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| **Compliance Desk Based Checks 2020/2021**  **Compliance Requirements List** |

**All Pobal compliance activity in the 2020/2021 programme cycle will be undertaken in adherence with public health guidelines during the COVID-19 pandemic. In addition, all checks undertaken will take account of any flexibility to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) programme rules notified to providers through announcements on PIP and the Hive.**

It is the responsibility of the service provider to ensure compliance with all their contractual requirements. The table below outlines the information requested for the purpose of desk based compliance checks being conducted at this time. Pobal reserve the right to request further documentation to be submitted and/or conduct an on-site visit later in the cycle.

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| **Service Information** | |
| Service Name: |  |
| DCEDIY Reference: |  |
| Primary Authorised User (PAU) : |  |
| Email address: |  |
| Submit by: | Close Of Business on dd/mm/yyyy |

**Attendance records requested:**

Pobal request submission of copies of attendance records for the sample of children detailed in point 1 below for the period dd/mm/yyyy **(or child’s PIP/ Hive registered start date if later) to** dd/mm/yyyy. The Portal Registration IDs for the sample of children is included for reference purposes. Pobal will check the attendance records for the name of the child as per PIP/Hive registered name.

Please ensure that copies of the original attendance records submitted are those maintained by staff in each room/session. The copied records should be submitted in a clear and legible format showing:

* The full page of the attendance record
* The date of record and room/session name
* The names of all DCEDIY funded children within the room/session (i.e. ECCE, NCS and Savers)
* The times of arrival and departure of all children

To comply with GDPR legislation please ensure that the names of any non-DCEDIY funded children in the records are redacted. Further guidance on redaction is included in point 2 below. It should be noted that Pobal reserves the right to review the attendance patterns of DCEDIY funded children recorded within the attendance records submitted for compliance purposes, who are not listed in Section 1 below.

Where applicable, include all relevant attendance records i.e. breakfast clubs, school collection/drop off. If a child shares their day/week on an ongoing basis between different sessions/rooms or if a child has moved session/room within the cycle please list the name of all rooms/sessions the child has attended below and submit a copy of the original attendance record for all rooms/sessions.

Further details on uploading the records and submitting them are outlined in point 3 below.

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| **Sample of attendance records selected** | | |
| **1** | The service provider is requested to submit copies of the full room/session original attendance records for the sample of children whose portal registration IDs are listed below for the child’s full attendance period dd/mm/yyyy (or child’s first PIP/Hive registered start date if later) to dd/mm/yyyy.  Please detail the name of the rooms/sessions that each child attended to dd/mm/yyyy in the space provided.  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Portal Registration ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room / Session Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Please tick to confirm ** | | |
|  | Has a copy of the original room/session attendance record been taken for each child Registration listed above?  Has the name of all room/sessions that each child attends been detailed above?  Are the copies of attendance records legible and do they include the full record of attendance for each child in the sample selected? |  |
| **Guidance on redaction Please tick to confirm** | | |
| **2** | To comply with GDPR legislation, the service provider must redact the names of all non-DCEDIY funded children on the attendance records in advance of submitting them to Pobal. **Only the names of the non-DCEDIY funded children should be redacted.**  Have the names of non-DCEDIY children on all copies of attendance records been redacted? |  |
| **Guidance on submitting records to Pobal Please tick to confirm** | | |
| **3** | Similar to the manner in which attendance records are presented for review at on-site visits, we request for the purpose of the desk based checks that copies of each room/session attendance records are collated and scanned in date order and each file uploaded is titled with the applicable room/session name.  Have complete copies of the original attendance records for the period requested been uploaded to the Folder on OneDrive for the sample selected? |  |
| **Contact Information** | | |
| **4** | The Visit Officer may need to contact the service for clarifications. If the preferred contact for clarifications is different to the PAU, please include details of an alternative contact and preferred contact times.  Name:  Position:  Tel no:  Email address:  Preferred contact times: |  |

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| Please confirm further **XXXX Programme** requirements are being adhered to at the service.  **Please note evidence does not need to be submitted for the following. However the documents may be reviewed at any future compliance visit: Please tick to confirm✓** | | |
| **5** | Are PIP/Hive Parental Declaration forms including amendments signed and/or agreed by parent/guardians and on file? |  |
| Are the most up-to-date XXXX PIP/Hive generated Fees List, Service Fees Information Letter (i.e. Parent Fees Letter) and Service Calendar accessible to Parents? |  |
| Does the XXXX PIP/Hive Fees List accurately reflect all fees currently being charged and are adequate Fee Records being maintained that show that the correct subvention is being applied? |  |
| Are Service Fees Information Letter (i.e. Parent Fees Letter) including amendments signed and/or agreed by parents/guardians and on file? |  |
| If you have not ticked Yes to any of the above, please provide details: |  |

**PLEASE ONLY UPLOAD A COPY OF THE ORIGINAL ATTENDANCE RECORDS *AND* THIS COMPLETED FORM WITH SIGNED DECLARATION TO THE ONEDRIVE FOLDER.**

**Once the submission deadline has passed compliance checks on the records submitted will commence.**

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| **Declaration** | |
| I declare that the information given by me above and the attendance records submitted are the complete record of attendance for these children whilst in the care of the service staff. I confirm that the records submitted are copies of the original attendance records completed by staff in rooms/session in the named facility.  In addition I acknowledge that the information submitted may be shared by Pobal with the DCEDIY. | |
| Signed by (PAU): |  |
| Name (in BLOCK CAPITALS): |  |
| Position: |  |
| Date: |  |