



Meath County Childcare Committee

MEATH COUNTY CHILDCARE COMMITTEE LTD.

CHILDMINDING INFORMATION PACK

CHILDMINDING
ADVISORY OFFICER



SAMPLE
EDITION 1



MEATH COUNTY CHILDCARE COMMITTEE LTD.

11 Watergate Street, Navan, Co. Meath

Telephone 046 9073010 **Fax** 046 9067221

Email meathchildcare@eircom.net

Web www.meathcountychildcarecommittee.ie



North
Eastern
Health
Board
Bord
Sláinte
An Oir
Thuaiscirt

Funded by the Irish Government and part-financed by the European Union
Structural Funds under the National Development Plan 2000-2006

Every effort has been made to ensure that the information in this publication is accurate and up to date. No responsibility for loss or distress occasioned to any person acting or refraining from acting as a result of the material in this publication can be accepted by Meath County Childcare Committee Limited and/or their respective servants and/or agents. The contents of this publication can not be reproduced in any form unless authorised by Meath County Childcare Committee Ltd.

CHILD RECORD FORM

Child's Name

Date of Birth

Parent's / Guardian's Name

Address

Home Telephone Number

Mobile Number

Place of Work

Work Telephone Number

Family Doctor

Telephone Number

Address

Medical History (Please outline any illness, disability or allergy suffered by the child)

Food

Special Diet

Likes

Dislikes

Anything the childminder should know about: (if yes, please give details)

e.g. He/she likes to fall asleep with flop the frog -

RECORD OF IMMUNISATIONS

DATE

Tuberculosis (BCG)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIB	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Diphtheria, Tetanus, Whooping Cough (3/1 or 2/1)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Polio	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mumps / Measles / Rubella (MMR)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Booster		

PERMISSION FOR OUTINGS FORM

I (insert parent's/guardian's name) _____ give permission
to (insert childminder's name) _____ to take my
child/ren (insert childminder's name) _____ on outings.

I _____ give permission
for my child/ren _____ to
travel with _____ in her/his own car.

Parent's / Guardian's Signature

Date

Childminder's Signature

Date

EMERGENCY CONTACT NUMBERS

In the event that the child's parents/guardians can not be contacted please give names and contact details of three relations or responsible adults that may be contacted in an emergency

Name _____ Telephone Number _____

Address _____

Persons relationship to the child _____

Name _____ Telephone Number _____

Address _____

Persons relationship to the child _____

Name _____ Telephone Number _____

Address _____

Persons relationship to the child _____

AUTHORISATION FOR COLLECTION

	Name	Address/Telephone	Relationship to Child	Parent/Guardian Signature
1				
2				
3				
4				

ACCIDENT/INJURY RECORD FORM

Child's Name

Date of Accident / Incident

Time of Accident / Incident

Description of Accident / Injury / Incident

What Action was Taken

Childminder's Comments

Childminder's Signature

Date

Parent's / Guardian's Signature

Date

MEDICATION FORM

ONE FORM TO BE USED FOR EACH CHILD

Name of Child

Date of Birth

Medication	Dosage	Parent's / Guardian's Signature	Duration of Medication	Time Medication is Given	Childminder's Signature	Date
------------	--------	---------------------------------------	---------------------------	--------------------------------	----------------------------	------

Childminder's Comments

MEDICATION AGREEMENT FORM

I (parent's/guardian's name) _____

give permission to (childminder's name) _____

to give the following medication to (child's name) _____
as outlined below

Name of Medication

Times to be Given

Dosage to be Given

Parent's / Guardian's Signature

Childminder's Signature

Date

I (parent's/guardian's name) _____

give permission to (childminder's name) _____

to give the following medication to (child's name) _____
as outlined below

Name of Medication

Times to be Given

Dosage to be Given

Parent's / Guardian's Signature

Childminder's Signature

Date

FIRE DRILL INFORMATION

ACTION TO BE TAKEN IN THE EVENT OF A FIRE

- 1 Raise the alarm immediately
- 2 Dial 999 and request the FIRE BRIGADE
- 3 Check all doors surrounding the fire are closed
- 4 Gather the children and LEAVE the building immediately, taking daily register.
- 5 Use the nearest available exit unless warned not to do so
- 6 Do not stop to gather your own personal belongings or the children's personal belongings / toys etc.
- 7 When outside ensure that the children are a safe distance away from the building, do not leave them unaccompanied at any time.
- 8 Do not re-enter the building until you are told it is safe to do so.
- 9 **Get Out – Get the Fire Brigade Out - and Stay Out**

THE CHILDMINDER SHOULD CARRY OUT FIRE DRILLS AT REGULAR INTERVALS.

NOTE Make sure that nothing blocks your exits, staircases, landings and that all escape routes are clear at all times. Have an EVACUATION ESCAPE PLAN.

HAZARD INSPECTION FORM

The childminder will carry out regular hazard inspections both inside and outside to identify areas that need attention, list them and make safe any hazard.

The areas to be covered in the inspection include the following:

- **ACCESS PROBLEMS:** including passageways doors etc. any hazard that might block your escape in the event of a fire.
- **STAIR GATES:** are stair gates properly fitted and in working order?
- **FLOORS:** check for loose fitted, wet, slippery or unsafe floor covering; ensure there are no trip hazards.
- **WORK SURFACES:** Are chairs, tables and all other work equipment etc. in a safe condition?
- **ELECTRICAL SAFETY:** check all electrical appliances, there should be no trailing flex cables, do you observe any problem that may cause alarm or require maintenance, - advise qualified person carry out work. Do you have socket covers on all electrical sockets, guard rail or cooker covers?
- **FIRE SAFETY:** ensure you have spark guard and fire guard on all open fires whether lit or not.
- **CUPBOARD LOCKS:** Are child locks fitted to cleaning storage cupboard?
- **DOORS AND LOCKS:** Glass doors safety toughened, key accessible doors should have adult access to keys only.
- **GARDEN AND OUTDOOR AREAS:** Garden closed off safely, no access to garden equipment, secure gates at front and rear with no way for a child to leave the garden and run onto the road.

THIS IS ONLY A SUGGESTED LIST YOU KNOW YOUR OWN HOME BEST, LIST ANYTHING YOU FEEL COULD BE UNSAFE FOR THE CHILD / CHILDREN IN YOUR CARE, BE HONEST IT COULD PREVENT AN ACCIDENT.

HAZARD STATEMENT CHECKLIST

Identify Hazard	Assess Risk	Control Arrangements	Who's Responsibility	Has the Hazard been made Safe

PERSONAL DETAILS FORM OF THE CHILDMINDER

Childminder's Name

Childminder's Previous Name(s)

Date of Birth

Address

Home Telephone Number

Mobile

PERSONAL DETAILS FORM OF THE PERSON WHO WILL OPERATE THE CHILD MINDING SERVICE ON YOUR BEHALF during illness, holiday time, personal time off, etc.

Childminder's Name

Childminder's Previous Name(s)

Date of Birth

Address

Home Telephone Number

Mobile

WORKING AGREEMENT BETWEEN CHILDMINDER & PARENT

Child's Name

Date of Birth

Child's Address

Parent / Guardian 1

Home Tel. No.

Mobile No.

Work Tel. No.

Work Address

Parent / Guardian 2

Home Tel. No.

Mobile No.

Work Tel. No.

Work Address

Child's Doctor's Name

Address of Doctor

Tel. No. of Doctor

Tel. No. of Doctor on Call
(CALLSAVE 1850 777 911)

Child's Medical History

MEATH COUNTY CHILDCARE COMMITTEE
CHILDMINDING INITIATIVE



**SAMPLE
 AGREEMENT 2**

Child's Immunisations

AGE	RECORD OF IMMUNISATION	DATE
Usually at Birth	BCG	YES <input type="checkbox"/> NO <input type="checkbox"/>
Usually at 2,4,6 Months	Diphtheria, Tetanus, Whooping Cough, Hib, Inactivated Polio, Meningococcal C (5 in 1)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Usually at 15 Months	Mumps/Measles/Rubella (MMR)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Usually at 4 - 5 Years	Diphtheria, Tetanus, Whooping Cough, Inactivated Polio (4 in 1) Measles/Mumps/Rubella (MMR)	YES <input type="checkbox"/> NO <input type="checkbox"/>

Who can collect (Child's Name)

Name	Relation to the Child
Tel. No.	Mobile No.
Address	

Name	Relation to the Child
Tel. No.	Mobile No.
Address	

Who can I contact in an Emergency?

Name	Relation to the Child
Tel. No.	Mobile No.
Address	

Name	Relation to the Child
Tel. No.	Mobile No.
Address	

MEATH COUNTY CHILDCARE COMMITTEE
CHILDMINDING INITIATIVE



**SAMPLE
 AGREEMENT ³**

Any Food Allergies or Special Diets or Food not Allowed

Who will Provide Food?

Hours

Monday	to
Tuesday	to
Wednesday	to
Thursday	to
Friday	to

Fees

€ paid every

Full fee must be paid regardless of Bank Holidays or Part Attendance

Fee for Child & Parent's Holidays €

Fee for Childminder's Holidays €

Fee for Child & Parent's Sickness €

Fee for Childminder' Sickness €

Fee for Overtime €

Notice to be given for Occasional Days Off and Holidays

If this service is no longer required by the parent/s or notice is to be given by the childminder, the following notice period is required _____ week/s or full fees in lieu of notice.

Notice must be given in writing

MEATH COUNTY CHILDCARE COMMITTEE
CHILDMINDING INITIATIVE



SAMPLE
AGREEMENT 4

Does your child have to be left to and collected from school/pre-school? YES NO

What School/Pre-School?

Please let me know the dates of all in-service days the school/pre-school have

Do the school know I will be collecting your child? YES NO

Do the school have me as a contact person for your child? YES NO

Any family regular holiday?

Is there any other information that you feel maybe relevant for me to know?

Has your child been looked after by a childminder before or been in a pre-school or crèche?
Please give details below

I will not use any form of physical or emotional punishment on any child/ren in my care

Childminder's Signature

Parent's / Guardian's Signature

Date

Date child first attended the service

Date child ceased to attend the service

Agreement to be reviewed on (Insert date for review)

MEATH COUNTY CHILDCARE COMMITTEE CHILDMINDING INITIATIVE



PLEASE
DISPLAY

USEFUL CONTACT DETAILS

MEATH COUNTY CHILDCARE COMMITTEE

Childminding Advisory Officer

Marina Cunningham

11 Watergate Street,
Navan, Co. Meath.

☎ 046 9073010

☎ 046 9067221

✉ meathchildcare@eircom.net

➤ www.meathcountychildcarecommittee.ie

HOSPITALS

Our Lady's Navan ☎ 046 9021210

Lourdes Drogheda ☎ 041 9837601

Cavan General ☎ 049 4361399

Temple Street Dublin

National Children's ☎ 01 874863

Hosp. Tallagh ☎ 01 4142000

Cherry Orchard Hospital ☎ 01 6264702

Crumlin Hospital ☎ 01 4096100

DOCTOR ON CALL

6pm to 8am Monday to Friday

24 Hour Weekends and bank holidays

☎ **Callsave** 1850 777 911

CITIZENS INFORMATION

Brews Hill, Navan, Co. Meath.

☎ 046 9274086

Freephone 1800 206 506

EMERGENCIES

Road Emergencies ☎ 1890 445 335

Water & Sewerage

Emergencies ☎ 1890 445 335

Fire Emergencies ☎ 999 or 112

Civil Defence

(outside normal hours) ☎ 046 9546432

PRE-SCHOOL INSPECTION TEAM

North Eastern Health Board

Family Resource Centre,

Commons Road,

Navan, Co. Meath.

☎ 046 9074431

HEALTH AND SAFETY AUTHORITY

10 Hogan Place, Dublin 2.

☎ 01 6620400 ☎ 01 6620417

➤ www.hsa.ie

CHILDMINDING IRELAND

Wicklow Enterprise Park,

The Murrough, Wicklow Town.

☎ 0405 64007

✉ childm@indigo.ie

➤ www.childminding-irl.com

MEATH COUNTY COUNCIL

County Hall, Railway Street,

Navan, Co. Meath.

☎ 046 9021581

MEATH COUNTY LIBRARY SERVICES

Navan ☎ 046 9021134

☎ 046 9021451

Kells ☎ 046 9241592

Slane ☎ 041 9824956

Trim ☎ 046 9436014

Athboy ☎ 046 9432539

Duleek ☎ 046 9880709

Nobber ☎ 046 90522732

Dunboyne ☎ 01 8251248

Dunshauglin ☎ 01 8250504

BORDER COUNTIES CHILDCARE NETWORK (BCCN)

Unit 10, M:TEK Building,

Knockaconny, Monaghan, Co. Monaghan.

☎ 047 72469 ☎ 047 72491

✉ bccn@eircom.net