**LOOKING AFTER CHILDREN CHECKLIST**

**This is a checklist for volunteers looking after children in the family home when parents are not present. This is to be completed by the parent and volunteer in advance of the scheduled visit.**

**Date of visit: Family Name: Volunteer:**

| **Area for consideration** | **Notes/details** | **Agreed by parents and volunteer (sign)** | **Date** |
| --- | --- | --- | --- |
| The safety and wellbeing of the children should be of prime concern - volunteers must remain with the children in their care at all times and keep them within sight at all times. |  |  |  |
| Details of the planned visit:* Where are the parents going?
* When will they return?
* How to contact the volunteer if they are held up?
* What will happen if the parents are late and the volunteer has other commitments?

Emergency procedures:* What are the procedures in case of an incident or accident?
* What is the emergency contact number?
 |  |  |  |
| Caring for the child/ren:Food/drink:* Will the child/ren require food/drink whilst in the volunteers care? What foods/drinks are permitted?
* Do the child/ren have any allergies?
* Do the child/ren require any medication? Volunteers to be shown/advised.

Activities:* Which parts of the house are the child/ren allowed to play in?
* Parents guidance on screen time, playing outside etc

Sleep:* Are the child/ren due a sleep during this period?
* Where does this take place?
* What happens if they fall asleep somewhere else?

Nappies/toileting/personal care:* What are the arrangements around toileting for each child?

Special needs:* If the child/ren has special needs, what is the family’s procedures for dealing with incidents?
 |  |  |  |

**By completing and signing this form, parents agree to the volunteer looking after the child/ren in their absence as detailed above.**

**By completing and signing this form, volunteers agree to look after the child/ren in the parents absence as detailed above.**

Volunteers - Please return the completed form to your Coordinator before the planned visit takes place

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**Date of visit: Family Name: Volunteer:**

| **Area for consideration** | **Notes** | **Completed (signed)** | **Date** |
| --- | --- | --- | --- |
| The safety and wellbeing of the children should be of prime concern - volunteers must remain with the children in their care at all times and keep them within sight at all times. |  |  |  |
| Details of the trip:* Where is the volunteer taking the child/ren?
* Is the venue age appropriate/appropriate for the child/rens needs?
* Is the volunteer able to manage the care and behaviour of the children?
* How should the volunteer manage the behaviour of the children?
* What time is the outing?
* How long will it take?
* What happens if the parents are not at home when the volunteer returns the children?

Emergency procedures:* What are the procedures in case of an incident or accident?
* What is the emergency contact number?
 |  |  |  |
| Transport:* How are the children being taken to the venue?
* Parents give permission for volunteer to take child/ren in volunteer’s car.
* Volunteers must follow HSUK child safety seat guidance at all times.
 |  |  |  |
| Caring for the child/ren:Food/drink:* Will the child/ren require food/drink whilst in the volunteers care? What foods/drinks are permitted?
* Do the child/ren have any allergies e.g. food, drink, face painting etc?
* Do the child/ren require any medication? Volunteers to be shown/advised.

Activities:* Are the child/ren permitted to participate in all activities at the venue?

Sleep:* Are the child/ren due a sleep during this period?
* What are the arrangements for sleep whilst out?

Nappies/toileting/personal care:* What are the arrangements around toileting and personal care for each child?

Special needs:* If the child/ren has special needs, what is the family’s procedures for dealing with incidents?
 |  |  |  |

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