

Service Provider General Information

Pre-Visit Information

Private Provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Community Provider <input type="checkbox"/> Yes <input type="checkbox"/> No
DCYA Ref:	Pobal App ID/ URN (If previously funded)
Facility Name:	Date of Site Visit:
Outcome of previous Compliance Visit ECCE: Date: [] Categorisation: [] CETS: Date: [] Categorisation: [] CCS: Date: [] Categorisation: []	
Is the service participating in: ECCE <input type="checkbox"/> Yes <input type="checkbox"/> No CETS <input type="checkbox"/> Yes <input type="checkbox"/> No CCS <input type="checkbox"/> Yes <input type="checkbox"/> No	Compliance Visit being undertaken on: ECCE <input type="checkbox"/> Yes <input type="checkbox"/> No CETS <input type="checkbox"/> Yes <input type="checkbox"/> No CCS <input type="checkbox"/> Yes <input type="checkbox"/> No

Visit – General Information:

Is the service in existence and operating? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Present (From Pobal)	Name:	Present (From Service)	Name: Role:

Fee Payment Policy:

Is the CCC approved Fees Policy and Calendar displayed in a prominent position in the childcare service premises? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Publicity Compliance:

Is the service compliant with publicity requirements under EOCP? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Compliant Previously <input type="checkbox"/> If yes, list how compliance was demonstrated
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Full Service Details:

Maximum number of childcare places available per day (i.e. the capacity the service can accommodate daily)	Sessional	Part-time	Full-time
Number of places occupied per day on average			
Number of School Age Childcare Places available per day on average			
Operating hours	Sessional	Part-time	Full-time
Operating weeks per year			
Age range			
Total number of paid Childcare staff	Full-time		Part-time
Total number of auxiliary staff (non-childcare e.g. cleaning, catering)			
Total number of staff on Government Programmes		CSP	CSP
		Jobs Initiative	CE
		Jobs Bridge	Tús
			RSS
Tick all of the type(s) of services that will be provided per day	Full Day		Breakfast Club
	Part-time (preschool)		School Aged (sessional/pt)
	Sessional Service (am)		School Age full time outside of school term
	Sessional Service (pm)		Drop – in
	Childminding		

Early Childhood Care and Education (ECCE)

ECCE Service Provision

Approved DCYA ECCE data			ECCE data confirmed by Pobal on day of site visit		
	38 Wks	41 Wks		38 Wks	41 Wks
No. of ECCE childcare places approved:			No. of children enrolled on the ECCE programme		
			No. of ECCE children evidenced in attendance		
Days per week approved:			Days per week confirmed:		
Weeks per year approved:			Weeks per year confirmed:		
Is the service providing the appropriate free hours? Yes [] No []					
Note discrepancies between DCYA approved data and data confirmed on visit day:					

1. Number of ECCE children noted as absent over 1 month (NB: ECCE Form 3 to be sent to DCYA):			
Name of Child	Record of Absence (as per attendance records)		
2. Number of ECCE children noted as leaving/ceasing to attend the service (NB: ECCE Form 3 to be sent to DCYA):			
Name of Child	Record of Absence (as per attendance records)		
3. Number of ECCE children noted with reduction in level of service (NB: ECCE Form 6 to be sent to DCYA):			
Name of Child	No. of days originally approved by DCYA	No. of days now enrolled (as per attendance records)	
4. Number of ECCE Transfers 'out' of the service:			
Name of Child	Date of Transfer-out (as per attendance records)		

Compliant in relation to Service Provision	Yes [] No []
If <u>non-compliant</u> in relation to Service Provision, provide details	

ECCE Capitation & Fee Payment Policy

Fees Records available on site?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	Do fees records show that the appropriate Capitation is being applied?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Do the fees records show that the service fully implementing the approved ECCE Fee Payment Policy ?			Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Has the parent/guardian of each ECCE child signed the CCC approved Fee Payment Letter or statement included on Calendar ?			Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

Optional Extras

Optional Extras	Is the service providing optional extras (e.g. extra 30 minutes, travel)?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
	If Yes above, is there a signed letter for each parent detailing the optional extras?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
	Numbers taking up optional extras to-date?	[No. <input type="text"/>] out of [No. <input type="text"/>] approved
Voluntary Donation	Is the service soliciting a voluntary donation?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
	If Yes above, is there a signed letter for each parent detailing the voluntary donation?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
	Numbers paying voluntary donation to-date?	[No. <input type="text"/>] out of [No. <input type="text"/>] approved

Compliant in relation to Fee Payment Policy/Optional Extras	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
If <u>non-compliant</u> in relation to Fee Payment Policy/Optional Extras, provide details:	

ECCE Qualifications

Capitation approved by DCYA:	Standard [<input type="checkbox"/>]	Higher [<input type="checkbox"/>]
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DCYA Qualification data						Qualification data confirmed by Pobal on day of site visit				
Staff Name	Position	Qualifying Body	NFQ Level of Major Award	Name of Award	Year	ECCE Room	Staff Name		Qualification	
							<i>Select y or n</i>	<i>If n selected – VO required to insert free text i.e. rationale</i>	<i>Select y or n</i>	<i>If n selected – VO required to insert free text i.e. rationale</i>

Room	ECCE Staff Member	Position <i>Leader /Assistant</i>	Qualifyin g Body	NFQ Level of Major Award	Name of Award	Year	Evidence of Qualification
1							Yes [] No []
							Yes [] No []
2							Yes [] No []
							Yes [] No []
3							Yes [] No []
							Yes [] No []
4							Yes [] No []
							Yes [] No []

Service confirmed they meet the appropriate minimum ECCE qualifications requirement	Yes [] No []
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ECCE Staff/Qualifications – Comments:

Sign-Off

Declaration

We agree the above data is an accurate record of the information obtained on during the site visit.

Date:	
Pobal Member:	
Service Member:	
Role:	

Signatures: _____
