

Early Years Inspection Self Evaluation Form

Sessional Care & Full Day Care

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

QUALITY OF STAFFING, MANAGEMENT & LEADERSHIP

Name of Service:	
Address of Service:	
Post Code:	
Telephone No:	
Email:	

Type of Service (please tick as appropriate)	Full Day Care	Play-group	Crèche	After School	Other (please advise)	
		Private	Not for Profit			

No of children for which the service is registered	
No of children on attendance register	

Does your facility have disabled access?	Yes	No

No of children attending with a disability	
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No of children currently attending from an ethnic minority background	
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<h2 style="margin: 0;">Part A</h2> <h3 style="margin: 0;">(Staffing/Management Information)</h3>
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Please provide details on all staff (include all those working with children, other employees, contracted services and volunteers).

Details of Owner/Chair of Management Committee	
Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone No:	
Email Address:	

Designated Child Protection Officer	
Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone No:	
Email Address:	
Date of DCPO Training	

Does anyone live on the premises?	Yes	No

If Yes, please state below full name

Have these people been vetted?	Yes	No

Name:	
Role:	
Signature:	
Date Completed:	

Name:	
Role:	
Signature:	
Date Completed:	

* It is expected that the Registered Person/Chairperson will complete this document in consultation with the Manager/Leader.

To be completed by the Trust

	Owner/Chair	Designated Child Protection Officer
Date of Trust Records Check		
Check done by whom		
Clear		
Information held		
Information passed to Inspecting Social Worker		

Staffing (please include additional pages as required)

	Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4
Name				
Date of Birth				
Address				
Date commenced employment				
Position Held				
Qualifications				
Training since last inspection				
Training Needs				
Child Protection Trained Date				
Paediatric First Aid Trained (Date Completed)				
Date of Vetting Clearance by Trusts				

To be completed by the Trust	Date of Trust records check				
	Check done by whom				
	Clear				
	Information Held				
	Information passed to Inspecting social worker				

Staffing (Cont'd)

	Staff Member 5	Staff Member 6	Staff Member 7	Staff Member 8
Name				
Date of Birth				
Address				
Date commenced employment				
Position Held				
Qualifications				
Training since last inspection				
Training Needs				
Child Protection Trained Date				
Paediatric First Aid Trained (Date Completed)				
Date of Vetting Clearance by Trusts				

To be completed by the Trust	Date of Trust records check				
	Check done by whom				
	Clear				
	Information Held				
	Information passed to Inspecting social worker				

Confirmation of Vetting for Volunteers, Students and Contracted Services (eg Early Years Specialists/Advisor, Caretaker, Early Years Advisor)

Name				
Date of Birth				
Address				
Position Held				
Date of Vetting Clearance				

To be completed by the Trust	Date of Trust records check				
	Check done by whom				
	Clear				
	Information Held				
	Information passed to Inspecting social worker				

Can you confirm that the Owner/Chair, Designated Child Protection Officer, all those employed at the setting associated with/or living on the premises have no new cautions, convictions or pending cases since the last Inspection?	Yes	
	No	
If yes please provide detail		

Can you confirm that the Owner/Chair, Designated Child Protection Officer, all those employed at the setting associated with/or living are not subject to Social Services investigations, including allegations of child abuse or domestic violence issues?	Yes	
	No	

It is the responsibility of the registered person to obtain this information from all persons employed at the setting and demonstrate at inspection how this is collated (please note this includes all volunteers, students and contracted services).

Action Plan Following Previous Years Inspection

Name of Setting:	
Address of Setting:	
Quality Area Inspected:	
Date of Inspection:	
Inspected by:	

(Please refer to last year's Action Plan)

(Continue on separate page if necessary)

Name of Setting:		Date of Inspection:	
Quality Area Inspected:		Inspected by:	

Criteria that had to be met to comply with the Minimum Standards/ Recommendations for Improvement (list below)	Action to be taken	By Whom	Timescale for Action	Date Action Achieved

Name:	
Signature:	
Date:	

Part B (Self-Evaluation)

This is the Quality Area that will be inspected on the day of Inspection. **It is important to make comment on each of the criteria within the Standard. If reference is not made, this could lead to recommendations on your inspection report.**

QUALITY OF STAFFING, MANAGEMENT & LEADERSHIP

Section 1: Quality of Care

Please refer to page 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.

Please demonstrate how your setting meets each criteria as set out in the Standards.

Please identify which criteria are not being met, how these will be addressed and when.

Section 2: Quality of Staffing, Management & Leadership

Please refer to page 6 & 7 on the Guidance Notes & pay attention to the criteria in the Standards & the Implementation Guidance

2.10 There are effective and efficient management and monitoring arrangements in the setting to support the work of staff and the care of children.

	Yes	No
<u>For Committee/Board settings only</u>		
• Has the registered person had all job descriptions, personal specifications and contracts approved by the committee/board?		
• Does the Registered Person ensure that the settings recruitment and retention of staff comply with equal opportunities and fair employment legislation?		
• Are there sufficient staff and with relevant qualifications in the setting to meet statutory requirements?		
• Are all staff aged 18 and over?		
• Does the Registered Person ensure that staff respect the privacy of children and parents and only share information in line with the Information Commissioners Data Sharing Code of Practice?		
• Are there arrangements for staff training and development needs to be identified and addressed?		
• Does the Registered Person assess the effectiveness of training, whether internal or external and use this information to inform future training?		
• Does the Registered Person understand their role and avail of training to assist them in the discharge of their duties?		
• Do staff work as a team to plan work and address issues such as the management of children's behaviour and assessment of children's individual needs?		

Please demonstrate how your setting meets each criteria as set out in the Standards.

Please identify which criteria are not being met, how these will be addressed and when.

2.11 Adult / child ratios, space and resources are organised to meet the children's needs effectively and to comply with the stipulations on the Registration Certificate.

Standard 11

- Does the setting have a Statement of Purpose that follows the requirements of the Standards and is it shared with parents on request? (page 58)

Yes

No

Please demonstrate how your setting meets each criteria as set out in the Standards.

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Please identify which criteria are not being met, how these will be addressed and when.

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2.12 Those working with children in either a paid or voluntary capacity, or who have substantial access to them, are suitable individuals to do so.

Please demonstrate how your setting meets each criteria as set out in the Standards.

Please identify which criteria are not being met, how these will be addressed and when.

Section 5: Policy and Procedures

Please refer to page 8 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. These 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		
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		

Do you have the following documentation?

Safeguarding and Child Protection	Yes	No
• Safeguarding and child protection policy		
• Intimate/Personal care policy		
• ICT E / Safety policy (evidence that staff have signed up to it)		
• Code of conduct for staff on the use of mobile phones and social networking websites		
• Policy and procedure for taking children's photographs (evidence of written parental consent for photographs)		
• Policy on use of CCTV, where appropriate		
• Policy on whistleblowing		
• Evidence that child protection policy has been shared with parents		
• Evidence of how parents give consent for personal care		
• Records of any child protection concerns (if applicable)		

Management and monitoring arrangements	Yes	No
• Monitoring reports provided by the leader/ manager to the owner/committee		
• Written record of roles and responsibilities of office bearers and that they are reviewed /audited		
• Records of committee meetings		
• Sample of owner/committee approved job descriptions, contracts, etc		

Organisation of Setting	Yes	No
• Staff files		
• Letters sent to parents about outings and sample of consents		
• Daily register		
• Registration Certificate		

Suitable Person	Yes	No
• Vetting clearance letters for: committee/owner, staff, volunteers and anyone living on the premises		
• Evidence of vetting of students/trainees/others associated with the setting		

Views of those who use your service

Please refer to page 9 on the Guidance Notes & pay attention to the criteria in the Standards & the Implementation Guidance

Please tell us about

- (i) The views of children and their parents/carers who attend your setting
- (ii) The methods used to get their views
- (iii) Any action you have taken to change your service as a result of their views.

Your views on the service you provide

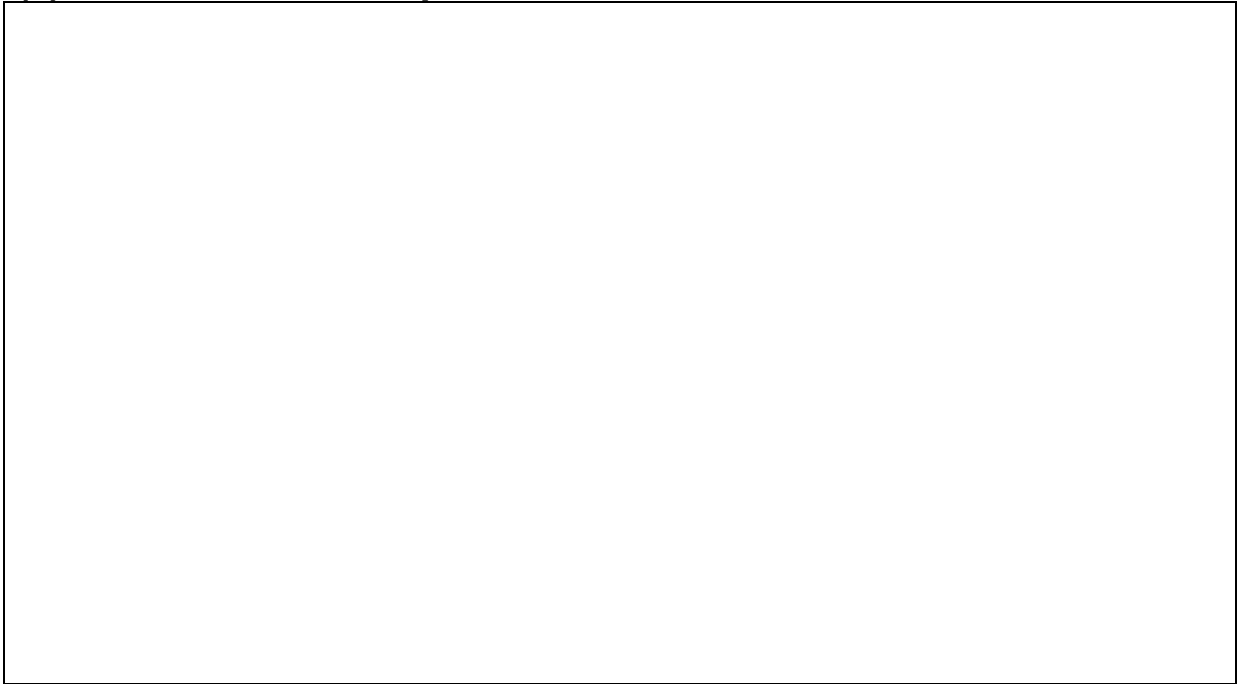
Please refer to page 9 on the Guidance Notes & pay attention to the criteria in the Standards & the Implementation Guidance

Please comment on your evaluation of the service you provide. You should take a critical look at the effectiveness of your service and outline actions you will take to address these.

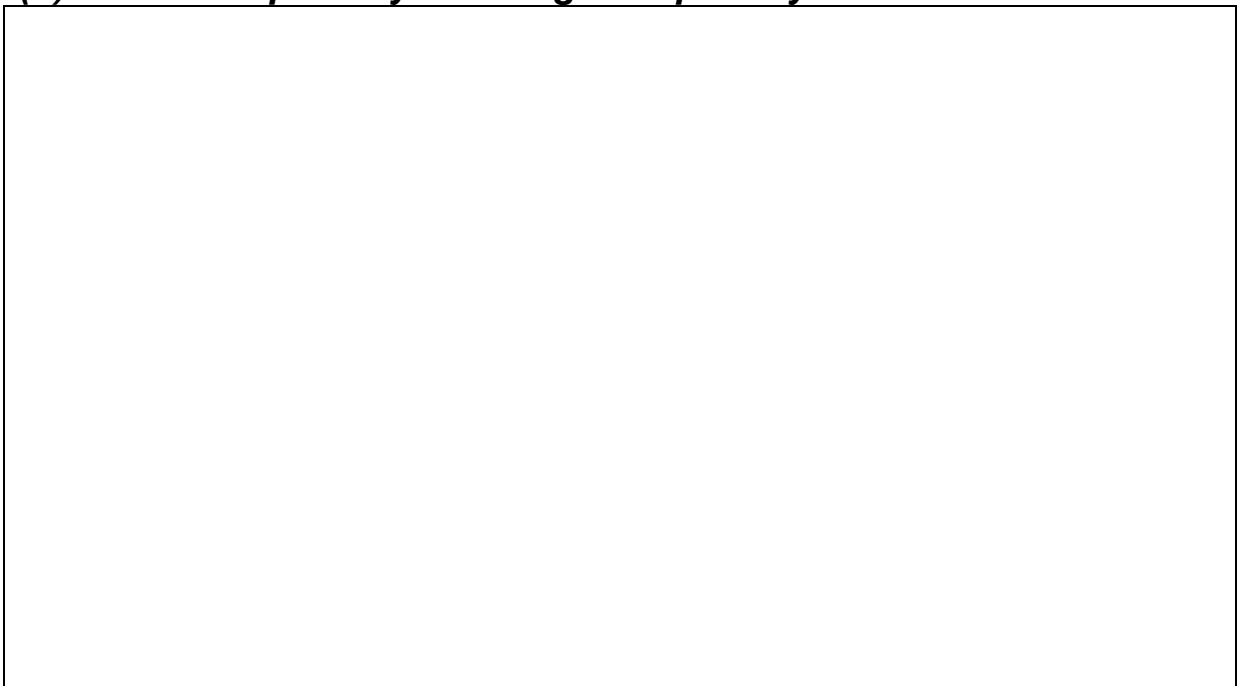
(a) What are the main characteristics of your setting and the culture/backgrounds of children who attend?

(b) What are the positive aspects of your service?

(c) What could be improved?



(d) What steps are you taking to improve your service?



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

<ul style="list-style-type: none"> Are you aware that it is your responsibility to complete the Self Evaluation Document in full and use it as an on-going self-assessment tool? 	Yes	
	No	

<ul style="list-style-type: none"> Have you completed your Self Evaluation Document in full? 	Yes	
	No	

Complaints/Concerns since Last Inspection:

Further Comments

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

Name:	
Role:	
Signature:	
Date Completed:	

FOR TRUST USE

Date received by Trust:	
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Read by:	
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Date:	
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