

# Children's Daily Lives - Educators

## NQS 1.1.2 Child-centred

Name of the person conducting the checklist: \_\_\_\_\_ Date: \_\_\_\_\_

### In relation to each child do you know:

Who lives in the child's house?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What type of dwelling the child lives in?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What the child eats for breakfast?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
How they get to your service?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Who belongs to the child's extended family?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Who else is authorised to collect the child?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What parks the child plays at?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What coffee shops the child goes to?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What after school activities the child goes to?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Which shops the child shops at?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What restaurants the child goes to?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What doctors the child goes to?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What hospital the child has been to?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What the child does at home?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
How many bedrooms they have?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What toys they have?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What books they read?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What songs they sing at home?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What TV shows they watch?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What time they go to bed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
What mum and dad do for work?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Who are mum and dad's best friends?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA

### Actions required