**Quality Support Request Form**

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| --- |
| **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 | \_\_\_/\_\_\_/\_\_\_\_\_ |