

**RENEWAL OF VOLUNTARY NOTIFICATION BY A PERSON PROVIDING
A HOME BASED CHILDMINDING SERVICE**

To: The Childminder's Advisory Service

I, _____ hereby renew my Voluntary Notification to the Dublin City Childcare Committee. I am currently providing a home-based Childminding service, which is exempt from the requirement to notify Tusla under the Child Care Act 1991.

- I have read the latest edition of the "National Guidelines for Childminders". I agree to comply with all aspects of the Guidelines.
- I agree to work with the Quality Support Officer to access various supports and training.
- I wish/ I do not wish my name to be placed on a list for Parents. (Tick one box only.)
- I wish/ I do not wish my name to go on DCCC website. (Tick one box only.)

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

Childminder's Details

Name: _____

Address: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

VOLUNTARY NOTIFICATION RENEWAL DETAILS

1. Details of your current service:

Statistics requested	Sessional <i>up to 3.5 hours continuously</i>	P/T <i>up to 5 hours continuously</i>	F/T <i>more 5 hours continuously</i>
Number of childcare places provided per day (when full)			
Age range of children currently catered for			
Current operating hours (e.g., 8 a.m. - 5 p.m.)			
Current number of days open per week			
Current number of weeks open per year			

2. Recent childcare training attended:

Date	Course Details

3. Record Keeping, Policies & Procedures:

I keep the following written policies, procedures and records for my Childminding Service and ensure that parents are aware of them:

Daily Attendance	<input type="checkbox"/>	Confidentiality	<input type="checkbox"/>
Child's Information Record	<input type="checkbox"/>	Child Protection	<input type="checkbox"/>
Daily Routine	<input type="checkbox"/>	Positive Discipline Policy	<input type="checkbox"/>
Accident/Incident Form	<input type="checkbox"/>	Partnership with Parents	<input type="checkbox"/>
Medicine Administration Form	<input type="checkbox"/>	Equal Opportunities	<input type="checkbox"/>
Menu Plans	<input type="checkbox"/>	Health & safety (<i>with safety statement & checks</i>)	<input type="checkbox"/>
Fire safety (<i>with Evacuation plan, fire drill & checks</i>)	<input type="checkbox"/>		

4. Insurance:

I have appropriate insurance cover for my childminding service. Yes No

5. First Aid:

I have trained in First Aid for Children and have up-to-date First Aid Certification dated: _____

6. Garda Vetting:

I have undergone Garda Vetting or I am in the process of applying for Garda Vetting

7. Children First: Child Protection:

I have trained in Children First and have up-to-date certificate dated: _____ or plan to attend: _____

Signature of Childminder: _____ Date: _____

Signature of Quality Support Officer: _____ Date: _____

Transforming Ireland

