

Trust Logo

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 CARE

| | |
|----------------------------|--|
| 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 | |
| No of PEEPs places | |

| | | |
|---|------------|-----------|
| Does your facility have disabled access? | Yes | No |
| | | |

| | |
|---|--|
| No of children attending with a disability | |
|---|--|

| | |
|--|--|
| No of children currently attending from an ethnic minority background | |
|--|--|

| |
|--|
| <h2 style="margin: 0;">Part A</h2> <h3 style="margin: 0;">(Staffing/Management Information)</h3> |
|--|

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 CARE

Section 1: Quality of Care

Please refer to page 2, 3, 4 & 5 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.

1.2 Children's well-being is promoted and their care, developmental and play needs are met.

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.

1.3 The overall health and wellbeing of the child is promoted and safeguarded

| | Yes | No |
|--|-----|----|
| • Is the setting registered with Environmental Health for food safety? | | |
| • Is there a First Aid Box which is compliant with the Health & Safety (First Aid) Regulations (NI) 1982? | | |
| • Is the First Aid Box regularly checked and replaced as necessary and does it have the suggested content as is set out in Section 5 of the Standards? | | |

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.

1.4 Children’s safety is promoted at all times ensuring that proper precautions are taken to prevent accidents and minimise risks to them.

| | Yes | No |
|--|-----|----|
| • Is the setting compliant with relevant Health & Safety regulations and guidance and firearms legislation? | | |
| • Does the setting have a comprehensive Health & Safety Risk Assessment? | | |
| • Have any Health & Safety Action Plans been acted on? | | |
| • Does the setting have a written fire safety risk assessment that has been completed under the Fire Safety Regulations (NI) 2016? | | |
| • Have all recommendations from the fire safety risk assessment been implemented? | | |
| • Are all soft furnishings and textiles flame retardant and do they comply with BS EN Standards? | | |
| • Does all safety glass conform to BS EN standards or is purpose made protective film fitted to any doors, windows or furniture accessible to children? | | |
| • Are records kept about vehicles in which children are transported which include insurance details and a list of named vetted drivers? | | |
| • Do all windows to which children have access, have restricted openings? | | |
| • Are all ponds, pools, septic tanks or any water made safe and inaccessible to children? | | |
| • Are you aware that all staff must never be under the influence of any substance that would impair their judgement whilst in charge of children (alcohol or drugs – illegal or prescribed)? | | |
| • Are all cleaning materials used in compliance with COSHH regulations? | | |
| • Are you aware that alcohol is not permitted on the premises? | | |
| • Do all gas and electrical appliance and their fittings conform to safety requirements and therefore do not pose a risk to children? | | |
| • Does the setting have a carbon monoxide detector? | | |
| • Are all blind cords shortened and inaccessible to children? | | |

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.

| |
|--|
| |
|--|

1.5 Children are provided with a wide variety of nutritious foods and drinks that will contribute to their health, growth & development.

| | Yes | No |
|---|-----|----|
| • Is the policy on Food and Drink in keeping with the example in Section 5 of the Standards? | | |
| • Does your setting follow any guidance given to you by Environmental Health about the safe handling and preparation of food? | | |
| • Have your menus been developed in compliance with advice contained within 'Nutrition Matters for the Early Years'? | | |

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.

1.6 There is consistency in the use of positive strategies to establish acceptable patterns of behaviour and to promote children's well-being, self-esteem and development.

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.

1.7 Providers work in partnership with parents to meet the needs of children both individually and as a group.

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.

1.8 The setting actively promotes equality of opportunity and inclusion for all children and their parents and staff and positively values diversity.

| | Yes | No |
|---|-----|----|
| • Does your setting have a written admissions policy within your Statement of Purpose which complies with equality legislation? | | |
| • Does your setting promote equal opportunities with regard to employment and training of staff, trainees, students and volunteers? | | |

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.

1.9 The inclusion, welfare and development of children who have additional needs are actively promoted based on appropriate assessment.

| | Yes | No |
|--|-----|----|
| <ul style="list-style-type: none">Does your policy on Additional Needs include how your setting responds to children with additional needs including SEN and disability and is it consistent with current legislation? | | |

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) | | |

| Care, Development and Play | Yes | No |
|-----------------------------------|------------|-----------|
| • Plans/play programme | | |
| • Children's files | | |

| Health | Yes | No |
|--|------------|-----------|
| • Cleaning rotas | | |
| • Policy on Infection Prevention and Control | | |
| • Most recent Environmental health Report for food safety and Health and Safety. | | |
| • Policy on Management of Medicines | | |
| • Written Parental Permission for the Administration Of medicines | | |
| • Medication Records and ensure the following is included:- child's name, name on medication, dosage/frequency, time first dose on site to be noted, date parent's signature, staff's signature and storage of medication. | | |
| • First Aid Policy | | |
| • Written permission for Sunscreen to be used | | |
| • Record of checks on contents of first aid box | | |

Safety

| | Yes | No |
|--|-----|----|
| • Health & Safety Risk Assessment | | |
| • Policy on transport | | |
| • Car insurance Tax Mot Licence | | |
| • Visitor Book | | |
| • Fire Risk Assessment | | |
| • Employers and Public Liability Insurance | | |
| • Risk Assessment <ul style="list-style-type: none"> - Environment - Indoor Play area - Outdoor Play area | | |

Food and Drink

| | Yes | No |
|--|-----|----|
| • Children's registration forms | | |
| • Policy on Food and Drink | | |
| • Registration with Environmental Health | | |
| • Menus | | |

Promoting Positive Behaviour

| | Yes | No |
|--|-----|----|
| • Policy on behaviour management inc bullying | | |
| • Individual children's behaviour management plans | | |

Working in Partnership with Parents

| | Yes | No |
|---|-----|----|
| • Children's files | | |
| • Any records relating to the wishes or concerns of parents | | |
| • Statement of Purpose to provide information to Parents | | |
| • Children's registration forms | | |

Additional Needs

| | Yes | No |
|------------------------------------|-----|----|
| • Individual children's care plans | | |

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

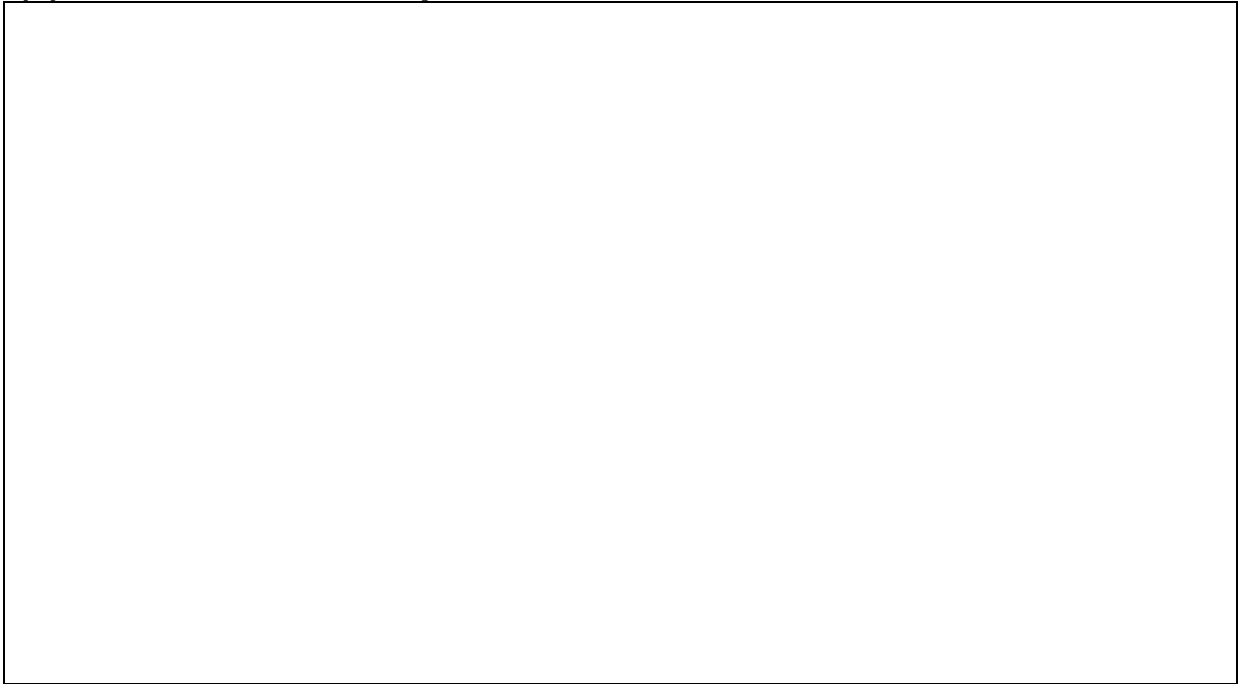
Please refer to page 9 on the Guidance Notes & pay attention to the criteria in the Standards & the Implementation Guidance

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.

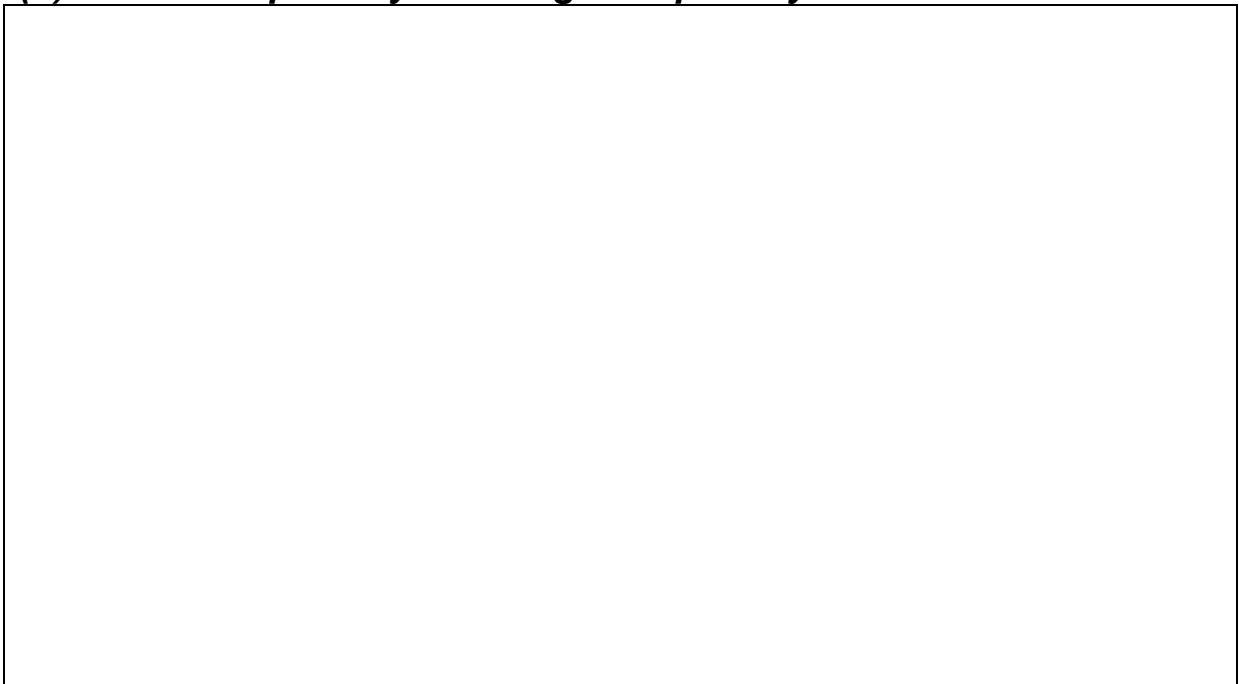
(a) What are the main characteristics of your setting and the culture/backgrounds of children who attend?

(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: | |
|--------------------------------|--|

| | |
|-----------------|--|
| Read by: | |
|-----------------|--|

| | |
|--------------|--|
| Date: | |
|--------------|--|