



## Maintenance Record of Fire Equipment

Type	Number	Location	Service Date	Date & Signature



## Weekly Attendance: Date.....

Childs Name	Monday	Tuesday	Wednesday	Thursday	Friday
1.	Arrive:				
	Leave:				
2.	Arrive:				
	Leave:				
3.	Arrive:				
	Leave:				
4.	Arrive:				
	Leave:				
5.	Arrive:				
	Leave:				
6.	Arrive:				
	Leave:				
7.	Arrive:				
	Leave:				
8.	Arrive:				
	Leave:				
9.	Arrive:				
	Leave:				
10.	Arrive:				
	Leave:				
Childminder's signature					



# Sample Menu Plan: Week of .....

Schedule		Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>						
<b>Morning Snack</b>						
<b>Lunch</b>						
<b>Afternoon Snack</b>						
<b>Evening Snack</b>						
Types Of Food	R.D.A.	Daily Servings provided	Daily Servings provided	Daily Servings provided	Daily Servings provided	Daily Servings provided
Meat, Fish, Alternates	2					
Dairy,	3					
Fruit & Veg	2-3					
Breads,Cereals, Pasta	4-6					



# First Aid Kit Checklist

Contacts	Date Checked/ Amount:	Date Checked/ Amount:	Date Checked/ Amount:	Date Checked/ Amount:
Hypoallergenic Plasters (12+)				
Sterile eye Pads (2+)				
Individually Wrapped Sterile Unmedicated Wound dressings (1+)				
Individually Wrapped antiseptic wipes				
Paramedic Shears				
Latex Gloves - Non-powdered latex or Nitril Gloves (latex free) (1 box)				
Sterile eye wash				
Individually wrapped triangular bandage (2+)				
Small Individually wrapped non-stick sterile undedicated wound dressings (1+)				
Toughcut Scissors (optional)				
Fever Scan Thermometer (optional)				

Items to Be Replaced	Date Replaced	Items to Be Replaced	Date Replaced	Items to Be Replaced	Date Replaced	Items to Be Replaced	Date Replaced



# FIRE DRILL

## 1. RAISE ALARM

## 2. EVACUATE BUILDING

Children and Childminder walk to the designated assembly point outside the home

## 3. CALL THE FIRE BRIGADE

The Childminder phones the Fire Brigade from the nearest telephone

## 4. PUTTING OUT THE FIRE

If it is safe, without risk to oneself and guaranteeing the children are in the safe care of an adult, the Childminder who is proficient in using the fire equipment may tackle the fire, using the appropriate extinguishers until the Fire Brigade arrives

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# Fire Drill Record

MONTH	DATE	TIME FROM SOUNDING ALARM UNTIL ASSEMBLY	TIME OF DRILL	NO. OF ADULTS	NO. OF CHILDREN
<b>January</b>					
<b>February</b>					
<b>March</b>					
<b>April</b>					
<b>May</b>					
<b>June</b>					
<b>July</b>					
<b>August</b>					
<b>September</b>					
<b>October</b>					
<b>November</b>					
<b>December</b>					

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# Sample Daily Routine

<b>8:00 to 8:30</b>	Children Arrive
<b>8:30 to 9:00</b>	Breakfast
<b>9:00 to 9:15</b>	Wash up, toileting, nappy changing, etc
<b>9:15 to 10:30</b>	Planned programme time
<b>10:30 to 10:45</b>	Snack Wash up, toileting, nappy changing, as needed
<b>10:45 to 11:30</b>	Outdoor play
<b>11:30 to 12:30</b>	Free Play Indoors, prepare lunches
<b>12:30 to 1:00</b>	Lunch Wash up, toileting, nappy changing, as needed
<b>1:00 to 2:30</b>	Rest time/quiet time (books, etc)
<b>2:30 to 3:30</b>	Free Play
<b>3:30 to 3:45</b>	Snack Wash up, toileting, nappy changing, as needed
<b>3:45 to 4:30</b>	Outdoor Play
<b>4:30 to Home time</b>	Free Play

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# Accident/incident – Report Form

Child's Name:..... Date of Birth:.....

Home Address:.....

.....

Date of Accident/Incident:..... Time of Accident/Incident:.....

Description of Accident/Incident:.....

.....

.....

.....

Cause of Accident/Incident (if known):.....

.....

Who was present at the time of Accident/Incident?.....

.....

Name of persons who witnessed Accident/Incident: (if any).....

.....

Was Parent/Guardian informed? Yes  No

Was General Practitioner contacted? Yes  No  Time.....

Action taken:.....

.....

Signature of Childminder..... Date.....

Signature of Parent/Guardian..... Date.....

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# Consent Form To Administer Medication

Child's Name:.....

Child's address:.....

Date of birth:.....

Details of medical condition:.....

Date of most recent medical appointment:.....

Name of medicine:.....

Dosage of medicine:.....

Time and date of last administration:.....

Frequency of dosage:.....

Other Relevant Information:.....

Name of authorising parent:.....

Signature of parent and date authorised:.....

## Administration Of Medicine

Date	Time	Amount Given	Signature Of Childminder	Reaction from Child, if any:

(note: It is recommended that only medication prescribed by a Doctor that comes in the original container, with the child's name and dosage clearly marked, be administered by the childminder)

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# Agreement for medical Treatment

I hereby consent to .....(Childs Name)  
receiving medical treatment, if a doctor thinks it is required as  
an emergency and I cannot be contacted following reasonable  
attempts to do so prior to such treatment being administered

**Signed**.....

**Date**.....

**Relationship to Child**.....

**Witnesses**.....

This Form Should be signed by the parent or parents and  
witnessed by the childminder

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# Safety Statement

A written Safety Statement is required under the Safety, Health and Welfare at Work Act 1989 for safeguarding safety and health in the workplace.

## Safety Statement from

..... Childminding Service

Identify Hazard	Assess Risk	Control Arrangements
Radiators	Burns / Scalds if too hot.	Thermostatically Controlled or Fixed Guards.

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## Emergency Contact Telephone Numbers

Emergency services	Telephone Number	Address
Ambulance		
Fire Station		
Hospital		
Doctor		
Relief Person 1 Name: .....		
Relief Person 2 Name: .....		
Doctor on Call		
Public Health Nurse		
Local Garda Station		

Parents	Telephone Number	Address
	Mobile: ..... Work: ..... Home: .....	
	Mobile: ..... Work: ..... Home: .....	
	Mobile: ..... Work: ..... Home: .....	
	Mobile: ..... Work: ..... Home: .....	
	Mobile: ..... Work: ..... Home: .....	
	Mobile: ..... Work: ..... Home: .....	
	Mobile: ..... Work: ..... Home: .....	
	Mobile: ..... Work: ..... Home: .....	

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## Developing a Record keeping System For Voluntary Notification

All businesses are required to maintain adequate records and childminding services are no different. Not only are you required to maintain accounting records for your business, but under the national guidelines for Childminders, all childminding services are required to maintain certain types of childcare specific records. However, records should not only be kept because you are obliged to do so, records should be kept because doing so may provide protection to the children in your care and to you, it shows you are working in a professional manner, that you are organised and care about the work you do. Setting up a proper record keeping system will actually make you work easier.

Your local county childcare committee has developed sample records to use in the childminding service. The following records are required under the national guidelines for childminders: Voluntary Notification and are available in this Support Pack:

- *Childrens Register/Attendance:*
- *Child's Information record*
- *Daily Routine*
- *Menu Plans( ensuring healthy balanced nutritional diet; food stored correctly)*
- *Accident/Incident Form*
- *Medicine Administration Form*
- *Fire and safety procedures, including evacuation plan*
- *Safety Statement*
- *You are also required to have a record keeping policy. Sample provided over leaf*

Other recommended records you are advised to keep are:

- *Maintenance Record of fire Equipment*
- *First Aid Box- CheckList*
- *Emergency Contact Telephone Numbers*
- *Daily Diary*

If you are required to notify the HSE under the pre-school service regulations 2006 there is a more extensive list of records required. Contact your Local County Childcare Committee/CMAO or pre-School Services for more information.

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## SAMPLE RECORD KEEPING POLICY

Records, as required by the National Guidelines for Childminders': Voluntary Notification and/or the Child Care (Pre-school Services) Regulations 2006 will be maintained and made available to parents and all relevant persons, to ensure the health, safety and development of all children attending the service.

### Procedures

- All records in line with the National Guidelines for Childminders': Voluntary Notification and/or the Child Care (Pre-school Services) Regulations 2006 are kept up to date and accurate at all times.
- All confidential records are stored securely when not in use.
- Parent, carers or guardians will be asked to co-sign the medical administration form and accident report form, when necessary.
- Observational records are maintained, to help in understanding the needs and abilities of each child, and what programmes to put in place to ensure that they develop to their full potential.
- All records written are impartial and factual.

*Further assistance in developing your policy is available from your local County Childcare Committee and from the Childminding Advisory Officer*

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## Working Agreement between Childminder and Parent

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.

Childminders signature: .....

Parents signature: .....

Date: .....

Date child starts: .....

Date child leaves: .....

TO BE REVIEWED ANNUALLY (input date) : .....

Child's name:..... D.O.B: .....

Child's address:.....

.....

Parent's detail's: Mum's name.....

Home no.:.....

Mobile no.:.....

Work address:.....

Work tel. no.:.....

Parent's detail's: Dad's name.....

Home no.:.....

Mobile no.:.....

Work address:.....

Work tel. no.:.....

Child's doctor's name:.....

Address of doctor:.....

Tel. no of doctor:.....

Child's medical history:.....

### Child's immunisations:

Record of Immunisation	Date	
(usually at birth ) BCG	Yes/No	
(usually at 2, 4, 6 months) Diphtheria, Tetanus, Whooping cough, Hib, Inactivated Polio, Meningococcal C (5 in 1)	Yes/No	
(usually at 15 months) Mumps/Measles/Rubella (MMR)	Yes/No	
(usually at 4 -5 years) Diphtheria, Tetanus, Whooping cough, Inactivated Polio, (4 in 1) Measles/Mumps/Rubella (MMR)	Yes/No	





**Who can collect (child's name)**

Name:..... Relation to the child:.....

Address:.....

Tel no:..... Mb No:.....

Name:..... Relation to the child:.....

Address:.....

Tel no:..... Mb No:.....

**Who can I contact in an emergency ?**

Name:..... Relation to the child:.....

Address:.....

Tel no:..... Mb No:.....

Name:..... Relation to the child:.....

Address:.....

Tel no:..... Mb No:.....

**Do you give permission for your child to take part in the following (please tick):**

- 1.Outings by foot/buggy in the Childminder's neighbourhood      yes      No
- 2.Outings in the Childminder's vehicle      yes      No
- 3.Photographs to be taken of your child and displayed/reproduced      yes      No

I.....(parent) give permission for.....(Childminder) to authorise medical care for.....(my child) in an emergency.

Signed:.....

Any food allergies OR special diets OR food not allowed:.....

.....

.....

Who will provide the 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 over time: €.....

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.

Does your child have to be left to and collected from school/pre-school :

YES ..... NO .....

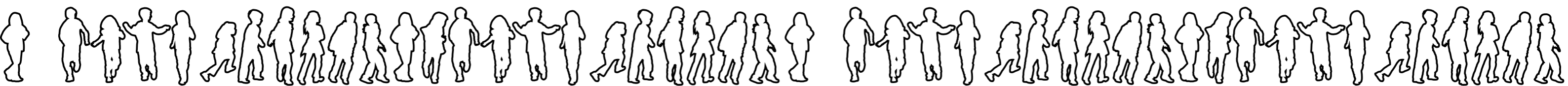
What school/pre-school :.....

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:.....





# Voluntary Notification By A Person Providing A Home Based Childminding Service

**For Support And Assistance  
In Completing The Voluntary Notification Form  
And Self-evaluation Form,  
Contact**

Sticker Individual  
To Each County  
And Put In  
The Disclaimer

**TO:.....COUNTY CHILDCARE COMMITTEE**

I,....., hereby give notice to the.....County Childcare Committee that *I am providing/it is my intention to provide* a home-based Childminding service that is exempt from the requirement to notify the Health Service Executive (HSE) under the Child Care Act 1991.

- I have read the “National Guidelines for Childminders”. I agree to comply with all aspects of the Guidelines.
- I agree to work with the Childminding Advisory Officer to access various supports, information, training, funding etc.
- I have completed the attached Self Evaluation Form.
- I agree that the HSE may be informed of my completed voluntary notification.

This notice is given today, the.....day of....., 20.....

### Childminder's Details:

Name .....

Address .....

Phone: ..... Mobile: .....

Fax: ..... Email: .....

My Childminding Service operates from

.....am to..... pm, ..... days per week.

Signature Childminder: .....

Date: .....

Signature of County Childcare Committee Representative or CMAO: .....

Date: .....

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# Voluntary Notification -Self Evaluation

Suitability Of The Person		Signature of Childminder
1.	I am an adult who is genuinely interested in caring for children, has the ability to communicate with children, is of good character and is in good health.	
2.	I attest that I am free from any criminal conviction or pending investigation that would deem me unsuitable to have unsupervised care of children. I am willing to undergo a Garda Vetting procedure in the future if necessary.	
3.	I have provided at least two written references that attest to my good character and to my suitability to provide single-handed childcare for a group of pre-school children. Copies of letters attached.	
4.	I have trained in First Aid for Children and have up-to-date First Aid Certification dated: _____ (Copy of Certificate attached) Or I am willing to undertake First Aid Training for Children.	
5.	I have the following experience working with Children:	
6.	I have completed the following relevant training:	
7.	I plan to undertake the following relevant training:	

Physical Environment		Signature of Childminder
1.	My home provides a secure and happy environment in which the health, safety and welfare of the child are assured, and in which the developmental needs of the child are met.	
2.	The areas of my home, indoors and out of doors, are in a proper state of repair and are fit for the purposes of Childminding. All are free of avoidable hazards.	
3.	My home is clean, hygienic and safe: has stair gates, locks on cupboards, presses, doors as needed; and hazardous materials suitably stored.	
4.	There is a telephone on the premises.	
5.	Emergency contacts are posted in an easily accessible location and an emergency back-up person is available to me who can respond promptly.	
6.	The exit doors, gates and perimeter of the home are secure.	
7.	There is adequate work and play space for all children and adults in the service.	

Well Being Of The Child		Signature of Childminder
1.	I am committed to providing quality childcare which ensures that the well being and development of the child is paramount	
2.	I have written policies and procedures for my Childminding service and I will ensure that parents are aware of these. These are available from your local County Childcare Committee and cover the following topics:  <ul style="list-style-type: none"> <li>- Confidentiality</li> <li>- Health and safety policies including a safety statement</li> <li>- Child Protection</li> <li>- Fire Safety Policy</li> <li>- Positive Discipline Policy</li> <li>- Partnership with Parents</li> <li>- Equal Opportunities</li> </ul>	
3.	I have put in place a procedure for recording relevant information in relation to the child and ensure that parents are aware of this procedure:  <ul style="list-style-type: none"> <li>- Daily attendance</li> <li>- Child's Information Record</li> <li>- Daily Routine</li> <li>- Menu Plans (ensuring healthy, balanced nutritional diet; food stored correctly)</li> <li>- Accident/Incident Form</li> <li>- Medicine Administration Form</li> </ul>	
4.	I have/plan to avail of Children First: Child Protection Training	

Health And Safety		Signature of Childminder
1.	I have health and safety procedures in place in my Childminding Service and can provide evidence of this.	
2.	I ensure the safety of the children in my care at all times.	
3.	I ensure good hygienic practices are followed at all times.	
4.	I have appropriate insurance cover for my Childminding service. Copy attached	
5.	I have a properly equipped first aid kit, fire fighting blanket/equipment and smoke alarms in place.	
6.	Fire safety procedures are in place, including an evacuation plan. Copy attached	
7.	I have ensured that animals/pets on the premises do not put the health, safety or welfare of the children at risk.	