



Childminding

Sample Record Keeping Forms



This document has been developed by the Childminding Development Officer Team, September 2020.

The Childminding Development Officers provide support to the local City and County Childcare Committees to work with existing and potential childminders to deliver a high-quality early learning and care and/or school age service to meet the requirements of individual children, families and communities.

The Childminding Development Officer team would like to acknowledge that the material in this pack has been adapted from resources previously developed and published by the City and County Childcare Committees (CCCs) and Tusla.

Disclaimer:

The Childminding Development Officers have made every effort to ensure that all the information included in this publication is accurate and correct. However, under no circumstances will the board of any City/County Childcare Committee be liable in respect of any error(s), omissions, typographical errors or incorrect information therein.

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SAMPLE CONTRACT BETWEEN CHILDMINDER & PARENT

Childminder Contact Details

Name of Childminder:

Address:

.....

Phone Number:

Mobile no:

Parent/Guardian Contact Details

Name of Parent/Guardian:

Address:

.....

Phone no:

Work no:

Mobile no:

Name of Child:

Address (if different from above):

Collection:

Child/ren will be collected by (include names and relationship to the Child.)

The Child/ren will not be handed to any other person unless prior instruction has been given personally to the Childminder.

Childminding start date: / /

	Morning:	Afternoons:	Evening/Overnight:
Monday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Tuesday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Wednesday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Thursday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Friday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Saturday	Start____ Finish____	Start____ Finish____	Start____ Finish____

Childminding Details

Childminder to provide:

Breakfast Lunch Snacks Dinner

Other Specify _____

The cost of providing food is / is not included in the fees

Parent to provide:

Nappies Food

Change of clothes Baby toiletries

Sunscreen

Other _____

Cost of transport, outings to be covered by _____

Payment

Electronic payment is preferred. My bank details are:

IBAN: _____

BIC: _____

Bank Name: _____

Bank Address: _____

Rate of pay is € _____ per hour per child

Payment to be paid weekly in advance every Thursday

Fee for late pick-up: € _____

Non-refundable deposit of € _____ required.

Sickness

Children should not attend if they have an infectious illness.

Children should not attend if they have symptoms of Covid-19 or any other contagious illness.

Fees to be paid in the event of:

Childminder sickness: Yes/No

Parent sickness: Yes/No

Child sickness: Yes/No

Parental Declaration during Covid-19

1. My child/ren will not attend this service if they or someone in our household has symptoms of Covid-19.
2. If my child becomes symptomatic, I will collect them and contact our doctor. If testing is arranged for my child, I understand that local public health staff will be in touch with me where a test is positive. I also understand that the local public health staff will be in touch with the childminding setting in relation to what steps are required for me, the service and other families.
3. I have read (Childminders Name) Infection Control Policy and agree to adhere to it.
4. I will provide a spare set of clothes and other essential items which must remain in the childminding setting.
5. I will not allow toys from home to be brought into the childminding setting at this time.
6. I agree to commit to the HSE advice to ensure risks are avoided.
7. I consent to my child/ren attending your service and mixing with other families supported by their Childminder.
8. I will inform (Childminders Name) if my child/ren have symptoms of Covid-19.
9. I am aware that this service may have to shut immediately, subject to public health advice, if any person reports symptoms of Covid-19.
10. I am aware that I may also be asked to self-isolate or restrict my movement, again subject to public health advice.
11. If soft toys/ comfort blankets are essential for my child, they will be personal to my child, will be machine washable and they cannot be shared.

Please state if you or your child has been in contact with anyone who presented symptoms of Covid-19 or tested positive for Covid-19 _____ Y/N

Parent's signature: _____ Date: _____

Childminder's signature: _____ Date: _____

Holidays/Annual Leave

Childminder Annual Holidays

Number of days paid holiday per year (including public holidays): _____

Notice required of annual leave: _____

Parent Annual Holidays

Number of days paid holiday per year (including public holidays): _____

Notice required of annual leave: _____

Other Holidays:

Bank Holidays	Fee: Yes/No
Occasional day/s off (Parent)	Fee: Yes/No
Occasional day/s off (Childminder)	Fee: Yes/No

Contract Review

This contract will be reviewed every: _____

Next review date: _____

Notice to end the Childminding Arrangement.

The required notice period from **either** party is _____. Payment in lieu of notice is payable to the Childminder where the notice period agreed is not complied with.

Childminder's Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

The above contract has been adapted from Childminding Ireland's: Sample Childminding (Covid-19) Contract with Parents.

SAMPLE MEDICATION CONSENT FORM

Child's full name:	
Child's address:	
Date of Birth:	
Details of medical condition (what medicine is for):	
Name of medicine:	
Name and contact details of prescriber:	
Dosage of medicine:	
Route for administration of medicine (circle correct one):	Oral (by mouth) Topical (rub in) Inhale Injection Rectal
Frequency of dosage/ times to be given:	
Effective from	Date:
Effective to	Date:
Any other information (side effects, potential adverse reaction, special precautions):	
How the medication is to be stored (as on directions given on medication label):	
Printed name of parent:	
Signature of parent or guardian authorising medicine:	
Date:	

SAMPLE MEDICATION ADMINISTRATION RECORD

Each time medication is to be administered, I first:

- Confirm the child's identity
- Check that parent's/guardian's written consent has been given
- Check when medicine was last given
- Check the administration instructions, including the name of the medication, the method and times for administration and the required dose
- Check whether medication is within date

Child's name:

Date	Time	Name of Medication (state whether prescribed or non-prescribed)	Dose Given	Route of administration (by mouth, injection, inhale, rectal, topical – rub in)	Signature of person administering	Signature of witness	Comments

SAMPLE ACCIDENT AND INCIDENT FORM

Name of child/adult affected:		Date of Birth of child/adult: Age of child/adult:	
Name of person dealing with the accident/incident:		Date and time of accident/incident:	
Place of the accident/incident:		Detailed description of the accident/incident:	
Details of the accident area/layout, including the number of adults and children present:			
Details of all communication with parents/guardians in relation to the accident/incident:			
Details of any investigation completed in relation to the accident/incident:			
Details of all required corrective and preventative actions taken:			
Details of any changes made to policy and/or practice, following review of accident/incident:			

Details of whether the incident/accident has been notified to Tusla:	
Circumstances surrounding the accident/incident, including any apparent illness or symptoms:	
Name of parents/guardians contacted and time they were contacted:	
Nature of the injury:	
Treatment provided (medication or First Aid administered)	
Medical personnel or emergency services contacted and time of contact:	
Details of any person(s) present:	
Details and signatures of any witness(es):	
Name of those to whom the accident was notified and date and time:	
When the child was collected/removed to hospital and by whom:	

Details of the accident area/layout, including the number of adults and children present:

Details of all communications with parents/guardians in relation to the accident/incident:

Details of any investigation completed in relation to the accident/incident:

Details of all required corrective and preventative actions taken:

Details of any changes made to policy and/or practice, following review of accident/incident:

Details of whether the incident/accident has been notified to Tusla:

Notification details to other external parties

Notified to	Yes	No	Date	Details
Tusla Social Work Services (if there is a child protection concern)				
An Garda Síochána (where this is a danger to staff or children or a criminal offence)				

Health and Safety Authority (where the incident is dangerous or staff member has been injured as a result)				
The service's insurance (where appropriate)				

To be completed by parent(s)/guardian(s)	
Print Name(s):	
Signature(s):	
Time & Date:	

To be completed by the person writing the report	
Print Name:	
Signature:	
Time & Date:	

Review and close off - To be completed by the Childminder	
Print Name:	
Signature:	
Date:	

SAMPLE RISK ASSESSMENT FORM

Identify potential hazard/risk	Current controls in place	Assess the risk	Additional controls to eliminate/reduce the risk	Person responsible for implementing the controls



Changing a nappy without spreading germs



- Wash your hands.
- Place paper on the change table.
- Always wear gloves when changing a nappy.
- Remove the child's nappy and put it in a 'hands-free' lidded bin.
- Remove any clothes with urine or faeces on them.
- Clean the child's bottom.
- Remove the paper and put it in a 'hands-free' lidded bin.
- Remove your gloves by peeling them back from your wrists, turning them inside out as you go. Put the gloves in the bin.
- Dress the child.
- Wash and dry the child's hands.
- Take the child away from the change table.
- Clean the change table with detergent and warm water.
- Wash your hands.



Staying Healthy in Child Care - Preventing infectious diseases in child care 4th edition

¹ See also Management of Infectious Disease in Childcare Facilities and Other Childcare Settings, page 72 and 74, for other examples.


SAMPLE HAND WASHING PROCEDURE²

Washing your hands


Hand washing is important:

- ◆ If hands are not clean they can spread germs.
- ◆ **You should wash your hands thoroughly and often** with soap and warm water and **especially**:
 - ◆ When hands look dirty
 - ◆ After handling raw meat
 - ◆ Before and after preparing, serving or eating food
 - ◆ After going to the toilet or bringing someone to the toilet
 - ◆ Before and after dealing with sick people
 - ◆ After blowing your nose, coughing or sneezing
 - ◆ Before and after changing the baby's nappy
 - ◆ After handling rubbish or bins
 - ◆ Before and after treating a cut or a wound
 - ◆ After handling an animal or animal litter/droppings
 - ◆ After contact with flood water
- ◆ A quick rinse will not work – your hands will still have germs. To wash hands properly:
 - ~ Rub all parts of the hands and wrists with soap and water for **at least 15 seconds** (or as long as it takes to sing the "Happy Birthday to you" song two times!)
 - ~ Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom of your thumbs – the pictures here will help.


Getting ready to wash your hands:



◆ Remove hand & wrist jewellery - rings, watch, bracelets




◆ Wet hands thoroughly under warm running water




◆ Apply a squirt of liquid soap to cupped hand

Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!




◆ Rub palm to palm 5 times making a lather/suds




◆ Rub your right palm over the back of your left hand and up to your wrist 5 times

◆ Repeat on the other hand




◆ With right hand over the back of left hand, rub fingers 5 times


◆ Repeat on the other hand



◆ Rub palm to palm with fingers interlaced




◆ Wash both thumbs using rotating movement




◆ Wash nail beds—rub the tips of your fingers against the opposite palm

Rinsing and drying your hands:




◆ Rinse hands well making sure all the soap is gone



◆ Dry hands fully using a clean hand towel or a fresh paper towel

◆ Bin paper towel after use

Remember -
Clean hands save lives &
stop the spread of many infections



Fidilneamhacht na Seirbhíse Sláinte
Health Service Executive

Compiled by Dept of Public Health, Midlands.
January 2016

Adapted from [Handwashing techniques poster HSE Strategy for Antimicrobial Resistance in Ireland](#), additional image: [Dreamstime.com](#). Putting some soap on hands © Adamgregor

² Management of Infectious Disease in Childcare Facilities and Other Childcare Settings, page 75.

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Coughing and Sneezing

- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve




- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



Seek medical attention immediately if you are worried that someone has Meningitis / Septicaemia.

Meningitis and septicaemia **Know the symptoms**

Red symptoms are more specific to meningitis and septicaemia and less common in milder illnesses. Not everyone gets all these symptoms.



MENINGITIS	SEPTICAEMIA
Fever and/or vomiting	Fever and/or vomiting
Severe headache	Limb/joint/muscle pain
Rash	Cold hands and feet/shivering
Stiff neck	Pale or mottled skin
Dislike of bright lights	Breathing fast/breathless
Very sleepy/vacant/difficult to wake	Rash
Confused/delirious	Very sleepy/vacant/difficult to wake
Seizures (fits)	Confused/delirious

SAMPLE ATTENDANCE AND FEES SHEET.

Child's Name		Monday	Tuesday	Wednesday	Thursday	Friday
	<i>Arrive</i>					
	<i>Leave</i>					
	<i>Arrive</i>					
	<i>Leave</i>					
	<i>Arrive</i>					
	<i>Leave</i>					
	<i>Arrive</i>					
	<i>Leave</i>					
Signed by Childminder						

SAMPLE MENU PLANNER

Week Number:

Day	Breakfast	Snacks	Lunch	Dinner
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

SAMPLE CHILD'S RECORD

Child's Record Form

Name of Childminder or Service: _____

Child's Full Name: _____ Child's preferred name: _____

Date of birth: ___/___/___ Sex: Female: () Male: ()

Date child commenced with Childminder: ___/___/___

Date child ceased to attend Childminder: ___/___/___

Home Address:

Change of address:

Details of Parents/Guardians

Name: (1) _____ (2) _____

Relationship to Child: (1) _____ (2) _____

Home Tel no: (1) _____ (2) _____

Mobile number : (1) _____ (2) _____

Contact email : (1) _____ (2) _____

Home address of parent if different from above:

Who does the child live with? _____

Do both parents have custody of the child, if not please give details:

Child's country of origin: _____

Parent's country of origin: _____

Child's first language: _____

Parent/Guardian's first language: _____

Work Details

Place of Work: (1) _____ (2) _____

Work contact no: (1) _____ (2) _____

Work email: (1) _____ (2) _____

Person(s) authorised to collect my child (other than the parents)

Name: (1) _____ (2) _____

Address: (1) _____ (2) _____

Relationship to child: (1) _____ (2) _____

Contact no: (1) _____ (2) _____

Mobile: (1) _____ (2) _____

Name: (3) _____

Address: (3) _____

Relationship to child: (3) _____

Contact no: (3) _____

Mobile: (3) _____

Nominated Emergency Contacts

Name: (1) _____ (2) _____

Address: (1) _____ (2) _____

Relationship to child: (1) _____ (2) _____

Contact no: (1) _____ (2) _____

Mobile: (1) _____ (2) _____

Date form filled in: ___/___/___ Information updated: (1) ___/___/___ (2) ___/___/___

Medical History

Does your child suffer from any medical conditions, illness, and/or allergies?

Is your child on any medication?

Has your child been hospitalised for any major illness or injury, if so please give details:

Family Doctor: _____

Address: _____

Tel no: _____

Web Address: _____

Immunisation Record (Please enter date received)

Age	Where	Vaccine	Date Received
Birth	Hospital/Clinic	BCG (TB)	
2 Months	GP	6 in 1 + PCV	
4 Months	GP	6 in 1 + Men C	
6 Months	GP	6 in 1 + Men C + PCV	
12 Months	GP	MMR + PCV	
13 Months	GP	Men C + Hib	
4-5 Years	GP/School	4 in 1 + MMR	

In Ireland it is not a statutory requirement that children must be immunised (vaccinated) in line with the National immunisation schedule. This is a parent's choice. **It is highly desirable that children are vaccinated** in accordance with the schedule unless contraindicated for medical reasons as children who are not vaccinated are dependent on "herd immunity" to protect against disease.

Vaccination protects the individual immunised who is less likely to be a source of infection to others. This reduces the risk to unimmunised individuals being exposed to infection. Thus, individuals who have not been immunised, or those who cannot be immunised, get some benefit from the immunisation programme. This concept can also be called population immunity.

The Childminder must keep a record of immunisations, if any, received by the child; so they must be aware of children attending the service who are vaccinated and those who are not vaccinated so that those children who are not vaccinated can be best protected in the event of such an infectious disease occurring within service.

Additional Information:

Tell me about your child's strengths, interest areas, abilities or challenges in which I can support them with?

Please outline details and special requirements if any:

Has your child been assessed for any hearing and/or speech difficulties?

Please outline details and special requirements if any:

Does your child have any specific dietary/cultural requirements?

Please outline details:

Does your child have any fears or phobias and if so please describe?

Name of siblings and/or close personal relationships in your child's life:

Does your child have any special talents/areas of interest?

Does your child use 'pet' language for special comfort toys?

Notes provided by parents concerning the above are attached to file:

Yes ____ No ____

Parental Consent Form

1. Emergency Medical Care

I understand that every effort will be made to contact the named guardian or next of kin in the event of an emergency, requiring medical attention. However, if none of these can be contacted I hereby authorise the Childminder to transport my child to the doctor's surgery or to the appropriate hospital A/E department by ambulance or as is necessary and to secure the necessary medical treatment for my child. I give my permission for my child to be given appropriate emergency medical treatment.

Patient Number if the child attends any clinics/specialists in the hospital: _____

Parent/Guardian's signature: _____ Date: __/__/__

2. First Aid

I authorise that the Childminder trained in First Aid may administer First Aid to my child as appropriate.

Parent/Guardian's signature: _____ Date: __/__/__

3. Antipyretic

I consent to teething gels and temperature control medication in accordance with the policy and procedures of the Childminder.

NB: Parents will always be informed when medication has been administered to their child.

Parent/Guardian's signature: _____ Date: __/__/__

4. Permission for Outings

I authorise that my child may be taken on outings/walks that may be planned outside the Childminders home. The adult/child ratio for these outings will be based on a risk assessment carried out prior to the outing taking place. I understand that all necessary precautions will be taken to ensure my child's safety.

Parent/Guardian's signature: _____ Date: __/__/__

5. Internet, Photo and Recording Permission

I give permission for _____ (child's name) to access the **internet**. The Internet is used only for brief periods and to support children's learning in accordance with the childminding service policy.

I give permission for _____ (child's name) to be **photographed** or **recorded**. Photographs/recordings may be used for:

- Giving feedback to parents
- Viewing activities and progress, either currently or retrospectively
- Enhancing the health, welfare, and development of your child
- Supporting the annual review of the service
- Identifying potential risks
- Inspection

Parent/Guardian's signature: _____

Date: ___/___/___

6. Access to Pets

I give permission for my child to be in contact with or have supervised access to pets. Care will be taken to ensure that the health, safety, and welfare of the children is not put at risk.

Parent/Guardian's signature: _____

Date: ___/___/___

7. Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the Childminders sun protection policy.

Parent/Guardian's signature: _____

Date: ___/___/___

8. Parent/Childminder Declaration

I have read and understand the policies referred to above. I will notify the Childminder of changes to any of the details in this form.

Parent/Guardian's signature: _____

Date: ___/___/___

Childminders signature: _____

Date: ___/___/___

SAMPLE FIRE DRILL RECORD

Month	Date	Time of Drill	Number of adults	Number of Children	Time from sounding alarm until assembly	Signed
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

SAMPLE FIRST AID CHECKLIST

Contents	Date checked/amount:	Date checked/amount:	Date checked/amount:	Date checked/amount:
Hypoallergenic Plasters (12+)				
Sterile eye pads (2+)				
Individually wrapped sterile 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+)				
Fever scan thermometer				

SAMPLE FLEXIBLE DAILY ROUTINE

As a childminder I strive to provide and promote a flexible daily routine which meets the needs of all children and families in my care. I will endeavour to ensure that each child's routine reflects that of their family home. I will encourage a child lead routine which allows for children to choose activities based on their own personal interests. Outlined below is a sample of a variety of activities that are available for children within my service.

This is not an exhaustive list.



VOLUNTARY NOTIFICATION FORM

CCC Logo

Voluntary Notification Form for a Person Providing a Home Based Childminding Service

To: XXXXXX County Childcare Committee

I, _____ hereby Voluntary Notify XXX 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 Childcare Act 1991.

- I have read the 'National Guidelines for Childminders'. I agree to comply with all the aspects of the guidelines.
- I agree to work with the Childminder 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 _____

Childminders Details:

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

My childminding Service operates from:

_____ am to _____ pm _____ days per week

Signature childminder:

_____ Date: _____

Signature of Development Officer / CCC Representative:

_____ Date: _____

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. <i>Copies of letters attached.</i>	
4.	I have trained in First Aid for Children and have up-to-date First Aid Certification dated: _____ (<i>Copy of Certificate attached</i>) <input type="checkbox"/> Or I am willing to undertake First Aid Training for Children <input type="checkbox"/>	
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	

WELL-BEING OF THE CHILD		Signature of Childminder
1.	I am concerned to providing quality childcare which ensures that the well-being and development of the child is paramount	
2.	<p>I have written policies and procedures for my Childminding service and I will ensure that parents are aware of these. Samples available in Support Pack.</p> <ul style="list-style-type: none"> - Confidentiality <input type="checkbox"/> - Health and safety policies including a safety statement <input type="checkbox"/> - Child Protection <input type="checkbox"/> - Fire Safety Policy <input type="checkbox"/> - Positive Discipline Policy <input type="checkbox"/> - Partnership with Parents <input type="checkbox"/> - Equal Opportunities <input type="checkbox"/> 	
3.	<p>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:</p> <ul style="list-style-type: none"> - Daily attendance <input type="checkbox"/> - Child's Information Record <input type="checkbox"/> - Daily Routine <input type="checkbox"/> - Menu Plans (ensuring healthy, balanced nutritional diet, food stored correctly) <input type="checkbox"/> - Accident/Incident Form <input type="checkbox"/> - Medicine Administration Form <input type="checkbox"/> 	
4.	<p>I have <input type="checkbox"/> / plan to <input type="checkbox"/> ...</p> <p>...avail of Children First E-Learning Programme/ Always Children First Training Foundation Level</p>	

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.	

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 have health and safety procedures in place in my childminding service and can provide evidence of this.	
3.	I ensure good hygienic practices are followed at all times.	
4.	I have appropriate insurance cover for my childminding service Copy Attached <input type="checkbox"/>	
5.	I have : Properly equipped First Aid Kit <input type="checkbox"/> Fire fighting equipment/ blanket <input type="checkbox"/> Smoke Alarms <input type="checkbox"/>	
6.	Fire safety procedures are in place, including an evacuation plan. <i>Copy attached</i> <input type="checkbox"/>	
7.	I have ensured that animals/pets on the premises do not put the health, safety or welfare of the children at risk.	

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS VOLUNTARY NOTIFICATION
SELF-EVALUATION FORM:

- 2 References
- First Aid Certificate (if available)
- Copy of Relevant Insurance
- Copy of Fire Safety Procedure including Evacuation Plan

For support and assistance in completing the Voluntary Notification Form and Self-Evaluation Form, contact:

Tel:

Email:

Disclaimer

The information provided to the undersigned Development Officer (“the Officer”) in this Voluntary Notification Form (“the Form”) has been provided by _____ (“the Childminder”) of _____ as part of a voluntary self-evaluation process as set out in the National Guidelines for Childminders.

In signing this Form, the Officer acknowledges receipt of the information from the Childminder and thereby confirms that the Childminder has voluntarily notified _____ City/County Childcare Committee. Neither the Officer nor the Committee guarantees or warrants as to the truth, validity or accuracy of the information provided by the Childminder and the Childminder is solely responsible in this regard. The function of the Officer in receiving the information provided by the Childminder and signing this Form is solely to confirm that the Childminder has voluntarily notified the Committee. Neither the Officer nor the Committee accepts any responsibility, howsoever arising, in respect of any of the information provided in this Form, or the use thereof or reliance thereon by any party.

In signing this Form, the Childminder undertakes to and assures the Officer that the information provided to the Officer, and in turn to the Committee and any other third party (including the HSE) to which this Form may lawfully be given, is true, accurate and valid in every respect on the date of signing, and s/he accepts full responsibility in respect of the information provided in this Form, the use thereof and reliance thereon by any party. The Childminder is aware that the process of voluntary notification is a self-evaluation process and that s/he is required to complete the Form in good faith, and to provide true, accurate, valid and up-to-date information.

Signed: _____

Development Officer

Signed: _____

Childminder

Date: _____