**Babysitting Checklist**

From time to time parents may request babysitting at their homes.

There are some golden rules to remember when babysitting:

1. Take your portfolio of credentials with you (DBS, First Aid, Safeguarding certificate and any other relevant qualifications)
2. Make you are familiar with the child's routine and foibles - if they must have their blanky in bed with them at night, whether the landing light should be left on for them, what films they can watch, toys they can play with etc. Make sure you know of any allergies the child has or other medical conditions. Do not administer medication unless it is an emergency- always get clear instructions on how to administer medicine.
3. Get contact numbers, as well as a next of kin number as an added security
4. Keep a register of the time you arrive and leave. If later than the booked time, please advise Little lights
5. Arrive 10mintues before for the handover
6. House rules
* Do not use client’s computer, phones etc
* Do not wonder around clients home, stay in designated areas
* Do not help yourself the client’s food and drink
* Visitors/ friends/children are not allowed in the client’s home
* Leave the client’s home how you found it
* Check on the sleeping child every 20minutes and make note of monitor location
* Ensure a safe environment; This includes (but is not limited to) the use of baby gates to block unsafe areas of the house, child safety latches on all cupboards and doors, removal of small objects that a young child could choke on, removal of all plastic bags to avoid potential suffocation, and removal of any string or cords that could result in strangulation.
* Do not be distracted by mobile phones, televisions etc

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| ***Babysitting checklist*** |
| Parents have seen portfolio of credentials | **Y N**  |
| ***Child’s Routine*** |
| Bedtime routine  | **Blankie/ toy Lights on Story Bath Change**  |
| Bedtime  | **Sleep Time:** |
| Techniques to settle the child |  |
| Milk | **Y N Amount:** |
| Food (do we need to feed the child?) | **Y N** **Special instructions (Warm food-how to use microwave etc):** |
| Medication | **Y N****Time: Amount: Carer’s signature:** |
| Allergy  | **Y N****What to do in the event:**  |
| Baby monitor location |  |
| Special toys or movies |  |
| Additional notes |  |
| Parents Contact details |  |
| Emergency contact details |  |