**Quality Support Request Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Details** | | | | | | | | |
| DCYA Reference | | | |  | | | | |
| Service Business Name | | | |  | | | | |
| Address | | | |  | | | | |
| Email | | | |  | | | | |
| Contact | | | |  | | | | |
| Telephone number | | | |  | | | | |
|  | | | | | | | | |
| **Support Required or Identified** | | | | | | | | |
| **Practice Guide** | | | | **Other** | | | | |
| Introduction and Curriculum Foundations | | | Yes / No | Governance | | | | Yes / No |
| Building Partnerships with Parents | | | Yes / No | Finance or Sustainability | | | | Yes / No |
| Creating and Using the Learning Environment | | | Yes / No | Human Resources or Industrial Relations | | | | Yes / No |
| Learning through Play | | | Yes / No | Policies and Procedures | | | | Yes / No |
| Nurturing and Extending Interactions | | | Yes / No | Training | | | | Yes / No |
| Planning and Assessing using Aistear Themes | | | Yes / No | Other (please specify) | | | | Yes / No |
| Supporting Transitions | | | Yes / No |  | | | | |
|  | | |  |  | | | |  |
| **Better Start Quality Development Service** | | | | | | | | |
| Request Early Years Specialist Support from Better Start Quality Development Service? | | | | | | | | Yes / No |
| Meet current criteria for Better Start Quality Development Service? | | | | | | | | Yes / No |
|  | | | | | | | | |
| **Current Enrollment Numbers** | | | | | | | | |
| **Numbers** | **Birth – 1 year** | **1 – 2 years** | | **2 – 3 years** | | **3 – 6 years** | **Total** | |
| Full Time (5+ hours) |  |  | |  | |  |  | |
| Part Time |  |  | |  | |  |  | |
| Sessional |  |  | |  | |  |  | |
| Total |  |  | |  | |  |  | |
|  | | | | | | | | |
| **Quality Supports and Processes previously undertaken** | | | | | | | | |
| **Name** | | | | **Yes / No** | **Notes** | | | |
| Síolta QAP with Síolta Mentor | | | | Yes / No | From \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_ | | | |
| Síolta QAP Validation | | | | Yes / No | Please attach copy | | | |
| NEYAI Quality Mentoring | | | | Yes / No |  | | | |
| ABC Programme Quality Mentoring | | | | Yes / No |  | | | |
| Aistear in Action | | | | Yes / No |  | | | |
| Other Quality Support Programme (specify) | | | | Yes / No |  | | | |
| Have you completed NSAI Aistear and Play CPD? | | | | Yes / No |  | | | |
| Are you currently taking part in NSAI Aisteasr and Play CPD? | | | | Yes / No |  | | | |
|  | | | | | | | | |
| **Tusla** | | | | | | | | |
| Date of most recent Tusla Inspection | | | | \_\_\_/\_\_\_/\_\_\_\_\_ | | | | |
|  | | | | | | | | |
| **Signature** | | | | | | | | |
| CCC Quality Support Officer | | | |  | | | | |
| Date | | | | \_\_\_/\_\_\_/\_\_\_\_\_ | | | | |
| Service Owner | | | |  | | | | |
| Date | | | | \_\_\_/\_\_\_/\_\_\_\_\_ | | | | |