

# Early Years Inspection Self-Evaluation Form

## Childminder

*If this document is not typed - please complete clearly in black ink*

### QUALITY OF CARE

#### PART 2

<b>Name of Childminder:</b>	
<b>Date of Birth:</b>	
<b>Address of Childminder:</b>	
<b>Post Code:</b>	
<b>Telephone No:</b>	
<b>Email Address:</b>	

	Total No of Children Under 12 years	No of Children Under Compulsory School Age
<b>Number of children in your own family:</b>		
<b>Number of children for which you are registered:</b>		
<b>Number of children currently minded:</b>		

<b>Days service provided</b>	
<b>Hours service provided</b>	

**Household members**

Names	Date of Birth	Address	Have these people been vetted?	
			Yes	No

**Regular visitors**

Names	Date of Birth	Address	Have these people been vetted?	
			Yes	No

**Have there been any changes to the household or new regular visitors since last inspection?**

**Yes**  **No**

If yes, name, and date of vetting clearance letter (if applicable)

Please provide details of all **minded** Children

<b>Child</b>	<b>Name</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Days &amp; Hours Minded</b>
1					
2					
3					
4					
5					
6					
7					
8					

## Training

	Yes	No	Date completed
12 hour Paediatric First Aid Training:			
Safeguarding and Child Protection Training:			
Health & Safety Training:			
Training since last inspection if different from above:			
Accreditation achieved (if applicable)			

If you are booked on a course for any of the above please provide details.

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## Assistant(s) (if applicable)

Name:			
Category:	Category 1		
	Category 2		
Date of Paediatric First Aid Training:			
Date of Child Protection Training:			
Date of Health & Safety Training:			
Training since last inspection if different from above:			

Have there been any structural changes to the home since last inspection?

Yes		No	
Comment			

Who provides cover in the case of an emergency?

Have parents given written consent for these arrangements?

Yes		No	
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	Yes	No
<ul style="list-style-type: none"> <li>Do you have Public Liability Insurance? <i>If yes:</i> Name of Insurers: Date of expiry:</li> </ul>		
<ul style="list-style-type: none"> <li>If you employ an assistant, do you have Employers Liability Insurance?</li> </ul>		
<ul style="list-style-type: none"> <li>Do you have any other work/employment? <i>If yes, please give details</i></li> </ul>		
<ul style="list-style-type: none"> <li>Do you or any assistant or household member smoke?</li> </ul>		
<ul style="list-style-type: none"> <li>Are you aware that there must be no smoking during the working day even if children are not on the premises?</li> </ul>		
<ul style="list-style-type: none"> <li>Are you aware that you and any assistant must not be under the influence of any substance that would impair your judgement whilst in charge of children?</li> </ul>		
<ul style="list-style-type: none"> <li>Have you had a period of physical or mental ill-health which affected your ability to work in the last year? <i>If yes, please give details</i></li> </ul>		
<ul style="list-style-type: none"> <li>Are you on any medication that may affect on your ability to work? <i>If yes, you will be required to supply a medical reference</i></li> </ul>		
<ul style="list-style-type: none"> <li>Are all the people who live in the home in good physical and mental health? <i>If no, please give details (a separate sheet can be used for these questions)</i></li> </ul>		
<ul style="list-style-type: none"> <li>Have you been involved in a criminal case since the last inspection? (this includes cautions, convictions or pending cases) <i>If yes, please give details</i></li> </ul>		
<ul style="list-style-type: none"> <li>Have any of the people who live in your home or the regular visitors been involved in a criminal case since your last inspection? (this includes cautions, convictions or pending cases) <i>If yes, please give details</i></li> </ul>		
<ul style="list-style-type: none"> <li>Have any of the children who live in your home reached the age of criminal responsibility ie 10 and require to be vetted since last inspection? <i>If yes, please give details</i></li> </ul>		
<ul style="list-style-type: none"> <li>Have you or any of the people who live in your home or regular visitor had any involvement with Social Services since the last inspection? <i>If yes, please give details</i></li> </ul>		

**Standard 5**

	Yes	No
• Are you registered with Environmental Health?		
• Do you follow any guidance given to you by Environmental Health about the safe handling and preparation of food?		

**Standard 6**

	Yes	No
• Are you aware that when dealing with challenging or difficult behaviour, children must never be restrained, isolated, degraded, humiliated or frightened and that physical punishment or the use of negative/derogatory comments must never be used?		

**Standard 7**

	Yes	No
• Do you have a Statement of Purpose which provides information for parents and is in compliance with the one that is set out in Section 5 of the Standards? (page 58)		

**Standard 8**

	Yes	No
• Do you have a written admissions policy within your Statement of Purpose which complies with equality legislation? (page 25)		

**Note the page references refer to where this can be found in the Standards**

**Have all the criteria to comply with the Minimum Standards and Implementation Guidance been met from last year's inspection report?**

Yes	No
If no please list below	

## **Section 1: Quality of Care Safeguarding & Child Protection**

*Please refer to pages 2 on the Guidance Notes & pay attention to the criteria in the Standards & the Implementation Guidance*

### **1.1 Children are safeguarded through systems and practices that are consistent with Regional Child Protection Policies and Procedures (if you do not have a copy of these please see the Trust website).**

Please show how your care of children meets the criteria/points as set out in the Standards.

Tell us about any criteria/points you are not meeting

## Section 5: Policy and Procedures

*Please refer to page 3 on the Guidance Notes & pay attention to the criteria in the Standards & the Implementation Guidance*

You are required to have the following policies and procedures in place that reflect your practice. Policies are the responsibility of the provider and should be reviewed on an annual basis.

### **Do you have policies on the following?**

	Yes	No
Absence of the Manager*		
Accidents – prevention, reporting, recording and notification		
Additional Needs		
Allegations against staff*		
CCTV		
Complaints		
Confidentiality		
Consent		
Data Protection		
Equality		
First Aid		
Infection Prevention and Control – including the exclusion of children who are infectious or ill (informed by the Public Health Agency document which is mentioned on page 15 of the Standards).		
Intimate/Personal Care		
Maintenance and Replacement of Play Equipment		
Managing Aggression and Challenging Behaviour including Bullying		
Management of Emergencies		
Management of Medicines		
Management of Records		
Management of Risks Associated with the Care of Individual Service Users		
Menu Planning		
Mobile Phones		
Parents' Access to Records		
Participation		
Photography and Videography		
Play		
Provision of Food and Drink		
Reporting Adverse and Untoward Incidents		

**Cont'd**

	Yes	No
Safeguarding and Child Protection		
Security of the Setting		
Smoking		
Social Networking		
Staffing*:		
• Behaviour & Conduct		
• Clothing / Uniform		
• Discipline		
• Grievance		
• Induction		
• Meetings		
• Records		
• Recruitment		
• Rotas		
• Supervision and appraisal		
• Training and development		
Transport for Service Users – provision and use		
Whistle blowing		

*\* Are not required by childminders unless they employ an assistant.*

	Yes	No
• Are all parents given the opportunity to see your policies?		
• Are all your policies updated each year?		
• Are all policies shared with Assistants? (if applicable)		

## **Views of Parents & Children who use your service**

Please refer to page 3 on the Guidance Notes & pay attention to the criteria/points in the Standards & the Implementation Guidance

Please tell us about

- (i) What do the minded children and their parents think of your service?
- (ii) How do you know this?
- (iii) Have you changed your practice after hearing their views?

## **Your views on the care you provide**

Please refer to page 3 & 4 on the Guidance Notes & pay attention to the criteria in the Standards & the Implementation Guidance

What do you think you are doing well as a childminder and is there anything you feel you should do differently?

**Please make sure that you have all the following documentation for your inspection as well as all your policies.**

**Quality of Care**

	Yes	No
• Code of Conduct for childminder and assistant (if applicable) on the use of mobile phones and social networking websites		
• Written Parental Consent for Photographs		
• Evidence of a signed and dated record of anything which causes a childminder or assistant concern about a child or any allegations made by the child		
• Any child protection investigation (if applicable)		
• Children's Registration Forms to include information about children's dietary requirements.		
• Evidence that any assistants are aware of these requirements.		
• Records on individual pages of any significant incident about the management of a child's behaviour and evidence that parents were informed on the day.		
• Evidence that parents signed and dated any reports on behaviour.		
• Records on each child as set out in Section 5 (see page 59 of the Standards)		

<ul style="list-style-type: none"> <li>Are you aware that it is your responsibility to comply with all the Quality Areas within the Standards and Implementation Guidance?</li> </ul>	Yes	
	No	

<b>Complaints/Concerns since Last Inspection:</b>

<b>Further Comments</b>

<b>Completed by:</b>	
<b>Signature:</b>	
<b>Date Completed:</b>	
<b>Date of last Inspection:</b>	

**Evidence for all information provided on the form will be sought on the Day of Inspection**

**FOR TRUST USE**

<b>Date received by Trust:</b>	
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<b>Read by:</b>	
<b>Date:</b>	