ YES | □ NO | |
| 3. | Completed in pen? | ☐ YES | □NO | |
| 4. | Confirm settings policy for contacting and managing poor absence (funding may be withdrawn or reduced) | □ YES | □NO | |
| _ | s of invoices / bills sent to parents | | | Comments: |
| | ng FE free at point of delivery and | | | |
| | nal hours are clear + link to fee / ent information. | | | |
| | Zero charge invoices inc. funded only | ☐ YES | □NO | |
| 2. | No additional charges relating to FE | ☐ YES | □NO | |
| 3. | Additional charges match advertised rates and any payment arrangements e.g., annualised billing | □ YES | □NO | |
| 4. | Setting name and address clear on invoices? | ☐ YES | □NO | |
| 5. | Child specific funded hours shown? | ☐ YES | □NO | |
| | s of bank statements to show receipt of intitlement. | | | Comments: |
| • | Funds used for business purposes | □ YES | □NO | |



| Claim | s for Homes for Ukraine Children (HUS) | | | Comments: |
|--------|---|-------|-----|-----------|
| 1. | Child Attendance checked per quarter claimed? | ☐ YES | □NO | |
| 2. | Aware of claim? | ☐ YES | □NO | |
| 3. | Spend allocation. | ☐ YES | □NO | |
| Additi | onal Information: - | | | Comments: |
| | | | | |



| | Early Education Funding Audit – Child Samples | | | | | | | | | | |
|---------------|---|-------------------|----------------------------|---|---|---------------------------------------|------------------------------------|-----|---------|----------|----------|
| | Child ID | Child Initials | No of Weeks Attended | 2 Help Disadvantaged Funded Hours | Working Family / Universal Weekly Funded Hours | Extended Weekly Funded Hours | Total Weekly Funded Hours | PDF | Invoice | Register | Comments |
| Under 2 YO | | | | N/A | | | | | | | |
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| 2 YO | | | | | | | | | | | |
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| 3&4 YO | | | | N/A | | | | | | | |
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| Attendance & Punctuality check – where required. 1/1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------|-------------|----------------|--------------|-------------|----------------|-------------|----------------|--------------|-------------|----------------|-------------|----------------|--------------|-------------|-------------|-------------|-------------|--------------|-------------|----------------|-------------|-------------|--------------|----------------|----------------|----------------|----------------|--------------|----------------|--|
| | Audited children's initials and pattern of funded hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Week b | eg: | 02/09/2024 | | | | | 09/09/2024 | | | | | 16/09/2024 | | | | | 23/09/2024 | | | | | 30/09/2024 | | | | | | 07/10/2024 | | | | |
| Child ID & Initials | AM PM | M 02 | T 03 | W 04 | TH 05 | F 06 | M 09 | T 10 | W 11 | TH 12 | F 13 | M 16 | T 17 | W 18 | TH 19 | F 20 | M 23 | T 24 | W 25 | TH 26 | F 27 | M 30 | T 01 | W 02 | TH 03 | F 04 | M 07 | T 08 | W 09 | TH 10 | F 11 | |
| | am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Autumn Term 2024 Headcount date – 03.10.2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Next Review Date: | |
|--|---|
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| | |
| The setting will receive a detailed Funded Entitlement Audit Summary and Action Proceeds of the Meeting. | lan following the meeting. Actions and timescales for |
| The setting is responsible for ensuring that any actions are completed and returned in order to ensure there are no interruptions to the settings Funded Entitlement payagreed action dates. | |
| Name of Setting Representative: | Date: |
| Signature: | |
| | |
| Name of Early Years & Childcare Sustainability Officer: | Date: |
| Signature: | |