



Fernwood, Glyntown

Gleann Maghair. Co. Chorcaí.

Tel: 021 4823416 / 087 6750109

# Réaltaí Childcare Ltd

## Policies and Procedures

**Address:** Fernwood, Glyntown, Glanmire, Cork T45 CK26

**Phone numbers:** 021 4823416 / 087 6750109

**Email:** [info@realtai.ie](mailto:info@realtai.ie)

**Website:** [www.realtai.ie](http://www.realtai.ie)

**Manager:** Glenn Muliett

All Staff are furnished with a copy of the within policies and further hard or electronic copies are available from Management. Copies of these policies are available from Management to parents/guardians of children in the Service as requested.

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## 1. STATEMENT OF PURPOSE AND FUNCTION

This document is available to all staff, parents and relevant stakeholders

Document Title:	Statement of Purpose and Function
Unique Reference Number:	001
Document Author:	Réaltai Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	December 2022
Scheduled Review Date:	December 2023
Number of Pages:	7

### KEY INFORMATION

<b>Opening Hours:</b>	7:30 AM – 6:00 PM. Early years day care (school age during term time: 7:30 to 8:50 and 12:00 to 6:00pm, non-term time: 7:30am – 6:00pm)
<b>No of Weeks per year opened:</b>	51 ( closed from 24 <sup>th</sup> December to 1 <sup>st</sup> January)
<b>Capacity:</b>	Mornings: 85 Day Care and After School: 100
<b>Age Range:</b>	4 months – 13 years
<b>Ratios:</b>	0 – 1 Year: 1:3 1 – 2 Years: 1:5 2 – 3 Years: 1:6 3 – 6 Years: 1:8 Pre-school: 1:11 Afterschool : 1:12
<b>Type of Service:</b>	Registered Full day care service with School age service
<b>Address:</b>	Fernwood, Glyntown, Glanmire, Co Cork T45CK26
<b>Phone Number:</b>	021 4823416 / 087 6750109
<b>Email:</b>	<a href="mailto:info@realtai.ie">info@realtai.ie</a> / <a href="mailto:glenn@realtai.ie">glenn@realtai.ie</a>

**Key Personnel: In-House**

<b>Manager (Person in charge):</b>	Glenn Muliett
<b>Deputy in the absence of Manager:</b>	Michael Banks
<b>Health and Safety Officer:</b>	Michael Banks
<b>Fire Officer:</b>	Glenn Muliett
<b>First Aid Co-ordinator:</b>	Michael Banks
<b>Designated Liaison Officer:</b>	Michael Banks
<b>Deputy Designated Liaison Officer:</b>	Louise Kent
<b>Data Controller:</b>	Glenn Muliett

**Key Personnel: External**

<b>TUSLA Early Years Inspection Team:</b>	Early Years Department, Administration Building, St Mary's Health Campus, Gurrabraher, Cork, 021 4921241 / 021 4921242
<b>TUSLA Social Work Department:</b>	Child and Family Agency, North Lee Social Work Department, Floor 2, Blackpool, Co. Cork, 021 4927000
<b>Garda:</b>	Glanmire Garda 021 4821002
<b>Doctor:</b>	Glanmire Medical Centre 021 4821280
<b>Pharmacist:</b>	First Plus 021 4822412
<b>Hospital:</b>	Cork University Hospital 021 4922000
<b>Fire Brigade:</b>	999 / 112
<b>Fire Maintenance:</b>	Fire Direct 021 4319060
<b>Pest Control:</b>	Rentokil 1890 666444
<b>Garda Vetting:</b>	Early Childhood Ireland 01 4057100
<b>Water Leaks:</b>	1850 27 87 78
<b>Electricity Emergency:</b>	1850 372999 (24-hours)
<b>Gas Emergency:</b>	1850 205050 (24-hours)

**Type of Service:**

Full Day Care with school age care in accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 & School age regulations 2018.

The purpose of this service is to provide a full day care, sessional and afterschool facility for children aged 4 months – 13 years. We open 51 weeks per year and daily from 7:30 AM – 6:00 PM Monday to Friday. During school term time, we offer school age care before and after school during the normal opening hours. We have capacity to cater for 85 morning session children and 100 day care and after school children at any one time and our ratios are listed overleaf. This service is a limited company and managed by Glenn Mullett (sole director).

**Range of Services and Facilities:**

- We deliver a Play based/Montessori curriculum.
- We are offering the following funding schemes:
  - ECCE, NCS

**Our Facilities include:**

- Five large, bright, spacious rooms and two fully fenced outdoor areas
- Trained and qualified staff
- Healthy and nutritious food cooked on site / supplied by Little Dinners
- Early Years – day-care and sessional
- After school service & Breakfast club
- Homework support

The rooms are designed in such a way as to meet the developing needs of children. The children are guided through a range of educational and play activities at their own pace. Our staff create a positive and secure environment where children feel confident in exploring their surroundings.

**Homework Policy (school age children):**

It is the policy of the service to provide a period of time each day for homework. This session will be scheduled to take place directly before / after children have had their snack/meal.

- Snack/Meal time is relaxed and leisurely to enable children to unwind, socialise and discuss daily events.
- Each child will get sufficient time to do their homework.
- Staff will contribute to a quiet relaxed atmosphere during homework sessions and encourage children to do the same and will be there to help children with their homework. However, staff will not be responsible for signing children's homework as it is very important that parents/guardians check each child's homework.
- The After-School Service recognises the importance of the parent's role in homework support and encourages them to check work completed, hear reading etc. and play an active role in the homework supervision and support of their child.

**School age program of activities:**

A selection of fun and educational activities are prepared for the children (games, puzzles, sports, cooking etc.), however the children can choose whether to participate or not. At Réaltaí we recognize that children may prefer to wind down and participate in free-play with their friends or individually.

**Fees:**

Parents/guardians are required to sign a Parent Agreement regarding fee payment:

- Fees are explained in the fees policy.
- Fees must be paid at the start of each month by cash, or bank transfer.
- A receipt will be issued upon request.
- A deposit, up to maximum of €500 is taken in advance when a child is given a place. Deposits are refunded:
  - For daycare: when the child leaves the service.
  - For ECCE only: when the child's place is confirmed on the HIVE.

**Reviewing Fees:**

- Fees are reviewed as required by the management.
- Parents/guardians will be informed by giving one month's notice of increase in fees.

**Payments in relation to Holidays or Illness of the Child/Children:**

- Parents/guardians will be required to pay for any days/weeks that their child/children do not attend the service.

- In the case of a long term, medically certified illness of a child, parents/guardians are advised to keep in contact with the Manager on a regular basis. Further arrangements will be discussed with the Parent/Guardian.
- There is no reduction in fees for Public/Bank Holidays and Christmas holidays.

**Closure in Exceptional Circumstances:**

In the event of the closure of the service in exceptional circumstances, that is beyond the control of the Management i.e. adverse weather conditions, the following will apply:

- Full fees for the closure period will be payable.
- If the service is open during adverse weather and your child does not attend the full fee will be payable.

**Late Collection of Child/Children from the Preschool/Creche:**

Parents/guardians should note that due to legislative requirements under the Child Care Act 1991 (Early Years Services) Regulations 2016 and *Children First* – Child Protection Guidelines. Two members of staff are required to be on the premises with the child/children.

- Parents/guardians are advised to keep within their agreed time for collection of their child/children for the above reasons. We require that all children should be collected by the designated time in order that the service may follow health and safety practices to ensure that the service may close safely.
- Please see the Collections and Arrivals Policy and Procedure.
- There is a late collection fee of €15.

**Withdrawal of Children:**

Parents/guardians sign up to agree in the Parents/guardians Fee Agreement Form that they will:

- Give one month's notice in writing that the child/children are leaving the service Management also reserve the right to request that the Parent/Guardian withdraw their child/children from the service if they are not 'settling in' or adapting to the environment. The Management agrees to give two weeks' notice of this to the Parent/Guardian so that they can make alternative arrangements.



**Non-payment of Fees**

- Non-payment of fees may result in loss of placement.
- Any delays in payments must be discussed in advance and agreed with management.

**List of other policies that inform the work of the service:**

Enrolment

Children's Charter

Authorisation to Collect Children (includes General Collection Policy)

Settling In

Car Parking

Complaints

Confidentiality

Partnership with Parents/Guardians

Fundraising

Record Keeping

Child and Adult Protection Policy with Safeguarding Statement

Child Development

Child Observations and Assessment

Code of Ethics – Working with Children

Curriculum

Inclusion

Interaction and Communication

Key Worker Policy

Use of Internet and Photographic and Recording Devices

Outdoor Play

Outings

Managing Behaviour

Supervision of Children – Indoors and Outdoors

Transitions

Risk Management

Accidents and Incidents

Animals

Infection Control

Fire Safety

Critical Incident and Evacuation Plan

Dress Code

Emergency Closure

Environmental Care and Recycling

Healthy Eating  
Intimate and Personal Care  
Manual Handling  
Administration of Medication  
Missing Child  
Nappy Changing  
Pest Control  
Safe Sleep  
Toileting  
Staff Absences  
Recruitment  
Students and Volunteers  
Staff Training  
Supervision  
Hot Weather

- **This statement is available to parents, staff and relevant stakeholders.**
- **The information is also available to children availing of the service in a child friendly format.**

## 2. ENROLMENT

Document Title:	Enrolment
Unique Reference Number:	002
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
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Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 10: Organisation](#), [Síolta Standard 12: Communication](#)) ([National Standard 1: Information](#), [National Standard 2: Contract](#), [National Standard 4: Records](#), [National Standard 12: Health Care](#), [National Standard 16: Equal Opportunities](#))

### Statement of Intent:

We aim to ensure that our enrolment criteria is fair and transparent and that it promotes equal access for all children.

Our service participates in the following Government supported schemes. These schemes have certain criteria that need to be followed. Management will hold this information and make it available to parents when required. The schemes that we participate in are – ECCE and NCS.

### The following information applies for the enrolment of children:

- Children must be over 4 months old to attend the service.
- Places will be allocated on a “first come first served” basis.
- Siblings may be given priority for available places.
- In the event of places being over-subscribed, we reserve the right to select places in order of application.
- A deposit of up to €500 is taken in advance when a child is given a place. Deposits are refunded:
  - For daycare: when the child leaves the service.
  - For ECCE: when the child’s place is confirmed on the NCS Hive.
- Parents/guardians are required to complete the Registration Form.

- Children with additional needs and disabilities are welcome however each case will be assessed individually to ensure we can facilitate the child's needs. Parents/guardians will be encouraged to share any additional information about special needs at registration time. Children with additional needs may need extra support/resources. For ECCE registered children this may be available through the Access and Inclusion Model [AIM]. The service will consult with the parents in relation to an application for the AIM programme where required.
- All details regarding a child's Application Form must be completed and any relevant important information or specific diet or health requirements must be noted.
- We reserve the right to refuse admission, or to terminate our services.
- Parents/guardians should familiarise themselves with our Policies and Procedures. They will be reviewed, and changed accordingly, to incorporate any new developments from TUSLA, the Child and Family Agency, or any other changes required.
- We may seek clarification on the legal guardians of the child at enrolment stage.
- No uniform is necessary but we do ask that all children wear suitable, comfortable clothes, ideal for art work and outdoor messy play. Velcro shoes are preferable. All long hair must be tied up. No hoop or long earrings.

**The following are required with the child's name clearly written on all items:**

- Sessional:
  - Packed lunch (In zip locked bags)
  - Sun cream (during summer months)
  - Wellies
- Daycare:
  - Nappies, wipes, creams as applicable
  - Sun cream (during summer months)
  - Bottles or cups ( age appropriate)
  - Formula and food if special dietary requirements apply

**Procedures for Children with Allergies:**

When parents/guardians start their children at the service they must inform the management of any known allergies. This is also recorded on the Registration Form. A care plan may be required.

**Attendance:**

It is essential to the efficient running of the service that you inform the Manager or staff if your child is unable to attend the service. This may be done through messaging on Little Vista app or email. A follow up with a telephone call to the Manager may be required to inform us when the child will be returning in case of long term illness. It should be noted that the income received by the service from the DCYA is based on the regular attendance. A register of the times and days that children attend is kept. Continued failure to attend may result in your child's place being withdrawn.

If a child is absent for 4 weeks, the child can be designated a Leaver on PIP which means the service will be paid for the 4 weeks. If a child is absent for more than 4 weeks (without notice) the place can be filled by another child.

### 3. CHILDREN'S CHARTER

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Document Approved:	Glenn Muliatt
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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 1: Rights of the Child)  
(National Standard 8: Care, Play and Learning)

#### Statement of Intent:

Young children rely on responsible adults to care and protect them. Our staff are in a relationship of special trust - one that is powerful and important. We recognise that our role is multi-faceted, and we have developed this code of ethics to provide the best quality service possible.

#### Policy and Procedure:

This Code of Ethics is underpinned by the following principles.

- The well-being of the individual child is of fundamental importance.
- We acknowledge the uniqueness of each child attending our service.
- We consider the needs of the child within the context of the family and culture, as the family has a major influence on the young child.
- We consider the critical impact of self-esteem on the individual child's development.
- We base practice on sound knowledge, research and theories, while at the same time recognising the limitations and uncertainties of these.
- We work to fulfil the right of all children and their families for access to services of high quality.

#### Procedure:

Based on the above principles we have developed the following Children's Charter.

**Children's Charter:**

- Children's welfare and their rights to a secure, healthy and happy childhood are paramount.
- The experiences children receive in their early years are critically important in terms of future development.
- Children are entitled to expect that all adults will respect, uphold and preserve their rights and to ensure that their feelings and wishes are taken into account.
- Children should have the opportunity to make choices and develop a sense of responsibility for their own actions appropriate to their age.
- Children, parents/guardians should not be discriminated against, particularly in relation to colour, age, race, religion, gender, disability, medical conditions or background.
- Parents/guardians should be recognised and respected as children's first and continuing educators.

## 4 AUTHORISATION TO COLLECT CHILDREN (Includes GENERAL COLLECTION POLICY)

Document Title:	Authorisation to Collect Children
Unique Reference Number:	004
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
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### Statement of Intent:

This policy aims to outline the protocols in relation to the collection of children from the service.

This policy is made available to staff, parents and stakeholders.

A child friendly version is also available in the school age childcare rooms.

**All Children arriving at or being collected from the Service must be signed in and out by a member of staff.**

### Arrivals:

- Parents/guardians gain access to the service by using the code system at the front door.
- A member of staff will register each child on arrival.
- Parents/guardians are asked to ensure that all external doors are securely closed for the safety of all the children when they leave.
- If a child will not be attending, we request that parents/guardians advise us.

### Collection Policy:

- Parents/guardians must collect their child by the agreed collection time. Parents/guardians will be asked to give the names of at least two other people who are authorised to collect the child. If the parent is late arriving to collect the child, the person in charge will endeavour to contact the parent. In the event of being unable to contact the parent, the person in charge will contact the other named persons to collect the child.



- Children will not be released into the care of a person under the age of 18 years (unless prior arrangement has been made where appropriate) or to a person who appears to be incapable of caring for the child. Should this situation arise the staff will contact an authorised collector. If no one is available to collect the child, then the person in charge may contact the TUSLA social work child protection team.
- We ask that parents/guardians or nominated person do not collect their child while under the influence of alcohol. If parents/guardians feel that this situation may arise they should arrange for an authorised collector to collect their child.
- In the event of a parent collecting another child a prior arrangement must be made.

**Attempted collection by a person who is not on the child's records:**

Children should be collected only by the adults named on the 'Collection Authorisation'. Should the person responsible be unable to collect the child, the parent / guardian must inform a member of staff by phone or email the service. Proof of ID (passport or driver's license) will be requested from the person collecting and a copy kept on file.

If the parent hasn't informed the service, the child **will not** be permitted to leave the premises until an authorised collector, as recorded in the child's records is available or contacted.

**Late Collection of Children:**

We understand that sometimes a parent is unavoidably delayed when coming to collect their child. We will ensure that the child receives a high standard of care in order to cause as little distress as possible. Parents/guardians in this situation must contact the service by phone to say that they will be late and arrange with staff what to do. Children are only released from the service to individuals authorised by the parent.

**Late Collection Fee**

We reserve the right to charge a late collection fee for persistent lateness in collection of children. Our fee is €15.

**Early Collection of Children:**

We ask that parents/guardians let us know if they will be picking up their child early so that we can have the child ready and minimise disrupting the rest of the group.

**Late Drop Off:**

We ask parents/guardians to drop children off at the correct time to avoid disrupting the group once they have started and so that they child benefits from the full daily programme.

**Where a child is not collected:**

In the event that a child is not collected from the service after the expiration of 15 minutes after the appointed time, the staff will contact the parents/guardians by telephone to ascertain when they will be arriving at the Service to pick up their child. Please note that a late collection fee of €15 may apply.

In the event that staff are unable to contact the parents/guardians by telephone, a text message will be sent to the parent or guardian. If no response is received to this text message within 5 (five) minutes staff will contact the parent/guardian's emergency collection person identified to the service to make arrangements for the emergency person to collect the child from the Service.

Where staff are unable to make contact with parents/guardians or the specified emergency person after the expiration of two hours after the appointed collection time, if there is no contact from parents/guardians or emergency person the Management will notify Tusla and An Garda Síochána of the position in case an emergency has arisen.

**Separated and Divorced Parents:**

Married parents are automatically joint guardians of their children. Neither separation nor divorce changes this.

- We cannot refuse either parent to collect their child unless a court order is in place. However, we reserve the right to seek clarification of identity when one parent has not had any contact with the service or the contract has been with one parent only

and a second parent makes unexpected contact. This is usually in circumstances where a separation is happening.

- We ask that parents give us information on any person that **does not** have legal access to the child.
- Where custody of a child is granted to one parent, we would ask parents to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there are any legal documents i.e. custody order, barring order we would ask parents to provide us with a copy to keep on file.

**Attempted collection by a parent who has been denied access in a court order:**

- A parent who has been denied access to a child through a court order will not be permitted access to the child.
- If the parent who has been denied access becomes threatening or violent and insists on removing the child from the service, the service will contact the Gardaí.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months after 18 January 2016.

**After School Care Service:**

If a child has not attended school due to appointment, illness etc. the service should be informed no later than **10:00 AM**. This policy also applies to un-notified changes of collection times. This should also apply in any event where by the child does not need to be collected from school. Failure to do so can waste valuable time and causes undue concern for staff collecting the child from their school.

- Where the service agrees to drop and collect the children from the school **signed consent may be sought from the parent/guardian.**
- The children will be escorted from school by a known staff member.

- The children will meet the staff in an arranged place and a register will be taken. Should a child be missing, the staff member will confirm with the school or parent if the child was absent from school that day. This will cause delays for the staff and other children therefore we would request that the parent informs the service by telephone or email if a child will not be attending on any day.
- Staff will always carry a work mobile phone and parent's contact details during school collections.
- The children will go directly from the school to the service and vice-versa by the safest most direct route.
- When staff are collecting a child from school, the staff member walks up to the school in accordance with school procedure.
- When children are dropped to school, they are brought to the entrance in accordance with school procedure.
- The children must also hold hands when crossing any roads. When walking, a staff member will walk behind the children.
  
- **Collection by Bus or Car:**
- Children are not transported by staff in their own cars.
- The service ensures it has adequate insurance for the transportation of children.
- Children have booster seats or appropriate car seats with seat belts in line with the legislation. Boosters are not required on busses.
- While seated, children are forbidden to change seats or move around and children are encouraged to keep noise to a minimum as not to distract the driver. Children are always to wear their seatbelts.
- Children will never be left unattended.
  
- **Collection during Covid-19:**
- For drop off and collections during Covid-19, please refer to Covid-19 enhanced Policies and Procedures.

## 5. SETTLING-IN

Document Title:	Settling In
Unique Reference Number:	005
Document Author:	Réaltaí Cúram Leanaí, CB
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Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#), [Síolta Standard 13: Transitions](#)) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 6: Evaluation, National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being)

### Statement of Intent:

We aim to ensure children feel safe and secure in the absence of their parents/guardians. Due care and attention will be paid to a child's need for time to settle into our setting.

### Policy and Procedure:

The service will therefore endeavour to make the settling-in process a positive experience for children and will work closely in partnership with parents/guardians to ensure this is achieved.

We recognise that in some cases there may be particular difficulties experienced by children, parents/guardians, and staff during the settling-in period and we are prepared to explore and consider various ways of settling children into the service. All children are individuals and we plan to meet their individual needs and resolve any difficulties quickly and smoothly. In order to accomplish this, we will ensure that:

### Pre-Admission:

- The service invites the child and parents/guardians to visit prior to enrolment.
- We offer phased/staggered settling-in.
- Prior to enrolment exchange of information will take place between parents/guardians and staff. In order to meet the needs of each child

parents/guardians will be asked to fill out the “All About Me” form. Parents/guardians are encouraged to provide us with information on their child’s likes/dislikes, interests, achievements etc.

**First Day:**

- We will greet the child and parent together.
- The parent/guardian will be assured of the value of their presence to the child in this process.
- Parents/guardians are welcome to stay for the child’s first session but are not encouraged to stay long.
- Some children may not be ready for a full session and the person in charge will advise the parents/guardians on this matter.
- Parents/guardians will be made aware of the necessity of interacting with their child and the other people in the service in order to reassure the child of the safety of the new surroundings.
- Children must be collected on time and promptly from their session at the agreed time.

**Ongoing Matters:**

- Parents/guardians must never leave their child without saying goodbye.
- Our staff will provide support and encouragement to parents/guardians during the settling-in period should the transition be difficult. Staff will phone parents/guardians to reassure them, if necessary.
- We may need to assist parents/guardians through this separation process as an extended goodbye can be distressful for children.
- The ‘settling in’ process has no time limits and may need to be repeated if a child becomes unsettled.
- When children are beginning to settle without their parents/guardians, they should be supported in observing, experimenting and discovering for themselves without any attempt to make them participate in activities.
- Opportunities will be made available for parents/guardians to exchange information on the child’s progress at this stage.
- Parents/guardians and their children are encouraged to get to know the key people involved in their child’s life.

- Children who are still clearly distressed having followed the above procedure may need to have their attendance deferred for a trial period.
- Soothers are discouraged, unless a child is upset or has just started and needs comforting.

**Transition to Primary School:**

We are committed to:

- Building a programme regarding “Starting Primary School” into our curriculum.
- Focusing on practical “independence” skills.
- Liaising with parents/guardians so that staff and parents/guardians have a consistent approach regarding preparation for school.
- Keeping children’s journals/scrapbooks/folders.

**Graduation:**

- We organise a graduation ceremony to support the transition to primary school.

## 6. CAR PARKING

Document Title:	Car Parking
Unique Reference Number:	006
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	1

Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard: 12 Communication](#))  
([National Standard 1: Information](#))

### Policy and Procedure:

- Parking spaces are available on a “first come, first served” basis.
- We cannot accept responsibility for cars parked, or damage done while parking.
- We ask parents/guardians to show consideration to our neighbours and observe the rules of the road and parking restrictions.
- Parents/guardians must accompany their child into the service.
- We request that parents/guardians do not park in front of neighbouring property or cause obstruction when parking.
- It is advised not to leave their car running while dropping off or collecting a child.
- We suggest that parents/guardians do quick drop off/and pick up to avoid road and parking congestion.



## 7. COMPLAINTS

Document Title:	Complaints
Unique Reference Number:	007
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Complaints Made to:	Glenn Muliett / Michael Banks
Number of Pages:	2

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 3: Parents/guardians and Families](#), [Síolta Standard 4: Consultation](#), [Síolta Standard 10: Organisation](#)) ([National Standard 1: Information](#), [National Standard 3: Working in Partnership with Parents or Guardians](#), [National Standard 4: Records](#), [National Standard 7: Complaints](#), [National Standard 11: Child Protection](#))

### Statement of Intent:

We are committed to giving careful attention and a courteous, timely response to your suggestions, comments or complaints so that we can learn from them and continuously improve our service. All complaints are dealt with in a confidential manner as practically possible.

This policy is made available to staff, parents and stakeholders electronically and is also available on the website. A child friendly version is also available in the school age childcare rooms. This child friendly version explains the process of how children can make complaints and how they will be supported in doing so.

- All complaints must be made to the Manager.
- Where the complaint is made about the Manager, the complaint should be referred to an outside agency such as Tusla, Pobal or An Garda Síochána depending on the nature of the complaint.
- They will be dealt with in an open and impartial manner.
- Verbal complaints may be documented and remain confidential as practically possible.
- The complaint will be investigated to assess if the service has breached our policy and procedures.
- Every attempt will be made to resolve the matter as quickly and amicably as possible, and to the parents/guardians' satisfaction.

- If agreement cannot be reached informally, the parents/guardians may make a formal complaint in writing to the Manager.
- The parent will be sent an acknowledgement that the complaint has been received and told how it will be dealt with.
- The Manager will keep dated records summarising what was said and by whom.
- In the case of a complaint made against a member of staff, the staff member involved will be informed that a formal complaint has been made and given full details.
- The Manager will meet with the staff member and discuss the lodged complaint.
- The Manager will keep a record and document what was discussed.
- The Manager will review the complaint and consider all the relevant information as discussed and a decision will be made and recommendations if necessary.
- If a complaint involves a child protection concern, a separate reporting procedure will be followed in line with our Child Protection Policy.
- All complaints will be thoroughly investigated by the relevant people depending on circumstances. All parties involved will be spoken to and information recorded.
- The Manager will meet with the relevant parties to inform them of the progress, and provide a timeline for resolution.
- The Manager will inform all parties involved of the outcome of the complaint made.
- If a resolution is not found within 28 days of the Manager's investigation and report, the complainant will be advised on the options to complain elsewhere.
- The complaint is considered closed when a resolution has been found. If any of the parties involved are unhappy with the decision they may appeal it to the Manager.
- The agency to which a complaint may be referred may include such organisations as Tusla, HSE, DCYA, HSA depending on the nature of the complaint.
- Complaints will be kept on file for 2 years.

## 8. CONFIDENTIALITY

Document Title:	Confidentiality
Unique Reference Number:	008
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	2

Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 12: Communication](#)) ([National Standard 2: Contract](#), [National Standard 3: Working in Partnership with Parents or Guardians](#), [National Standard 4: Records](#), [National Standard 7: Confidentiality](#), [National Standard 11: Child Protection](#))

### Statement of Intent:

We respect the right for all information, records and observations to be treated with respect and with due attention to confidentiality and privacy.

### Policy and Procedure:

We will ensure that:

- All registration forms and records of children attending the service will be kept confidentially.
- Parents/guardians may have access to the records of their own children but may not have access to information about any other child.
- Any confidential information given by parents/guardians to the service will not be passed on to other adults without permission.
- Any information relating to a child's personal circumstances will be kept in the child's file and will not be shared within except with the staff working with the child, on a 'need to-know basis'.
- Where a child is believed to be at risk we will take a decision to share information with the statutory authorities, under child protection guidelines.
- All staff, volunteers, students, parents/guardians will be made aware of this confidentiality policy.
- All the above points are subject to the overall commitment of the service which is to the safety and wellbeing of the children who attend it.

- Any breach of confidentiality by any member of staff may lead to disciplinary action.
- In the case that a child's welfare is at risk, it is permissible for staff and management to share confidential information with TUSLA or any other relevant agency. This is in line with our Child Protection Policy.

## 9. PARTNERSHIP WITH PARENTS/GUARDIANS

Document Title:	Partnership with Parents/Guardians
Unique Reference Number:	009
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliatt
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	3

Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 3: Parents/guardians and Families](#), [Síolta Standard 10: Organisation](#)) (National Standard 1: Information, National Standard 2: Contract, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 4: Records, National Standard 6: Evaluation, National Standard 7: Complaints, National Standard 10: Behaviour, National Standard 11: Child Protection, National Standard 12: Health Care, National Standard 15: Children with Disabilities, National Standard 16: Equal Opportunities)

### Statement of Intent:

The service recognises the importance of working in partnership with parents/guardians to promote the best interests of children and that parents/guardians play a key role in the education of their children. The service will work in partnership with and support parents/guardians in this role.

### Policy and Procedure:

We have an “open door” policy where families are always welcome but where the needs of all of the children in our care are always the first priority. Parents/guardians will be made feel welcome and regular exchange of information with parents/guardians and staff will enable a two-way process of support.

### We will adopt the following procedure:

- Ensure parents/guardians views and needs are incorporated as practically possible, parents/guardians rights respected, in regard to all cultural and religious differences.
- Ensure we adhere to respect confidentiality at all times.
- Welcome comments and feedback. Parents/guardians are encouraged to follow our complaints/compliments procedure in relation to any issues they may have regarding the services provided.

- Ensure parents/guardians are given regular information about their child's progress through informal and formal feedback –verbal, digital and written.
- Ensure that all parents/guardians are informed about meetings and any other activities being organised.
- If parents/guardians are separated, we may contact both parents/guardians to discuss a child's progress.

**Where English is not the first language of the Parent/Guardian:**

- Staff will make every effort to communicate with the parent/guardian using verbal/non-verbal methods.

**Open Door Policy:**

It is our policy to offer a bright, warm, welcoming environment. We understand the importance of consultation and building relationships with our children, parents/guardians and staff.

**Procedure:**

- All parents/guardians are welcome to visit the service at any time. However, parents/guardians should be aware that we might not be able to give them our full attention, as the supervision and needs of children in our care come first. Therefore it may be more helpful to the parent to make an appointment in advance.
- We aim to give daily feedback on each child about their day to parents/guardians on leaving the service and through our digital app service.
- We would welcome that parents/guardians advise staff each morning of any significant happenings at home that we should know of e.g. child had a poor night's sleep, as he/she may be tired.
- We work together when difficult issues arise relating to behaviour.

**Working Together with Parents/Guardians:**

- Encourage families to share their knowledge of their child with the staff members and staff reciprocate by sharing the knowledge of the children in general with parents/guardians so that there is a mutual growth and understanding in ways that benefit the child.

- Strive to develop positive relationships with families that are based on mutual trust and open communication. Engage in shared decision making.
- Acknowledge families existing strengths and competence as a basis for supporting them in the task of nurturing their child.
- Acknowledge the uniqueness of each family and the significance of its culture, customs, language and beliefs.
- Maintain confidentiality and respect the right of the family to privacy.
- Consider situations from each family's perspective, especially if differences or tensions arise.
- Assist each family to develop a sense of belonging to the services, in which their child participates.
- Acknowledge that each family is affected by the community context in which it operates.

## 10. FUNDRAISING

Document Title:	Fundraising
Unique Reference Number:	010
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	1

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta standard 16: Community Involvement) (National Standard 3: Working in Partnership with Parents or Guardians)

### Statement of Intent:

The purpose of this policy is to identify our position on fundraising practice and to document the standards expected in raising funds from the community.

### Policy:

The guiding fundraising principle is a simple one – we will only use techniques that we would be happy to be used on ourselves. In doing so, the organisation will adhere to:

- Fundraising activities carried out by the service will comply with all relevant laws.
- All monies raised via fundraising activities will be for the stated purpose of the appeal and will comply with the organisation's stated mission and purpose.
- Nobody directly or indirectly employed by or volunteering for the service shall accept commissions, bonuses or payments for fundraising activities on behalf of the organisation.
- No general solicitations shall be undertaken by telephone or door-to-door.
- All fundraising activities must have the prior approval of the person in charge.
- Fundraising activities should not be undertaken if they may be detrimental to the good name or community standing of the service.
- Any fundraising carried out by us may be financially beneficial to the service for specified equipment or activities.



## 11. RECORD KEEPING

Document Title:	Record Keeping
Unique Reference Number:	011
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	2

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 12: Communication Síolta Standard 15: Legislation and Regulation) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 4: Records, National Standard 6: Evaluation)

### Statement of Intent:

- We aim to ensure that all records are factual and written impartially.
- Under the *Freedom of Information Act 1997*, parents/guardians will have access to all records pertaining to their child only.
- Children's records are kept confidential.
- Staff members will have access to children's records and these will be used to inform staff on how best to meet the needs of each child and plan for further learning.
- The service will only share information with other professionals or agencies, with consent from parents/guardians or without their consent in terms of legal responsibility in relation to a Child Protection issues.
- Staff use the guided approach of *Aistear* and *Síolta, The National Quality Frameworks for Early Childhood Education* in relation to various aspects of record keeping within the service.

### Procedure:

The Child Registration form, at a minimum will contain:

1. The name and date of birth of child.
2. The date the child commenced.
3. Names of parents/guardians and other people that can be contacted.
4. Authorized people to collect the child.
5. Details of illness, disability, allergy and additional needs.
6. The name and telephone number of the child's registered medical practitioner.
7. Record of immunizations. (attached to form)
8. Written parental consent re: medical treatment in the event of an emergency.

**The Staff file will contain the following, at a minimum:**

1. Staff information sheet.
2. Contract of employment.
3. Copy of ID.
4. References.
5. Qualifications and Training Courses.
6. Garda and Police Vetting.
7. CV.
8. Induction, Supervision and Meeting Notes.
9. Disciplinary and Grievance records where appropriate.

**We will keep the following operational details, at a minimum:**

1. Details of the type of service and age range of children.
2. Staff/child ratios within the service.
3. Opening hours and fees.
4. Policies and procedures currently in place.
5. Risk assessments and cleaning schedules.
6. Sleep records.
7. Fire records.
8. Pest Control.
9. Building maintenance including boiler, electrics, alarms etc.
10. Attendance of each child daily.
11. Staff rosters.
12. Details of medication administered.
13. Nappy changes.
14. Details of accident, injury or incident.
15. Child observations.
16. Copies of complaints.

## 12. CHILD AND ADULT PROTECTION POLICY WITH SAFEGUARDING STATEMENT

Document Title:	Child and Adult Protection Policy and Procedure. See 12A. for Child Safeguarding Statement
Unique Reference Number:	012
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Mullett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	23 plus 8 Appendices

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 15 Legislation and Regulation](#), [Síolta Standard 9: Health and Welfare](#)) ([National Standard 3: Working in Partnership with Parents or Guardians](#), [National Standard 4: Records](#), [National Standard 5: Organisation and Management](#), [National Standard 7: Complaints](#), [National Standard 11: Child Protection](#))

### Statement of Intent:

The welfare of the child is paramount to us. Therefore, we want to make sure that the children in the service are protected and kept safe from harm while they are in our care. We do this by:

- Making sure that our staff are carefully selected, trained and supervised.
- Having procedures to recognise, respond to and report concerns about children's protection and welfare.
- Having clear codes of behaviour for management, staff and students.
- Having a procedure to respond to accidents and incidents.
- Giving parents/guardians and staff information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is anything they are not happy about. Having a procedure to respond to these complaints.
- Having a clear reporting procedure to be followed should a staff member have a concern about a child with regard to *Children First (2017)* and *The Children First Act 2015*.
- Having a procedure to respond to allegations of abuse and neglect against staff members.

**Policy:**

*Children First: National Guidance for the Protection and Welfare of Children* published by the Department of Child and Youth Affairs in 2017 and *Our Duty to Care* form the basis of our services Child Protection Policy and Procedures.

<https://www.dcy.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf>

[https://www.dcy.gov.ie/documents/publications/ODTC\\_Full\\_Eng.pdf](https://www.dcy.gov.ie/documents/publications/ODTC_Full_Eng.pdf)

See also the Child protection and Welfare Practice Handbook available at [http://www.tusla.ie/uploads/content/CF\\_WelfarePracticehandbook.pdf](http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf)

- This policy is applicable at all times when children are in the care of the service, including outings.
- For the purpose of this policy, a “child” is anyone who is under 18 years of age.
- All staff and persons who work within the service, must read and understand this policy and procedures and the Child Safeguarding Statement. Clarification on any point may be sought from the Designated Liaison Person or Manager.

**Our Statutory Obligations**

One of the main objectives of the Children First Act 2015 is to ensure that our service keeps children safe from harm while availing of our service. We will prevent, as far as practicable, deliberate harm or abuse to the children availing of our services. While it is not possible to remove all risk, from our service, we have put in place policies and procedures to manage and reduce risk to the greatest possible extent.

The Act places specific obligations on us including the requirement to:

- Keep children **safe from harm** while they are using our service.
- Carry out a **risk assessment** to identify whether a child or young person could be harmed while receiving our services.
- Develop a **Child Safeguarding Statement** that outlines the policies and procedures which are in place to manage the risks that have been identified. *See 12A*
- Appoint a **relevant person** to be the first point of contact in respect of our Child Safeguarding Statement. *See APPENDIX 7*

**As part of the policy, our service will:**

- Appoint both a Designated Liaison Person (DLP) for dealing with child protection concerns and a Deputy Liaison Person.

- Provide the Child and Adult Protection Policy to all staff and students and ensure that they understand their obligations as a 'Mandated Person' under the Children First Act 2015.
- Ensure that all staff complete child protection online training as appropriate.
- Provide supervision and support for staff and students in contact with children.
- Share information about the Child and Adult Protection Policy with families.
- Work and co-operate with the relevant statutory agencies as required.
- Carry out adequate risk assessments on the services and activities provided.

**The Designated Liaison Person:**

We will have an appointed Designated Liaison Person and a Deputy Liaison Person in the event of the Designated Liaison Person being unavailable. We will endeavour to send the Designated Liaison Person(s) on any necessary or new training courses available.

**The Role of the Designated Liaison Persons is to:**

- Establish contact with the Duty Social Worker responsible for child protection in the organisations catchment area and ensure that the organisation's Child Protection Policy and procedures are followed where **Criteria for Reporting: Definitions and Thresholds are reached or Reasonable Grounds for Concern** exist about individual children.
- Be accessible to all staff.
- Ensure that they are knowledgeable about child protection and welfare and that they undertake any training considered necessary to keep updated on new developments.
- Ensure the Child and Adult Protection Policy and Procedures of the service are followed.
- Be responsible, as a Mandated Person, for reporting concerns about the protection and welfare of children to TUSLA or An Garda Síochána.
- Ensure the appropriate information is included in the report to the Child and Family Agency and that the report is submitted in writing (under confidential cover) using the Standard Reporting Form *See Appendix 1*.

- To liaise with Tusla, the Child and Family Agency, An Garda Síochána and other agencies as appropriate [the Mandated Person who has a concern and makes a report also has a responsibility to liaise with the agencies as required]
- To provide information and advice on child protection and training within the organisation.
- Keep relevant people within the organisation informed of relevant issues, whilst maintaining confidentiality.
- Ensure that an individual case record is maintained of the action taken by the service, the liaison with other agencies and the outcome.
- Maintain a central log or record of all child protection and welfare concerns in the service.
- Ensure appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover.

### **Mandated Persons**

***Children First 2017: Chapter 3 and Appendix 2 refers.***

***All childcare staff are 'Mandated Persons' under The Children First Act 2015.***

The Children First Act 2015 places a legal obligation on certain people, to report child protection concerns at or above a defined threshold to Tusla. These Mandated Persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report.

Mandated Persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position to help protect children from harm. Mandated Persons include professionals working with children in early years settings.

Mandated Persons have two main legal obligations under the Children First Act 2015.

**These are:**

1. To report the harm of children above a defined threshold to Tusla;
2. To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

*See APPENDIX 5 Mandated Persons Responsibilities (Children First Act 2015)*

**IMPORTANT NOTE**

It is important to note that the statutory obligation of Mandated Persons to report under the Children First Act 2015 must be discharged by the Mandated Person and cannot be discharged by the Designated Liaison Person on their behalf. Within our setting the DLP's will also fulfil the role of Mandated Persons. This means that if, as a Designated Liaison Person, you are made aware of a concern about a child that meets or exceeds the thresholds of harm for mandated reporting, you have a statutory obligation to make a report to Tusla arising from your position as a Mandated Person.

While Mandated Persons have statutory obligations to report mandated concerns, they may make a report jointly with another person, whether the other person is a Mandated Person or not. In effect, this means that a Mandated Person can make a joint report with a Designated Liaison Person.

**Criteria for Reporting: Definitions and Thresholds*****Chapter 3 Page 20 Children First – National Guidance for the Protection and Welfare of Children (2017).***

Mandated Persons within our setting are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The Act defines harm as assault, ill-treatment, neglect or abuse, and covers single and multiple instances. The four types of abuse are described in *APPENDIX 2*. The threshold of harm for each category of abuse at which Mandated Persons have a **legal** obligation to report concerns is outlined below.

**NEGLECT:** Neglect is defined as 'to deprive a child of adequate food, warmth, clothing, hygiene, supervision, safety or medical care'. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child's needs have been neglected, are being neglected, or are at risk of being neglected to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

**EMOTIONAL ABUSE/ILL-TREATMENT:** Ill-treatment is defined as 'to abandon or cruelly treat the child, or to cause or procure or allow the child to be abandoned or cruelly treated'. Emotional abuse is covered in the definition of ill-treatment used in the

Children First Act 2015. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

**PHYSICAL ABUSE:** Physical abuse is covered in the references to assault in the Children First Act 2015. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being assaulted and that as a result **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

**SEXUAL ABUSE:** If, as a Mandated Person, you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being sexually abused, then you must report this to Tusla under the Children First Act 2015. Sexual abuse to be reported under the Children First Act 2015 [as amended by section 55 of the Criminal Law (Sexual Offences) Act 2017] is defined as an offence against the child, as listed in Schedule 3 of the Children First Act 2015. A full list of relevant offences against the child which are considered sexual abuse is set out in **Appendix 3 of Children First (2017).**

As all sexual abuse falls within the category of **seriously affecting a child's health, welfare or development**, you must submit all concerns about sexual abuse as a mandated report to Tusla. There is one exception, which deals with certain consensual sexual activity between teenagers, which is outlined on **page 23 Children First (2017).**

The service endorses that the **Children First (2017) Guidelines** advise that the ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible.



## Reasonable Grounds for Concern

### ***Chapter 2, Page 06 Children First (2017)***

The DLPs or Mandated Persons should always inform Tusla when you have **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected. We understand that if this is neglected or ignored, it could result in ongoing harm to the child. We understand that it is not necessary for us to prove that abuse has occurred to report a concern to Tusla. All that is required of us is that we have ***reasonable grounds for concern***. It is Tusla's role to assess concerns that are reported to it.

Reasonable grounds for a child protection or welfare concern include:

- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way.
- Any concern about possible sexual abuse.
- Consistent signs that a child is suffering from emotional or physical neglect.
- A child saying or indicating by other means that he or she has been abused.
- Admission or indication by an adult or a child of an alleged abuse they committed.
- An account from a person who saw the child being abused.

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made.
2. Reports of concerns should be made without delay to Tusla.

### **Recognising Concerns:**

Staff and students may at times be concerned about the general welfare and development of children they work with and they can discuss any concerns with their Manager and/ Designated Liaison Person at any time.

All staff and students should be familiar with the definitions of abuse and the signs and symptoms of abuse as outlined in *Children's First(2017)*

see *APPENDIX 2: TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED.*

### **Disclosures of Abuse from a Child**

If, a Mandated Person, within our setting receives a disclosure of harm from a child, which is above the thresholds set out in **Criteria for Reporting: Definitions and Thresholds** they must make a mandated report of the concern to Tusla. **They are not required to judge the truth of the claims or the credibility of the child.** If the concern does not meet the threshold to be reported as a mandated concern you should report it to Tusla as a *reasonable concern*.

It is our duty within this setting to report any disclosure even if there is a reluctance to do so for a number of reasons, for example the child may say that they do not want the disclosure to be reported. However, we inform Tusla of all risks to children above the threshold, as the removal of a risk to one child does not necessarily mean that there are no other children at risk. The information contained in a disclosure may be critical to Tusla's assessment of risk to another child either now or in the future. Professionals within our setting will deal with disclosures of abuse sensitively and professionally. The following approach is suggested as best practice for dealing with these disclosures.

- React calmly.
- Listen carefully and attentively.
- Take the child seriously.
- Reassure the child that they have taken the right action in talking to you.
- Do not promise to keep anything secret.
- Ask questions for clarification only. Do not ask leading questions.
- Check back with the child that what you have heard is correct and understood.
- Do not express any opinions about the alleged abuser.
- Make a written record of the conversation as soon as possible, in as much detail as possible.
- Treat the information confidentially, subject to the requirements of Children First (2017) and legislation.
- 

### **Ongoing Support:**

Following a disclosure by a child, it is important that staff continue in a supportive relationship with the child. Disclosure is a huge step for many children.

**Staff should continue to offer support, particularly through:**

- Maintaining a positive relationship with the child.
- Keeping lines of communication open by listening carefully to the child.
- Continue to include the child in the usual activities.
- Any further disclosure should be treated as a first disclosure and responded to as in Reporting Procedures in this policy.

**Procedure when a referral is not made to the Child and Family Agency:**

A suspicion which is not identified by **Criteria for Reporting: Definitions and Thresholds or Reasonable Grounds for Concern.**

- In this case, the concern and any informal consultation will be documented and kept confidentially and securely.
- The DLP will inform the member of staff or student who raised the concern that it is not being referred in writing, indicating the reasons. The DLP will advise the individual that they may make a report themselves **see Mandated Persons and Making a Mandated Report.** The provision of the *Protection for Persons Reporting Child Abuse Act, 1998* will apply.
- Persons reporting suspected child abuse or neglect should not interview the child or the child's parents/guardians in any detail about the alleged abuse. This may be more appropriately carried out by the TUSLA Duty Social Worker or An Garda Síochána.
- If staff, students or volunteers have any concerns these should be discussed immediately with the Designated Liaison Person.

**Making a Mandated Report*****Chapter 3, Page 24 Children First (2017)***

Section 14 of the Children First Act 2015 requires Mandated Persons to report a mandated concern to Tusla 'as soon as practicable'.

**Mandated Persons will:**

- Submit a report of a mandated concern to Tusla using the required report form, on which you should indicate that you are a Mandated Person.
- Include as much relevant information as possible in the report as this will aid effective and early intervention for the child and may reduce the likelihood of

Tusla needing to contact you for further information. The report form and contact details on the Tusla website ([www.tusla.ie](http://www.tusla.ie)). See also APPENDICIES 1 & 4

- Post or submit electronically the mandated report form to Tusla.
- Not report the same concern more than once. However, if the Mandated Person becomes aware of any additional information, a further report should be made to Tusla. In addition, Mandated Persons are not required to make a report where the sole basis for your knowledge, belief or suspicion of harm is as a result of becoming aware that another Mandated Person has made a report to Tusla about the child.

#### **NOTE**

**If the concern may require urgent intervention to make the child safe, section 14(7) of the Children First Act 2015 allows the Mandated Person to alert Tusla of the concern in advance of submitting a written report. The Mandated Person must then submit a mandated report to Tusla on the report form within three days.**

**A Mandated Person who makes a report to an authorised person is protected from civil liability under the Protections for Persons Reporting Child Abuse Act 1998.**

**Details on how Tusla deals with concerns received can be found in *Chapter 5 of Children First (2017)***

**Under no circumstances should a child be left in a situation that exposes him or her to harm or risk of harm pending intervention by Tusla. If you think the child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí.**

#### **Informing the Family That a Report is Being Made**

##### ***Chapter 3, Page 25 Children First (2017)***

The Children First Act 2015 does not require you to inform the family that a report under the legislation is being made to Tusla. However, it is good practice to tell the family that a report is being made and the reasons for the decision.

It is not necessary to inform the family that a report is being made if by doing so the child will be placed at further risk or where the family's knowledge of the report could

impair Tusla's ability to carry out a risk assessment. Also, the family do not need to be informed if by doing so it may place staff in the service at risk of harm from the family.

### **Consequences of Non-reporting**

#### ***Chapter 3, Page 2 Children First (2017)***

The Children First Act 2015 does not impose criminal sanctions on Mandated Persons who fail to make a report to Tusla. However, all staff should be aware that there are possible consequences for a failure to report. There are a number of administrative actions that Tusla could take if, after an investigation, it emerges that Mandated Persons did not make a mandated report and a child was subsequently left at risk or harmed.

The Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 requires that any person who has information about a serious offence against a child, which may result in charges or prosecution, must report this to An Garda Síochána. Failure to report under the Act is a criminal offence under that legislation. This obligation is **in addition to** any obligations under the Children First Act 2015.

#### **NOTE**

**Failure to report a child protection concern may invoke the Disciplinary Policy of this service.**

#### **A concern could come to attention in a number of ways:**

- A disclosure - A child tells you or indicates that he/ she is being abused.
- An admission or indication from alleged abuser.
- A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable.
- Information from someone who saw the child being abused.
- Evidence of an injury or behaviour that is consistent with abuse and unlikely to be caused in any other way.
- Consistent indication over a period of time that a child is suffering from physical or emotional neglect.

- An injury or behaviour which is consistent with abuse, but an innocent explanation is given.
- Concern about the behaviour or practice of a colleague.

**NOTE**

**All childcare staff are expected to consult *Children First 2017 [Chapter 2, Page 07 Children First (2017)]* and the *Child Protection and Welfare Practice Handbook* for detailed information on the signs and symptoms of abuse. See **APPENDIX 2: TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED****

**The Reporting Procedure:**

Any member of staff who has a concern about a child in the service currently being abused, abused in the past, or likely to be at risk of abuse, is obliged to verbally relay their concern to the Designated Liaison Person as a matter of urgency. **See Criteria for Reporting: Definitions and Thresholds.**

1. Mandated staff who have a concern should record in writing what the child has said, including as far as possible, the exact words utilised by the child.
2. The mandated staff must inform the Designated Liaison Person.
3. Details must be recorded by mandated staff on the TUSLA Standard Reporting Form, which must then be signed by the person/s making the report.
4. Unless it would put the child at further risk to do so, the **Designated Liaison Person or Manager** will make every effort to contact the parents/guardians to discuss the concern made by the child. A written record will be kept of this meeting with the parents/guardians.
5. The Designated Liaison Person will examine the **Criteria for Reporting: Definitions and Thresholds** or determine if **Reasonable Grounds for Concern** are present. ***Remember Mandated Persons, should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the Mandated Person and not with the designated liaison person.***
6. Immediate action must be taken to protect the child in question and indeed any other children who may be considered at 'risk'.
7. A child will never be interviewed regarding the concern by any staff. However, all comments made by the child will be noted.

8. Allegations against staff will be dealt with separately and the disciplinary procedure will be followed as necessary.
9. In cases of emergency, where a child is deemed to be at immediate and serious risk and a Duty Social worker is unavailable, An Garda Síochána should be contacted. **Under no circumstances should a child be left in a dangerous situation pending TUSLA intervention.**
10. The service will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by TUSLA or An Garda Síochána. Close liaisons will be maintained with these authorities to achieve this.
11. Where there are reasonable grounds a report should be made to TUSLA **See Making a Mandated Report.** Each area has a social worker on duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone, to persons wishing to report child protection concerns. The Duty Social Worker will assess the information available. *See APPENDIX 4: Contact Details.*
12. Once a report is submitted, the duty social worker may need to speak with the person who had the initial concern.
13. In the event that the Designated Liaison Person makes a decision not to report to TUSLA, full details of the decision must be recorded including the reasons for not reporting plus any action taken. This report should be stored as confidential by the Designated Liaison Person and kept by the service in a secure place. ***Remember as a Mandated Person, you should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the Mandated Person and not with the Designated Liaison Person.***
14. Allegations or concerns should not be investigated by the Designated Liaison Person or a staff member but passed on to TUSLA /Garda to follow through.

### **Dealing with a Retrospective Disclosure by an Adult of Abuse as a Child:**

#### ***Chapter 3, Page 23 Children First (2017)***

Some adults may disclose abuse that took place during their childhood. Such disclosures may come to light when an adult attends counselling, or is being treated for a psychiatric or health problem.

The reporting requirements under the Children First Act 2015 apply only to information that Mandated Persons, who received or became aware of since the Act came into force, whether the harm occurred before or after that point. However, if they have a reasonable concern about past abuse, where information came to their attention before the Act and there is a possible continuing risk to children, they should report it to Tusla under ***Children First (2017) Guidance***.

The Data Protection Acts of 1988 and 2003, and the 2016 General Data Protection Regulation (GDPR) do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection. Tusla has the authority to share information concerning a child who is the subject of a risk assessment with a Mandated Person who has been asked to provide assistance. Tusla must only share what is necessary and proportionate in the circumstances of each individual case. Information that Tusla shares with the Mandated Person, if assisting it to carry out an assessment, must not be shared with a third party, unless Tusla considers it appropriate and authorises in writing that the information may be shared.

Section 17 of the Children First Act 2015 makes it an offence to disclose information to a third party which has been shared by Tusla during the course of an assessment, unless Tusla has given written authorisation to do so. Failure to comply with this section, may result in liability of a fine or imprisonment for up to six months or both. This offence can also be applied to an organisation. *Chapter 3, Page 27 Children First (2017)*

**Within our setting:**

- Confidentiality is of the utmost importance and extends to all areas of our service. Confidentiality is about treating sensitive information that arises in a trusting relationship and doing so in a manner that is respectful, professional and purposeful.
- It is our policy to keep all personal information about our children, families, and staff private. Confidential and personal information about our children/parents/guardians will only be shared by the Manager and Designated Liaison Person in relation to child safety, in line with this Child Protection Policy. Any breach of confidentiality by any member of staff will lead to disciplinary action. (For further information see our Confidentiality Policy).



**Allegations Against Staff:**

As the Manager is the Designated Liaison Person, another person should deal with the HR investigation. It is required to separate these issues and manage them independently. Therefore we may outsource this function to somebody with expertise outside the service. This allows the Manager to deal with TUSLA and the child's family.

**Policy and Procedure on Response to Allegations of Abuse against Employees, Volunteers and Students:**

Child Protection is about promoting the welfare of children. To this end it also encompasses the monitoring of professional practice within an organisation.

An organisation has a legal and moral responsibility to respond to any allegation of abuse either verbal or physical of a child by a member of staff, student or volunteer. This procedure is in line with the guidance given in *Children First (2017)*

**Response to allegations of abuse against employees, volunteers, students**

Allegations of abuse may be made against adults working with children, employees, volunteers, students and child-minders. The following guidelines should be followed in the event of such an allegation of abuse against an employee during the execution of that employee's duties or where information about an employee in relation to a situation outside of the work context is reported.

Our first duty of care in this situation is to the child and our first priority is to ensure that no child is exposed to unnecessary risk.

- If an allegation is made against an employee or other person working within the service to another employee or other person, they must inform the Designated Liaison Persons verbally and simultaneously record what they have been told or what they may have observed. Action taken in reporting an allegation of child abuse against an employee should be based on an opinion formed reasonably and in good faith.
- The details of this concern must be recorded on the Standard Reporting Form, which must then be signed by the person making the report.

- The Manager will inform the member of staff that an allegation has been made against them. The disciplinary procedure for staff may be followed in this instance.

The Manager must privately inform the employee, about whom the allegation is made, of the following:

- The fact that an allegation has been made against him/her
- The nature of the allegation
- The employee should be afforded an opportunity to respond. The Manager should note the response and pass on this information when making a formal report to TUSLA.
- The employee should also be informed of their right to an adjournment of the meeting until such time as they can seek appropriate representation. The action will be guided by the agreed procedures (Disciplinary Procedure), the applicable employment contract and the rules of natural justice. While adhering to the principle of natural justice enshrined within our constitution in relation to the rights of the accused, the vulnerability of the alleged victim must be foremost in our mind, therefore any postponement must be afforded within a reasonable time frame that is 24 hours.
- The parents/guardians of the alleged victim must be informed as soon as practicable by the Designated Liaison Person.
- The name or any identifying information of the reporting adult would generally be given to the staff member or worker against whom the allegation has been made, by the Manager. There may be exceptional circumstances pending TUSLA advice or consultation, where this may not be the case.
- When an allegation is received it will be assessed promptly and carefully.
- The Manager may then ask the member of staff who the allegation has been made against to leave the premises immediately and they will be suspended on full pay until the matter has been fully investigated.
- However, all allegations may not require a worker to be sent home i.e. allegations of poor practice where increased levels of supervision may be sufficient until the matter is sorted out. Poor practice will be dealt with under the Disciplinary Procedure as necessary.

- At this point in the process it will be necessary to decide whether a formal report should be made to TUSLA – this decision should be based on ***reasonable grounds for concern***.
- If it is felt that there are grounds for concern, all matters relating to the allegations should be reported to the Duty Social Worker.
- At this point the Disciplinary Procedure will be invoked. This will be a separate process and will not be overseen by the Designated Liaison Person.
- Should a staff member, following the investigation, be re-instated with no disciplinary action this should be taken as evidence that no blame/fault/suspicion attaches to them.
- Where the complaint is not upheld, management should ensure that the reputation and career prospects of the staff member concerned are not adversely affected by reason of the complaint having been brought against him/her.
- The staff member who made the complaint should be reassured that management appreciates that the complaint was made in good faith.

#### **Parents/Guardians and Allegations of Abuse or Neglect against Employees:**

- Parents/guardians have the right to contact Tusla to report an allegation of abuse or neglect about the employee or service.
- Parents/guardians of children who are named in an allegation of abuse or neglect will be kept informed of actions planned and taken, having regard to the rights of others concerned.
- If there is any concern that a child may have been harmed, their parents/guardians will be informed immediately.

#### **Record Keeping:**

- The service will conform to the provisions of the Data Protection Act 1998 and the Data Protection (Amendment) Act 2003 plus any future amendments.
- Under the Child Care Act 1991 (Early Years Services) Regulations 2016, accurate and up to date records in relation to children, staff and service provision must be kept. The Early Years Inspectorate will have access to files for inspection purposes.
- Parents/guardians may have access to the files and records of their own children on request but may not have access to information about any other child.

- Only employees involved with a particular child should have access to confidential files and will be used to inform staff on how best to meet the needs of the child.
- Records are stored in compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Where there are child protection or welfare concerns, observations/ records will be kept on an ongoing basis and information shared with Tusla as appropriate.
- All records are managed in line with our Data Protection Policy.
- We aim to ensure that all records are factual and written impartially.
- The service will only share information with other professionals or agencies, with consent from parents/guardians or without their consent in terms of legal responsibility in relation to a Child Protection issue.
- Records or reports should not be altered or adjusted, if there are new developments, then a new record of this information should be completed.

*(For further information see our policies on Observations, Record Keeping and Data Protection)*

#### **Code of Behaviour for Staff:**

For the protection of staff, volunteers and children this code of behaviour has been introduced to provide clarity on what is expected and what is not accepted, with respect to their behaviour as recommended in *Our Duty to Care*. Our code of behaviour is kept under regular review.

- We recognise that children have an equal right to our service provision in line with the *Equal Status Act* and the *National Disability Strategy*.
- Staff should be sensitive to the risks involved in participating in contact sports or other activities.
- While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned.
- Staff should never physically punish or be in any way verbally abusive to a child, nor should they even tell jokes of a sexual nature in the presence of children.
- Staff should be sensitive to the possibility of developing favouritism, or becoming over involved or spending a lot of time with any one child.

- Children should be encouraged to report cases of bullying to either a designated person, or a worker of their choice. Complaints must be brought to the attention of management.
- It is recommended that Child Care services develop a positive attitude amongst workers and children that respects the personal space, safety and privacy of individuals.
- It is not recommended that staff give lifts in their cars to individual children, especially for long journeys.

**Visitors/Students:**

**All Visitors to the Service must check in by signing the Visitor's book.** Visitors - including inspectors, contractors, students etc. should never be left alone with the children. If they are going to address the children, it is incumbent upon the Management to check their credentials and to ensure that the content of the address is appropriate. All students will be carefully supervised and monitored by the staff. Secondary school pupils who come to the service for 'work experience' will also be carefully supervised and monitored and must not be left alone with the children.

**We are committed to:**

- Valuing and respecting all children as individuals.
- Listening to children.
- Involving children in decision making as appropriate.
- Encouraging children to express themselves.
- Working in partnership with parents/guardians.
- Promoting Positive Behaviour.
- Valuing differences.
- Implementing and adhering to all relevant policies to keep children safe.

**Working in a safe environment – Protection of Adults and Children**

Management will ensure a safe environment exists for staff and children by monitoring that all staff:

- Follow policies and procedures.
- Are listened to and any concerns expressed about unacceptable practice or behaviour of colleagues are followed up by management.

- Are supported when dealing with challenging behaviour of children, and staff understand and follow positive behaviour management strategies. *(For further information see Managing Behaviour Policy).*

### **Staff Ratios:**

The service will follow the adult/child ratios as defined in the below Regulations.

<b>SERVICE:</b>	<b>AGE:</b>	<b>ADULT/CHILD RATIO:</b>
Full/Part Time Day Care:	0 – 1 Year	1:3
	1 – 2 Years	1:5
	2 – 3 Years	1:6
	3 – 6 Years	1:8
Sessional:	2.5 – 6 Years	1:11
School going children	4 – 13 Years	1:12

The Code of Behaviour is given to all staff, students and volunteers and it is expected that all staff, students and volunteers are familiar with the code and they will raise any questions arising with the Manager. All employees have a duty to adhere to the Code of Behaviour and to bring breaches of the code to the attention of the Manager. Breaches of the Code of Behaviour are dealt with through the disciplinary procedure.

### **Recruitment and Selection Procedure:**

The service carries out a comprehensive and detailed recruitment procedure in order to protect our children attending the service.

The information supplied by the applicant and any other information supplied on their behalf should only be seen by persons directly involved in the recruitment procedure. Applicants will receive a clear job description and information on the organisation. Additional information, including a copy of the service's Child Protection Policy should also be supplied to each applicant. *(For further information see our Recruitment Policy)*

### **Personnel File:**

An up to date and accurate personnel file is kept for each member of staff that includes the following records:

- Proof of identity and that the person is over 18 years of age.

- Garda Vetting.
- 2 validated references, including one from the most recent employment if possible.
- Verification of qualifications.

**Induction:**

- As part of the induction process, all new management, staff, volunteers and students will be briefed on all the elements of the Child Protection and Welfare Policy including the ethos of the service, child centred practice and the Code of Behaviour, within the first weeks of employment.
- All management, staff, volunteers and students will be required to commit to and abide by the Child and Adult Protection Policy. They are required to confirm that they have read and understand the Child and Adult Protection Policy with their signature and a record will be kept on file.

**Staff Supervision and Support:**

- Regular supervision and support is available to staff and volunteers, through one to one formal/informal meetings and group meetings.
- Staff will be supported while dealing with a child protection concern and outside support will be sought where necessary.

**Garda Vetting:**

In accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 we will ensure that all staff members are Garda vetted.

Repeat Garda vetting may be completed at any time during a contract of employment and will be completed at two-year intervals and records will be held for 5 years. (See *the Garda Vetting Policy for further information*).

**Partnership with Parents/Guardians:**

The service recognises the importance of working with parents/guardians. It has an “open door” policy where families are always welcome but where the needs of all of the children in our care are always the first priority. Parents/guardians will be made feel welcome and regular exchange of information with parents/guardians and staff will enable a two-way process of support.

**Complaints:**

- Our children/staff/parents/guardians have the right to voice their opinions and concerns. It is our policy to welcome all suggestions, comments and complaints in relation to our service. Any comments or suggestions can be made to any member of staff. We will give careful attention and prompt and courteous response to any suggestions, comments or complaints.
- If a complaint involves a child protection concern, the reporting procedure will be followed in line with this Child Protection Policy.

**Management of Day Trips/Outings:**

The service from time to time may organise day trips/outings. It is our policy to ensure the safety and well-being of children during these activities through planning, risk assessment, management and supervision of the activity. In managing and planning these activities we:

- Inform parents/guardians of the proposed outing, method of travel and supervision.
  - Seek written consent from the parents/guardians.
  - Ensure adequate number of personnel are present and that the children are supervised at all times.
  - Ensure that the person in charge has access to a mobile in case of an emergency.
  - A risk assessment of the venue or facility will be carried out.
  - Ensure that adequate insurance is in place for the outing.
  - Ensure staff are familiar with emergency procedures.
  - Ensure that the method of transport complies with any relevant legislation.
  - We will ensure that the appropriate staff/child ratios are maintained in line with the Child Care Act 1991 (Early Years Services) Regulations 2016 and risk assessment.
  - Emergency contact details for all children will be brought on the trip.
  - Safety measures such as: frequent head counts/ roll calls will be used.
  - A first aid box will be brought and a qualified first aider will be present.
  - The service does its utmost to minimise risk and ensure safety at all times.
- However, it is important that staff are prepared for any emergencies that may arise.

*(see Outings and Missing Child Policies)*



**Accidents and Incidents:**

The Safety, Health & Welfare at Work Act, 2005 and Child Care Act 1991 (Early Years Services) Regulations 2016, are the governing legislation.

It is our policy to promote the health, wellbeing and personal safety of all our children and staff. Through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow TUSLA guidelines, accidents can occur. *(For further information see our Accidents and Incidents Policy)*

**Social Media, Social Networking and Blogging:**

- Personal blogs should have clear disclaimers that the views expressed by the author in the blog is the author's alone and do not represent the views of the service. Be clear and write in first person. Make your writing clear that you are speaking for yourself and not on behalf of the service.
- Information published on your blog(s) should comply with our confidentiality policy. This also applies to comments posted on other blogs or social networking sites.
- Be respectful to the service, employees, customers, partners, and competitors.
- Staff may not use social networking sites to exchange any information about the service or children attending the service.
- Social media activities should not interfere with work commitments.
- Your online presence may reflect the service.
- Do not publish any information regarding any child, family or colleague.
- Respect copyright laws, and reference or cite sources appropriately.
- Company logos and trademarks may not be used without permission.

Note: Social Networking websites includes a range of websites such as - Facebook, YouTube, and Twitter etc.

**Under no circumstances should a child be left in a situation that exposes him or her to harm or risk of harm pending intervention by Tusla. If you think the child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí.**

**Any breach of this policy may invoke the disciplinary policy.**

This Child and Adult Protection Policy may be updated from time to time either from within or in line with legislation.

**CHILD PROTECTION POLICY APPENDICES:**

**APPENDIX 1: STANDARD REPORTING FORM**

**APPENDIX 2: TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED**

**APPENDIX 3: THE UN CONVENTION ON THE RIGHTS OF THE CHILD (1989)**

**APPENDIX 4: DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION**

**APPENDIX 5: MANDATED PERSONS RESPONSIBILITIES**

**APPENDIX 6: REASONABLE GROUNDS FOR CONCERN**

**APPENDIX 7: REPORTING PROCEDURES**

**APPENDIX 8: CHILD SAFEGUARDING STATEMENT**

## APPENDIX 1: STANDARD REPORTING FORM



### Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS  
(Children First Act 2015 & Children First National Guidance)

Use block letters when filling out this form.  
Fields marked with an \* are mandatory.

<b>1. Tusla Area (this is where the child resides)*</b>	
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<b>2. Date of Report*</b>	
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#### 3. Details of Child

<b>First Name*</b>		<b>Surname*</b>	
<b>Male*</b>	<input type="checkbox"/>	<b>Female*</b>	<input type="checkbox"/>
<b>Address*</b>	<b>Date of Birth*</b>		
	<b>Estimated Age*</b>		
	<b>School Name</b>		
	<b>School Address</b>		
<b>Eircode</b>			

#### 4. Details of Concerns\*

Please complete the following section with as much detail about the specific child protection or welfare concern or allegation as possible. Include dates, times, incident details and names of anyone who observed any incident. Please include the parents and child's view, if known. Please attach additional sheets, if necessary

Please see 'Tusla Children First – A Guide for the Reporting of Child Protection and Welfare Concerns' for additional assistance on the steps to consider in making a report to Tusla

#### 5. Type of Concern

Child Welfare Concern	<input type="checkbox"/>		
Emotional Abuse	<input type="checkbox"/>	Physical Abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>

#### 6. Details of Reporter

<b>First Name</b>		<b>Surname</b>	
<b>Address</b> If reporting in a professional capacity, please use your professional address	<b>Organisation</b>		
	<b>Position Held</b>		
	<b>Mobile No.</b>		
	<b>Telephone No.</b>		
<b>Eircode</b>		<b>Email Address</b>	



## Child Protection and Welfare Report Form

*MANDATED PERSONS AND NON MANDATED PERSONS  
(Children First Act 2015 & Children First National Guidance)*

<b>Is this a Mandated Report made under Sec 14, Children First Act 2015?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Mandated Person's Type</b>				

**7. Details of Other Persons Where a Joint Report is Being Made**

<b>First Name</b>		<b>Surname</b>	
Address if reporting in a professional capacity, please use your professional address		<b>Organisation</b>	
		<b>Position Held</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	

<b>First Name</b>		<b>Surname</b>	
Address if reporting in a professional capacity, please use your professional address		<b>Organisation</b>	
		<b>Position Held</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	

**8. Parents Aware of Report**

<b>Are the child's parents/carers aware that this concern is being reported to Tusla?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If the parent/carer does not know, please indicate reasons:</b>				

**9. Relationships**

<b>Details of Mother</b>			
<b>First Name</b>		<b>Surname</b>	
Address		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
		<b>Email Address</b>	
<b>Eircode</b>			

<b>Is the Mother a Legal Guardian?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>Details of Father</b>			
<b>First Name</b>		<b>Surname</b>	
Address		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
		<b>Email Address</b>	
<b>Eircode</b>			



## Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS  
(Children First Act 2015 & Children First National Guidance)

Is the Father a Legal Guardian?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### 10. Household Composition

First Name	Surname	Relationship	Date of Birth	Estimated Age	Additional Information e.g. school, occupation, other

### 11. Details of Person(s) Allegedly Causing Harm

First Name*		Surname*	
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address		Date of Birth	
		Estimated Age	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	
Occupation		Organisation	
Position Held			

Relationship to Child	
Address at time of alleged incident	
If name unknown please indicate reason	

First Name*		Surname*	
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address		Date of Birth	
		Estimated Age	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	
Occupation		Organisation	
Position Held			

Relationship to Child	
Address at time of alleged incident	
If name unknown please indicate reason	



## Child Protection and Welfare Report Form

**MANDATED PERSONS AND NON MANDATED PERSONS**  
(Children First Act 2015 & Children First National Guidance)

**12. Name and Address of Other Organisations, Personnel or Agencies Known to be Involved Currently or Previously with the Family**

Profession	First Name	Surname	Address	Contact Number	Recent Contact e.g. 3/6/9 months ago
Social Worker					
Public Health Nurse					
GP					
Hospital					
School					
Gardaí					
Pre-school/ crèche					
Other					

**13. Any Other Relevant Information, Including any Previous Contact with the Child or Family**

**Please ensure you have indicated if this is a mandated report in section 6.**  
Thank you for completing the report form.

In completing this report form you are providing details on yourself and on others. Details such as name, address and date of birth fall under the definition of 'Personal Data' in the Data Protection Acts, 1988 & 2003. Tusla has a responsibility under these Acts in its capacity as a Data Controller to, amongst other things, obtain and process this data fairly; keep it safe and secure; and to keep it for a specified lawful purpose. That purpose is to fulfil our statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. Tusla may, during the course of the assessment of this report disclose such Personal Data to other agencies including An Garda Síochána. Further details about Tusla's responsibilities as a Data Controller and your rights as a Data Subject can be found on our website, [www.tusla.ie](http://www.tusla.ie). As you are providing Personal Data on others, you are a Data Processor. We ask that you only provide those details that are necessary for the report and that you keep this report and the Personal Data contained in it secure from unauthorised access, disclosure, destruction or accidental loss.

**14. For Completion by Tusla Authorised Person on Receipt of Report**

Report Received by			
First Name	Surname	Date	

Mandated Report Acknowledgement by
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## Child Protection and Welfare Report Form

*MANDATED PERSONS AND NON MANDATED PERSONS  
(Children First Act 2015 & Children First National Guidance)*

<b>First Name</b>		<b>Surname</b>		<b>Date Sent</b>	
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<b>Authorised Person Signature*</b>	
<b>Date*</b>	

<b>Child Previously Known</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Allocated Case No</b>				

**APPENDIX 2:**  
**TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED**  
*Chapter 2, Page 07 Children First (2017)*

Child abuse/neglect can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger, and can be an adult or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser.

The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer.

The definitions of neglect and abuse presented in this section are not legal definitions. They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised.

**Neglect**

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences. Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability. A reasonable concern for the child's welfare would exist when neglect becomes typical of the



relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

**The following are features of child neglect:**

- Children being left alone without adequate care and supervision.
- Malnourishment, lacking food, unsuitable food or erratic feeding.
- Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation.
- Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation.
- Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture.
- Lack of adequate clothing.
- Inattention to basic hygiene.
- Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age.
- Abandonment or desertion.

**Emotional abuse**

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

**Emotional abuse may be seen in some of the following ways:**

- Rejection.

- Lack of comfort and love.
- Lack of attachment.
- Lack of proper stimulation (e.g. fun and play).
- Lack of continuity of care (e.g. frequent moves, particularly unplanned).
- Continuous lack of praise and encouragement.
- Persistent criticism, sarcasm, hostility or blaming of the child.
- Bullying.
- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions.
- Extreme over protectiveness.
- Inappropriate non-physical punishment (e.g. locking child in bedroom).
- Ongoing family conflicts and family violence.
- Seriously inappropriate expectations of a child relative to his/her age and stage of development.

There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour. It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

### **Physical abuse**

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/or development is, may be, or has been damaged as a result of suspected physical abuse.

### **Physical abuse can include the following:**

- Physical punishment.
- Beating, slapping, hitting or kicking.
- Pushing, shaking or throwing.
- Pinching, biting, choking or hair-pulling.

- Use of excessive force in handling.
- Deliberate poisoning.
- Suffocation.
- Fabricated/induced illness.
- Female genital mutilation.

The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.

### **Sexual abuse**

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography. Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members. Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

### **Examples of child sexual abuse include the following:**

- Any sexual act intentionally performed in the presence of a child.
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation.
- Sexual intercourse with a child, whether oral, vaginal or anal.
- Sexual exploitation of a child, which includes:

- Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means].
- Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act.
- Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse.
- Exposing a child to inappropriate or abusive material through information and communication technology.
- Consensual sexual activity involving an adult and an underage person.

An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage should a child's safety be compromised because of concern for the integrity of a criminal investigation. In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse. Details on exemptions for mandated reporting of certain cases of underage consensual sexual activity can be found in **Chapter 3 of Children First (2017)**.

**APPENDIX 3: THE UN CONVENTION ON THE RIGHTS OF THE CHILD (1989)**

The Convention stipulates the following general principles:

- States shall ensure each child enjoys full rights without discrimination or distinctions of any kind.
- The child's best interests shall be a primary consideration in all actions concerning children, whether undertaken by public or private social institutions, courts, administrative authorities or legislative bodies.
- Every child has the right to life and states shall ensure, to the maximum extent possible, child survival and development.
- Children have the right to be heard.

The Convention stipulates the following substantive provisions:

**Civil Rights and Freedom:**

- The right to a name and a nationality.
- The right to a sense of identity.
- The right to freedom of expression.
- The right to freedom of thought, conscience and religion.
- The right to freedom of association.
- The right to privacy.
- No child shall be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.

**Family Environment and Parental Guidance:**

- States must respect the responsibilities of parents/guardians and extended family members to provide guidance for children.
- The Convention gives parents/guardians a joint and primary responsibility for raising their children.
- Children should not be separated from their parents/guardians unless this is deemed to be in the child's best interests.
- Children and their parents/guardians have the right to leave any country and to enter their own for purposes of reunion.
- Children have the right to an adequate standard of living.

- The Convention obliges the state to provide special protection for children deprived of a family environment.
- The state has the obligation to prevent and remedy the kidnapping or retention of children abroad by a parent or third party.
- To protect children from all forms of abuse or neglect.
- It is the responsibility of the state to ensure – in cases of children victims of armed conflict, torture, neglect, maltreatment or exploitation – that they receive appropriate rehabilitative care and treatment to facilitate their recovery and social integration into society.
- A child placed by the state for reasons of care, protection or treatment is entitled to have that placement regularly evaluated.

**Basic Health and Welfare of Children:**

- Every child has the right to life.
- Parties shall ensure to the maximum extent the survival and development of the child.
- The child has the right to the highest attainable standard of health.
- Disabled children have the right to special treatment, education and care.
- Children have the right to benefit from social security.
- Every child has the right to a standard of living adequate for the child's mental, physical, spiritual, value systems and social development.

**Education, Leisure and Recreation:**

- Children have the right to education.
- The aims of education are geared towards developing children's personalities as well as their mental and physical abilities to the fullest extent.
- Children have a right to enjoy leisure, recreation and cultural activities.

**SPECIAL PROTECTION MEASURES:****(a) Situations of armed conflict:**

- State parties shall take all feasible measures to ensure that children under 15 years of age take no part in hostilities and that no child below 15 is recruited into the armed forces.
- State parties shall take all feasible measures to ensure protection and care of children who are affected by armed conflict.
- Children have the right to appropriate treatment for their recovery and social reintegration.
- Special protection shall be given to refugee children or to a child seeking refugee status.

**(b) In situations where children are in conflict with the law:**

- Regarding the administration of juvenile justice, children who come in conflict with the law have the right to treatment that promotes their dignity and self-worth, and also takes into account the child's age and aims at his/her integration into society.
- Children are entitled to basic guarantees as well as legal or other assistance for their defence and judicial proceedings and institutional placements shall be provided wherever possible.
- Any child deprived of liberty shall not be kept apart from adults unless it is in the child's best interests to do so.
- A child who is detained shall have legal and other assistance as well as contact with his/her family.

**(c) In situations of exploitation:**

- Children have the right to be protected from economic exploitation and from work that threatens their health.
- Children have the right to protection from the use of narcotic and psychotropic drugs as well as from being involved in their production and distribution.
- Children have the right to protection from sexual exploitation, and abuse, including prostitution and pornography.
- It is the States obligation to make every effort to prevent the sale, trafficking and abduction of children.

**(d) In situations of children belonging to a minority or indigenous group:**

- Children of minority communities and indigenous populations have the right to enjoy their own culture and to practice their own religion and language.

## **APPENDIX 4: DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION**

### **Child Protection Social Work Services:**

Child and Family Agency, North Lee Social Work Department, Floor 2, Blackpool, Co. Cork, 021 4927000

**Details may also be found at this link**

<http://www.tusla.ie/get-in-touch/duty-social-work-teams>

If the Duty Social Worker is not available at the time of contact the caller should give sufficient details to the secretary to enable the Duty Social Worker to prioritise a response.

### **Local Garda Station:**

Glanmire Garda 021 4821002

**Details may also be found at this link**

<http://www.garda.ie/stations/default.aspx>



**APPENDIX 5: MANDATED PERSONS RESPONSIBILITIES*****(Children First Act 2015)*****Section 14(1) of the Children First Act 2015 states:**

*'...where a Mandated Person knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a Mandated Person, that a child–*

*(a) has been harmed,*

*(b) is being harmed, or*

*(c) is at risk of being harmed,*

*he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Agency.'*

**Section 14(2) of the Children First Act 2015 also places obligations on Mandated Persons to report any disclosures made by a child:**

*'Where a child believes that he or she–*

*(a) has been harmed,*

*(b) is being harmed, or*

*(c) is at risk of being harmed,*

*and discloses this belief to a Mandated Person in the course of a Mandated Person's employment or profession as such a person, the Mandated Person shall, ... as soon as practicable, report that disclosure to the Agency.'*

**Section 2 of the Children First Act 2015 defines harm as follows:**

*'harm means in relation to a child–*

*(a) assault, ill-treatment or neglect of the child in a manner that seriously affects, or is likely to seriously affect the child's health, development or welfare, or,*

*(b) sexual abuse of the child.'*

**APPENDIX 6: REASONABLE GROUNDS CONCERN**

*Chapter 2, Page 06 Children First (2017)*

You should always inform Tusla when you have **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected. If you ignore what may be symptoms of abuse, it could result in ongoing harm to the child. It is not necessary for you to prove that abuse has occurred to report a concern to Tusla. All that is required is that you have **reasonable grounds for concern**. It is Tusla's role to assess concerns that are reported to it. If you report a concern, you can be assured that your information will be carefully considered with any other information available and a child protection assessment will be carried out where sufficient risk is identified.

**Reasonable grounds for a child protection or welfare concern include:**

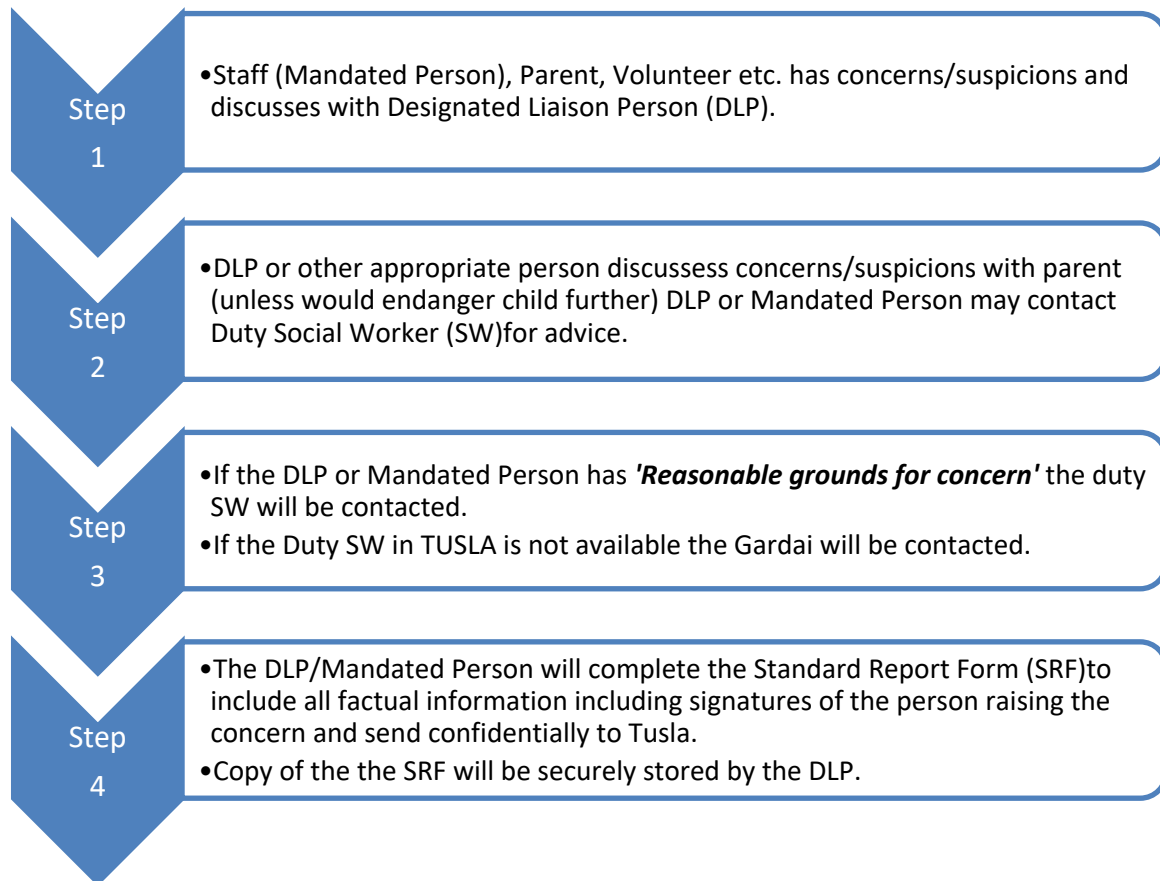
- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way.
- Any concern about possible sexual abuse.
- Consistent signs that a child is suffering from emotional or physical neglect.
- A child saying or indicating by other means that he or she has been abused.
- Admission or indication by an adult or a child of an alleged abuse they committed.
- An account from a person who saw the child being abused.

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made.
2. Reports of concerns should be made without delay to Tusla.

**If you think a child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí without delay.**

## APPENDIX 7: Child Protection Reporting Procedure Steps 1 – 4



**NOTE:** In the case where the Designated Liaison Person or Mandated Person reaches the conclusion that reasonable grounds do not exist that they will not report the concern of the employee, student or volunteer to the relevant TUSLA Social Work Department or An Garda Síochána, the individual employee, student or volunteer who raised the concern should be given a clear written statement of the reasons why the DLP is not taking action. The employee, student or volunteer should be advised that, if they remain concerned about the situation, they are free to consult with, or report to, the TUSLA Social Work Department or An Garda Síochána.

**As a Mandated Person, you should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with you and not with the Designated Liaison Person.**

Designated Liaison Persons	Duty Social Worker	Local Garda
Mike Banks 021 4823416	Child and Family Agency, North Lee Social Work Department, Floor 2, Blackpool, Co. Cork, 021 4927000	Glanmire Garda 021 4821002

**Appendix 8:****12A. CHILD SAFEGUARDING STATEMENT**

<b>Document Title:</b>	<b>Child Safeguarding Statement</b>
<b>Unique Reference Number:</b>	
<b>Revision Number:</b>	
<b>Document Author:</b>	<b>Réaltai Cúram Leanaí, CB</b>
<b>Document Approved:</b>	<b>Glenn Muliatt</b>
<b>Date the Document is Effective From:</b>	<b>July 2019</b>
<b>Scheduled Review Date:</b>	<b>July 2020</b>
<b>Number of Pages:</b>	<b>7</b>

**1. Type of Service:** Réaltai Cúram Leanaí is a full Daycare service in accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016. The purpose of this service is to provide a full day care facility for children aged 4 months – 12 years. This service is a limited company and managed by Glenn Muliatt.

<b>Opening Hours:</b>	7:30 AM – 6:00 PM
<b>No of Weeks per year opened:</b>	51
<b>Capacity:</b>	Mornings: 85 Day Care and After School: 100
<b>Age Range:</b>	4 months – 12 years
<b>Ratios:</b>	0 – 1 Year: 1:3 1 – 2 Years: 1:5 2 – 3 Years: 1:6 3 – 6 Years: 1:8 Sessional 2.5 – 6 Years: 1:11 School going children: 1:12
<b>Curriculum:</b>	Montessori
<b>Address:</b>	Fernwood, Glyntown, Glanmire, Co Cork
<b>Phone Number:</b>	021 4823415 / 087 6750109
<b>Email:</b>	<a href="mailto:info@realtai.ie">info@realtai.ie</a>

**Key Personnel: In-House**

<b>Manager (Person in charge):</b>	Glenn Muliatt
<b>Deputy in the absence of Manager:</b>	Michael Banks
<b>Health and Safety Officer:</b>	Glenn Muliatt
<b>Fire Officer:</b>	Glenn Muliatt
<b>First Aid Co-ordinator:</b>	Michael Banks
<b>Designated Liaison Officer:</b>	Michael Banks
<b>Deputy Designated Liaison Officer:</b>	Louise Kent
<b>Data Controller:</b>	Glenn Muliatt

**Key Personnel: External**

<b>TUSLA Early Years Inspection Team:</b>	Early Years Department, Administration Building, St Mary's Health Campus, Gurrabraher, Cork, 021 4921241 / 2
<b>TUSLA Social Work Department:</b>	Child and Family Agency, North Lee Social Work Department, Floor 2, Blackpool, Co. Cork, 021 4927000
<b>Garda:</b>	Glanmire Garda 021 4821002
<b>Doctor:</b>	Glanmire Medical Centre 021 4821280
<b>Pharmacist:</b>	First Plus 021 4822412
<b>Hospital:</b>	Cork University Hospital 021 4922000
<b>Fire Brigade:</b>	999 / 112
<b>Fire Maintenance:</b>	Fire Direct 021 4319060
<b>Pest Control:</b>	Rentokil 1 890666444
<b>Garda Vetting:</b>	Early Childhood Ireland / 01 4057100
<b>Water Leaks:</b>	1850 27 87 78
<b>Electricity Emergency:</b>	1850 372999 (24-hours)
<b>Gas Emergency:</b>	1850 205050 (24-hours)

## 2. Principles

Protecting children and young people is everyone’s responsibility. The welfare of the child is paramount to us. Therefore, we want to make sure that the children in the service are protected and kept safe from harm while they are with the staff and the students in this organisation by:

- Making sure that our staff are carefully selected, trained and supervised.
- Having procedures to recognise, respond to and report concerns about children’s protection and welfare.
- Making sure all staff are Garda vetted prior to engagement.
- Having clear codes of behaviour for management, staff and students.
- Having a procedure to respond to accidents and incidents.
- Giving parents/guardians, children and workers information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is anything they are not happy about. Having a procedure to respond to these complaints.
- We have a clear reporting procedure to be followed should a staff member have a concern about a child with regard to *Children First (2017)* and *The Children First Act 2015*
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- The Child and Adult Protection policy will be reviewed regularly by the Management.

## 3. Risk Assessment

We have carried out an assessment of any potential for harm to a child while availing of our services. Below is a list of the areas of risk identified and the list of procedures for managing these risks.

RISK IDENTIFIED	PROCEDURES IN PLACE TO MANAGE RISK
Child Abused within setting	Vetting in place to include Garda vetting, police checks, validated references. No unsupervised access by unauthorised personnel. Staff aware of mandated requirement to report abuse. Staff trained in child protection. DLPs appointed. Mandated persons named and listed. Visitors or persons unknown to staff will not have

	unsupervised access and visiting times will, if possible, be arranged when children are not present as they are un-vetted.
Inappropriate curriculum and activities	Curriculum Policy developed to be age and stage appropriate and is monitored by the Manager on on-going basis.
Infection/illness	Infection Control Policy in place and followed. Illness Exclusion Policy in place and followed. Hand washing signs installed.
Lost child	Missing Child Policy in place and followed. Outing Policy in place and followed. Risk Assessments carried out, Critical Incident Plan in place. Parents use entry code system upon arrival.
Accidents and incidents	Safety Statement in place, Risk Assessments carried out as necessary, following an accident and corrective action taken, Accident and Incident Policy in place and followed
Medication errors/Child not treated for a condition	Medicines Policy in place and followed, Parental Consent Forms signed, Individual Child Care/Emergency Plans in place
Child not collected/ Unauthorised collection and Access Rights	Collections Policy in place and followed, Emergency Collectors available, Parental Agreements and Permissions in place, Child Registration Form completed with emergency contacts and authorisations. Children are not released to unauthorised persons. Where there is a dispute between parents we will seek legal clarification regarding access and may require copies of a court order. If we have never met a parent and a parent is not listed on the registration form we may seek clarification of identity before engaging with the parent.
Dignity of the child violated. Sexual abuse	Toileting Policy in place and followed. Nappy Changing policy in place. Sanitary Area suitable where children's privacy is maintained. Child and Adult Protection Policy.
Illness or infection due to poor nutrition	Healthy Eating Policy in place and followed, Food Hygiene Policy is in place and followed.
Unsuitable staff	Recruitment and Selection Policy, Garda Vetting Policy, Relevant validated References, Child and Adult Protection Policy, Risk Assessment of Disclosures on Garda Vetting forms completed if required.
Poor behaviour strategies where the dignity of the child is undermined	Managing Behaviour Policy in place and followed Positive strategies only used. No Corporal punishment. No isolation.

	Professional assistance sought for very challenging behaviour.
Un-vetted students/volunteers	Garda Vetting Policy in place and followed. Students and Volunteers Policy in place and followed.
Access to inappropriate online resources. Unauthorised sharing of images and information about a child	Internet and Photographic and Recording Devices Policy, Parental Consent Forms completed. No images of children published externally or on personal social media, No personal mobile phones allowed in classrooms.
Injury during sleep	Safe Sleep Policy in operation
Fire	Fire Safety policy in place. Monthly fire drills. Staff trained in fire prevention and response. Fire Equipment maintained.

### Responsibility

The manager and DLP are responsible for ensuring the above risks are managed.

### 4. Procedures

Our Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, the *Children First: National Guidance*, and Tusla's *Child Safeguarding: A Guide for Policy, Procedure and Practice*. In addition to the procedures listed in our risk assessment, the following procedures support our intention to safeguard children while they are availing of our service:

- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child availing of our service *See Child and Adult Protection Policy.*
- Procedure for the safe recruitment and selection of workers and volunteers to work with children *See Recruitment and Selection Policy, Garda Vetting Policy, Student and Volunteer Policy.*
- Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm. *See Staff Training Policy, Child and Adult Protection Policy.*
- Procedure for the reporting of child protection or welfare concerns to Tusla *Child and Adult Protection Policy.*
- Procedure for appointing a relevant person *See Child and Adult Protection Policy 'Designated Liaison Person'*



- Full and comprehensive Policies and Procedures, Safety Statement and Risk Assessments are periodically reviewed and updated as appropriate.

All procedures listed are available upon request.

### 5. Implementation

We recognise that implementation is an ongoing process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement will be reviewed every *twenty four months* or as soon as practicable after there has been a material change in any matter to which the statement refers.

Signed:.....(Provider)Date.....

Name.....Tel.....

Relevant Person under the Children First Act 2015

Name.....Tel.....

### 13. CHILD DEVELOPMENT

Document Title:	Child Development
Unique Reference Number:	013
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	11

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 1: Rights of the Child, Síolta Standard 2: Environments, Síolta Standard 6: Play, Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents or Guardians, National Standard 8: Care, Play and Learning, National Standard 9: Child Development, National Standard 10: Behaviour, National Standard 15: Children with Disabilities, National Standard 12: Health Care)

#### **Statement of Intent:**

The service is committed to developing a curriculum that incorporates child development, creates a child centred play based environment, which enables young children to actively pursue their own learning, based on the above principles. We aim to support children and their parents/guardians if developmental delay is identified. [See our Inclusion Policy].

Staff will provide balanced intervention and support to encourage positive attitudes towards learning and play. The following are the outcomes that must be considered when working with children:

#### **Physical and Mental Well-being:**

This dimension is concerned with growth and development as well as physical and mental health. Service providers should ensure that the appropriate accommodation, supports and opportunities are put in place, both indoor and outdoor, to promote all areas of children's physical and mental well-being. The provider should promote the health and well-being of children, ensure nutritious diet, prevent the spread of infection and take positive steps to prevent harm to them.

#### ***Physical Development:***

To allow children to develop both gross and fine motor skills, physical control, mobility and co-ordination and their mental wellbeing the service will provide suitable equipment, indoors and outdoors.

- To help this development all areas are supervised and children can play safely
- Gross motor skills are encouraged through outdoor play, running, skipping, games, etc.
- Fine motor skills are developed with a wide range of equipment i.e. crayons, scissors, paintbrushes, puzzles, pegs and boards etc.
- There is a wide variety of natural materials, sand, water, clay etc. to enhance technological skills.

### ***Emotional and Behavioural Well-being:***

This area concerns children's feelings and actions. It includes their growing ability to adapt to change, to cope with stress and to demonstrate self-control. It also covers children's ability to empathise with others and behave in a socially responsible way. Staff should ensure that children are treated with respect and dignity at all times. Children should be supported to form positive attachments to their carers' and other children in the service through strong affirming interaction. Children should be supported to develop a strong sense of self-esteem and self-confidence in an environment of emotional warmth and approval. Consistent boundaries are important to children's sense of security. Children should not be subjected to any degrading or abusive language or behaviour.

### ***Emotional Development:***

- Healthy emotional development is promoted in a relaxed and secure environment.
- This helps children to identify names and explore their feelings both positive and negative.
- Adults allow the children to express their feelings and help them to grow in self-esteem and self-confidence. This will help their relationship with other children and adults.

### ***Intellectual Capacity:***

This dimension covers all areas of cognitive development, educational attainment and active learning from their surrounding environment. An environment that engages and enables, that responds and stimulates in support of active learning, should be provided with the appropriate access to resources, materials and social interaction to stimulate (empower) cognitive and linguistic capacity in accordance with each child's needs and abilities. The opportunity to learn through play is of particular importance.

***Language Development:***

Early Years' Practitioners should be aware that children's language develops at different rates therefore the variety of activities and opportunities for language must be as wide as possible. Early Years' Practitioners in the service play a vital role in helping language development by:

- Talking to the children and giving them the opportunity to practice listening and speaking.
- Providing a variety of groups: e.g. books, posters, interest tables to talk about and discuss.
- Labelling everything in the room with symbols e.g. shapes, jigsaws and patterns. Boxes that contain toys are labelled showing those toys etc.
- Encouraging conversation in groups of different sizes. From one to one to small groups — on to the whole group.
- Providing a quiet time for all the children to expand their listening skills
- Using rhymes and songs to allow children to play with words.

***Intellectual Development:***

- To develop intellectually a child must be helped to learn how to learn.
- The children are encouraged to solve problems.
- There is sand and water for the children to play with. These develop concepts such as volume, weight, quantity, shape, size etc.
- There is also the natural material used i.e. wood and clay leading them into appreciation of science and math.

***Spiritual and Value Systems Well-being:***

This covers feelings, experiences and beliefs that stimulate self-awareness, wonder, reverence and the meaning and nature of life and death. Each child's own traditions, beliefs and observance of religious duties should be respected by the service and by other children attending the service. Children's developing sense of knowing right and wrong should be nurtured.

***Identity:***

The diversity of children's experiences, culture, gender, social background and traditions should be nurtured and valued by the service. The provider and staff must

actively promote equality of opportunity, participation and anti-discriminatory practice with regard to all children in their care. This includes the promotion of mutual respect between children in their care.

***Self-Care:***

This includes the competencies that all children require in order to look after and respect themselves. Staff should seek ways to support children's own capacities for self-care.

***Family Relationships:***

Children's capacity for development along this dimension is more likely to be met if they have a sense of belonging and in situations where changes of carer are kept to a minimum. Staff should seek to support, work with and actively involve each child and the child's family in the child's development by providing opportunity for on-going communication about the child. These should include on-going updates of the child's activities and regular reviews of the child's well-being.

***Social and Peer Relations:***

We encourage an ethos of peer education. This involves the child's ability to make friends and feel part of a peer group. Staff should seek to support children's capacity for social development through providing opportunities for the co-operation, collaboration and friendship to develop friendships and co-operate with others. Children should be protected from bullying and assisted in learning skills to manage bullying behaviour. The importance of play in learning valuable social skills should be recognised.

***Social Development:***

- Particularly relevant aspects are stories, songs, make believe play, outings and group projects.
- Staff provide opportunities for the children to play together in settings that encourage them to learn and assert themselves and fit in as part of the group.
- Staff are sensitive to the children developing play and avoid unnecessary interruption.

***Social Presentation:***

This concerns children's growing understanding of their capacity to engage with others and realise the impact of their actions, appearance and behaviour on others. Staff should support children in their understanding of others and learn to engage in social situations.

**Child Development Milestone Guidelines:**

The following is a guideline to staff in relation to development milestones according to this age/stage. Staff will have knowledge of these milestones to assist them in their observation of children. If Staff have concerns in relation to a child, they will advise parents/guardians to seek help from a professional or local health services.

**Remember the milestones outlined below are guidelines only. Children develop at different stages and in different ways. Children should not be over or under challenged in relation to activities. Play material and equipment should be chosen to suit the needs of each individual child.**

The following questions may be asked as general guidelines:

**By 6 months of age does the child?**

***Motor Skill:***

- Hold their head steady when sitting with your help
- Reach for and grasp objects
- Play with his/her toes
- Help hold the bottle during feeding
- Explore by mouthing and banging objects
- Move toys from one hand to another
- Shake a rattle
- Pull to a sitting position on his/her own if you grasp his/her hands
- Sit with only a little support
- Roll over
- Bounce when held in a standing position

***Sensory and Thinking Skills:***

- Open his mouth for spoon
- Imitate familiar actions you perform

***Language and Social Skills:***

- Babble, making almost sing-songs sounds
- Know familiar faces
- Laugh and squeal with delight
- Scream if annoyed
- Smile at herself in a mirror

**By 12 months of age does the child?*****Motor Skills:***

- Drink from a cup with help
- Feed her/himself finger food like raisins or bread crumbs
- Grasp small objects by using his/her thumb and index or forefinger
- Use his/her first finger to poke or point
- Put small blocks in and take them out a container
- Knock two blocks together
- Sit well without support
- Crawl on hands and knees
- Pull him/herself to stand or take steps holding onto furniture
- Stand-alone momentarily
- Walk with one hand held
- Cooperate with dressing by offering a foot or an arm

***Language and Social Skills:***

- Babble, but sometimes “sounds like” talking
- Say his/her first words
- Recognise family members’ names
- Try to “talk” with you
- Respond to another’s distress by showing distress or crying
- Show affection to familiar adults
- Show mild to severe anxiety at separation from parent
- Show apprehension about strangers
- Raise his/her arms when he/she wants to be picked up
- Understand simple commands

***Sensory and Thinking Skills:***

- Copy sounds and actions you make
- Respond to music with body motion
- Try to accomplish simple goals (seeing and crawling to a toy)
- Look for an object he/she watched fall out of sight (such as a spoon that falls under the table)

**By 18 months of age does the child?*****Motor Skills:***

- Like to pull, push, and dump things
- Pull off hat, socks, mittens
- Turn pages in a book
- Stack two blocks
- Carry a stuffed animal or doll
- Scribble with crayons
- Walk without help
- Run stiffly, with eyes on the ground

***Sensory and Thinking Skills:***

- Identify an object in a picture book
- Laugh at silly actions (as in wearing a bowl as a hat)
- Look for objects that are out of sight
- Put a round lid on a round pot
- Follow simple 1-step directions
- Solve problems by trial and error

***Language and Social Skills:***

- Say 8-10 words you can understand
- Look at a person who is talking to him/her
- Ask specifically for his/her mother or father
- Use “hi” and “bye” and “please” with reminders
- Protest when frustrated
- Ask for something by pointing or by using one word



- Direct another's attention to an object or action
- Become anxious when separated from parent(s)
- Seek attention
- Bring toys to share with parent, act out a familiar activity in play (as in pretending to take a bath)
- Play alone on the floor with toys
- Compete with other children for toys
- Recognise him/herself in the mirror or in pictures
- Seem selfish at times

### **By 2 years of age does the child?**

#### ***Motor Skills:***

- Drink from a straw
- Feed him/herself with a spoon
- Help with washing hands
- Put arms in sleeves with help
- Build a tower of 3-4 blocks
- Toss or roll a large ball
- Open cabinets, drawers, boxes
- Operate a mechanical toy
- Bend over to pick up a toy and not fall
- Walk up steps with help

#### ***Sensory and Thinking Skills:***

- Like to take things apart
- Explore surroundings
- Point to 5-6 parts of a doll when asked

#### ***Language and Social Skills:***

- Use 2-3 word sentences
- Have a vocabulary of several hundred words
- Say names of toys
- Ask for information about an object (asks, "shoe" while pointing to shoe box)

- Hum or try to sing
- Listen to short rhymes
- Like to imitate parents/guardians
- Sometimes get angry and temper tantrums
- Act shy around strangers
- Comfort a distressed friend or parent
- Take turns in play with other children
- Treat a doll or stuffed animal as though it were alive
- Apply pretend action to others (as in pretending to feed a doll)
- Show awareness of parental approval or disapproval for her actions
- Refer to self by name and use of “me” and “mine”
- Verbalise his/her desires and feelings (“I want cookie”)
- Laugh at silly labelling of objects and events (as in calling a nose an ear)
- Enjoy looking at one book over and over
- Point to eyes, ears, or nose when you ask

### **By 3 years of age does the child?**

#### ***Motor Skills***

- Run around obstacles
- Walk on a line
- Balance on one foot
- Push, pull and steer toys
- Pedal a tricycle
- Use a slide without help
- Throw and catch a ball
- Manipulate play dough by making things like balls, snakes and other objects

#### ***Sensory and Thinking Skills***

- Understand concepts like grouping and matching for example recognising and matching colours
- Organise materials for example stacking blocks or rings in order of size
- Draw, name and briefly explain what the picture means to him/her (the drawing starts to take on somewhat recognisable pictures)

- Actively seek information using why and how questions
- Tell you his/her full name and age
- Concentrate on an activity for longer periods of time (between 5 and 15 mins)
- Start to show an awareness of past and present (yesterday/today)

### ***Language and Social Skills***

- Follow a series of simple directions
- Share toys, taking turns with assistance
- Initiate or join in play with other children and make up games
- Pretend to go shopping, go on holidays, be an animal
- Use and understand sentences
- Understand sentences involving time concepts for example “Granny is coming tomorrow” and narrate past experiences
- Understand comparisons such as big and bigger, small and smaller
- Follow a series of two to four related directions
- Sing a song and repeat nursery rhymes

### **By 4 to 5 years of age does the child?**

#### ***Motor Skills***

- Walk backwards
- Jump forward many times without falling
- Jump or hop on one foot
- Walk up and down steps without assistance, alternating feet
- Tumble or try handstands
- Use safety scissors without assistance
- Cut on a line continuously
- Print a few letters

#### ***Sensory and Thinking Skills***

- Play with words, create sounds and make rhymes
- Point to and name colours
- Understand order and process
- Draw people usually with detail such as hair, eyes, nose, ears and mouth
- Count – up to 10.

- Tell you their address, where they live
- Tell a story with a beginning, middle and end

### ***Language and Social Skills***

- Show some understanding of reasoning for example ideas about good or bad behaviour
- Compare themselves with other children
- Develop friendships with other children
- Understanding or showing an awareness of other children's feelings
- Retell a story (although sometimes the facts may be confused)
- Combine a variety of thoughts into one sentence
- Use words like 'can', 'will', 'shall', 'should', and 'might'
- Understand the comparatives like loud, louder, loudest
- Listen to longer stories being told
- Understand sequencing of events when clearly explained for example, 'First we put the plug into the drain hole in the bath, then we turn on the taps to run the water and then we get into the bath to wash'

## 14. CHILD OBSERVATIONS and ASSESSMENT

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Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
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Number of Pages:	4

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 8: Planning and Evaluation, Síolta Standard 12: Communication Síolta Standard 15: Legislation and regulation) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 4: Records, National Standard 6: Evaluation, National Standard 8: Care, Play and Learning, National Standard 10: Behaviour, National Standard 14: Sleep)

### Statement of Intent:

The service recognises that observation is a useful tool and enables staff plan the curriculum to meet the individual needs of children.

*“Assessment is the ongoing process of collecting, documenting, reflecting on, and using information to develop rich portraits of children as learners in order to support and enhance their future learning”* Aistear, the Early Childhood Curriculum framework.

### Policy and Procedure:

By observing how children respond to activities, staff will be able to evaluate if the activities and resources they have provided meet the needs of all the children. It helps them to plan a broad, balanced and appropriate curriculum. Staff should refer to the Curriculum Policy. Observations also enable staff to provide challenge and extend the programme so that each child is able to progress.

All observations / records / assessments will be treated with confidentiality.

Sharing observations with parents/guardians strengthens the partnership between the home and the service, giving understanding and information and allowing staff and parents/guardians to do their best for each child.

Observation involves watching and listening to children and using the information gathered through this to enhance their learning and development. The adult may use

different types of observations depending on what he/she wants to find out. (See Figure 1) Like conversations, observations can be planned or spontaneous and are best carried out by an adult who knows the children well.



**Figure 1: Observations/Assessment**

### **Guidelines on carrying out observations**

- All aspects of development and learning should be considered when assessing children.
- Assessment must be based on detailed observations of what children do and say.
- Written records should contain factual information.
- Carry out observations on a regular basis and share these with parents/guardians at planned interviews and at any time of the year on request.
- Use observations to assist in planning and organising the curriculum to help meet the individual needs of children.
- Ensure records are kept by the service.
- Staff should be aware of their own values and beliefs and ensure they are observing and assessing impartially.
- In assessing, the observer looks for evidence of children's progress across *Aistear* themes:
  - **Dispositions** :for example, curiosity, concentration, resilience, and perseverance.
  - **Skills**: for example, walking, cutting, writing, and problem-solving.
  - **Attitudes and values**: for example, respect for themselves and others, care for the environment, and positive attitudes to learning and to life.

- **Knowledge and understanding:** for example, classifying objects using colour and size, learning 'rules' for interacting with others, finding out about people in their community, and understanding that words have meaning.

We keep two forms of assessments;

**1. Developmental Observations**

*(See Child Development Policy re Developmental Milestones)*

**2. Aistear Assessments**

Both of these tell us something different about the child. For example, a developmental observation might tell us a child can hold a pencil using his pincer grip. An Aistear assessment tells us how children engage in their learning journey and they celebrate each child's individuality.

**Aistear Assessment:**

Assessment is the ongoing process of **collecting, documenting, reflecting on** and **using information** to develop rich portraits of children as learners in order to support and enhance their future learning.

**Recording and Documenting Observations:**

Recording observations and making assessments contributes to the quality of children's experiences, supports their development and helps to keep them safe. The child's Key Worker will carry out these observations.

Documentation can include written notes, stories, photographs, video footage, and samples of what children make, do and say, such as models, sculptures, pictures, paintings, projects, scribed comments, responses, or statements. Staff and children use this evidence of learning to celebrate progress and achievement, and to plan the next steps in learning. Documentation also enables the adult and/or children to share information with parents/guardians. This can help parents/guardians to build on children's preschool experiences while at home, and so make learning more enjoyable and successful. In the case of some children, documentation provides critical information in helping to identify special educational needs, in putting appropriate supports in place, and in reviewing the impact of these interventions.

**Report Writing:**

A member of staff will complete written records. UPDATING OF RECORDS MUST BE DONE AT APPROPRIATE TIMES AND MUST NOT INTERFERE WITH CHILD SUPERVISION.

The following items should be included:

- Eating pattern.
- Child's general mood.
- Activities attempted/completed.
- Accidents, if any.
- Areas of development: social, emotional and physical and any evidence of development across Aistear themes.

Meetings with parents/guardians are held to share information. In order to write positive and honest reports, staff should use the following points:

- Use straightforward language.
- Focus on what you have observed.
- Describe rather than blame.

Reports should be:

- Based on facts.
- Reasonable.
- Impartial.
- Legible.
- Accurate.
- Dated and signed.

**Confidentiality:**

It is important to remember that reports may be used for other reasons than just sharing information with parents/guardians. Due regard should be given to the principles of the Freedom of Information Acts and the Data Protection Acts when compiling reports. Any queries on this matter should be directed to the Manager.



Confidentiality in report writing and sharing information must be maintained at all times except in Child Protection circumstances. The Manager should be consulted regarding any issues. A breach of confidentiality may invoke the Disciplinary Procedure.

## 15 CODE OF ETHICS - WORKING WITH CHILDREN

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Document Author:	Réaltaí Cúram Leanaí, CB
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Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 1: Rights of the Child](#)) ([National Standard 5 Organisation and Management](#), [National Standard 6: Evaluation](#), [National Standard 8: Care, Play and Learning](#), [National Standard 9: Nurture and Well-Being](#), [National Standard 10: Behaviour](#), [National Standard 11: Child Protection](#))

### Statement of Intent:

The service will ensure that staff are fully aware of what is expected from them in terms of behaviour and their attitude to their work and children.

Staff should adopt the following practices when interacting with children:

### **DO...**

- Provide constant supervision to ensure children are safe.
- Make strong eye contact.
- Be at the child's level – focus on the child/children.
- Give encouragement and positive feedback.
- Work with the child to develop their skills in relation to mediation and conflict resolution.
- Extend the child's language.
- Use clear communication skills – questions, responses, discussion, leading to other subjects.
- Ask questions – how did you do that? - tell me about that? how? why?
- Use props.

- Be sensitive to the child's needs and partnering play.
- Ensure the child is comfortable.
- Language – short repeat words, extend language – in line with the child's developmental age.
- Use all occasions to engage children – greetings – lunch.
- If the child does not understand your request, repeat it using clear simple language.
- Organise activities – that reflect children's interests – enjoyable, accessible to child.
- Allow children – freedom of choices, within reason.
- Listen, encourage and praise – applies to adults, children, parents/guardians.
- Be a positive role model. Remember children learn what they see and hear.
- Encourage children to engage in activities which will calm or relax them.
- Be aware that the weather can affect children – rain, wind, heat etc.
- Be aware that the environment can affect children – space, noise, temperature etc.
- Follow the child's lead.
- Speak in soft tones
- Have FUN!

**DON'T...**

- Use mobile phones when supervising children.
- Use abusive/threatening behaviour or language.
- Use raised voices.
- Isolate children.

## 16. CURRICULUM

Document Title:	Curriculum
Unique Reference Number:	016
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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 2: Environments, Síolta Standard 7: Curriculum, Síolta Standard 6: Play, Síolta Standard 8: Planning and Evaluation)(National Standard 1: Information, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 6; Evaluation, National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being, National Standard 16: Equal Opportunities, National Standard 19: Equipment and Materials)

### Statement of Intent:

The service offers a range of learning opportunities to children, which are appropriate to the child's stage of development. The service is fully committed to being guided by the principles of Síolta and the curriculum framework Aistear.

We recognise how important high-quality early childhood experience can be in children's lives. This Curriculum aims to encourage active learning, problem solving, effective communication, creativity and autonomy. It aims to help children be confident and competent, which will benefit their long-term success in life. Our service recognises the diversity of experiences and relationships that shape children's lives.

### Children learn best when they:

- Participate in making decisions as much as possible.
- Make choices and contribute to learning experiences.
- Share their opinions and diverse experiences and discuss their learning.
- Have positive role models.
- Learn in a responsive and supportive social environment.
- Learn through multi-sensory experiences.
- Participate actively in experiences that engage them emotionally, physically, cognitively and socially.

**Aistear: The Early Childhood Curriculum Framework**

Our programme will follow the Aistear guidelines and principles. Aistear is Ireland's curriculum framework for children from birth to six years. Aistear is designed to work with the great variety of curriculum materials currently in use in early childhood settings. Using learning goals of Aistear, we will adapt our curriculum to make learning even more enjoyable and rewarding for the children at the service. Aistear contains information for parents/guardians and practitioners that will help plan for and provide challenging and enjoyable learning experiences that can enable all children to grow and develop as competent and confident learners in the context of loving relationships with others. Aistear describes the types of learning (dispositions, values and attitudes, skills, knowledge, and understanding) that are important for children in their early years, and offers ideas and suggestions as to how this learning might be nurtured. The Framework also provides guidelines on supporting children's learning through partnerships with parents/guardians, interactions, play, and assessment.

Aistear is based on 12 principles of learning and development presented in 3 groups:

1. Children and their lives in early childhood:

- the child's uniqueness
- equality and diversity
- children as citizens.

2. Children's connections with others:

- relationships
- parents/guardians, family and community
- the adult's role.

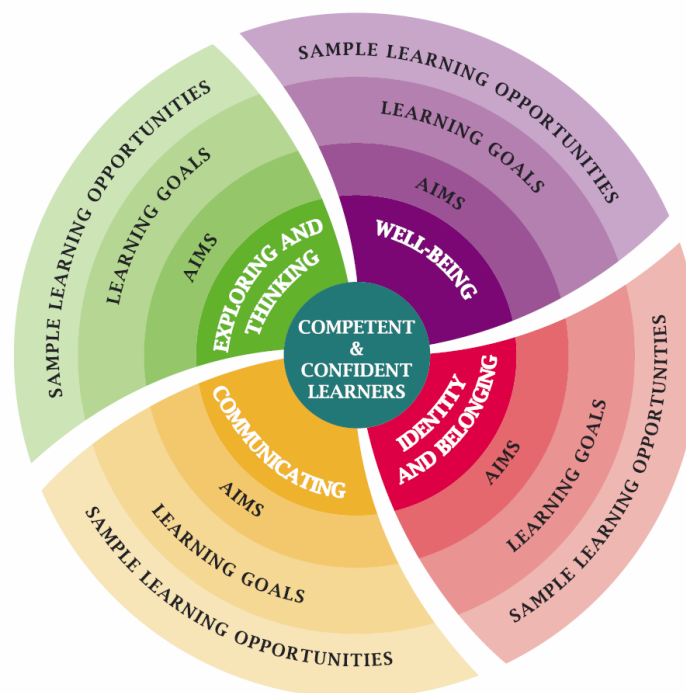
3. How children learn and develop:

- holistic learning and development
- active learning
- play and hands-on experiences
- relevant and meaningful experiences
- communication and language
- the learning environment.

Aistear also uses 4 themes that connect and overlap with each other to outline children's learning and development. The themes are:

- Well-being
- Identity and Belonging
- Communicating
- Exploring and Thinking.

Each theme includes *aims* and *learning goals* for all children from birth to six years (see Figure 1). The aims and goals outline the dispositions, attitudes and values, skills, knowledge, and understanding that the adult nurtures in children to help them learn and develop.



**Figure 1: Curriculum Sheets**

Staff will use curriculum planning sheets. Activities should be age and stage appropriate and should include a combination of child-initiated, staff-initiated, collaboratively planned and spontaneous activities. The Curriculum will ensure that children have a balance of activities from the developmental areas listed above. The activities may be “theme based” depending on the interests of the children at the time.

We aim to establish sensory-rich outdoor and indoor learning environments to support our curriculum.

**The Role of Staff:**

- To be a positive role model.
- To offer guidance, support and encouragement.
- To be calm and gentle in approach.
- Plan collaboratively with children as part of the curriculum decision making.
- Plan a responsive curriculum that reflects their needs and interests and complete curriculum planning sheets.
- Use a range of learning methods including free play, real-life experiences, focused learning, routines, equipment and play materials, etc.
- Organise environments that are dynamic and responsive to children's needs and interests.
- Celebrate diversity and challenge/question any racism, inequality and negative attitudes.
- To be non-judgemental and to be aware of our own values and assumptions.
- Work in close partnership with parents/guardians.
- Collect evidence on how children learn and record this evidence through observation.

**Understanding children's learning:**

The staff will plan activities based on the following significant characteristics of young children's learning:

- They learn through personal experience.
- Their understanding of other people's talk is often at the literal level.
- They understand best what they can feel (emotionally), see, touch, hear, taste and smell.
- Their attachment to particular adults and peers deepens their ability to learn from and with them.
- They are egocentric, and, through experience and guidance, they learn how to cooperate, share and play collaboratively.

**Equipment:**

At the service it is the policy that the equipment, materials, and toys available are suitable, safe and age appropriate, while providing exciting challenges and experiences for the developmental needs of the children. Equipment is chosen carefully and is appropriate for each room.

- The layout of the room is carefully designed, and the equipment is low level and accessible for the children.
- The environment will encourage free choice and teaches the children to select, use and replace the materials/equipment after use.
- Some elements of the home environment will be established, our play will include clearly defined areas of interest (e.g.) home/ imaginative, sand/water, art/creative and construction play.
- New materials will be introduced on a regular basis, based on the children's developmental needs and interests.
- Staff are responsible for the materials, ensuring that all materials/equipment used is clean, safe and well maintained at all times.
- Parents/guardians can feel confident that their child is being cared for in a safe, happy environment.

**We encourage learning through free play with a range of activities including:**

Imaginative Play, Books, Music Activities, Creative Play, Sand and Water Play, Arts and Crafts, Play Dough, Jig Saw, Construction and Manipulative Toys, Energetic Play, Drama, etc.

## 17 INCLUSION [INCORPORATING EQUALITY & DIVERSITY]

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Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 3: Parents/guardians and Families](#), [Síolta Standard 7: Curriculum](#), [Síolta Standard 9: Health and Welfare](#), [Síolta Standard 8: Planning and Evaluation](#)) ([National Standard 1: Information](#), [National Standard 3: Working in Partnership with Parents or Guardians](#), [National Standard 5: Organisation and Management](#), [National Standard 8: Care, Play and Learning](#), [National Standard 9: Nurture and Well-Being](#), [National Standard 10: Behaviour](#), [National Standard 15: Children with Disabilities](#), [National Standard 16: Equal Opportunities](#))

**This policy has been developed according to the principles outlined in The Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education (see Appendix B)**

### Statement of Intent:

We aim to ensure that all children, will be able to meaningfully participate in our settings (apart from exceptional situations where specialised provision is required for unavoidable reasons). In line with this vision, our policy is about supporting the access and inclusion of children with a disability and/or additional needs.

### Purpose of Policy

To provide guidelines for the successful inclusion of children with additional needs and to provide guidelines for the successful celebration of diversity into the setting

### Guiding Principles

- **Consistent:** The provision of supports and services for children with a disability should be consistent across our service
- **Effective:** supports should make a difference and genuinely enhance inclusion.
- **Equitable:** All children should have equality of opportunity to access and participate.



- **Evidence-informed:** supports and services for children with a disability should be evidence-informed.
- **Integrated:** Our approach is to work in partnership with families and other stakeholders/agencies
- **Needs-driven:** supports will be needs driven.

### **A Sense of Identity**

All children, parents and staff are entitled not to be discriminated against and to be given the same opportunities. The practice in a childcare setting should represent and recognise the different needs, experiences and backgrounds of both its users and the wider community. Staff need to be aware that different skills, experiences, interests and awareness that children have, affects their ability and how they learn. When planning a curriculum, it should meet the needs of both boys and girls, children with additional needs, more able children, children with a disability, children from all social, cultural and religious backgrounds, children from different ethnic groups and children from a variety of different linguistic backgrounds.

## **INCLUSION OF CHILDREN WITH ADDITIONAL NEEDS**

### **Definitions:**

**Additional Needs:** Children whose development, in one or more of the following areas, needs additional support - mobility, expressive and/or receptive communication, social behaviour, behavioural control, fine/gross motor skills, vision, hearing, self-care, cognitive skills.

### **Definition of Disability**

“A long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder a child’s full and effective participation in society on an equal basis with others”. The definition is broad and should ensure that children with needs arising from a long-term physical, mental, intellectual or sensory impairment will be supported even where the particular impairment may not be traditionally recognised as a disability. “Long-term” should be understood as referring to an impairment which is enduring and permanent or likely to be permanent. (Adapted from AIM)

**Inclusion:** A process involving a programme, curriculum or education environment where each child is welcomed and included on equal terms, can feel they belong, and can progress to his/her full potential in all areas of development (National Childcare Strategy 2006–2010).

**The Manager of this service takes responsibility for:**

- Ensuring the physical environment is suitable where possible and with available resources.
- Providing clearly defined enrolment procedures set out in our enrolment/admissions policies, which endeavour to facilitate access for all children within the resources and expertise available.
- Identifying children with additional needs during the application process.
- Reviewing with staff, the planning and resources provided for children with additional needs attending the service.
- Linking with other groups that support the child, HSE, Early Intervention Team, TUSLA, Voluntary Services etc.
- Linking in with AIM for advice and support from the Early Years Specialist Service (Access and Inclusion) which can be accessed by phone (01-511 7222), e-mail (onlinesupport@pobal.ie) or via the AIM online application form at [www.pobal.ie](http://www.pobal.ie). **This applies to the ECCE funded two year free preschool programme only.**
- Working with staff and families to identify and apply for additional resources/support for children with additional needs.
- Providing appropriate physical and staffing resources within the budget constraints of the service.
- Supporting staff to gain the appropriate knowledge and skills for the implementation of this policy and additional roles as they are created and developed.
- Creating Job descriptions for all roles within the service and specifically for:
  - The Inclusion Coordinator
  - The Early Years Practitioner with Keyworker responsibilities for a child with additional needs (AIM Level 7)
  - Practitioner (Specific Medical Needs)

- Ensuring that Medical Emergency Care plans are set up for children requiring life-saving medication.
- Ensuring an Individual Education Plan is developed for the child where needed.
- Facilitating continuous professional development of staff to enhance inclusion.
- Ensuring there is purposeful learning for the child within the setting.
- Providing support and strategies to staff in developing differentiated learning and providing accommodations/adaptations.
- Facilitating problem solving with staff to enhance inclusion.
- Modelling inclusionary practices for the entire service.

*Our team will work in consultation with the parents/guardians of the child, and other professionals and/or agencies working with the family to determine additional resources required to meet the functional and developmental needs of the child and to determine the suitability of the service in meeting these needs.*

**The Staff are responsible for:**

- Being a champion for children with additional needs.
- Identifying, if additional support is required, the type of support required and consulting.
- Liaising with families and liaising with management and outside agencies to access it if possible.
- Ensuring that any support or resources available for a child are accessed in consultation with the parents/guardians.
- Ensuring that the parents/guardians are fully informed about the curriculum planned and provided for their child and have given written consent for any action, support or intervention for their child.
- To plan and implement a programme which incorporates the individual goals for the child with additional needs.
- Ensuring the programme provides opportunities for participation and interaction with other children.
- Responding to parents/guardians needs and providing support and guidance, where appropriate.
- Encouraging a collaborative family approach.

- Ensuring that, in consultation with persons involved in the care and education of the child, any specialised medical and nutritional needs of the child are catered for in the day-to-day programme.
- Ensuring that the programme incorporates opportunities for regular review and evaluation, in consultation with all persons involved in the child's care and education.

**The parents/guardians will:**

- Share information about their child and their child's needs within the service.
- Be open to engaging with the AIM programme or other supports suggested.
- Raise any concerns they have about their child's participation in the programme.
- Be involved in, and fully informed about, any support proposed for their child.
- Be given the opportunity to consent to any observations, intervention or reports on their child and have a right to copies of such documents.
- Be given the opportunity to withdraw consent to any observations, interventions or reports.

**EQUALITY AND DIVERSITY**

The UN Convention on the Rights of the Child (1991) states:

“It is the States obligation to protect children from any form of discrimination and to take positive action to promote their rights”. We provide equal opportunities by ensuring that:

- We are aware that everyone's tastes vary and each of us has a different way of doing things. We all have different interests and ways of expressing ourselves.
- All staff have a responsibility to show clearly, through their work, that they respect all children and their families regardless of ability, culture, beliefs and traditions.
- Staff are non-discriminatory, and we believe in equal attention and care for all children without regard to race, gender, national origin, ancestry etc.

**Definitions**

‘Diversity’ refers to the diverse nature of society. Diversity is about all the ways in which people differ, and how they live their lives as individuals, within groups, and as part of a wider social group: for example, a person can be classified, or classify themselves, by their social class, gender, disability/ability, as a returned Irish emigrant, family status, as an inter-country adoptee, or from a different family structure, including foster care. They can be seen – or see themselves – as part of a minority group, a minority ethnic group or part of the majority/dominant group (adapted from Murray and Urban, 2012).

‘Equality’ refers to the importance of recognising, respecting, and accepting the diversity of individuals and group needs, and of ensuring equality in terms of access, participation and benefits for all children and their families. It is therefore not about treating people ‘the same’. Equality of participation is particularly relevant when working with children and parents. Inequality can be instigated by an individual, or through policies at an early childhood service or broader institutional level (adapted from Murray and Urban, 2012).

**Favouritism:**

Staff should not develop favouritism or become over involved with any one child. The children should be comfortable in the care of any of our staff as there may be different staff working each day with groups or individual children. Children can feel resentful or isolated if staff always favour one child and a child who is always over indulged or favoured can be led to feel that he or she can do no wrong and grow up to have a feeling of entitlement which may affect future relationships and behaviour as an adult.

**Access:**

Everyone in the community regardless of religious affiliation, political background, race, culture, linguistic needs, disability, sexual orientation or age, has access to the service.

**The Curriculum:**

- All children are to be respected and their individuality and potential recognised, valued and nurtured.
- Activities and the use of play equipment will offer children opportunities to develop in an environment free from prejudice and discrimination.
- Through the proactive use of planning and curriculum development opportunities will be given to children to explore, acknowledge and value similarities and differences between themselves and others.
- It is important for children to experience a variety of cultures at an early age so that they realise that cultural diversity is part of everyday life.
- We encourage families to share their own cultures and traditions with staff so that all values are respected and may be celebrated in the service when possible.
- It is our objective to support and encourage each child in their experience and guide them to embrace their own values and the values of others. These experiences help set the child's foundations and potentially shape the people they will become.

**Resources:**

All materials are to positively and accurately reflect cultural and racial diversity. These materials will help children to develop their self-respect and respect other people by avoiding stereotypes. We use a range of books, images, music and songs and experiences that reflect diversity. Boys and girls are to have equal opportunity, and be actively encouraged to use all activities.

**Discriminatory Behaviour/Remarks:**

Any discrimination (language, behaviour or remarks) by children, parents/guardians or staff/volunteers is unacceptable in the service. Discrimination will be positively challenged by supporting the victim and helping those responsible to understand and overcome their prejudices.

**Festivals:**

We aim to show respect for and awareness of all major events in the lives of the children and families and wider society. Without indoctrination, we aim to acknowledge festivals celebrated by all families in our community and wider society through stories, activities, special food and clothing which reflect diversity of life. We have a sensitive approach to Father's/Mother's Day etc. and welcome parents/guardian's contributions.

**Language:**

It is important that all children and their parents/guardians feel welcome and encouraged to be involved. To help children with little or no English we will:

- Ensure inclusion in the group and staff will talk to the child, speaking slowly and simply, demonstrating what is meant by the words.
- Support child and parents by staff member who will try and learn some key phrases in the child's language, e.g. 'hello' 'goodbye' 'hungry' 'thirsty' 'do you need help?'
- Make it easy for the child to settle into the setting, we encourage other children to talk to non-English speaking children in the same way as usual.
- Parents are invited to help with key words and phrases in their home language.
- Staff will ensure that they correctly pronounce and spell children's names.

**Spiritual, Cultural, Social and Moral Values:**

Growth in spiritual, social and cultural values is encouraged by:

- Providing an environment where children feel safe and secure.
- The constant implementation of the services rules.
- Learning to share and respect the property of others.
- Learning to accept the rules of play and the rights of others.
- The celebration of festivals from a variety of cultures.

Parents/guardians from ethnic minorities and religious communities may wish to be absent to celebrate religious events. We will support such occasions.

## **APPENDIX A: PRINCIPLES OF AN INCLUSIVE CULTURE IN THE EARLY CHILDHOOD SERVICE**

**(taken from the Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education)**

An inclusive culture involves:

- Working in partnership and openly communicating with the child's family.
- Working in partnership with outside agencies that may be involved with the family. (Consent must be given by the child's parents.)
- Actively promoting equal opportunities and anti-bias practices, so that all children and families feel included and valued. (Derman-Sparks and ABC Task Force, 1989)
- Having robust policies and procedures – inclusion policy, equal opportunities policy.
- Recognising and valuing that all children are unique and will develop and learn at their own rate.
- Utilising the AIM programme to meet the needs of children and recognising that not all children with disabilities will require additional support.
- Encouraging children to recognise their individual qualities and the characteristics they share with their peers.
- Actively engaging children in making decisions about their own learning.
- Respecting the diversity of the child, their family and community throughout the early childhood service.
- Understanding that children have individual needs, views, cultures and beliefs, which need to be treated with respect and represented throughout the early childhood services.
- Reflecting on your own attitudes and values.



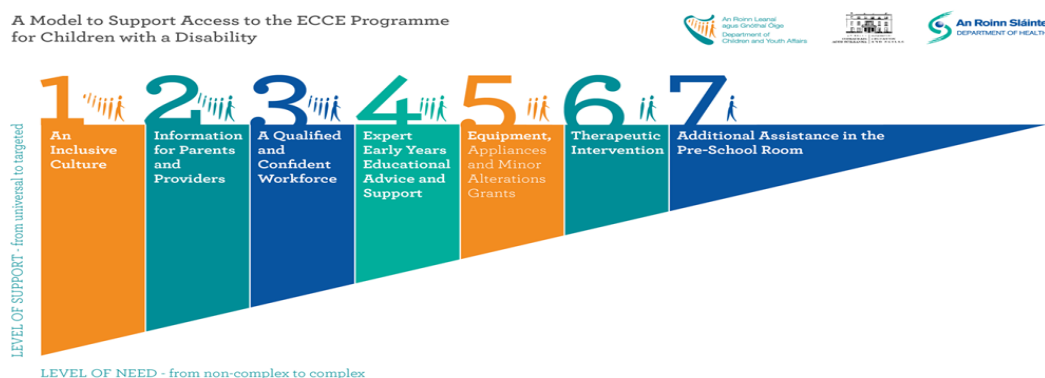
## APPENDIX B: AIM-Access and Inclusion Model

The Better Start **Access and Inclusion Model** (AIM) is a model of supports designed to ensure that children with disabilities can access the Early Childhood Care and Education (ECCE) programme. Its goal is to empower service providers to deliver an inclusive pre-school experience, ensuring that every eligible child can fully participate in the ECCE programme and reap the benefits of quality early years care and education.

AIM is a child-centred model, involving seven levels of progressive support, moving from the universal to the targeted, based on the needs of the child and the service provider. For many children, the universal supports offered under the model will be sufficient. For others, one discrete support may be required to enable participation in pre-school, such as access to a piece of specialised equipment. For a small number, a suite of different services and supports may be necessary. In other words, the model is designed to be responsive to the needs of each individual child in the context of their pre-school setting. It will offer tailored, practical supports based on need and will not require a formal diagnosis of disability.

### What supports are provided under AIM?

AIM provides a suite of universal and targeted supports across 7 levels.



### Universal Supports (Levels 1 – 3 of the Access and Inclusion Model)

Universal supports are designed to promote and support an inclusive culture within

pre-school settings by means of a variety of educational and capacity-building initiatives. Specifically:

- A new **Inclusion Charter** has been developed for the early years sector. Service providers are invited to sign-up to this Charter by producing and publishing their own Inclusion Policy. To support this process, updated Diversity, Equality and Inclusion Guidelines for Early Childhood Care and Education have been produced and a national training programme on the Inclusion Charter and the Guidelines will be delivered by the City and County Childcare Committees. The Diversity, Equality and Inclusion Charter and Guidelines can be accessed at <http://aim.gov.ie>
- A broad **multi-annual programme of formal and informal training** for pre-school staff in relation to disability and inclusion will be funded by the Department of Children and Youth Affairs and will be delivered by the City and County Childcare Committees, in collaboration with the HSE and other agencies.

#### **Targeted Supports (Levels 4 – 7 of the Access and Inclusion Model)**

The supports at levels 1 to 3, when appropriately developed, have been found internationally to be sufficient to support many children with disabilities. However, where a service provider, in partnership with a parent or guardian, considers that some further additional support may be necessary to meet the needs of a particular child, they can apply for one or more of the following targeted supports:

- **Expert advice, mentoring and support** is available from a team of 50 specialists in early years care and education for children with disabilities. These experts, termed Early Years Specialists (Access and Inclusion), are based in the Better Start National Early Years Quality Development Service.
- A scheme is available for the provision of **specialised equipment, appliances and grants towards minor building alterations** which are necessary to support a child's participation in the ECCE programme.
- **Therapy services**, which are critical to a child's participation in the ECCE programme, are available through the model and will be provided by the HSE.

- Finally, where the above supports are not sufficient to meet the needs of a child, service providers, in partnership with parents or guardians, can apply for **additional capitation** to fund extra support in the classroom or to enable the reduction of the staff to child ratio.

### **How do I access AIM supports?**

Service providers and parents or guardians are able to submit applications for AIM supports to allow them to plan ahead for pre-school enrolment in September. It should be noted that applications will remain open throughout the year although, in the case of children with more complex disabilities, parents and providers are encouraged to apply early.

### **Universal Supports (Levels 1 – 3 of the Access and Inclusion Model)**

National training programmes in relation to the Diversity, Equality and Inclusion Guidelines, as well as in relation to disability and inclusion more generally, will be advertised on this website [www.lincprogramme.ie](http://www.lincprogramme.ie) and on the websites of all City and County Childcare Committees. Service providers and practitioners will be able to apply for places on these training programmes via their local City or County Childcare Committee.

### **Targeted Supports (Levels 4 – 7 of the Access and Inclusion Model)**

Advice and support from the Early Years Specialist Service (Access and Inclusion) can be accessed by phone (**01-511 7222**), e-mail ([onlinesupport@pobal.ie](mailto:onlinesupport@pobal.ie)) or via the AIM online application form at [www.pobal.ie](http://www.pobal.ie). This form only needs to be completed once to access supports across levels 4, 5, 6 or 7.

To apply for specialised equipment, appliances or a grant towards minor alterations, service providers, in partnership with parents or guardians, should complete the relevant part of the aforementioned online application form on PIP.

To apply for therapy services or additional capitation to fund extra support in the classroom, service providers, in partnership with parents or guardians, should complete the online application form on PIP, including the Access and Inclusion Profile section of the form. It is estimated that only 1 to 1.5% of children in ECCE will require, and therefore be eligible for, the Level 7 additional capitation.

For more detailed information on AIM, please refer to our dedicated webpages [www.preschoolaccess.ie](http://www.preschoolaccess.ie), <http://aim.gov.ie/faqs/>and <http://aim.gov.ie/key-documents-and-resources/>.Your local City or County Childcare Committee will also be able to provide further information and guidance.

**To meet these diverse needs childcare practitioners should:**

- Plan opportunities to build on an extend children’s knowledge, experiences, interests and skills and should develop their self-esteem and confidence.
- Use a wide range of teaching practices based on the children’s individual learning needs
- Provide a wide range of opportunities to motivate and support development
- Provide a safe, stimulating and supportive learning environment where all children are valued and where racial, religious, disability and gender stereotypes are challenged.
- Use materials that positively reflect diversity and are free from stereotyping and discrimination.
- Plan challenging opportunities.
- Monitor children’s progress, identify areas of concern and act to provide appropriate support.
- Differentiate activities for children who have additional needs to allow for full participation and integration.
- What we provide and how it is presented influences children’s identity. All children have the right to grow up feeling proud, self-confident and sensitive to the feelings of others.

**APPENDIX C: Service Evaluation**

- ✓ Are pictures, posters and other illustrations like jigsaws portraying a cross section of people including those with a disability?
- ✓ Do the dressing up clothes and home corner offer a range of items that reflect a variety of cultures and social situations to extend all children's knowledge and experience?
- ✓ Do the books offer non-stereotypical characters and represent different people, cultures and language?
- ✓ Do the children have the opportunity to make and eat foods from different cultures?
- ✓ Are children including those with a disability encouraged to be independent?
- ✓ Do multicultural children feel relaxed and able to use their home language and commended for their ability to use a variety of languages?
- ✓ Are monolingual children whose home language is not English encouraged to express themselves in their heritage language?
- ✓ Do practitioners actively intervene if children are physically abused, called names, laughed at or excluded because of their skin colour, disability or the way they talk?
- ✓ Do we answer questions about disability, skin colour or parental situations accurately?
- ✓ Are girls encouraged to play with construction kits and boys with dolls and the home corner?
- ✓ Are disabled children and non-disabled children encouraged to interact and learn from each other?

## 18. INTERACTION and COMMUNICATION

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Unique Reference Number:	018
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Document Approved:	Glenn Muliett
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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 1: Rights of the Child, Síolta Standard 3: Parents/Guardians and Families, Síolta Standard 4: Consultation, Síolta Standard 5: Interactions, Síolta Standard 12: Communication) (National Standard 3: Working in Partnership with Parents or Guardians, National Standard 6: Evaluation, National Standard 7: Complaints, National Standard 9: Nurture and Well-Being, National Standard 10: Behaviour)

### Statement of Intent:

Our policy is to encourage open and proactive communication within the organisation. In order to achieve this, we provide an open door policy whereby we would encourage each member of staff to communicate any issues or concerns that they may have. We have a Comments and Complaints Policy to address any issues that parents/guardians may wish to raise, and we listen to children's opinions and interests when planning our activities and curriculum.

### Communicating and Interacting with Children:

At the service we believe that effective adult-child interaction is essential to a successful early childhood service. Appropriate language must be used at all times when dealing with children. Adult conversations should never take place in front of children. What happened at the weekend is staffroom talk not classroom talk. When talking with a child it is best to do so at child's eye level. It displays respect and in turn gains the respect of the child. Children should never be shouted at or screamed at in the service.

Staff should encourage positive interactions between children. They should actively engage in interactions with children individually and in groups and support in the development of relationships between both children and staff and children together.

Staff at the service look for natural openings in children's play and then join the child or children at their physical level.

Staff look for opportunities for conversations with children about the activities children are engaged in and make comments about the child's activities that allow the conversation to continue without pressuring the child for a response.

Staff at the service should ensure that:

- We offer a warm, welcoming and relaxed atmosphere.
- Interactions between staff and children are positive.
- There are opportunities for children to play in pairs, groups or individually.
- They use encouragement instead of praise-rather than statements that evaluate or judge, staff make objective, specific comments that encourage children to expand their descriptive language and think about what they are doing.
- Whenever possible, they encourage children to solve problems for themselves. While adults could often solve the problem more easily by taking over, the goal is for children to develop their own problem-solving abilities through trial and error.

#### **Communicating with Colleagues:**

Staff should inform a colleague if they are leaving the premises during breaks or lunch time. This is vital for fire regulation procedures.

All employees should be up to date on all the children attending the service especially when there is a change in the child's home background that may induce disruptive or abnormal behaviour, e.g. a new sibling, parents/guardians' separation, etc.

Any information received from a parent regarding a child should be passed on to the person in charge as soon as possible.

#### **Communicating with the Manager/Person in Charge:**

The person in charge is there to support, advise, and help staff where necessary. Any incidents that staff are concerned about should be brought to the attention of the person in charge no matter how minor or small the concern may seem to be.

During staff one to one sessions it is advisable to bring to the attention of the Manager any worries, thoughts or concerns you may have. If a staff member is concerned for a child's development and or behaviour the person in charge must be consulted.

**Building Positive Relationships with Families:**

A strong connection between families and early year's providers is essential for building a positive environment for young children. Miscommunication, or limited communication between staff, can lead to situations that adversely affect all of the parties involved. Staff **may not** discuss with parents/guardians any concerns about their child without first discussing the matter with the room leader or person in charge. Any developmental or behavioural concerns should be looked at in accordance with the Child Development policy before making any judgements.

Following are some tips for families and child care professionals on how to build positive relationships.

- It's important for staff to gain knowledge about each individual child in their care. One way to learn about the individual personalities of young children is by observing the interactions between children and their families. For example, what are the good-bye rituals or what do the parents/guardians do to comfort their child? The younger the child, the more necessary it is for professionals to acquire this knowledge through relationships with her family.
- Be attentive and open to negotiation if a parent brings a concern or complaint to your attention. Keep in mind that assertive communication - when you tell the truth and care about the listener - is the most effective form of communication.
- Be sensitive to each child's cultural and family experience. Reflect the diversity of these experiences in the toys, books, decorations, and activities you choose in creating your learning environment.
- Make time for communication. Pick-up and drop-off times are often hurried occasions; however valuable information can be exchanged through these daily informal meetings. By simply asking how the family is doing in a non-intrusive way, staff can share information that may help the childcare professional better understand a child's behaviour on any given day. For example, a child may be sad if a family member is on a business trip or if someone is ill. What may seem trivial to adults can be very important to young children.
- Children benefit most from healthy, reciprocal relationships between staff and families. Like most relationships, these require time to nurture mutual respect, cooperation, and comfortable communication.



## 19. KEY WORKER

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Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 3: Parents/guardians and Families Standard 5: Interactions Standard 10: Organisation Standard 11: Professional Practice Standard 12: Communication, Standard 13: Transitions) (National Standard 3: Working in Partnership with Parents or Guardians Standard 5: Organisation and Management Standard 9: Nurture and Well-Being)

### Statement of Intent:

We value the role of a key worker and every child attending the service is assigned a key worker.

- The key worker will provide continuity between home and the service and they have a 'special' responsibility for the child.
- The key worker links closely with parents/guardians in helping to settle the child into the service. This is achieved by the Key worker by:
  - Understanding the child's/parent's needs.
  - Understanding cultural differences/key words from child's own language.
  - Bridging the worlds of home and the service.
- The children are encouraged to develop relationships with other staff at the service.
- Key workers do not remain with their children all day (lunches, breaks, etc.) – this system provides for continuity of relationship without exclusivity however we try to ensure that minimal changeovers occur.

### Key Working Responsibilities:

The primary aim of the key worker system is to provide close relationships between the practitioner and the child, and the parents/guardians of those children in order to assist the development of the children. It is important to distinguish between the administrative aspects of a key worker system and the development of an appropriate

key person relationship and to recognise the value of both aspects of the key worker role.

- Keeping records of your key children's developmental progress, contributing observations to records kept by colleagues and sharing records with parents/guardians.
- Observing your key children and analysing the information gathered through observation (observations to be put into Aistear assessments / learning journals).
- Planning experiences for individual children based on observations of their interests and developmental stages.
- Writing individual education plans for key children with special educational needs.
- Writing reports for parents/guardians and meetings to discuss progress.
- Communicating with colleagues and other professionals.
- Planning key group times – these may include: Eating times, sharing stories singing and rhymes, music and movement.
- Ensuring smooth and planned transition when a child moves rooms and the key person changes, including the passing on of information on development and progress kept in key person files.
- Follow up absences in consultation with the person in charge/Manager.

The person in charge/Manager should ensure that there is a high standard of opportunities for developing close relationships between children and key adults as follows:

- Staff cover is provided by those familiar to the children whenever possible.
- Staff have regular opportunities to reflect on their own emotional responses to the children and to their work as well as thinking about the children's progress and planning play experiences.

**Important aspects of a key worker relationship are:**

- Developing trusting relationships with key children and their parents/guardians.
- Interacting with key children at a developmentally appropriate level (e.g. when working with young babies using reciprocal sounds, facial expressions and gestures.)
- Providing a secure base for key children by supporting their interests and explorations away from you.

- Providing a secure base for key children by being physically and emotionally available to them to come back to, by sitting at their level and in close proximity.
- Using body language, eye contact and voice tone to indicate that you are available and interested, gauging these according to the child's temperament and culture.
- Understanding and containing children's difficult feelings by gentle holding, providing words for feelings and empathy in a way suited to each individual child.
- Comforting distressed children by acknowledging their feelings, offering explanations and reassurances calmly and gently.
- Acknowledging and allowing children to express all feelings, for example anger, joy, distress, excitement, jealousy, love.
- Whenever possible settling your key children as they arrive each day.
- Changing/dressing and encouraging the key child to develop personal hygiene skills, while using sensitive handling and words that are familiar to them.
- Having regular opportunities to reflect on the emotional aspects of being a key worker, with a skilled, knowledgeable Manager or colleague.

## 20 USE OF INTERNET AND PHOTOGRAPHIC AND RECORDING DEVICES [INCORPORATING MULTI MEDIA]

Document Title:	Use of Internet and Photographic and Recording Devices
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Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 7: Curriculum](#), [Síolta Standard 9: Health and Welfare](#)) ([National Standard 3: Working in Partnership with Parents or Guardians](#), [National Standard 8: Care Play and Learning](#))

### **Statement of Intent:**

The service will ensure that the use of multimedia will be age appropriate and supervised when used.

### **Policy and Procedure:**

#### **Computers:**

Computers are not available to children in the service.

#### **Internet Access:**

Children do not have access to the internet unless it is for the purpose of homework for our afterschool service.

#### **Mobile Technologies:**

Personal mobile phones are not permitted within the classrooms except in the case of emergency. The taking of photographs on personal mobile phones is strictly prohibited anywhere in the service. Children may not bring tablets, or similar devices into the service unless it is for the purpose of homework for our afterschool service. The taking of photographs on personal tablets or similar devices is strictly prohibited anywhere in the service. Staff will have access to any device they deem to have inappropriate or photographic content taken within the service.

**Television/DVD:**

Television/DVD viewing is not provided for in the service.

**Gaming Machines e.g. PlayStation, Nintendo Wii, Xbox:**

Gaming machines are not used in the service.

**Music CDs:**

At the service we value music because it is a powerful and unique form of communication that can change the way children feel, think and act. It also increases self-discipline and creativity, aesthetic sensitivity and fulfilment. The CD's used are appropriate for young children and will contain no offensive or inappropriate language. Radios stations will not be listened to in classrooms as the content may not be suitable.

**Apps (Little Vista):**

The tablet is used for reporting to parents/guardians on their child's day and NOT for personal use at any time.

- The tablets are to be used strictly for recording the children's details including
  - Attendance
  - Sleep checks
  - Log daily activities
  - Updates for parents/guardians
  - Share photos with parents/guardians
  - Developmental observations
  - Aistear assessments
- Employees may not use the tablet for personal use or access personal email or social media.
- Children may not use the tablet.
- Each staff member will have their own log in ID and this ID should not be passed to any other staff member at any time.
- The tablet is to be used for signing in to work and signing out. This will be used for Payroll and for Health and Safety purposes instead of sign in and out sheets.
- Each staff member must sign in for themselves and no other member of staff is permitted at any time to sign another member of staff in or out.

- These conditions must be strictly adhered to at all times and Disciplinary Policy will be invoked for any breaches of this policy.

**Camera and Video Devices:**

We are aware of the need for sensitivity when taking photographs and observe the following:

- Parental permission will always be sought before photos or videos are taken.
- Only the services devices may be used to take pictures.
- Staff are not allowed to take pictures with personal phones/tablets or their own personal cameras.
- A photograph will only be taken if the child does not object to having his/her photograph taken.
- Photographs are used to show positive issues (e.g. a piece of work that the child has worked hard on or is pleased with, children playing cooperatively together etc.)

Where photographs, videos or even samples of children's work are to be displayed outside the service, we seek parental permission for this to happen. Examples of this are newspaper reports, articles in early year's publications or exhibitions of children's work.

We will get prior permission from parents/guardians for any images/videos collected that we would like to post on our website.

Students, visiting professionals or researchers, who need to take photographs or videos as part of their work, are made aware of the need for confidentiality and that children will not be named or identified in any other way. Further parental permission will be sought in this instance.

Videos are also occasionally used in the service for many of the above purposes. In particular we may use them for observations of children's play to further our understanding, or for assessment and planning tools

**Parents/guardians Photographing and Videoing Children:**

Parents/guardians may not take photographs or record children in the service without the consent of the Management

**Use of Photographs:**

Photographs are used throughout the service for a variety of purposes. Generally, Child Care practitioners take photographs of the children throughout the year to capture a particular example of play or something that a child has achieved. In addition, we use photographs for:

<b>Photographs:</b>	<b>Purpose:</b>
Displays of children's work	A record of ideas and topic references
Examples of children's play	As a part of an individual child's profile
Classroom areas	To show the range of activities
Class albums	For children to look at and talk about
Policy folders	To explain the work of the service to parents/guardians and visitors
Special events and festivals	As a record of the year and for children and parents/guardians to look at and talk about
Birthday display	Used as a class resource for talking about birthdays, months of the year etc.
Photographic maps of the service and local environment	A resource for topic work
From home	To act as a link between home and the service

**Storage of Photos:**

Photographic or video recording will not be stored on devices in the service for extended periods of time. If a photograph is likely to be used again it will be stored securely and only accessed by those people authorised to do so. We will not re-use photos more than one-year-old, without further permission from the subject of the photo or the parent, as applicable.

**Disposal of Photographs:**

In the event that we no longer require a photo it will be disposed of as confidential waste. When photos are destroyed:

- The CD disk will be made unusable.
- The memory card / USB stick erased.

- The computer file deleted.
- Hard/printed copies and any negatives are destroyed.

**CCTV:**

The system has been installed by the service with the primary purpose of ensuring the safety of children in our care, and helping to ensure the safety of all staff, parents/guardians and visitors consistent with respect for the individuals' privacy.

**Data Controller:** We have a designated Data Controller and they are responsible for the data/information collected using CCTV.

Management is responsible for the operation of the system and for ensuring compliance with this policy.

**This will be achieved by monitoring the system to:**

- Ensure that children are appropriately cared for.
- Assist in the prevention and detection of crime.
- Facilitate the identification of any activities/event which might warrant disciplinary proceedings being taken against staff and assist in providing evidence.
- Provide opportunities for staff training.
- To investigate accidents.

**The system will not be used:**

- To provide recorded images for the world-wide-web.
- To provide images for a third party, other than An Garda Síochána in the course of their enquiries.
- Recording any conversations.

**NOTE:**

If after viewing the CCTV for one the reasons stated that any inappropriate practice or breach of policies is observed this would be brought to the attention of the employee, they would have the opportunity to view same and depending on the matter this may result in invoking the discipline policy and procedure.



**The Data Protection Acts of 1988 and 2003, and the 2016 General Data Protection Regulation (GDPR):** CCTV digital images, if they show a recognisable person, are Personal Data and are covered by the Data Protection Acts.

**Location:**

The following areas are currently monitored by CCTV:

- Outdoors
- All classrooms
- Hallway
- Office

**Fairness:**

Management respects and supports the individual's entitlement to go about his/her lawful business and this is the primary consideration in the operation of CCTV. Although there will be inevitably some loss of privacy with CCTV, cameras are not used to monitor the progress or activities in the ordinary course of lawful business. They are used to address concerns, deal with complaints or support investigations. New employees will be informed immediately, at induction that a surveillance system is in operation.

**Role of the Management:**

- To ensure the system is always operational as practically possible.
- To ensure that servicing and repairs are carried out as necessary to the system.
- To respond to any individual's written request to view a recording that exists of him/her or his/her children.
- To ensure prominent signage is in place that will make individuals aware that they are entering a CCTV area.
- To ensure that areas of privacy (toilets etc.) are not monitored using CCTV.
- To ensure confidentiality is maintained at all time. Recorded information will be stored in the office and will only be available to those directly connected with achieving the objectives of the system.

**Traceability:**

Recordings must be logged and traceable throughout their life in the system.

**Time and Date Stamping:**

The correct time and date must be overlaid on the recording image.

**Copy/viewing Recordings:**

Management will respond to a request to view a recording by allowing the viewing to take place, in the presence of management on the premises. This is to protect other children/staff that may be present on the recording. Copies of recorded information must be strictly controlled and only made in relation to incidents which are subject to investigation. They must only be given to authorised third parties. Copies can only be issued by management.

**Retention:**

Recordings are retained for one month or less except for instances where investigation is taking place.

**Access to Recordings:**

There is no obligation on the service to comply with a request that it considers unreasonable or vexatious or if it involves disclosing identifiable images of third parties. Third parties must give consent. Recordings will however be provided, if required by law or authorised agencies such as the Garda.

- *Requests for access to recordings must be made in writing.*
- *Sufficient information must be provided to locate the relevant recording, a specific date and reasonable time window.*
- *Viewings will take place, if appropriate, in the service in the presence of management.*
- *Management will have 21 days to respond.*
- *If a copy of recording is given to a third party that third party must sign a declaration form that they will not share the tape with anyone else, copy it or use it for unauthorised purposes.*

If access to or disclosure of the images is allowed, then the following should be documented:

- a. The date and time at which access was allowed or the date on which disclosure was made.

- b. The identification of any third party who was allowed access or to whom disclosure was made.
- c. The reason for allowing access or disclosure.
- d. The extent of the information to which access was allowed or which was disclosed.
- e. The identity of the person authorising such access.

Where the images are determined to be personal data images of individuals (other than the data subject) may need to be disguised or blurred so that they are not readily identifiable. If the system does not have the facilities to carry out that type of editing, an editing company may need to be hired to carry it out. If an editing company is hired, then the Manager or designated member of staff needs to ensure that there is a contractual relationship between the Data Controller and the editing company.

**Data Subject Access Standards:**

All staff involved in operating the equipment must be able to recognise a request by data subjects for access to personal data in the form of recorded images by data subjects. Data subjects may need a standard subject access request form which:

- a) Indicates the information required in order to locate the images requested.
- b) Indicate that a fee may be charged for carrying out the search for the images.
- c) The maximum fee which may be charged for the supply of copies of data in response to a subject access request is set out in the Data Protection Acts, 1988 and 2003.
- d) Ask whether the individual would be satisfied with merely viewing the images recorded.
- e) Indicate that the response will be provided promptly following receipt of the required fee and in any event within 21 days of receiving adequate information

## 21. OUTDOOR PLAY

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Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliatt
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### Statement of Intent:

Outdoor play is an important part of our daily curriculum at the service. We aim to ensure that children play outdoors every day.—Our intention, through our outdoor programme is to enhance gross motor skills, co-ordination, balance, and body awareness. It also gives children opportunities to socialise freely and use imagination and initiative.

### Policy and Procedure:

A well-planned environment provides opportunities for children to seek new challenge as they master old ones.

Close observation is essential in order to assess children’s ability and to ensure appropriate planning and continuity for the outdoor curriculum. Staff will be vigilant about supervising children outdoors. The adult is there to supervise and lead garden games or play, and ensure that the children are in no danger to themselves or their peers.

Outdoor time is an extension of indoor activities therefore sitting should be kept to an absolute minimum.

- Staff should ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- The outdoor play area must be checked by a member of staff for safety before any children use the outdoor play area. (Risk Assessment)
- Staff **must engage** with the children during the outdoor play time.
- Curriculum planning should be used outdoors as well as indoors.

**Clothing:**

It is important that children are dressed appropriately for outdoor activity. Parents are asked to ensure their children have the appropriate attire for the weather.

**Sun Safety:**

We request that parents/guardians apply sun cream to their children before they attend as it is the responsibility of parents to ensure that their child is protected from the sun. If it is absolutely necessary, parents may request that staff apply sun cream to their child later on during the day. Sun cream should be in the original bottle labelled with the child's name. Staff will use gloves to apply sun cream and these will be changed between each application. Parents will be required to sign a permission slip. Parents are also encouraged to provide a sun hat for children.

**We will ensure that:**

- On very hot days children will have reduced exposure to sunlight in the middle of the day and where possible, children can seek shade when outside in the sun.
- Encourage children to wear a sunhat if provided by the parent.

**Adult/Child Ratios:**

The adult/child ratio for outdoor play will be in compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016, staff will be vigilant about supervising children outdoors. We aim that each child spends a minimum of 30 minutes outdoors every day, weather permitting.

**Outdoor Programme:**

- We will ensure that children have access to a range of outdoor activities to: run, crawl, balance, jump, throw, catch, pour, sort and pretend.
- A variety of activities take place outdoors and children can utilise a range of outdoor equipment such as balls, hula hoops, a sand pit, water play, and logs.
- The outdoor play area will be safe and scaled to a child's size.
- The outdoor time will be maximised through an intentional, well-planned approach to arranging the space and using the time.
- The programme will create a positive tone supporting a child's natural curiosity in playing outdoors.

- Children will be given the freedom to select safe materials to use outdoors to build upon their natural sense of exploration.
- The outdoor space offers choices for children.
- The programme will be child-led where active problem solving will be encouraged.
- Children and staff will interact in a relaxed and natural way.

**Interactions:**

Staff should be actively involved with children in their games and activities where appropriate and should not be solely in a supervisory role. Staff should be:

- Talking with children in a variety of ways (conversing, discussing, questioning, modelling and commentating).
- Helping children to find solutions to problems, supporting and encouraging.
- Extending their activities by making resources available and providing new ideas.
- Joining in games and activities when invited by children and initiating games.
- Observing, assessing and recording.
- Evaluating observations in order to plan appropriate resources and experiences.

**Outdoor Safety:**

- When setting out the equipment each day and during sessions, staff must look out for safety and remove any objects such as cans, bottles etc. which may have been left by others.
- The area should be checked for animal droppings.
- Before children go outside a member of staff must check the main gate is closed.
- Staff on duty outdoors must always be aware of the safety of the children in their care, be vigilant at all times and never leave the play area for any reason unless another member of staff has taken over responsibility.
- It is most important for staff to move around the area constantly so that all areas are adequately supervised. Each person should position him/herself in separate areas so that no area is unsupervised.
- At the end of the session the areas should be scanned carefully in case children should be left outside unsupervised.
- Hot drinks should not be taken into the outdoor areas.
- Students helping outdoors must never be left in charge of any area.

- All equipment should be stored away sensibly and carefully, to allow for safe and easy removal next day.
- If a child is injured, he/she should be taken indoors for treatment quickly as possible if necessary; if possible the child should be treated with the portable first aid kit outdoors.
- Details of the accident must be written up as soon as possible in the accident book. The child's parent must be informed of the accident and treatment.
- Students/volunteers may not administer first aid.
- Climbing apparatus should only be set out on a safety surface.
- Children's clothing should be monitored carefully e.g. unfastened shoelaces and buckles, scarves and ties on anoraks which are too long can easily cause accidents, particularly on wheeled toys and climbing equipment.
- If it is necessary for staff to put toys away whilst children are still in the play areas, there must always be at least one other staff supervising the remaining children.
- All equipment is risk assessed and children and staff know and understand the rules of use.
- Whenever children carry equipment (clearing away or carrying planks, blocks etc.) they should be thought how to do it and staff should be aware of the risks involved and minimise them to ensure safety.

### **Risk Play**

A natural part of children's physical play involves engaging in play that is challenging and somewhat risky. Providing opportunities for all children to encounter or create uncertainty, unpredictability, and potential hazards as part of their play is extremely beneficial to children's development. This does not mean putting children in danger of serious harm. Good risks and hazards in play provision are those that engage and challenge children, and support their growth, learning and development. These might include being in touch with the natural environment and loose materials that give children the chance to create and destroy constructions using their skill, creativity and imagination. Bad risks and hazards are those that are difficult or impossible for children to assess for themselves, and that have no obvious benefits.

In our setting, we are aware of and alert to possible dangers, while recognising the importance of encouraging young children's sense of exploration and risk-taking. We maintain children's safety, while not unduly inhibiting their risk-taking.

## 22. OUTINGS

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Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#), [Síolta Standard 16: Community Involvement](#)) (National Standard 5: Organization and Management, National Standard 8: Care, Play and Learning, National Standard 20: Safety, National Standard 12: Health Care)

### Statement of Intent:

We are committed to planning and undertaking appropriate supervised outings.

### Policy and Procedure:

- The location for the outing should be familiar to staff and a risk assessment should be carried out prior to the visit with the children. Risk assessments should be completed and kept for inspection.
- A consent form must be completed and signed by a parent/guardian for trips or outings and retained in file for inspection.
- Suitable insurance is in place to cover outings and trips.
- Ratio of children to adults will be in compliance with the Childcare Act 1991 (Early Years Services) Regulations 2016 and the Insurance Policy.
- A designated trained first aid person and first aid box will accompany the children on each outing.
- A safety briefing will be given to all adults involved in the outing.
- Staff must be responsible for checking numbers of children, doing a head count and recording names of children (roll call), before leaving the premises, and several times while out on the outing, before returning and on return to the service.
- A charged mobile phone and contact details for all parents will be taken on outings.
- Staff are familiar with the critical incident plan.
- A record of the children attending the outing will be brought on the outing.



**Transport on Outings:**

In the event that transport is required for outings the following must apply:

- The transport must be properly insured.
- They must provide seat belts and if required booster seats for children.

**Managing medicines on trips and outings:**

If children are going on outings, staff accompanying the children must include the key worker for a child with a specific need/risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

- Medication for a child is taken in a plastic container clearly labelled with the child's name. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above together with the child's individual care plan.
- On returning to the setting, the card is returned to the medicine record box and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a plastic container labelled with the child's name. Inside the container is a copy of the consent form signed by the parent.

**In the event of a child going missing on an outing (Critical Incident):**

Parents/guardians may sometimes attend outings and are responsible for their own child. However, the following procedures are to be followed.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person/parent and carry out a headcount to ensure that no other child has gone astray.
- One staff member searches the immediate vicinity but does not search beyond that.
- The person in charge contacts the local Garda station and reports the child as missing. Then follow their instructions.
- The person in charge contacts the parent, who makes their way to the setting or outing venue as agreed if they are not already with the group.
- Staff take the remaining children back to the setting if applicable.
- In an indoor venue, the Staff contact the venue's security who will handle the search and contact the local Garda Station if the child is not found.

- A full and thorough review of procedures and practices will take place to determine how the incident occurred and changes will be made if appropriate.
- An accident/incident form will be completed.

Other critical incidents may include a child becoming ill. A parent or next of kin will be called immediately to collect the child or emergency services will be called.

With all critical incidents the 'person in charge' takes responsibility for making calls and dealing with the direct incident. Other staff will take care of other children and call the service or emergency contact to come to provide additional help.

## **APPENDIX D: OUTINGS CHECKLIST**

### ✓ **Risk Assessment**

The location for the outing should be familiar to staff and a risk assessment should be carried out prior to the visit with the children.

### ✓ **Consent form signed by parents/guardians**

A consent form must be signed by a parent/guardian for trips or outings.

### ✓ **Mobile phone and Contact numbers for each child — parents/guardians**

Phone and contact numbers should be brought on the outing.

### **Food/snacks and plenty of fresh water**

Especially if it is a hot day these should be chilled before leaving.

### ✓ **Sun cream and sun hats or rainwear**

Depending on the weather.

### ✓ **Balls, rings, skipping ropes etc.**

For the children to play games if appropriate.

### ✓ **A watch with the correct time**

Before leaving the staff should say what time they will be returning and if the time runs late they should ring the Manager to inform them of this.

### ✓ **Always bring a good supply of tissues and baby wipes**

### ✓ **First Aid Kit and First Aider**

Always bring a first aid kit. A qualified first aider should always accompany the children. Don't forget any medication for children with identified conditions.

### ✓ **Buggies**

Even if children are old enough to walk, it is advisable to have at least one buggy in case a child gets tired or injured.

## 23. MANAGING BEHAVIOUR

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Child Care Act 1991 (Early Years Services) Regulations 2016 & School age regulations 2018 ([Síolta Standard 5: Interactions](#)) ([National Standard 3: Working in Partnership with Parents or Guardians](#), [National Standard 9: Nurture and Well-Being](#), [National Standard 10: Behaviour](#)) Aistear: The Early Childhood Curriculum Framework.

### Statement of Intent:

We will work with the children to ensure they receive positive guidance, support, and encouragement to finding positive solutions to manage their own behaviour. The service sets realistic expectations of behaviour in accordance to the age and stage of development of the child. We apply rules and expectations fairly and consistently to all children. We do not use any form of physical punishment. We encourage children to respect themselves, others and the environment. We facilitate children to make positive decisions and choices about their own learning and development to develop a positive sense of self. We aim to facilitate a happy, caring environment with stimulating activities for all children. In the case of a particular incident, or persistent unacceptable behaviour, we will discuss ways forward with the parent(s)/guardian of the child.

### **We will NEVER inflict corporal punishment on a child.**

#### **General Procedures for Promoting and Nurturing Positive Behaviour:**

- During the induction period, all new staff are introduced to the behaviour policy and are asked to sign, to say they have read it and agree to implement the policy.
- Staff will adopt a reciprocal and positive relationship with the child.
- Staff will act as a role model and adopt a confident approach to encourage and support positive behaviour.

- Staff will work in a respectful manner and in partnership with other practitioners, children and parents/guardians.
- Staff are role models for the children and should treat one another with respect, use appropriate tone of voice and body language to one another and the children.
- Observation and recording will be used to inform and support staff to decide on appropriate methods and strategies of dealing with behaviour problems.
- The Childcare Manager is the person designated as the resource person for staff support on behaviour management issues.
- At an age appropriate level, children will be encouraged and supported in resolving their own disputes.
- Each child should be positively supported and recognised as an individual.
- Staff will practically engage children in resolving their conflicts using age appropriate methods. In doing this, children can explore their feelings and conflicts in a safe controlled way. Staff will positively support children in doing this.

#### **Rewarding Positive Behaviour:**

- Staff will acknowledge and praise positive behaviour.
- Children are not rewarded with food, sweets or treats and all staff understand how to support positive behaviour, and how to encourage and facilitate it effectively.
- Positive language will be used rather than negative, and statements made. Rather than saying 'no' for example:
  - Say: *"I would like you to sit back down on the chair please John, because you will fall off and hurt yourself". Or "We are inside, and we don't climb on furniture or equipment inside". Or "I would like you to sit back down on the chair please, do you remember we only climb on things when we are outside",*
  - Rather than: *Don't stand on the chair"*
- While encouraging positive behaviour, the child's self-esteem should not be negatively impacted. The child should not be labelled through the use of certain words for example bold, naughty, silly.

#### **In anticipating occasional inappropriate behaviour, we follow these guidelines:**

- Staff will provide a calm, safe and stimulating environment which is age appropriate and of interest to all children present within the group.

- Children are involved where appropriate in the planning of activities and developing the curriculum.
- A routine and rhythm which is practical and beneficial to the age range of children should be developed and sustained.
- Staff will ensure rules are applied consistently to all children within the setting and are aware of expectations regarding the children's behaviour.
- Children are kept informed of what is happening and what is expected of them.
- We ensure there are enough suitable age appropriate and activities and equipment for children.

### **Implementing Positive Steps to Supporting Positive Behaviour:**

- Children should be made aware of the expectations and their responsibility
  - *Being gentle with friends*
  - *Being kind to one another*
- Positive behaviour should be supported and encouraged from all children consistently throughout the day by all staff.
- Incidents should be dealt with immediately by the staff who witnesses it.
- Staff should not speak about the child, or their behaviour in front of other parents/guardians, children or the child.
- The child **should not be labelled** by staff.
- Positive behaviour should be consistently encouraged to **all children**.
- Positive behaviour should be implemented within the curriculum throughout various themes. Age appropriate activities, prompts and materials should be provided to children to explore their feelings and emotions throughout the year.
- The staff, where possible, should have a quiet area where children can retreat if they are experiencing negative feelings for example a quiet corner.
- At an age and developmental appropriate level, when the child is calm, the staff should explore the behaviour with the child using prompts for example I noticed you got [feeling] when you were at the [area]....what could you do the next time you feel....Do you know what I do when I am [emotion]...

## Procedures for Supporting Positive Behaviour:

### ABCD: Action Behaviour Choice Decision

#### Minor Behaviour Problems:

In these type of situations, the child may have caused no issue all day and suddenly their behaviour changes.

Minor behaviour problems are behaviours in line with the child's age and stage of their development (See Appendix F: Children and Behaviour).

Staff should positively support the child's well-being and identity throughout the process of supporting positive behaviour. The child should always feel valued, respected, empowered, cared for, and included.

Staff will assess each situation and use their best judgement in dealing with the matter. Situations may arise where the staff may allow the children to talk through the problem independently or ignore minor incidents. A calm and sensible approach is recommended in dealing with minor behaviour problems. It is not always evident to staff what the cause of an incident has been.

Age of child:	Approach:	Examples of behaviour:
<b>Under 1 yr.</b> <b>1 – 1½ yr.</b> <b>1½ - 2yr</b>	1. Approach calmly 2. Stop any hurtful actions 3. Acknowledge children's feelings 4. Gather information 5. Restate the problem 6. Distract the child	<ul style="list-style-type: none"> <li>• Frequent crying to seek attention</li> <li>• Temper tantrums</li> <li>• Will test limits/rules</li> <li>• Biting</li> </ul>
<b>2- 3yrs</b> <b>3-5 years</b>	1. Approach calmly 2. Stop any hurtful actions 3. Acknowledge children's feelings 4. Gather information 5. Restate the problem 6. Ask for ideas for solutions and decide on an outcome with the child.	<ul style="list-style-type: none"> <li>• Temper tantrums</li> <li>• Possessive of toys</li> <li>• Fussy feeder</li> <li>• Use of bad language</li> <li>• Verbally hits out</li> <li>• May be bossy</li> </ul>

If a child has a temper tantrum, the age of the child is taken into consideration. A child **under** three years is more likely to have tantrum out of frustration. A child **over** three years is more likely to be linked to defiance. Staff will take a gentler approach with the younger child and a firmer approach with the older child. Staff will explain to the older child in a calm clear way using simple words why they cannot have what they want. If the tantrum continues and other children are getting upset or hit the child will be moved to another area, preferably in the room until they calm down. A member of staff will maintain close proximity to the child so as not to isolate them.

The staff member should act in a calm and fair manner and allow the child to re-join the activity when they have calmed down as if nothing has happened.

At this stage, boundaries should be highlighted to the child. The expectations **must** be clear and reasonable to the child and their developmental level.

Where it is evident that a child is about to misbehave for example taking a toy from another child then the staff member should comment on the behaviour. *'Mary, you know we take turns and share. Angela will let you have that toy [name toy or doll] to play with when she is finished. Will we ask Angela to let you have that toy when she is finished?'* This provides the child with an opportunity to change the behaviour and not take the toy from the other child. If the child continues a second reminder should be given and what the consequences will be if they continue.

### **Managing Moderate Behaviour Problems:**

#### **ABCD; Action Behaviour Choice Decision**

Moderate behaviour problems tend to happen more frequently than the 'once off' type behaviours and have a greater impact on the child themselves and other children in the room.

Staff should positively support the child's well-being and identity throughout the process of supporting positive behaviour. The child should always feel valued, respected, empowered, cared for, and included.

<b>Age of child:</b>	<b>Approach:</b>
<b>Under 1 yr.</b> <b>1 – 1½ yr.</b> <b>1½ - 2yr</b>	<ol style="list-style-type: none"> <li>1. Approach calmly, stopping any hurtful actions</li> <li>2. Acknowledge children's feelings</li> <li>3. Gather information</li> <li>4. Restate the problem</li> <li>5. Suggest solutions and choose one together</li> <li>6. Be prepared to give follow-up supports for supporting Positive Behaviour</li> <li>7. Observe the child</li> </ol>
<b>2- 3yrs</b> <b>3-5 years</b>	<ol style="list-style-type: none"> <li>1. Approach calmly, stopping any hurtful actions</li> <li>2. Acknowledge children's feelings</li> <li>3. Gather information</li> <li>4. Restate the problem</li> <li>5. Ask for ideas for solutions and</li> <li>6. Choose a decision together</li> <li>7. Be prepared to give follow-up supports for Supporting Positive Behaviour</li> <li>8. Observe the child</li> </ol>

Staff will ask the child what the problem is or what is bothering them. Emotion picture cards/props may be used with younger children to support them in communicating their feelings.

Observation of the child can help staff to recognise possible causes and/or patterns of challenging behaviour. Written records of observations may be carried out by staff in the form of 'ABC' (Antecedent, Behaviour, Consequence) observations. These will be completed at differing times of the day/week to see if patterns of behaviour emerge. While these observations will focus on the challenging behaviour, staffs interactions with the child should remain positive as constant correction can have a negative impact on the child's self-esteem. Staff will need to address challenging behaviours when they happen, but the focus will remain on positive behaviours observed throughout the day. Staff should give plenty of encouragement and praise to children to develop positive self-esteem. Staff and parents/guardians should be consistent in their approach towards dealing with the behaviour where possible.



Consideration should be given to the individual child’s needs, their interests and the physical environment of the setting. Staff will consider changing the layout of the room regularly, and perhaps changing the daily routine to ensure that there is variety and children do not become bored. Staff will consider liaising with management for support when they have used strategies that have not seen an improvement in behaviour.

**Managing Severe and Challenging Behaviour:**

**ABCD: Action Behaviour Choice Decision**

Severe and challenging behaviours are frequent and repeated actions by a child that impact significantly on other children and the child themselves. The child may also find it difficult to engage in the activities being undertaken. In this type of situation, the behaviour has not improved using the usual behaviour management strategies and may often require more intensive one-to-one support to the child. Staff understand that it is important to recognise in managing challenging behaviour that there is a problem.

Staff will discuss the behaviour problem with the childcare manager who has overall responsibility for managing children’s behaviour problems to put an action plan together.

At any age:	Approach:	Examples of behaviour:
	<ol style="list-style-type: none"> <li>1. Approach calmly, stopping any hurtful actions.</li> <li>2. Make eye contact with the child</li> <li>3. Acknowledge children’s feelings.</li> <li>4. Gather information.</li> <li>5. Restate the problem and ensure the child understands</li> <li>6. Suggest solutions and choose one together.</li> <li>7. Be prepared to give follow-up supports for supporting Positive Behaviour</li> <li>8. Observe the child</li> </ol>	<ul style="list-style-type: none"> <li>• Kicking</li> <li>• Hitting</li> <li>• Bad language</li> <li>• Prolonged screaming</li> <li>• Breath holding</li> <li>• Head banging</li> <li>• Ongoing biting</li> </ul> <p>Other behaviours may present as the child refusing to engage, being over anxious, avoiding contact with others and unusual behaviours.</p>

Staff will ensure that instructions or corrections are given in simple words and kept short and that similar phrases are used by all staff and the child’s parents/guardians so that the information been given to the child is consistent.

Where a child is receiving additional professional support the service will work with the parents/guardians and these professionals to implement the recommended approach.

A behaviour management strategy plan may be drawn up based on observations and professional support guidance where possible. All staff will adopt the same approach to what to do when the child shows signs that the challenging behaviour is about to be presented, how best to manage that behaviour when it happens, how to limit the negative impact on other children or activities and strategies that can be taught to the child to help them control their own behaviour.

The staff will engage and work with the parents/guardians to work towards the same approach at home and in the service to behaviour management.

#### **Procedures Which Are Unacceptable for Supporting Positive Behaviour:**

- Physical punishment (corporal punishment).
- Sending children out of the room.
- Isolating children from the group e.g. time out.
- Shouting or raising of your voice.
- Physical restraint for example holding will not be used unless it is required to prevent injury to child, other children, adults or property. Parents/guardians **must** be informed of the incident.
- Speaking negatively about the child to other staff *or* in front of the child/other children.
- The child should not be labelled or humiliated.
- Once the incident is over, the staff member should not place emphasis or keep reminding the child of their behaviour.
- Withholding food or drinks.
- Showing favouritism.
- Failing to reassure or comfort a child.

#### **Partnership with Parent(s)/Guardians:**

- It is our policy to work in close collaboration with parents/guardians. We recognise and value the role of parent(s)/ guardians in their child's life in supporting positive behaviour, working in partnership with parent(s)/ guardians is important.

- Parent(s)/guardians are encouraged to share any difficulties/concerns which they may be experiencing regarding the child's behaviour for example bereavement, illness, separation, a new baby etc.
- Where a child's behaviour is causing concern, it is our policy to do this in a consultative manner, and staff will endeavour to work in partnership with the parent(s)/ guardian to develop a strategy for dealing with the situation.
- Where a significant incident occurs regarding a child's behaviour, the following should be documented.
  - The child's full name
  - Time and location of the incident
  - Events leading up to the incident
  - What happened
  - Others involved
  - How the situation was handled (**ABCD**)

**Anti-bullying:**

Children are afforded a right to their own time and space. Depending on the child's age and stage of development, it may not be appropriate to expect children to share. However, we feel it is important to acknowledge both children's feelings, and to support them in understanding how the other child may be feeling.

Diversity and equality is important for children to understand, and we endeavour to create a positive and supportive environment for all children. Staff will encourage all children to acknowledge and embrace difference. Consequently, children will recognise from an early age, bullying, fighting, hurting and racial comments are not acceptable.

Bullying can take many forms. It can be physical, verbal, cyber or emotional, but it is always repeated behaviour which makes other people feel uncomfortable or threatened. Any form of bullying is **unacceptable** and will be dealt with immediately. At our service, staff follow the guidelines below to ensure children do not experience bullying.

- Staff ensure all children feel safe, happy and secure within the setting.
- Staff develop positive relationships with all children and encourage children to speak about their feelings.

- Staff are encouraged to recognise that active physical aggression in the early years is a part of children's development and recognise positive opportunities should be in place for children to channel this positively.
- Children are learning about their feelings, staff will support children in identifying their feelings and actions for example happy, sad, and angry.
- At an age and stage appropriate level, children will be encouraged to resolve their problems and take responsibility for their actions.
- Staff are expected to adopt a policy of intervention when they think a child is not being treated in a fair or appropriate manner.
- Staff are aware when play becomes 'aggressive' and will intervene or initiate an appropriate activity with the children.
- Any instance of bullying will be discussed fully with the parents/guardians of all involved to look for a consistent resolution to the behaviour.
- If a parent(s)/ guardian has a concern regarding their child's behaviour, the staff member or Manager will be available to speak to the parent.

**BULLYING AND PHYSICAL VIOLENCE IS NOT TOLERATED WITHIN THE SERVICE, WHETHER INFLICTED ON ADULTS OR CHILDREN.**

**What causes children to be aggressive?**

Sometimes, aggression takes the form of instigating fights, sometimes the child may provoke other children to fight, or may antagonise or threaten other children. Other children will often feel intimidated and insecure in this environment.

Children who display aggressive behaviours will often have low self-confidence, poor social skills and/or may have difficulties with their speech. However, any child regardless of their age or stage of development may experience aggression at some stage. Aggression brings power, and often children who are aggressive will seek the control and position which comes with it among their peers.

**How can we support positive behaviour?**

- Aggressive behaviour should never be ignored.
- Staff should not get into a power struggle with the child.
- Be firm but gentle in your approach. A child should not be given mixed messages.

- The child should always feel valued, respected, cared for, and included.
- One-to-one work should be initiated with the child, and a plan should be devised. For example, when I get angry, I will go to the ... [area].
- Provide opportunity for the child to display positive behaviour, acknowledge and praise this behaviour.
- Provide the child with opportunities which demonstrates leadership and communication in a positive manner.
- The **ABCD** model should be used with the child, where age and stage appropriate, the child should make the choice, and also take responsibility for their actions.
- The staff member should be fair in their expectations, and should be consistent, patient and understand change will take time.

### **Rough and Tumble Play/ Fantasy Aggression:**

Young children often engage in play which has aggressive themes- such as superhero and weapon play. This may take over some children's play. This is an interest of that particular child, and *it is not a precursor for bullying*. We will ensure the behaviour does not become inconsiderate or hurtful and will address it if we feel necessary.

- We recognise rough and tumble play is part of children's development, and it is acceptable within limits. We view this type of play as role play, and not as problematic or aggressive.
- We will offer opportunities for children to explore this type of play in a safe and secure environment.
- Children will be aware of the boundaries with this form of play and will be aware when this behaviour is not acceptable.
- We recognise fantasy play may contain violent dramatic strategies- blowing up, shooting etc. We will use these opportunities to explore lateral thinking and conflict resolution. These themes often refer to 'goodies and baddies', we will use such opportunities to explore concepts of right and wrong, and alternatives to the dramatic strategies.

### **Biting:**

Biting happens in almost all child care settings where young children are together and dealing with biting can be challenging. Biting is a developmental stage which children may go through. All biting incidents are dealt with in a calm and clear manner. The

staff will use clear language and be consistent in their approach. We aim to support children in developing self-control; however, the safety of each child is our primary concern.

### **Why do children bite?**

- Children may be teething, and it may feel good to bite and chew.
- Children experience many emotions (positive and negative) that are difficult to express, and at times control.
- Biting sometimes occurs for no apparent reason.

### **Biting Prevention:**

- Staff are aware when children are teething and offer materials/foods which may soothe.
- Age and stage appropriate materials are present within the room for children to access at all times.
- Staff are vigilant to the relationships between children and are aware of possible conflicts.
- Staff are aware of the temperaments of the children.
- Staff should encourage children to use language to express feelings/emotions.

Where a child does bite, staff should follow these guidelines and try to distinguish a pattern:

- Are there particular times of the day which the child bites?
- Do toys seem to be causing biting incidents?
- Does the child focus on one particular child?
- Is the child teething?
- Can something be offered to soothe the child's biting? For example, toys/food with textures or coldness.

### **Procedures to follow when biting occurs:**

Usually the skin isn't broken, and the wound isn't serious. However, the appropriate first aid should be administered.

- If the skin is not broken use an antiseptic wipe on the area and pat dry with clean dry tissue.

- If the skin is broken, there may be a risk of infection.
  - Wash the area — but don't scrub —with running water for three to five minutes, then cover it with a clean dressing.
  - If the wound is bleeding, apply pressure with a clean dressing.
  - The child may need to be seen by a doctor, who will take the necessary medical action, depending on the location and severity of the bite.
  - The child is comforted and reassured of their safety.
  - The Staff will explain to the child who has bitten using a firm but gentle approach that biting is not allowed.
  - Details should be recorded in the Accident and Incident Report Form.
  - The situation is dealt with professionally, and confidentiality is adhered to. Both parents/guardians are informed separately, and the accident and incident report is signed.
  - The staff should explain the methods which will be adhered to, so we minimise the chance of it occurring again, and highlight the importance of partnership with parents/guardians.
  - If the child bites again, the child should be observed for a period of time to try and develop a pattern of behaviour.
  - In the event of a child repeatedly biting, the Manager will speak to the parent(s)/guardian. If all avenues have been exhausted, the person in charge may suggest seeking help/support outside the setting.

Please note that every effort will be made to support the biting child and we will work closely with the parents/guardians to find appropriate strategies. We will also support and train staff in this regard. In rare circumstances these efforts may not be successful. Sometimes as a last resort for risk management reasons and with the welfare of all children in mind a child's place may need to be terminated or suspended until a solution is found. Our approach is always to find ways of retaining children in the service rather than terminating places.

## **APPENDIX E: CHILDREN AND BEHAVIOUR**

Where children cannot verbally communicate, children often use behaviour as a form of communication. Children will often use behaviour as a medium to express their feelings, fears and emotions.

**Physical behaviour:** children's physical behaviour can often be a result of tiredness, illness or medication. Night-time sleep problems can be a common cause of behaviour problems causing chronic fatigue and poor coping skills.

**Developmental:** behaviour will often reflect the age and stage of development of the child for example temper tantrums. Developmental delay in children's speech, mobility or other areas can lead to a child feeling frustrated and may present in challenging behaviours.

*Management should be informed by parents/guardians of all concerns regarding developmental delay, as it is through this the child's needs can be fully supported within the setting.*

**Emotional:** learning about feelings and emotions is a process. Often when children's emotions are in disarray, it will primarily affect their behaviour. Such examples include bereavement, a new baby, separation, a house move etc. We ask parents/guardians to inform the early year's practitioner of any changes or difficulties which may be occurring for the child- no matter how small. Through this, the child can be supported positively, and feel valued, cared for and respected.

**Environmental:** an environment which supports the individual child's interests, age and stage of development, gender and background should be provided. The environment must be stimulating and offer a variety of opportunities for each child within the room.

**Intellectual:** where a child's interests, abilities or background is not evident within a room, the child may not be stimulated. It is the responsibility of the early year's practitioner of that room, to ensure age and stage appropriate materials, opportunities and areas are present within the room for each child to utilize.



**APPENDIX f: METHODS TO SUPPORT POSITIVE BEHAVIOUR**

Supporting and encouraging positive behaviour requires documenting, planning, and implementation. However, it is based on staff becoming reflective in their practice. It is our policy to create, and sustain a setting where children are confident and competent learners in a secure, stimulating and age appropriate environment.

- Children will be offered choice and will have an input to the curriculum.
- Children will be included in areas which affect them.
- Staff will implement fair and consistent expectations regarding behaviour.
- Staff will speak to children:
  - Clearly, using language/ a medium which the child understands
  - Appropriate tone
  - Positive body language
- Staff will offer praise and encouragement to all children.
- Children will feel valued, empowered, included and confident in the environment.
- Follow the behaviour policy (**ABCD**).

## 24. SUPERVISION OF CHILDREN – INDOOR AND OUTDOOR

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Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9 Health and Welfare) (National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being, National Standard 10: Behaviour, National Standard 19: Equipment and Materials, National Standard 20: Safety)

### Statement of Intent:

Our intention is to ensure that children are safe in the setting both indoors and outdoors by having proper supervision by the staff team.

Young children are curious about their environment where they see opportunities for exploration and investigation in their indoor and outdoor environment. Children are especially vulnerable and rely on responsible adults to care and protect them.

### Policy and Procedure:

Staff must be vigilant and observant in their supervision to ensure the safety, health and wellbeing of the children at all times. Staff must be familiar with the environment and any possible hazards.

### Indoor Area:

- Staff will be vigilant about supervising children indoors.

### Entrance Area:

- All staff must follow the practices in relation to access and egress of parents/guardians and children through the main door.
- When people reach the outside door of the service, staff should not allow entry unless they are sure that the person is:
  - A parent or authorised collection person
  - Relevant Inspection Person
  - If in doubt, check with the Manager

**Corridor/Hallway Area:**

- Staff must be constantly vigilant in this area and children must not be allowed in the corridor unaccompanied.
- Staff should teach children that this area is for hanging coats and their bags. The children should learn to move quickly into their appropriate rooms.

**Individual Rooms:**

- A daily room inspection should take place and any hazards reported.
- Staff should ensure that their presence and position in the rooms allows that all areas of the room are under constant supervision as practically possible.
- Child safety latches should be used on the presses and the doors as appropriate.
- Staff should do regular headcounts and ensure they match with the child register.
- Staff should be aware of any 'blind spots' in the rooms.
- The blinds/curtains on the windows should be used appropriately to ensure that the glare from the sunshine does not have an impact on the children.

**Outdoor Play Area [See also Outdoor Play Policy]:**

Staff will be vigilant about supervising children outdoors. The adult is there to supervise and lead games or play, and ensure that the children are in no danger to themselves or their peers. Staff should not sit and should ensure they have a good view of the whole area.

- Staff should ensure that their presence and position in the outdoor play area allows that all of the outdoor area is under constant supervision at all times.
- A regular headcount should be done with the children outside and this should be matched against the register, which should be brought outside.
- Children should be made aware of any rules for playing outside.

**Outings [See also Outings Policy]:**

- All outings are risk assessed and an outings checklist is used for each outing.
- Staff should ensure that they follow the requirements of the Outings Policy and Procedure
- Staff must ensure that they constantly supervise the children in their care.

- A regular headcount should be done with the children on outings and this should be matched against the register, which should be brought on outings.

## 25. TRANSITIONS

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Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 9: Health and Welfare](#), [Síolta Standard 13: Transitions](#)) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 6: Evaluation, National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being)

### Statement of Intent:

We want children to feel safe, stimulated and happy in the service and to feel secure and comfortable with staff. We also want parents/guardians to have confidence in both their children's well-being and their role as active partners with the setting. We aim to make the setting a welcoming place where children settle quickly and easily because consideration has been given to the individual needs and circumstances of children and their families.

The Manager and key workers are responsible for ensuring the Transition Policy becomes effective practice. Staff will be required to reflect on the transition practice as part of the setting self-evaluation process on a regular basis. We aim to build on good relationships with other professionals to make it easier to access help and support for children who have identified additional needs as they join our setting.

### Procedure:

- We allocate a key worker when the child starts.
- The key staff is responsible for settling the child into their room.
- All staff offer unconditional positive regard for the child and are non-judgemental.
- **Transition from home into the service:**
  - ✓ We value the parent as the first educator of their child.
  - ✓ We invite parents/guardians to supply photographs of the family to display in the setting. These help the child to keep home in mind and show families that we value them in our setting.

- ✓ Children are given time to settle and allowed to bring in a comforter if needed.
- ✓ Parents/guardians are welcome to come and visit our setting at any time.
- ✓ The key worker welcomes and looks after the child during the settling-in process whenever possible.
- ✓ We collect essential information through a registration form as well as information from the parents/guardians about the child's needs, likes, dislikes, routines and development, on the 'All about Me' form. It assists the key worker in understanding the emotional needs of the child and enables them to support the child.
- ✓ We create an environment in the service that reflects the needs and interests of the child.
- ✓ We support children who have identified additional needs as they enter the service.
- ✓ We seek parental permission to work with other professionals, to ensure the service is ready to meet the child's needs.

**Transitions between rooms and key people:**

- ✓ When children transition between rooms they will be assigned a new key worker.
- ✓ Any records for the child will be given to their new key worker, such as;
  - Developmental checklists
  - Aistear learning records
  - Medicine administration record
  - Individual emergency procedure plan
- ✓ Any other relevant information relating to the child will be communicated between staff before the transition occurs. If necessary, a 'transition meeting' will be arranged between staff to discuss children's needs.

**Transition from the Service into School:**

- ✓ The service aims to maintain good relationships, built on professional respect, with local National schools.
- ✓ Children's records are available upon request to the National school with the parents/guardians' consent.
- ✓ We organise (if necessary) and attend a 'transition meeting' for those children with identified additional needs. Parents/guardians, staff from National school and key

persons are invited, alongside any other relevant professionals, in order to ensure the child's needs can be met in school.

- ✓ An annual Graduation event is organised in the summer term. Parents/guardians, as well as siblings, are warmly invited to join the celebration, where children are celebrated and congratulated on their 'graduation'. We find this experience a hugely successful way of encouraging the children to embrace the changes ahead, whilst giving children, staff and families a chance to say 'thanks' and 'goodbyes'.

## 26. RISK MANAGEMENT - Childcare Policies

See also Health and safety Statement and Risk Assessment Sheets

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Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#), [Síolta Standard 15: Legislation & Regulation](#)) ([National Standard 17: Premises](#), [National Standard 18: Facilities](#), [National Standard 20: Safety](#))

### Statement of Intent:

To ensure the health, safety and welfare of all children and adults on the premises or while engaged in offsite activities. Risk will be managed through a range of assessments. The Risk Management Strategy is included in the Service's Safety Statement.

- Regular Risk Assessment, as appropriate, of the entire building and operations.
- Daily Risk assessment of classrooms, sanitary areas, sleep areas and outdoors.
- The risk assessment following any accident or incident.
- The risk assessment of outings and/or travel.
- The risk assessment of children with specific illnesses, conditions and allergies through the development of medical care plans.

### Safety:

#### Employees Shall:

- Take reasonable care of their own Safety, Health and Welfare and that of any other person or children in their care that may be affected by their acts or omissions while at work.
- Familiarise themselves with and always conform to, the organisation's Safety, Health and Welfare policies.
- Observe all safety rules and co-operate with management to comply with any of the relevant statutory regulations and directives.



- Use any suitable appliance, protective clothing, convenience or equipment in such a manner as to provide the protection intended for securing their Safety, Health and Welfare while at work.
- Conform to all instructions given by the management, and others who have a responsibility for Safety, Health and Welfare.
- Use only as intended the correct equipment for the jobs, with all appropriate safety devices and keep tools in good condition.
- Direct any suggestions or concerns on matters of Safety, Health and Welfare to the Health and Safety Officer.
- Report to the Health and Safety Officer, without delay, all serious accidents, damage, defects or issues of safety.
- Carry out hazard checks in their own area of work daily.
- Participate in statutory training as required (Paediatric First Aid, Manual Handling, Food Hygiene and Fire Safety).
- Report any medical issue likely to affect their safety or that of the children or colleagues as soon as possible to management.

**Employees shall not:**

- Intentionally or recklessly interfere with, or misuse any appliance, protective clothing, convenience, equipment or other means or things provided in pursuance of any of the relevant statutory provisions or otherwise, for securing the Safety, Health and Welfare of persons arising out of work activities.
- Carry out any tasks, which they feel they are not competent to carry out.
- Be under the influence of any intoxicants likely to affect their ability to work safely or to supervise children.

**What is a Risk Assessment?**

Risk Assessment is where you examine the service to find out what could cause harm to children, workers or visitors. The purpose is to identify the risks and eliminate or control the risk:

STEP 1: Identify the risks

STEP 2: Evaluate the risks and decide on precautions

STEP 3: Record your findings

STEP 4: Review and update

When thinking about risk assessment, remember:

- A **hazard** is anything that can cause harm for example; - No first aider on premises, a worker lifting loads against manual handling advice.
- A **Risk** is the chance (high or low) that the hazard will cause harm.

**Identify Hazards:**

- Walk around the service (outside and inside).
- Use a risk assessment checklist.
- Check manufacturer's instructions to ensure workers are using equipment or materials properly.
- Check accident and incident forms – you may identify hazards this way.

**What to do when you identify risk: (depending on severity of risk)**

- Get rid of hazard (e.g. removing a mat that is a tripping hazard).
- Control the risk so that harm is unlikely

**Risk Assessment of Employees, volunteers and others.**

We have in place comprehensive recruitment and selection procedures and policies.

## 27. ACCIDENTS and INCIDENTS

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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 2: Environments, Síolta Standard 9: Health and Welfare) (National Standard 4: Records, National Standard 12: Health Care, National Standard 20: Safety)

### Statement of Intent:

It is our policy to promote the health, wellbeing and personal safety of all our children and staff. Through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions, accidents can occur.

### Policy and Procedure:

#### Measures to be taken to Prevent Accidents and Incidents:

- A Safety Statement is prepared and reviewed on a regular basis and an annual risk assessment will be carried out.
- Daily risk assessments/inspections are carried of the children's rooms, outdoor area and, sanitary area and sleep rooms.
- Children will be adequately supervised in accordance with the recommended child/adult ratios.
- Each room is designed for easy and unobtrusive supervision by staff at all times.
- Our staff know which children are present at any one time.
- We ensure that no child can leave the premises undetected.
- Suitable and age-appropriate materials and equipment are available to children.
- Furniture and equipment is arranged to minimise safety risks.

We endeavour to keep incidents and accidents at a minimum. Have a watchful eye and know what the children in your care are doing at all times. Watch out especially for new children in your group as they are the most vulnerable.

**The procedures to have in place in the event of an accident:**

- The First Aid box is always fully equipped, easily identifiable and location is known to all staff, so that it can be accessed following an incident or accident with a child.
- A Certified First Aider is on the premises at all times.
- Staff must wear protective gloves to clean any bodily fluids or spillages.
- In the case of a serious accident, a local doctor may be called, they will be called and the child's parents/guardians contacted immediately or we will call an ambulance. If parents cannot be reached, the emergency contact persons will be contacted.
- If the child has to go to the hospital immediately a staff member will accompany the child, if the ambulance personnel permit. The child's record will be taken to the hospital. Parents/guardians are responsible for all doctors or hospital fees where applicable.
- The staff member will not sign for any treatment to be carried out on the child in the hospital. The staff will wait with the child until the parent/guardian arrives. All accidents/incidents even minor ones, are recorded in an accident record book, with details on how they are dealt with and treated.

**Any of the following incidents must be notified to TUSLA:**

- (a) The death of a preschool child while attending the service. This includes the death of a child in hospital following transfer to hospital from the service.
  - (b) Diagnosis of a preschool child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments.  
<http://www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/>
  - (c) Any incident which results in the service being closed for a length of time.
  - (d) A serious injury to a preschool child while attending the service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise.
  - (e) An incident which results in a child going missing from the service.
- A copy of the completed Accident and Incident Form must always be kept.

- Parents/guardians will always be informed of any injury and asked to sign off on the accident /incident report.
- Records are accessible to all relevant staff in case of an emergency.
- All serious accidents will be reported to the Insurance Company.
- Records are kept on file for a minimum period of two years or up to 21 years if necessary and will be available for inspection.

**Accident and Incident Record:**

The accident and incident form should be fully completed with as much detail as possible. It is important that full names are used when referring to staff members and that the form is signed both by the person in charge and the parent/guardian.

**First Aid:**

We will ensure that:

- At least one adult, qualified in giving First Aid, should always be present on site.
- All members of staff are familiar with simple First Aid procedures.
- First Aid boxes are provided and sited in designated areas.
- They should be stored in places which are easily available to all adults, but beyond the reach of children. Contents of the boxes should be checked regularly and replaced as necessary.
- The First Aid box must not contain any substance, which may cause allergies.

**Carrying out First Aid:**

- Antiseptic creams or wipes are never applied except those contained in the first aid box. To prevent an infection occurring, a plaster may be applied. Where this is the case please ensure that the plaster is the correct size. Please note that some children are allergic to plasters. This will be noted on their Registration Form.
- Disposable gloves must be worn when dealing with open wounds, vomit or blood. Always wash hands thoroughly after administering first aid.
- Antiseptic wipes, tissue/cotton wool and water is used for all injuries. Never, ever, use soap on wound.
- Cold compresses are used for minor or major bumps, kicks, pinches, falls, scratches, where slight swelling and/or bruising may occur.

First aid should be performed where possible away from other children. Ensure that the children you are leaving are left supervised. If this is not possible then administer first aid on the spot.

### **Choking and Strangulation:**

Food, hard sweets, nuts and marbles are common cause of choking. Blind cords, curtain cords or ribbons and belts are a serious strangulation risk to children.

### **Dealing with Infant Choking (under 1 year):**

1. Turn the infant face down with their head lower than their body. Support their head, jaw and neck.
2. Give 5 back blows using the heel of your hand between the infant's shoulders
3. Turn the infant onto its back while still supporting their head and neck.
4. Give 5 chest thrusts by placing two fingers over the lower half of the infant's breast bone, below the imaginary line between the nipples.



Keep doing 5 back blows and 5 chest thrusts until the object pops out and the infant begins to breathe again.



5. If the infant becomes unresponsive, call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
- You must begin CPR (Cardio Pulmonary Resuscitation).
  - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the infant's mouth if you cannot see the object.

### **Dealing with a Child Choking (over 1 year):**

1. Ask the child: Are you choking? Can you breathe?
2. If the child cannot, breathe, talk or cough, stand or kneel behind the child. Start the Heimlich Manoeuvre by placing the flat thumb side of your fist between the child's navel and the breast bone. Be sure to keep well off the breast bone. Wrap your other hand around your fist and press upwards towards their stomach.
3. Keep doing this until the object pops out and the child starts to breathe again.



4. If the child becomes unresponsive, gently lower them to the floor. Call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
  - You must begin CPR (Cardio Pulmonary Resuscitation).
  - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the child's mouth if you cannot see the object.

**Anaphylaxis: is a sudden and severe allergic reaction which can be fatal, requiring immediate medical emergency measures be taken.**

The service recognises that it has a duty of care to children who are at risk from life-threatening allergic reactions while under our supervision. The responsibility is shared among parents/guardians and health care providers.

This policy is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff are trained to respond in an emergency situation

While the service cannot guarantee an allergen-free environment, the management will take reasonable steps to provide an allergy-safe and allergy-aware environment for a child with life-threatening allergies.

The service will implement the following steps:

- A process for identifying an anaphylactic child.
- Keeping a record with information relating to the specific allergies for each identified anaphylactic child to form part of the child's Registration Form.
- Procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic child.

### **Anaphylaxis Procedures:**

#### **Description of Anaphylaxis**

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rare cases can develop hours later. Specific warning signs as well as

the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash.
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea.
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock.
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

**It is important to note that anaphylaxis can occur without hives.**

If an allergic child expresses any concern that a reaction might be starting, the child should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the child’s *Child Emergency Procedure Plan*. The cause of the reaction can be investigated later. The following symptoms may lead to death if untreated:

- Breathing difficulties caused by swelling of the airways.
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

#### **Identifying Individuals at Risk:**

At the time of registration, parents/guardians are asked to report on their child’s medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a child’s life-threatening conditions will be recorded and updated on the child’s Registration Form as soon as it is brought to our attention. It is the responsibility of the parent/guardian to:



- Inform the Manager when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the Child Emergency Procedure Plan which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The Child Emergency Procedure Plan is posted in key areas such as in the child's playroom.
- Provide the service with updated medical information whenever there is a significant change related to their child.

### **Record Keeping – Monitoring and Reporting:**

For each identified child, the Manager will keep a Child Emergency Procedure Plan on file. These plans will contain the following information:

- Child-Level Information
  - Name
  - Contact information
  - Diagnosis
  - Symptoms
  - Emergency Response Plan
- Service-Level Information
  - Emergency procedures/treatment
- GP section including the child's diagnosis, medication and GP signature.

### **Emergency Procedure Plans:**

#### **Child Level Emergency Procedure Plan:**

The Manager must ensure that the parents/guardians and child (where appropriate), are provided with an opportunity to meet with designated staff, to develop/update an individual Child Emergency Procedure Plan. The Child Emergency Procedure Plan must be signed by the child's parents/guardians and the child's GP. A copy of the plan will be placed in readily accessible, designated areas such as the playroom.

#### **The Child Emergency Procedure Plan will include at minimum:**

- The diagnosis.
- The current treatment regime.
- Who within the service is to be informed about the plan – e.g. key workers,
- Current emergency contact information for the child's parents/guardians.

- Information regarding the child, it is parent's responsibility to advise the service about any change/s in the child's condition.
- It is the service's responsibility for updating the child's records as informed.

### **Emergency Plans:**

Management will consult with parents and staff to decide on an appropriate emergency plan on a case by case basis to ensure that an appropriate course of action is taken for the child. The following two plans A and B will be used in consultation with parents/guardians and then an individual plan will be written up.

Parents/guardians will be required to sign a declaration that they are happy for the staff to follow the decided emergency plan. In the event of an emergency staff will follow the plans as decided by parents/guardians and management.

### **Sample Emergency Procedure Plan A:**

The service will use the following emergency procedure:

1. **Call emergency medical care 999 or 112**
2. Follow the instructions from the emergency services and **only** administer the child's auto-injector or inhaler under their instruction. Note time of administration.
3. Contact the child's parent/guardian.
4. Under the instruction of the emergency services **only** a second auto-injector or inhaler may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
5. If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).
6. One person stays with the child at all times.
7. One person calls for help.

The Manager, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings).

**Sample Emergency Procedure Plan B:**

We will use the following emergency procedure:

1. Administer the child's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
- 2. Call emergency medical care 999 or 112**
3. Contact the child's parent/guardian.
4. A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
5. If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).
6. One person stays with the child at all times.
7. One person calls for help.

The Manager, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings).

**Provision and Storage of Medication:**

The location(s) of child auto-injectors must be known to all staff members. Parents/guardians will be informed that it is the parents/guardians' responsibility:

- To provide the appropriate medication for their anaphylactic child.
- To provide two auto-injector to be stored in the classroom's medication box.
- To ensure anaphylaxis medications have not expired and replace as needed.

**Allergy Awareness, Prevention and Avoidance Strategies:****a) Awareness**

The person in charge should ensure:

- That all the staff reasonably expected to have supervisory responsibility of children, receive training in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- That all members of staff have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

- The staff must ensure that the children are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the child, and that strategies to reduce teasing and bullying are incorporated into this information.

### **b) Avoidance/Prevention**

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the child's family, the service must participate in creating an "allergy-aware" environment. Care is taken to avoid exposure to allergy-causing substances.

Non-food allergens (e.g. medications, latex) will be identified and restricted as practically possible from playrooms and common areas where a child with a related allergy may encounter that substance.

### **Training Strategy:**

A training session on anaphylaxis and anaphylactic shock will be held for all the staff. Efforts shall be made to include the parents/guardians, and children (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health and safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management. The training sessions will include:

- Signs and symptoms of anaphylaxis.
- Common allergens.
- Avoidance strategies.
- Emergency protocols and plans.
- Use of single dose epinephrine auto-injectors.
- Identification of at-risk children
- Method of communication with and strategies to educate and raise awareness of parents/guardians, children, and employees about anaphylaxis.

## 28. ANIMALS

Document Title:	Animals
Unique Reference Number:	028
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	2

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 2: Environments, Síolta Standard 9: Health and Welfare) (National Standard 12: Health Care)

### Statement of Intent:

It is our policy to ensure that any animals visiting or animals kept at the service will be cared for according to their individual requirements and needs and will be kept under control.

Reptiles (marine and terrestrial) are not appropriate animals for child care settings; they can carry pathogens such as salmonella and clostridia and can pass these on to children. In addition to reptiles, other exotic pets such as spiders are not good choices.

### Policy and Procedure:

Animals, birds and fish may carry infections, which can be transmitted to humans. Strict hygiene procedures are, therefore, required when handling and caring for these creatures to prevent illness. The children are encouraged to talk with staff regarding the animals and their care.

### Precautions:

- Appropriate risk assessments are carried out and an account taken of any allergies that anyone coming into contact with the animals may have and precautions taken.
- It might be advisable for the children to view the visiting animal from a safe distance, e.g. looking through a window to an animal outside.
- Children must wash their hands thoroughly with liquid soap in warm running water after coming in contact with any animals.

- Children will be supervised at all times when handling animals and will be taught correct handling and care of the animals.
- Staff must wash their hands after cleaning out the animals and dispose of all soiled matter in the outside bin.
- Children must not help to clean the animals' environment

**Care of Animals:**

- Correct guidelines and care of the animals must be followed.
- Suitable secure housing must be provided for the animals.
- Animals brought into the service by visitors are to be their responsibility however staff are still responsible for assessing risks and taking any necessary precautions.

**The following principles underpin the management of pets in our service:**

- Only animals which appear in good health will be allowed into the service.
- Children will be supervised when handling pets.
- All animals will be treated for parasitic infections, regularly groomed and checked for signs of infection, flea infestation, or other illness.
- If pets become ill, diagnosis and treatment by a vet may be sought.
- Pets will not be allowed to wander freely through the Child Care area.
- Pets are housed in a segregated, enclosed area away from the main areas in which children are cared for and they are kept, and fed, in this dedicated area.
- These areas are kept clean; bedding regularly changed, droppings being removed regularly.
- Once opened, pet food containers are kept separate from food for human consumption and food is not prepared or come in contact with children's food or preparation areas.
- Hands are washed following any contact with animals, their food, bedding or litter.

**Fish:**

The person in charge will ensure that fish will be fed appropriately and their tank will be cleaned regularly.

## 29 INFECTION CONTROL

Document Title:	Infection Control
Unique Reference Number:	029
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliatt
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	10 plus appendices

Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 9: Health and Welfare](#))  
([National Standard 12: Health Care](#), [National Standard 18: Facilities](#))

### Statement of Intent:

It is our aim to minimise the spread of infection through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses.

This policy is made available to staff, parents and stakeholders electronically and is also available on the website. A child friendly version is also available in the school age childcare rooms.

### Policy and Procedure:

#### Exclusion:

Exclusion guidelines as recommended apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures.

- Parents/guardians will be informed should staff, children or visitors to the service report the presence of any contagious condition to the Manager. Unwell children and staff will be excluded from the service until the appropriate exclusion period for that illness is finished. (See Appendix H)

*Any child or adult with symptoms of an infectious illness will be asked not to attend the service until they are no longer infectious.*

Infectious illness can cause significant ill health among young children and can be transmitted by direct or indirect contact including:

- Contact with infected people or animals.
- By infecting oneself with the body's own germs.
- By hand to mouth transmission.

- By the air / by insects, pests, animals.
- Indirect transmission e.g. toys, door handles, toilets, floors, table tops etc.
- By direct – person to person.

#### **Reporting/Recording of Illness:**

- Staff and parents/guardians must report any infectious illness, to the Manager.
- Manager (or nominated person) will report an outbreak to TUSLA/ Environmental Health Officer and the Public Health Department.
- Manager will record all details of illness reported to them by staff, or reported by parents/guardians of a child attending the service. These details will include the name, symptoms, and dates.

#### **Exclusion from the Service:**

- Sick children or adults should not attend the service and will be excluded from the service based on the time frames outlined in the exclusion table [APPENDIX H]
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff return to the service.
- In the event of an outbreak of any infectious disease, all parents/guardians will be informed. A notice informing all parents/guardians of any infectious disease outbreak will be displayed on the notice board.

To ensure the safety and health of all our children and staff those who have any of the following conditions will be excluded from the service:

- Acute symptoms of food poisoning/gastro-enteritis.
- An ear temperature over 38 degrees which cannot be reduced.
- A deep, hacking cough.
- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Untreated Lice or nits –[see Head Lice Policy in Infection Control Policy]
- An infectious /contagious condition.



- A child that complains of a stiff neck and headache with one or more of the above symptoms.

### **Immunisations:**

- All children must provide up to date record of vaccinations (APPENDIX I: Vaccinations). This should contain dates of vaccinations. Where dates are not available all attempts to get these should be recorded.
- Where children attending the Service are not immunised the Service requires the parents/guardians to complete a disclaimer in the form set out in Appendix I

### **Hand Hygiene:**

#### ***Staff should wash their hands:***

#### **Before:**

- The start of the work shift.
- Eating, smoking, handling/preparing food or assisting/feeding a child.
- Preparing meals, snacks and drinks (including babies' bottles).
- Nappy Changing/personal care.

#### **After:**

- Using the toilet or helping a child to use the toilet.
- Nappy changing/ handling potties.
- Playing with or handling items in the playground – e.g. toys, sand, water.
- Handling secretions e.g. from a child's nose or mouth, from sores or cuts.
- Cleaning up vomit or faeces.
- Handling or dealing with waste.
- Removing disposable gloves and/or aprons.
- Handling pets/pet litter, animals/cages/animal soil, etc.
- Cleaning the service
- Washing/Handling of soiled clothes
- Coughing and sneezing
- When hands are dirty

***Children should hand wash:*****Before:**

- Coming to Réaltaí or on arrival
- Eating

**After:**

- Using the toilet
- Playing with or handling items in the playground
- Handling or dealing with secretions or waste.
- Handling pets/pet litter, animals/cages/animal soil, etc.
- Coughing and sneezing
- When hands are dirty

***Hand washing should be performed as follows:***

- Wet hands under warm running water to wrist level.
- Apply liquid soap. Lather it evenly covering all areas of the hands for at least 10 seconds. Include the thumbs, finger tips, palms and in between the fingers, rubbing backwards and forwards at every stroke.
- Rinse hands off thoroughly under warm running water.
- Dry with paper towel using a patting motion to reduce friction, taking special care between the fingers.
- Staff should aid with hand washing at a sink for infants who can be safely cradled in one arm and for children who can stand but not wash their hands independently.
- A child who can stand should either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water.
- After assisting the child with hand washing, the employee should wash his or her own hands.

***Provided Facilities for Hand Washing:***

- Wash hand basins with hot (maximum of 43 degrees C) and cold running water.
- Paper hand towels and liquid soap.

***Alcohol-based / Alcohol-free Hand Rub/Gels:***

When soap and running water are not readily available, for example on a field trip or excursion, a sanitising rub/gel may be used. Hand rub must be applied vigorously over

all hand surfaces. Hand rubs are only effective if hands are not visibly dirty, if hands are visibly dirty then liquid soap and water should be used. It is safe to let children use hand rubs/gels but it is important to let children know that it should not be swallowed. Supervision is vital. It is also important to store it safely so children cannot get access to it without an adult. The alcohol content of the product generally evaporates in 15 seconds so after the alcohol evaporates it is safe for children to touch their mouth or eyes. Water is not required when using a sanitising rub/gel.

**Respiratory Hygiene and Cough Etiquette:**







Everyone should cover their mouth and nose when coughing and sneezing to prevent germs spreading. In addition:

- A supply of disposable paper tissues should be readily available for nose wiping.
- Pedal bins lined with a plastic bag are provided for disposal of used/soiled tissues.
- Always use a clean tissue and staff must wash their hands after nose wiping.
- Children and staff should be taught to cover their mouth when they cough or sneeze and to wash their hand afterwards.
- Outdoor activities should be encouraged when weather permits.

**Nose Blowing Procedure:**

Children will be taught the following etiquette for nose blowing.

1. Get a tissue
2. Blow nose gently
3. Wipe nose clean
4. Throw tissue in bin
5. Wash hands
6. Staff supporting children to clean their nose must also wash their hands.

	
<b>Get a tissue.</b>	<b>Fold the tissue in half.</b>
	
<b>Blow nose gently.</b>	<b>Wipe nose clean.</b>
	
<b>Throw tissue away.</b>	<b>Wash hands.</b>

**Nappy Changing: [see also separate policy on nappy changing]**

Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff, and to the surrounding environment:

- The nappy changing procedure will be on display in the nappy changing area
- Staff undertaking nappy changes should not be involved in the preparation or cooking of food if possible.
- Ensure you have all equipment at hand and your hands are clean before you start.
- Disposable gloves must be worn, *i.e. powder free, synthetic or vinyl single-use gloves.*
- Ensure creams and lotions are labelled and not shared between children.
- Dispose of nappies and gloves by placing in a leak proof, cleanable container.
- Non-disposable nappies should be double bagged and placed directly into plastic bags to give to parents. (*Solid faecal matter may be disposed of into the toilet*)
- Never rinse or wash non-disposable nappies.
- Clean and dry the changing mat after each use.
- If soiled, clean, then disinfect using a disinfectant.
- All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).
- Staff must always wash their hands before and after every nappy change.
- Hands should be dried by means of single use disposable paper towels.
- Changing mats must be regularly checked and replaced if cover is torn or cracked.

**Cleanliness and Hygiene:**

- Toys and other play materials are not allowed into the toilet/changing area.
- Individual combs, hairbrushes, toothbrushes are clearly labelled with the child's name and not shared.
- The premises will be maintained in a clean, hygienic state throughout the day and a cleaning record is kept.
- Staff are responsible for the materials and equipment used and ensures they are clean, hygienic and safe at all times.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Colour coded, reusable microfibre cloths are used for floors.
- Disposable cloths or blue/white roll will be used for all other cleaning purposes.

**Toilets and Potties: [see Toileting Policy]**

- Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.
- Children using potties have their own potty which is provided by the parents.
- Potties are emptied carefully into the toilet and cleaned with hot water and detergent, wiped over with a disinfectant and dried thoroughly using disposable paper towels.
- Separate cloths/paper is used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.
- Trainer seats are thoroughly cleaned and disinfected after each use.

***Spillages of Body Fluids: (e.g. urine, faeces or vomit)***

- Put on disposable gloves.
- Use absorbent disposable paper towels to soak up the spillage.
- Clean the area using general sanitiser and disposable paper towels.
- Apply a disinfectant to the affected surface.
- Dry the surface thoroughly using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves and apron in a manner that prevents any other person coming in contact with these items (bag separately).
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

***Blood Spillages:***

- Put on disposable gloves.
- Use absorbent disposable paper towels to soak up the spillage.
- Apply a disinfectant to the affected surface. It should be left in contact with the surface according to the manufacturer's instructions.
- Wash the area thoroughly with warm water and a general purpose detergent and dry using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves and apron in a manner that prevents any other person coming in contact with these items (bag separately).
- Wash and dry hands thoroughly.
- Change soiled clothing immediately.

**Dealing with Cuts and Nose Bleeds:**

When dealing with cuts and nose bleeds, staff should follow the service's first aid procedure. They should:

- Put on disposable gloves.
- Stop the bleeding by applying pressure to wound with a clean absorbent dressing.
- Place a clean dressing on the wound and refer the child for medical treatment if needed, e.g. stitches required or bleeding that cannot be controlled.
- Once bleeding has stopped, dispose of the gloves and apron safely immediately in a manner that prevents another person coming in contact with the blood.
- Wash and dry hands.

Children who are HIV or Hepatitis B positive should not be treated any differently from those who are not. Intact skin provides a good barrier to infection, and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands.

**Gloves:**

Wear disposable single use and well fitting gloves when dealing with blood, body fluids, broken skin and mucous membranes (e.g. eyes, nose, mouth). This includes activities such as:

- Nappy changing.
- Cleaning potties.
- Cleaning up blood – e.g. after a fall or a nose bleed.
- General cleaning.
- Handling waste.

**Change gloves:**

- After caring for each child.
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

**How to Remove Gloves:**

- Peel the first glove back from the wrist.
- Turn the glove inside out as it is being removed. Remove the glove completely and hold in the opposite hand.

- Remove the second glove by placing a finger inside the glove and peeling it back. Pull the glove off over the first glove.
- The outside surface of the glove should not be touched.
- Hand washing should be performed following glove removal.

**Aprons:**

Wear a disposable apron if there is a risk of blood or body fluids splashing onto your skin or clothing, for example during activities such as cleaning up spillages of body fluids (e.g. blood, vomit, urine) or dealing with nose bleeds. Change aprons after caring for individual children. Wash hands after removing the apron. Aprons should be disposable, single use and water repellent. The apron should cover the front of the body from below the neckline to the knees. Remove the apron by breaking the neck ties first, then break the ties at the back and roll up the apron without touching the outer (contaminated) surface. If gloves and an apron are worn remove the gloves first followed by hand washing.

**Baby Feeding Equipment:**

- Bottles, teats and bottle brushes are washed thoroughly before sterilising.

**Food and Kitchen Hygiene:**

In order to prepare food hygienically, it is important to ensure that a high standard of hygiene is maintained in conjunction with effective cleaning of food preparation areas and equipment. This is necessary in addition to careful handling, preparation, cooling etc. of food. Care workers should wash their hands thoroughly prior to handling food.

**Cleaning:**

Cleaning is essential in the prevention of infection. Thorough cleaning followed by drying will remove large numbers of germs but does not necessarily destroy germs. Deposits of dust, soil and microbes on environmental surfaces have been implicated in the transmission of infection. Routine cleaning with detergents and warm water is considered to be sufficient to reduce the number of germs in the environment to a safe level. A “clean as you go” etiquette should apply at all times:

- Play surfaces are cleaned, rinsed and dried before use or when visibly soiled.
- Routine cleaning is done, using warm water and a general purpose detergent.

- Manufacturer's instructions are followed when using detergents and disinfectants with regard to personal protective clothing and dilution recommendations.
- Water is changed frequently as dirty water is ineffective for cleaning.
- Toilets, sinks, wash hand basins and surrounding areas are cleaned when required at least twice daily.

**Laundry:**

- Linen used for cots and sleep mats are washed after each use / at the end of each week. Each child has their own linen.

**Cleaning Toys and Equipment:**

In order to reduce the risk of cross infection, all toys are cleaned regularly (i.e. as part of a routine cleaning schedule).

**Children's Rooms:**

- Cleaning checklists are used in each room and must be filled daily in accordance with cleaning schedules.
- Staff are responsible for keeping their rooms clean and tidy.
- All room environments must always be clean. Toys, games and work equipment must be placed on the shelves in an orderly fashion at all times.
- During the day the room should be ventilated regularly.

**If A Child Becomes Ill When Attending The Service:**

- Parents/guardians will be informed of our concerns and procedures we are taking and will be asked to collect their sick child. We may need to call a GP or use emergency services. If a parent cannot be reached the next named on the emergency list will be contacted.
- If a child's temperature is raised it will be monitored, recorded and medication administered, if required.
- Sick children should be kept at home.

**Covid-19 (Corona Virus)**

- Please refer to COVID-19 Policy and Response Plan.



**APPENDIX G: EXCLUSIONS**

**This is minimum exclusion periods as recommended by the HSE. The service may impose longer periods if it has a concern**

<b>Chickenpox:</b>	Until scabs are dry; this is usually 5-7 days after the appearance of the rash.
<b>Conjunctivitis:</b>	Exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
<b>Covid-19</b>	Proven Covid-19: Self isolate 14 days with last 5 days without fever. Adhere to Public Health Guidelines
<b>Diarrhoea:</b>	48 hours from last episode.
<b>Diphtheria:</b>	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
<b>Food poisoning:</b>	Until authorised by GP.
<b>Glandular Fever:</b>	Exclusion is not necessary.
<b>Haemophilus Influenzae Type B: (Hib)</b>	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
<b>Hand, Foot and Mouth Disease:</b>	While the child is unwell he/she should be kept away from service. If evidence exists of transmission within the day centre exclusion of children until the spots have gone from their hands may be necessary.
<b>Head Lice:</b>	Exclusion is not necessary after treatment
<b>Hepatitis A:</b> (Yellow Jaundice, Infectious Hepatitis):	Recommended while the child feels unwell, or until 7 days after onset of jaundice, whichever is later.
<b>Hepatitis B:</b> (Serum Hepatitis)	Children will be too ill to attend the service and families will be given specific advice about when their child is well enough to return.
<b>Impetigo:</b>	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
<b>Influenza and Influenza-like Illness:</b> (Flu and ILI)	Remain at home for 7 days from when their symptoms began. Children should not re-attend the service until they are feeling better and their temperature has returned to normal.
<b>Living with HIV/AIDS:</b>	Exclusion is not necessary.
<b>Measles:</b>	Exclude the child while infectious i.e. up to 4 days after the rash appears.

<b>Meningitis:</b>	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
<b>Meningococcal Disease:</b>	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
<b>Molluscum Contagiosum:</b>	Exclusion is not necessary.
<b>MRSA:</b> (Methicillin-Resistant Staphylococcus aureus)	Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the Child Care setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a Child Care setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
<b>Mumps:</b>	The child should be excluded for 5 days after the onset of swelling.
<b>Pediculosis (lice):</b>	Until appropriate treatment has been given
<b>Pharyngitis/Tonsillitis:</b>	If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from the service until 24 hours after the start of treatment. Otherwise a child or member of staff should stay at home while they feel unwell.
<b>Polio:</b>	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
<b>Poliomyelitis:</b>	Until declared free from infection by GP
<b>Pneumococcus:</b>	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
<b>Respiratory Syncytial Virus:</b>	Children who have RSV should be excluded until they have no symptoms and their temperature has returned to normal. Contacts do not need to be excluded.
<b>Ringworm:</b>	Children need not be excluded from service once they commence treatment.
<b>Rubella:</b> (German Measles)	For 7 days after onset of the rash, and whilst unwell.
<b>Scabies:</b>	Not necessary once treatment has commenced.

<b>Scarlet fever:</b>	Once a patient has been on antibiotic treatment for 24 hours they can return to the service, provided they feel well enough..
<b>Shingles:</b>	Until scabs are dry.
<b>Slapped Cheek Syndrome:</b>	An affected child need not be excluded because he/she is no longer infectious by the time the rash occurs.
<b>Temperature:</b>	Over 38 degrees
<b>Tetanus:</b> (Lockjaw)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
<b>Tuberculosis (TB):</b>	Recommendations on exclusion depend on the particulars of each case, e.g. whether the case is “infectious” or not. The Department of Public Health will advise on each individual case.
<b>Typhoid and Paratyphoid:</b>	Very specific exclusion criteria apply; your local Department of Public Health will advise.
<b>Viral Meningitis:</b>	Children with the disease will usually be too ill to attend the service. Contacts do not need to be exclude.
<b>Vomiting:</b>	48 hours from last episode of vomiting
<b>Whooping Cough:</b> (Pertussis)	The child is likely to be too ill to attend the service and should stay at home until he/she has had 5 days of antibiotic treatment or for 21 days from onset of illness if no antibiotic treatment.
<b>Worms:</b>	Exclusion is not necessary.
<b>Verrucae:</b>	Exclusion is not necessary.

## APPENDIX H: VACCINATION SCHEDULE

Preschool immunisation schedule for children born since July 2008

<b>Age to Vaccinate:</b>	<b>Type of Vaccination:</b>
At birth (Note: BCG no longer given since October 2016)	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months Free from your GP	<b>6 in 1</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> <li>• Whooping cough (Pertussis)</li> <li>• Hib (Haemophilus influenzae B)</li> <li>• Polio (Inactivated poliomyelitis)</li> <li>• Hepatitis B</li> </ul> <b>PCV</b> (Pneumococcal Conjugate Vaccine)
At 4 months Free from your GP	<b>6 in 1</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> <li>• Whooping cough (Pertussis)</li> <li>• Hib (Haemophilus influenzae B)</li> <li>• Polio (Inactivated poliomyelitis)</li> <li>• Hepatitis B</li> </ul> <b>Men C</b> (Meningococcal C)
At 6 months Free from your GP	<b>6 in 1</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> <li>• Whooping cough (Pertussis)</li> <li>• Hib (Haemophilus influenzae B)</li> <li>• Polio (Inactivated poliomyelitis)</li> <li>• Hepatitis B</li> </ul> <b>Men C</b> (Meningococcal C) <b>PCV</b> (Pneumococcal Conjugate Vaccine)
At 12 months Free from your GP	<b>MMR</b> (Measles, Mumps, Rubella) <b>PCV</b> (Pneumococcal Conjugate Vaccine)
At 13 months Free from your GP	<b>Men C</b> (Meningococcal C) <b>Hib</b> (Haemophilus influenzae B)
At 4 - 5 years Free in school or from your GP	<b>4 in 1</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> <li>• Whooping cough (Pertussis)</li> <li>• Polio (Inactivated poliomyelitis)</li> </ul> <b>MMR</b> (Measles, Mumps, Rubella)
At 11 - 14 years Free in school	<b>Td</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> </ul>
At 12 years (1st year second level school) Girls only Free in school	<b>HPV</b> (Human Papillomavirus)

**APPENDIX I: DISCLAIMER TO BE SIGNED BY PARENTS WHERE CHILDREN ARE NOT VACCINATED**

NAME OF CHILD: \_\_\_\_\_

CHILD'S DOB : \_\_\_\_\_

I have decided that my child will not be vaccinated according to the HSE recommended schedule.

I understand that in a group childcare setting the consequences may include:

- Contracting the illness that the vaccine is designed to prevent
- Transmitting the disease to others
- I understand that if there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children.

All information regarding your child remains confidential

Signed: \_\_\_\_\_

Parent/Guardian

## **APPENDIX J: SPECIFIC DISEASES**

### **Head Lice:**

Head lice is common problem in children. Head lice crawl and require head to head contact for transmission. It is our policy to be proactive and manage the treatment. Parents/guardians have a responsibility to adhere to all our recommendations, working together to address this common health concern.

- Parents/guardians have the responsibility for the detection and treatment of head lice, and must check their child's head regularly, even if head lice is not suspected.
- All cases must be reported to the person in charge. Parents/guardians must state when appropriate treatment was commenced.
- Confidentiality will be adhered to in every case reported.
- It is important to remember that anyone can get head lice, however infestation is more likely among small children due to nature of how they play. Head lice do not reflect standards of hygiene either in the home or preschool environment.

### **Meningitis and Meningococcal:**

Both these diseases are most common in children. Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. The most common germs that cause meningitis are viruses and bacteria:

**Viral Meningitis** is rarely life threatening, although it can make people very unwell. Most people make a full recovery, but sufferers can be left with after effects such as headaches, tiredness and memory loss.

**Bacterial Meningitis** can be life threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects and one in ten will die.

### ***Signs and Symptoms:***

Meningitis and septicaemia are not always easy to recognise, and symptoms can appear in any order or not appear at all. In the early stages, the signs and symptoms

can be similar to many other more common illnesses, for example flu. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet. A rash that does not fade under pressure (see 'The Glass (tumbler)Test' below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.





















**However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.**

Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin. A fever, together with spots or a rash that do not fade under pressure, is a medical emergency.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

**Procedure for Managing a Suspected Case of Meningitis:**

- If a member of staff suspects that a child is displaying signs and symptoms of meningitis the child’s doctor or our doctor on call will be contacted immediately and the child’s parents/guardians called.
- If a GP is not available, the child will be taken straight to the nearest A and E department. Staff will escort the child to hospital if the parent is unavailable.

Babies and Toddlers		Children and Adults	
Meningitis <input type="checkbox"/>	and Septicaemia <input type="checkbox"/>	Meningitis <input type="checkbox"/>	and Septicaemia <input type="checkbox"/>
often occur Together <input type="checkbox"/>		often occur Together <input type="checkbox"/>	
 Fever, cold hands & feet	 Floppy, listless, unresponsive	 Fever, cold hands & feet	 Stomach cramps & diarrhoea
 Refusing food	 Drowsy, difficult to wake	 Vomiting	 Spots/Rash see Glass Test
 Vomiting	 Spots/Rash see Glass Test	 Drowsy, difficult to wake	 Severe headache
 Pale, blotchy skin	 Rapid breathing or grunting	 Confusion & irritability	 Stiff neck
 Fretful, dislike being handled	 Unusual cry, moaning	 Severe muscle pain	 Dislike bright lights



***Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years' service:***

- The public health team will usually issue a letter to other parents/guardians to inform them of the situation. The aim of this letter is to give information about, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents/guardians by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be 'close contacts'. These are usually immediate family members or 'household' contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations, a vaccine may also be offered. These actions are coordinated by the public health team.
- There is **no reason** to close the Child Care service.
- There is **no need** to disinfect or destroy any equipment/toys touched by the child.

The likelihood of a second case of meningococcal disease is extremely small. However, if two or more suspected cases occur within four weeks in the same Child Care facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this time staff and parents should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried that their child is unwell.

**For more information, [www.meningitis-trust.ie](http://www.meningitis-trust.ie) or 24-hour helpline 1800 523196**



**Hand, Foot and Mouth:**

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet and bottom. HFMD is often confused with foot-and-mouth disease, an animal disease; however, the two diseases are not related. Humans do not get the animal disease, and animals do not get the human disease.

The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via surfaces which have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

***Symptoms:***

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or 2 days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

***How Hand, Foot, and Mouth Disease Is Spread:***

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected persons are most contagious during the first week of the illness.

- The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Some persons who are infected and excreting the virus, including most adults, may have no symptoms.
- HFMD is not transmitted to or from pets or other animals.

#### ***Treatment of HFMD:***

There is no specific treatment and antibiotics are not effective as it is a viral infection. Most children with HFMD recover completely after a few days resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a children's pain relief such as Calpol.

#### ***Prevention of HFMD:***

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices.

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet or especially after changing nappies, after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (See Infection Control Policy)
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- **Children should be kept away from the service whilst unwell. If evidence exists of transmission within the service, exclusion of children until the spots have gone from their hands may be necessary.**

**Note:** HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

The incubation period is 3 to 6 days and the condition may last from 7 to 10 days.

## APPENDIX K: CLEANING ROUTINES

### Cleaning Routines for Toys:

Toys may be implicated in the transmission of potentially harmful germs and the development of infection in young children. Steps must be taken to ensure toys are maintained in a safe and usable state by regular inspection, scheduled regular cleaning and appropriate storage.

**Soft Toys:** should be kept to a minimum because they are porous, support microbial growth and can be difficult to clean. Soft toys must be subject to machine washing (Weekly or more often as necessary) and thorough air drying/tumble drying (according to manufacturer's instructions). Repeated decontamination of soft toys can compromise the integrity of the fabric and create a choking hazard, therefore ensure thorough checking takes place before and after use.

**Hard Surface Toys:** should be washed regularly or if visibly soiled. Toys with moving parts or openings can harbour dirt and germs in the crevices and must be washed and scrubbed using soap and warm water/detergent wipes, before rinsing and drying.

**Mouthed Toys:** Mouthed toys are to be cleaned on a daily basis using water and Milton. In order to reduce the risk of cross infection, it is important that all mouthed toys that are shared are cleaned between uses by different children.

**Mechanical/Electrical Toys:** should be surface wiped daily or more often as necessary, using a damp cloth that has been rinsed in hot, soapy water or detergent wipes followed by drying.

**Books:** should be inspected daily, wiped down and any books with signs of damage must be fixed or discarded.

**Dressing up Clothes:** All clothes must be washable and washed according to manufacturers instructions. Clothes must be laundered weekly or more often as necessary. The storage box or rail must also be cleaned regularly.

### Toilets:

Toilets are checked regularly and cleaned appropriately as necessary.

**Potties:**

Potties should be washed with hot water and detergent and dried with paper towel after each use.

**Bins and Recycling:**

The room should have two bins; one for green bin recycling and one for everything else. Children will be encouraged to use the appropriate bins. Staff should ensure that bins are emptied as required. The bins should be emptied and rinsed out at the end of the day, if visibly dirty. The lid must be closed at all times.

**Staff Hygiene:**

It is imperative to wash hands after handling bins, changing nappies, cleaning up vomit or urine, cleaning children's noses, before handling food, after handling food etc.

**Soother Storage:**

Soothers, once washed, are stored in an airtight container with the child's name on it.

**Cleaning of Soothers:**

If a soother falls or is not been used, the soother will be washed with hot water. The soother will then be placed into the child's container or given back to child.

**Spillages and Hazards:** The Safety, Health and Welfare at Work Act, 2005 applies.

**Spillages:**

In the interests of health and safety the following procedures must be used when cleaning up spillages:

- Disposable gloves must be used by staff to clean up any body spillages or faeces, when changing nappies or any clothing, which has urine or faeces on it.
- Any vomit or blood should be dealt with immediately by wearing disposable gloves and applying detergent directly on to the spillage, before cleaning up.

**Hazards:**

If you discover anything, which may be a potential hazard to you, the children, other staff or members of the public who may be using the service you must take immediate remedial action. Report the hazard to the Manager who will take the appropriate action to rectify the hazard.

**SAMPLE CLEANING ROUTINE:**

- Wipe down all shelves with sanitiser.
- Wash all table tops and wipe down table legs with a mild disinfectant.
- Wash down sink and surrounding counter area.
- Clean fridge as required, check dates on food, and remove if necessary.
- The fridge should be wiped out inside with antibacterial spray.
- The outside of the fridge is to be cleaned with a mild disinfectant.
- Wipe down window sills with sanitiser. Clean windows with sanitiser if necessary.
- Wipe all exposed woodwork with a mild disinfectant.
- Wash all skirting boards with sanitiser.
- Replace hand towels and hand washing liquid as required.
- Clean toilet and disinfect toilet seat and base.
- Wash sink and disinfect taps.
- Empty bins and replace bag, paper towels and toilet paper.
- Sweep and wash floors with sanitiser.

### 30. FIRE SAFETY

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Document Approved:	Glenn Muliett
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Child Care Act 1991 (Early Years Services) Regulations 2016([Part IV, 16 Fire Safety Measures, Part V Premises and Facilities](#)) ([National Standard 4: Records](#), [National Standard 17: Premises](#), [National Standard 18: Facilities](#), [National Standard 20: Safety](#))

#### Statement of Intent:

We will follow all relevant legislation and also the 'Guide to Fire Safety in the Premises used for Preschool Services' from the Department of the Environment. This is to ensure the safety, health and welfare of the children, staff and parents/guardians who are in the service. This policy is made available to staff, parents and stakeholders electronically.

#### Policy and Procedures:

We will ensure that:

- Fire drills will be carried out monthly and a record will be kept on file and will be available for inspection.
- Fire extinguishers and blankets will be stored appropriately, ready for use and in good working order.
- A record of the number, type and maintenance record of all firefighting equipment and smoke alarms will be kept and they will be serviced annually with a record maintained of the service dates.
- Employees will be trained on:
  - Where firefighting equipment is located.
  - How to use firefighting equipment.
  - The location and operation of fire doors and fire exits.
  - Fire safety risk assessment.

**A record of this training will be recorded and kept on file for inspection and a Fire Notice setting out the procedure to be followed in a fire drill is displayed in a prominent place in the Service.**

- Hard wired smoke detectors are placed at strategic points in the building.
- The smoke detectors will be checked quarterly to ensure they are working. A record will be maintained of the dates on which the detectors are checked.
- Materials contained in bedding and internal furnishings within the service will be of EU standard (i.e. kite symbol or CE compliant) in relation to fire retardant properties and will be nontoxic.
- Heat emitting surfaces will be protected by a fixed guard and/or thermostatically controlled to ensure safe temperatures.
- A system for giving warnings in the event of fire is provided.
- Escape route and exit doors should be maintained free from obstruction so that they can be safely and effectively used at all times.
- All flammable materials (oils, polish etc.) are safely stored outside of the children's areas. Waste is promptly disposed of and, in general, precautions are taken to ensure the prevention of occurrences likely to constitute a fire hazard.
- Daily attendance records are kept.

**Fire Drill Policy:**

The service has a notice of the procedures to be followed in the event of a fire drill or evacuation posted on the wall in all areas. All staff members should be familiar with their responsibilities with regards to fire drills and the procedures in case of the fire alarm going off.

Fire drills will be practiced on a regular basis. All persons on the premises at the time are expected to participate.

All children and staff members must be signed in and out accordingly onto the attendance record. This record will be used for fire drills.

The main thing to remember is to stay calm and not to panic. The children should be filed out and brought to the fire assembly point where head count will take place.

A record of the fire drill should be kept on file in the office.

**Fire Drill Procedures:**

- Sound the alarm and shout FIRE!
- On hearing the alarm, stop whatever you are doing and leave the building with the children by your designated fire exit route using the following routine.
- When the fire bell sounds, the children are asked in a calm manner to form a line.
- Babies / Wobblers; Begin evacuation procedure immediately. The designated staff member should check all areas under their responsibility for babies i.e. changing room, sleep rooms, soft play area etc. and if safe to do so, while checking close all doors and windows in each area. If necessary place babies, up to 6 at a time in a cot and begin evacuation of baby room/s and wobbler room/s
- Led by staff they leave the building by the shortest route.
- The staff member/s will take the roll book/tablet if safe to do so, check the premises, cloakrooms and then leaves last.
- Do not stop to collect personal belongings or to put on coats.
- If possible, close doors and windows en-route.
- Meet at the assembly point.
- Once outside stay outside. Do not re-enter the building until management or the fire safety officer informs you it is safe to do so.
- Head count will be carried out at assembly point to account for all persons.

**Fire Control:**

You should only attack the fire if you know what you are doing and if you are not placing your own life in danger. Fire extinguishers and firefighting equipment are provided for this purpose.

**General:**

Staff should follow procedures for operating the fire alarm as outlined in the Health and Safety Statement. All employees should be aware of:





- All escape routes from the premises.
- All fire exits are clearly identified and easily opened from the inside
- The importance of keeping fire doors closed.
- The importance of general fire precautions and good housekeeping.
- All staff will take reasonable care in their work activities to ensure that they not generate any potential fire hazards. Any flammable liquids used on site will be



stored away from heat sources in suitable containers which will be kept sealed to avoid build-up of flammable vapours.

- All firefighting equipment located on the premises will be in accordance with the requirements of the area that it is located, and will meet the required classification for the area based on the classifications as per I.S. 290: 1986 standard.
- All firefighting equipment is tested and serviced annually by certified contractors.
- The chart outlines the correct use of the most commonly available fire extinguishers. Please note that CO<sub>2</sub> extinguishers should not be used on paper or light material as they may spread burning fuel causing the fire to further spread.

### Fire Extinguisher Chart

Extinguisher		Type of Fire				
Colour	Type	Solids (wood, paper, cloth, etc)	Flammable Liquids	Flammable Gasses	Electrical Equipment	Cooking Oils & Fats
	<b>Water</b>	✓ Yes	✗ No	✗ No	✗ No	✗ No
	<b>Foam</b>	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
	<b>Dry Powder</b>	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No
	<b>Carbon Dioxide (CO<sub>2</sub>)</b>	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes

#### When Dealing with a Fire:

Staff should be aware of the location of firefighting equipment on the premises and the method of operation of this equipment prior to use in an emergency.

If a person's clothing is on fire, wrap the fire blanket, rug or similar article closely around them and lay them on the ground to prevent flames reaching the head.

If electrical appliances are involved, switch off the power before dealing with the fire.

If possible shut the doors and windows in the room which the fire is discovered, ensuring the main routes of escape are maintained at all times.

**Call the Fire Brigade** – The designated person(s) should call 999 and give precise instructions as to the address, including the name of the nearest main road.

**Evacuation** – Commence an orderly evacuation of the building. Close doors and windows as each check is completed.

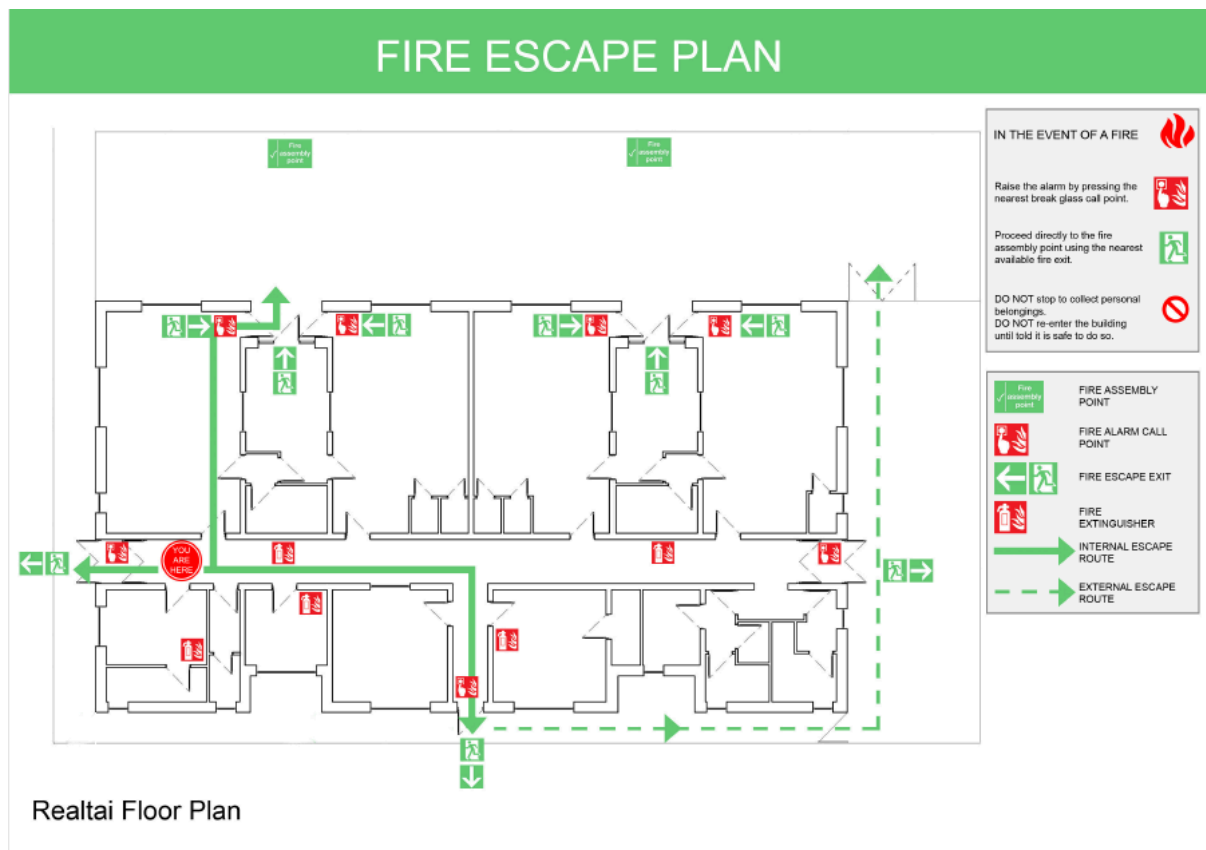
**Assembly** – Assemble children and staff at the designated assembly point. A head count should be carried out, based on the daily attendance sheets.

**Staff Report** – A member of staff should be on hand when the Fire Brigade arrives to provide any information they require.

**Attack Fire** – You can try to extinguish the fire but only if it is safe to do so, using proper equipment. Otherwise, wait until trained personnel arrive.

The above procedure is practiced as a Fire Drill at regular intervals by setting off the fire alarm to familiarize the children with the procedure without frightening them.

The fire assembly point is located at the front of the building in the front outdoor play area. See fire escape plan below;



## 31. CRITICAL INCIDENT and EVACUATION PLAN

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Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 3: Parents/guardians and Families](#), [Síolta Standard 9: Health and Welfare](#)) ([National Standard 1: Information](#), [National Standard 2: Contract](#), [National Standard 5: Organisation and Management](#))

### Statement of Intent:

The service will endeavour to ensure that the children are protected and cared for at all times and in the event that the building needs to be evacuated, staff will follow this plan safely and children will be supervised during any period outside the premises.

### Definition of Critical Incident:

A critical incident is any incident or sequence of events which overwhelms the normal coping mechanisms of the service.

### Emergency Preparedness:

Emergency preparedness is the preparation and planning necessary to effectively handle a critical incident. It involves individuals assessing the likelihood of specific critical incidents occurring and developing an emergency plan that identifies the services they require, and the resources they need to have on hand in case such an incident occurs. The goal of these preparedness activities is to ensure that a service is ready and able to respond quickly and effectively in the event of a critical incident.

### Responsibilities and Roles in Emergency Planning and Response:

#### Management will:

- Ensure that the facility remains in compliance with Child Care Act 1991 (Early Years Services) Regulations 2016 (as practically possible) in regard to:
  - First Aid/Medical Assistance
  - Management and staffing

- Registering of children
  - Records
  - Information for Parents/guardians
  - Fire safety measures
  - Premises and Facilities
- Develop and review Emergency Preparedness Plan(s); Emergency situations identified during risk assessment as being high risk to the service will have a specific plan developed.
  - Ensure that staff are trained in the provisions of Emergency Preparedness Plan(s).
  - Ensure that children are prepared for the Emergency Preparedness Plan(s).
  - Conduct evacuation and lockdown drills, keep records and plan revisions based on drill evaluations.
  - Assign emergency responsibilities to staff as required, with regard to individual capabilities and normal responsibilities.
  - Keep parents/guardians and staff informed of the Emergency Preparedness Plan revisions.

**Management will complete a Critical Incident Form for every possible critical incident.**

**Staff will:**

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Participate in emergency preparedness training and drills.
- Provide leadership during a period of emergency.

**Management will:**

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Conduct periodic safety inspections of the facility.
- Identify shut-off valves and switches for gas, water and electricity. A chart showing shut-off locations so that others can use them in an emergency is available on site.

**Food:**

**Management will:**

- Maintain adequate supplies of non-perishable food and water for emergency use.
- Rotate supplies to ensure freshness.

**Parents/guardians/Management:**

- Parents/guardians are encouraged to become familiar with the Emergency Preparedness Plan(s) and procedures they are to follow.
- Ensure that the information the facility has on the children and parents/guardians is current and correct.

**We have addressed the following emergency situations:**

- ✓ Medical Emergencies (see Accident and Incident, Infection Control and Medicine Policies).
- ✓ Missing Child (See Missing Child Policy).
- ✓ Natural Disasters: storms, icy weather (see Emergency Closure Policy).
- ✓ Utility Disruption, water, electricity, heating (see Emergency Closure Policy).
- ✓ Fire/smoke Emergencies (see Fire Safety Policy).
- ✓ Hazardous Material; chemical spills (see Health and Safety Statement).
- ✓ Control of Infectious Diseases (see Infection Control policy).
- ✓ Evacuation Procedure for Sheltering Off-site (see Emergency Closure Policy).
- ✓ Gas leak (see Emergency Closure Policy).
- ✓ Potentially Violent Situations (unauthorized/suspicious person/intruder) (see Lockdown/Evacuation procedures below).

See also Critical Incident Forms completed

**Records:****To prepare for an emergency we have the following:**

- Staff members' names, addresses and contact details for staff and next of kin.
- Attendance log and list of children including additional needs requirements.
- Contact details for parents/guardians and other emergency contacts.
- Adequate first aid resources and staff with first aid training.
- A guide with contact details for the Critical Incident Team and essential services.
- A clearly defined evacuation procedure with pre-designated assembly areas.
- Floor plans and maps outlining fire exits and location of essential services.
- Templates for communications with parents/guardians and the media (ref. Resource materials).

**Critical Incident Procedures:**

When a significant incident occurs, staff will immediately alert management or other designated person. It is the responsibility of the person in charge to determine whether the incident is deemed to be critical. The person in charge or designated person will lead the emergency response and be guided by the Critical Incident Action Guide.

**Immediate Response [within 24 hours]**

- a) Identify the nature of the critical incident.
- b) Implement the appropriate emergency preparedness plan.
- c) Contact emergency services.
- d) Delegate immediate first aid to trained staff.
- e) If applicable, secure the area.
- f) Ensure safety and welfare of children and staff.
- g) Notify the critical incident team leader if not on site.
- h) Liaise with emergency services, hospital and medical services.
- i) Contact and inform parents/guardians and family members.
- j) Identify children and staff members most closely involved and at risk.
- k) Manage media and publicity.
- l) Maintain Emergency Operational Procedure and Time Log.

**Lockdown Procedure:**

- If there is a dangerous person inside or immediately outside the service, the best procedure may be to lock all interior doors and protect staff and children in rooms.
- Children will be kept inside the rooms, away from doors or windows where they can be seen.
- The person in charge will summon Garda Síochána. Efforts to get the dangerous person(s) to leave the premises should **only** be taken if it is safe to do so.

**Step Down:**

Staff should only unlock the doors to their rooms if they have confirmation that it is safe to do so.

**Shelter in the Facility:**

If it is unsafe for the staff and children of the service to go outside, provisions have been made to provide “protected spaces” inside. Depending on time available to move

the children, it may be necessary to try to shelter in a “close” part of the building, rather than the most protected space.

**A safe area is:**

- ✓ In the interior of the building away from glass that may shatter.
- ✓ A room where furniture and wall-hangings are secured so that they will not fall onto children or staff.

**The protected space is: the classrooms with the doors locked.**

This location was identified during the planning process and is made known to all staff. All air intakes and openings should be closed to protect the atmosphere inside in the event that we are being kept inside because of smoke or toxic chemicals outside.

**Emergency Evacuation after a Session has started:**

- The alarm bell will be sounded by the Manager, or other nominated person.
- In the event of an emergency evacuation after the session has started, parents/guardians may be informed by telephone that they are required to collect their child as soon as possible.
- The children will be safely evacuated according to the current Fire Drill procedures to the Emergency Assembly point.
- Contact information for all the children will be taken out of the building along with the daily register.
- The emergency services will be called.
- Children will only be escorted back into the building under the advice of the emergency services or person in charge once all threats to safety are cleared.

**Procedures for Dealing with a Trespasser:**

**If a trespasser is found on the premises the person in charge or other nominated person will:**

- a) Try to establish their name and why they are on the premises.
- b) Inform another member of staff that they are dealing with a trespasser and activate the lock down or evacuation procedure if required.
- c) Offer help to the person or to call someone for them in the event that the trespasser is distressed or suspected they are under the influence of alcohol or intoxicated.

- d) Request that the person leaves quietly.
- e) If the person refuses to leave the Garda will be called.

Under no circumstances must staff put themselves in danger if the trespasser is aggressive or violent. Evacuation procedures should be followed and the Garda called.

### **Post Assault/Post Trauma: Procedures and Guidelines:**

In the event of any incident the service Management should offer as much support as is reasonably possible to those involved.

It is considered essential that the service Manager and all staff are aware of the effects of assaults/serious incidents.

- The following areas need to be addressed for the staff:
  - Debriefing immediately following, or as soon as practical after an assault/incident.
  - Completion of report on the incident.
  - Follow up to check how the staff member is doing.
  - Outside/independent support for the staff member if appropriate.
  - Get immediate medical help if necessary.
  - Consult own GP and take gp's advise.
  - If appropriate avail of counselling service provided by an outside agency.
- Complete an Incident Report Form.
- Report assaults/incidents and serious threats to the Garda, but it is acknowledged that it is up to the individual staff member to make a decision on pressing charges.
- The Manager or other designated person should accompany the staff member when making a report to the Garda and also to court if charges are brought and the staff member is required as a witness.

### **Secondary Response [24–72 hours]:**

- a) Assess the need for support and counselling for those involved.
- b) Provide staff, parents/guardians and community with appropriate factual information
- c) Arrange debriefing for all parents/guardians, children and staff most closely involved and at risk.
- d) Restore the facility to regular routine/program delivery as soon as practicable.



e) Complete critical incident report.

**Ongoing Follow-up Response:**

- a) Identify any other persons who may be affected by the critical incident and provide access to support services for community members.
- b) Provide accurate information to parents/guardians and staff.
- c) Maintain contact with any injured and affected parties to provide support and to monitor progress.
- d) Monitor staff and children for signs of delayed stress and the onset of post-traumatic stress disorder; providing specialised treatment as necessary.
- e) Evaluate Critical Incident and Emergency Management Plan.
- f) Manage any possible longer term disturbances e.g. inquests, legal proceedings.

**Evaluation and Review of Management Plan:**

- After a critical incident, a meeting of the critical incident team will be held to evaluate the critical incident report, the effectiveness of the management plan and to make modifications as required.
- After any evacuation or security breach a full and comprehensive review will take place by Management and will include:
  - Completing an incident report form with a full report of how the situation was dealt with.
  - A report of any children or staff that have been distressed during the incident or subsequent evacuation.
  - Evacuation procedures.
  - Security arrangements to avoid trespassers accessing the building.
- The evaluation process will incorporate feedback gathered from staff, parents/guardians and local community representatives if applicable.

**Information/Training:**

- These procedures should be known to all staff and reviewed on a regular basis and incorporated into the induction programme.
- Under no circumstances must staff be made feel incompetent or apologetic for activating the emergency procedures.

**Dealing with the Media:**

In the event of a crisis, emergency or controversial situation, the person in charge will handle all contacts with the media and will coordinate the information flow from the service to the public. In such situations, all staff should refer calls from the media to the Manager or other designated person. No staff may talk to the media unless designated to do so. A breach of this may invoke the Disciplinary Policy procedures.

**APPENDIX L: DEALING WITH THE MEDIA**

Some events draw a great deal of media attention and this can add complexity and stress to what is already a difficult situation. The media can be used to dispel rumour and give a clear factual message. On the other hand, the media can sensationalise the story. The primary concern at any time of crisis is to protect the privacy of those affected by the incident and to ensure any media attention is handled sensitively.

It is most important that all those involved understand how the media will be handled at times of crisis

**Press Statement:**

- Prepare a press statement that is factual and accurate.
- It should be brief and carefully considered.
- Avoid sweeping statements or generalisations.
- Consider privacy of families concerned.

**Interviews**

- Decide if the service wished to partake.
- Use designated times and in a specific room (this keeps you in control).
- Preparation is key.
- Parents/guardians should be advised not to let children be interviewed.
- Delegate a spokesperson.
- Management should inform everyone concerned that only the nominated spokesperson will deal with the media.

**Media Do's and Don'ts:**

Do's	√	Don'ts	X
Do write a press release and rehearse		Don't go into personal details of those involved	
Do consider getting professional help		Don't read the statement to the camera	
Do use careful and sensitive language		Don't engage in rambling discussions afterwards Don't use "no comment"	
Do keep it short		Don't respond to quotes from others	
Do regard anything you write down as quotable		Don't answer questions that you don't know the answer to	
Do ask can you have sight of any press coverage		Don't make "off the record" comments	
Do ask for outline of questions in advance		Don't let anyone, other than spokesperson speak with the media	
Do avoid being drawn into speculation		Don't make sweeping statements	

## 32. DRESS CODE

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Document Approved:	Glenn Muliatt
Date the Document is Effective From:	Dec 2022
Scheduled Review Date:	Dec 2023
Number of Pages:	1

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 11: Professional Practice) (National Standard 5: Organisation and Management)

### Statement of Intent:

The Dress Code policy is designed to guide staff on the service standards of dress and appearance. All staff's appearance must be professional at all times within the workplace or when representing the service. The service values its staff and does not intend to quell personal expression but the health, safety and welfare of children and staff is paramount at all times.

### Policy:

- Attire must be clean tidy and neat at all times.
- Staff must present for work in the correct uniform consisting of a navy tunic/navy polo, navy trousers, and navy or black shoes.
- Comfortable shoes should be worn at all times. High-heels, toe-less sandals (flip flops) or backless shoes should be avoided in light of the dangers these can present to staff and children.
- No jewellery except for wedding bands and simple stud earrings may be worn.
- The absolute minimum of make-up should be worn.
- Hair should be clean, washed, neat and tied back at all times.
- Nails should be short and clean at all times.
- Staff are role models for young children so must exercise a high level of personal care and hygiene at all times.

Students and Volunteers are excluded from uniform requirement.

### 33. EMERGENCY CLOSURE

Document Title:	Emergency Closure
Unique Reference Number:	033
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Document Approved:	Glenn Muliett
Date the Document is Effective From:	Dec 2022
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Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 3: Parents and Families](#), [Síolta Standard 9: Health and Welfare](#)) ([National Standard 1: Information](#), [National Standard 2: Contract](#), [National Standard 5: Organisation and Management](#))

#### Statement of Intent:

The service will endeavour to be open from 7:30 AM – 6:00 PM Monday to Friday 51 weeks of the year (excluding public holidays) without disruption. Where disruption is unavoidable, all involved in the service will be kept informed and the service will reopen at the earliest possible opportunity.

#### Procedure:

An emergency closure will be implemented in the following circumstances:

- When the building is unusable through accidental or malicious damage.
- When the building is unusable due to required maintenance work. Where possible we will endeavour to schedule work to be carried out during times of closure.
- When an illness outbreak requires closure in line with TUSLA recommendations.
- When illness levels within the staff body mean it is impossible to maintain the correct ratios of suitable adults to children as per the Child Care Act 1991 (Early Years Services) Regulations 2016.
- When an emergency occurs during the opening hours which requires the service to close early.
- In the event of any of the above incidents occurring which requires the service to close on a given day, the Manager or designated person in charge will make contact with the families of the service affected for that day in advance where practical. Where this is not practical, the Manager or designated person in charge

will remain at the building until such time as it can be determined that all the affected families have been made aware of the situation.

- Parents will be informed about how they can find out when the service will reopen and other information according to the circumstances of the closure. This may include holding a special meeting to keep parents informed.

**Emergency closure after a session has started:**

- In the event of an emergency closure after the session has started, parents and carers will be informed by telephone that they are required to collect their child as soon as possible.
- If the closure is due to sickness, the children and all staff who are unaffected will remain on the premises until all children can be collected.
- If the closure is due to an emergency which requires the building to be evacuated, the children will be safely evacuated according to the current Fire Drill procedures.
- Once the building is evacuated, the emergency services will be called.
- The children will then be taken to a place of safety until such time as they can all be collected by parents/designated persons. Parents will be contacted by a designated person. Staff will remain with the children during this time. If parents cannot be reached, the emergency contact persons will be contacted.
- A record will be kept of any incidents and reported to TUSLA as required (see Accidents and Incidents policy for more information).

### 34. ENVIRONMENTAL CARE and RECYCLING

Document Title:	Environmental Care and Recycling
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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 16: Community Involvement) (National Standard 17: Premises)

#### Statement of Intent:

We aim to:

- Reduce the amount of rubbish we send to landfill.
- Increase the amount of rubbish we recycle.
- Reduce our energy usage.

#### Procedure:

- We will ensure that every main room in the service is provided with a convenient recycling bin. This will be emptied daily into the main recycling bins.
- Lights and taps will be turned off when not in use.
- We will use low energy light bulbs where possible.
- We will encourage the children to be environmentally friendly by providing activities that promote recycling.

### 35 HEALTHY EATING [INCORPORATING FOOD HYGIENE]

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Unique Reference Number:	035
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliatt
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Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#))  
([National Standard 9: Nurture and Well-Being](#), [National Standard 13: Food and Drink](#))

#### Statement of Intent:

The service promotes healthy nutritional choices for our children. We feel it is important at this young age to introduce and educate our children about good nutrition and the health benefits of eating well. Allergens in food we provide will be listed as under Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014). It is also our intention to ensure that good food hygiene practices are in place in line with relevant legislation.

#### Policy and Procedure:

***Adults always stay with the children and supervise them when eating and drinking snacks or meals.***

- Fizzy drinks, sweets, chocolate, crisps, popcorn, nuts/nut-spreads are not allowed.
- Some children are allergic to peanuts/nuts. We request that parents/guardians do not include these in their child's snack.
- We provide healthy meals freshly cooked on the premises by our cook/chef and meals supplied by Little Dinners.
- Our kitchen is HACCP compliant. Our menu has been developed to ensure that each meal is nutritionally balanced for growing children.
- Our staff keep a record of what your child has eaten during the day.
- Food is appropriate to the ages, development and needs of children.
- Food portions will be age and stage appropriate.
- Meal/snack times are used as an opportunity to encourage good social habits.
  - Good table manners will be encouraged.
  - Children will also be engaged in conversation if they wish.



- Children that are slow eaters will be given time to eat and not rushed.
- Children are encouraged to feed themselves as appropriate to their age and stage of development.
- Age and stage appropriate feeding equipment such as feeder cups, knives, forks spoons etc. are always available.
- Allergens in food we provide will be listed as under Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014)
- Children with allergies and special diets will be carefully supervised. Staff are fully aware of all allergies within the setting.
- Children will be encouraged to help tidy up after snack time.
- Cultural and religious dietary habits are respected. Parents/guardians are requested to provide details of foods that children cannot eat.
- Healthy eating is promoted through an arrangement of activities for the children.
- Drinking water is available throughout the day.

**Important Note:**

- If a child expresses that they are hungry, we will ensure they have a snack.
- Staff are required to inform parents of what the child has eaten during the day and especially if their child has not eaten well.
- Parents are advised on safety and nutrition relating to healthy lunches and snacks.
- Meal/snack time should be engaged with in a positive way with the children. Staff must not use any negative association with food at any time with the children.

**Meals:**

Well-balanced and nutritious meals are provided for the children. A variety of foods is selected from each of the four main food groups every day:

- Bread, cereals, rice, pasta and potatoes
- Fruit and vegetables
- Milk and dairy foods
- Meat, fish and alternatives
- Menus are reviewed and changed regularly to ensure a varied range of foods.
- Processed meat products such as sausages, burgers, chicken nuggets and fish bites are kept to a minimum.

- Special therapeutic dietary needs are respected where possible. Parents/guardians are requested to give us any information provided by the dietician.

### **Food Labelling and Allergen Information:**

**Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014)** stipulates that food allergen information for non-prepacked food must, as a minimum, be provided in written format.

Each meal or snack will indicate if any of the 14 (required) allergens **are** present. Our daily menu plans contain the allergen information and that they are displayed in on the notice board and are available to parents/guardians.

### **Rewards and Special Occasions:**

Praise and attention are used to help develop children's self-esteem and to act as a positive reward for good behaviour. Food, e.g. sweets, should not be used as reward. Parents/guardians may send in birthday cakes. Cakes should be bought at a shop or HSE inspected and approved restaurant to avoid the possibility of gastrointestinal illness. The cake should not contain nuts, as some children are allergic to nuts.

### **Activities:**

Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, cookery etc. The service may participate in special campaigns and initiatives where appropriate. The implementation of this Healthy Eating Policy will not only relate to the provision of healthy foods and drinks in the service, in order to promote the nutritional and general wellbeing of the children, but it will also address food related activities involving the children which should encourage and enable them to make healthy choices in the future.

### **Food Hygiene**

The Management shall ensure that there are:

- Adequate and suitable facilities for the storage, of food.
- Adequate and suitable eating utensils, hand washing, wash-up and sterilising facilities are provided.

- All waste and other refuse must be stored hygienically and disposed of frequently and hygienically and in such a manner as not to cause a nuisance.
- The service will follow the food hygiene standards required under the Child Care Act 1991 (Early Years Services) Regulations 2016 throughout the service.

**Policy and Procedure:**

Those responsible for preparation of food should fully comply with hygiene, storage and waste disposal regulations. The person cooking the food must have completed HACCP training. A number of staff should have completed food handling training.

**Kitchen Hygiene:**

- Work surfaces are thoroughly cleaned/disinfected after each meal preparation.
- People who are unwell should not prepare food for others.
- Cover cuts and sores with waterproof dressings.
- Tea towels and dishcloths should be washed at high temperature.
- Carers should always wash their hands with soap and water before preparing food, between handling raw and cooked foods, before helping children to eat and after toileting children or changing nappies or blowing their nose.
- It is also important that children are taught basic hygiene themselves, for example, not eating food that has fallen on the floor, washing their hands with soap and water before meals and after going to the toilet.
- Uneaten food should be removed from the table and disposed of.
- Any milk remaining in a baby's bottle after one hour should be disposed of.

**Food Storage:**

- Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be refrigerated.
- Insulated cool boxes with cool packs or portable fridge, should be used for carrying perishable food when taking children on trips or outings.
- Cool leftovers as quickly as possible. Cover and, when steam has evaporated, put in the fridge. Food in the fridge must be covered.
- Raw meat and raw fish should be stored on a different and a lower refrigerator shelf to other foods. Check the raw food is not dripping.
- Food stocks should be rotated and food beyond its 'use by' date discarded.
- Do not re-freeze foods.

**Food Preparation:**

- Colour coded chopping boards should be used.
- Fruit and vegetables should be washed well.
- Do not leave food around the kitchen uncovered.
- Eggs given to toddlers should be cooked until both the yolk and the white are solid.
- Do not use unpasteurised milk or milk-based products, such as cheese and yogurt, made from unpasteurised milk.
- If you are serving food from a can or a jar and the child is unlikely to eat all the contents, spoon a portion into a separate dish or container before serving it to the child. Store any unused portions according to the manufacturer's instructions. If food is served straight from the jar and the child does not finish it, the remainder should be thrown away.
- Thaw frozen food completely before cooking unless instructions state "cook from frozen".

**Reheating:**

- Food should be re-heated to a minimum of 72 degrees celcius and then cooled down before serving. Re-heat food only once.
- Avoid keeping food hot for long periods.
- Stir foods, if possible, during re-heating to ensure all parts are heated.

**Mealtime Practises:**

- Ensure that staff and children wash their hands before meals.
- Sit children at the table/in highchairs as meals are brought to the rooms. Do not sit children at the table or in highchairs for too long before meals are served.
- Ensure that bibs are worn by the younger children or any child who needs it.
- **Never** blow on or taste the children's food.
- Never give the children food that is too hot. Let it cool before serving it to them.
- Help and encourage the children to eat their meals. Do not force or demand that a child eats their food. Use positive encouragement in a relaxed manner.
- Ensure that mealtimes are enjoyable experiences for the children.
- Infants younger than 12 months are held while bottle-feeding.
- Breastfeeding supports are provided where required and the Service provides storage for breast milk and facilities for mothers to breastfeed.

- Teach the children table manners and etiquette. Show them how to use cutlery correctly. Forks and knives should be provided to children (age appropriate).
- Never let a child eat another child’s food to prevent allergies or cross contamination.
- Clean up the eating area after each meal.
- All dishes and cutlery are sent to the kitchen. Cups/beakers which are kept in the classroom should be washed with washing up liquid and hot water.
- Clean the children after each meal, hands/clothes etc. Clean each child’s face with individual pieces of wet cotton wool or baby wipes.

**FOOD INGREDIENTS THAT MUST BE DECLARED AS ALLERGENS**

Substances or products causing allergies or intolerances as listed in Annex II of Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014)

<b>ALLERGEN:</b>	<b>CONTAINED IN: (this list is not exhaustive and is meant to be a guide)</b>
<b>Cereals containing gluten:</b>	Flour and products made with wheat (such as spelt and Khorasan wheat), rye, barley, oats or their hybridised strains, and products thereof, <b>except:</b> (a) wheat based glucose syrups including dextrose (b) wheat based maltodextrins (c) glucose syrups based on barley (d) cereals used for making alcoholic distillates including ethyl alcohol of agricultural origin
<b>Crustaceans and products thereof:</b>	Lobsters, crabs, shrimp, prawns etc.
<b>Eggs and products thereof:</b>	Mayonnaise, cakes, biscuits
<b>Fish and products thereof:</b>	Fish cakes, fish fingers <b>except:</b> a) fish gelatine used as carrier for vitamin or carotenoid preparations (b) fish gelatine or Isinglass used as fining agent in beer and wine
<b>Peanuts and products thereof:</b>	Peanut butter, Arachis oil Arachis, some cakes, biscuits and chocolate
<b>Soybeans and products thereof:</b>	Soy sauce, Tofu, soya milk, meat substitute products, <b>except:</b> (a) fully refined soybean oil and fat

	<p>(b) natural mixed tocopherols (E306), natural D-alpha tocopherol, natural D-alpha tocopherol acetate, and natural D-alpha tocopherol succinate from soybean sources</p> <p>(c) vegetable oils derived phytosterols and phytosterol esters from soybean sources</p> <p>(d) plant stanol ester produced from vegetable oil sterols from soybean sources</p>
<b>Milk and products thereof (including lactose):</b>	Yogurt, cheese, fromage frais, <b>except:</b> a) lactitol
<b>Nuts:</b>	Almonds ( <i>Amygdalus communis</i> L.), hazelnuts ( <i>Corylus avellana</i> ), walnuts ( <i>Juglans regia</i> ), cashews ( <i>Anacardium occidentale</i> ), pecan nuts ( <i>Carya illinoensis</i> (Wangenh.) K. Koch), Brazil nuts ( <i>Bertholletia excelsa</i> ), pistachio nuts ( <i>Pistacia vera</i> ), macadamia or Queensland nuts ( <i>Macadamia ternifolia</i> ), and products thereof
<b>Celery and products thereof:</b>	Soups, stews, stocks, bouillons and seasonings.
<b>Mustard and products thereof:</b>	Mayonnaise, soups, stews, stocks, bouillons and seasonings.
<b>Sesame seeds and products thereof:</b>	Cakes, biscuits
<b>Sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO<sub>2</sub> which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers:</b>	Bakery goods, soups, jams, canned veg, pickled foods, vinegar, gravies, dried fruit, potato crisps, vegetable juices, sparkling grape juice, beer, wine cider, bottled lemon/lime juice, tea, many sauces (tomato ketchup etc.) molasses, fresh and frozen prawns, guacamole, maraschino cherries, dehydrated, pre-cut or peeled potatoes.
<b>Lupin and products thereof:</b>	A legume belonging to the same plant family as peanuts used in gluten-free products
<b>Molluscs and products thereof:</b>	Shell fish e.g. clams, scallops, oysters, octopus, squid

## 36. INTIMATE and PERSONAL CARE

[See also Hand Washing and Nose Blowing under Infection Control Policy]

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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 9: Health and Welfare, Síolta Standard 11: Professional Practice) (National Standard 9: Nurture and Well-Being, National Standard 12: Health Care)

### Statement of intent:

- To safeguard the rights and promote the welfare of children and young people.
- To assure parents/guardians that staff are knowledgeable about personal care and that their individual concerns are taken into account.

### Definitions:

‘Intimate Care’ can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, certain parts of the body.

‘Personal Care’ generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning.

These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Children may require help with eating, drinking, washing, dressing etc.

### Procedure:

- Staff will work with parents/guardians and children to establish a preferred procedure for supporting the children with their personal and intimate care.

- Where possible a staff member known to the child will take on that responsibility.
- Children are always asked by the member of staff caring for them, for permission to assist them, and children who want to perform their own care are encouraged to do so with adult support when appropriate. If a child refuses help, the staff will use their own judgement to assess whether immediate help is required.
- Children will be cared for with dignity and respect for their privacy.
- Children will be encouraged to wash their own hands.



## 37. MANUAL HANDLING

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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 11: Professional Practice) (National Standard 19: Equipment and Materials, National Standard 20: Safety)

### Statement of Intent:

We will assess and reduce the risks associated with manual handling. The main area of the body affected by handling accidents is the back, but virtually any part of the body can suffer injury due to poor manual handling.

It is important to remember that health, safety and welfare is the responsibility of everybody in the service, not just the management.

### Service Duties:

- Assess risks to the health and safety of employees and others who may be affected, to identify measures needed to comply with relevant Health and safety law.
- Make arrangements to implement the measures identified as being required by the risk assessment.
- Provide clear information to employee, as well as adequate training and instruction.
- Staff should complete Manual handling training.
- Avoid hazardous Manual Handling operations as far as is reasonably practicable
- Make suitable and sufficient assessment of any hazardous manual handling operations that cannot be avoided.
- Reduce the risk of injury from those operations so far as is reasonably practicable
- Provide proper equipment such as nappy changing steps.

### Employee Duties:

- Report dangerous situations and any shortcomings in their employers' health and safety arrangements.

- Take reasonable care not to endanger themselves or anybody else.
- Use any equipment provided such as nappy changing steps.

### **Principles of Safer Handling:**

The simple steps below are not a guaranteed way of protecting you from manual handling injury. By following the steps below, you are reducing the possibility of an accident and the injury that could result from it. The basic principles are:

- Avoid manual handling whenever possible.
- Use equipment (*if available*).
- Assess the task (*consider use of equipment or breaking it down into easy stages*).
- Assess the load (*try a test lift*).
- Know your own limitations and don't be afraid to ask for assistance if required.
- Prepare the area, whatever you pick up must be put down at some point.
- Position yourself correctly and perform the task applying safer lifting techniques.
- Evaluate the task (*how could it be made easier next time?*).

**The key message when performing manual handling is THINK before you do it.**

### **Performing a Safer Lift:**

When performing the task there are accepted practices that should be used to make any handling task safer. They are:

- Think before handling/lifting.
- Keep the load close to the waist.
- Adopt a stable position.
- Ensure a good hold on the load.
- Moderate flexion (slight bending) of the back, hips and knees at the start of the lift.
- Don't flex the back any further while lifting.
- Avoid twisting the back or leaning sideways especially while the back is bent.
- Keep the head up when handling.
- Move smoothly.
- Don't lift or handle more than can be easily managed.
- Put down, then adjust.

**Remember the risk of injury is greatly reduced if the object being moved is picked up or put down at waist height.**

### 38. ADMINISTRATION OF MEDICATION

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Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 10: Organisation) (National Standard 2: Contract, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 4: Records, National Standard 12: Health Care)

#### Statement of Intent:

To facilitate promotion of health and wellbeing and to promote an inclusive setting we will work in consultation with parents to ensure the safe administration of medication. This policy is made available to staff, parents and stakeholders electronically.

#### Procedure:

**We do not routinely administer non-prescription/prescription medications. We only administer medicines with the correct permission.**

**Only authorised persons will administer medicines**

Parents must only bring medicines into the service for administration by the staff when it is essential, i.e. where it would be detrimental to the child's health if not administered.

- Designated personnel only are permitted to administer medicine
- A record of the child's immunisation history will be required on the registration form
- Essential medicines will only be administered where a parent/guardian has signed a consent form and at the discretion of the person in charge.
- We will only follow the dosage as instructed by the prescribing doctor.
- If the administration of prescribed medication requires medical knowledge, individual training must be provided for the relevant member of staff by a health professional. (this will need to be organised by the parent)
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

- If a child refuses to take their medication staff will not force them to do so, but will seek advice from the parent.
- Parents/guardians must keep the service up to date on their child's medical needs.
- Parents/guardians must fill in the medicine consent form of the service, authorizing the administration of medicine (prescription or non-prescription) to their child. Staff cannot give medicine unless this written permission is given.
- Parents/guardians must hand staff the medicine, which is then stored in the fridge out of reach of children or the medicine storage box.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage. We will only administer medicine that is licensed for the age group of the child. For example, an anti-febrile medication supplied by a parent for a 3-year-old that is licensed for an over 6-year-old **will not** be administered.

#### **Storage of Medicines:**

- All medication is stored out of reach of the children.
- Parents are responsible for ensuring medicine is handed back at the end of the day.
- For some conditions, medication may be kept at the service. The Staff will check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and return any out-of-date medication to the parent.

#### **Procedures for staff administering essential medicines (Prescription and non-prescription)/record keeping:**

##### **1. Wash hands thoroughly.**

##### **2. Staff administering medicines must check:**

- The child's name.
- Prescribed dose.
- Expiry date of medicine.
- Written instructions provided by the prescriber on the label or original container.
- Time last dose was given.
- That the directions and instructions are in English
- Staff must check that the medicine contains the directions as prescribed by the doctor and dispensed by the pharmacy.

- Check parents/guardians have completed and signed 'Administration of Medicines' Consent form and Anti Febrile Medication form if relevant.
- Staff will monitor the outcome of the administration of the medication. e.g. was there a reduction in temperature after administration of anti-febrile agent; has the child developed a rash following administration of medication.

### **Anti-Febrile Medication: Emergency Medication**

Anti-febrile medication is medication used to reduce a raised body temperature. The most common anti-febrile medications used are: Paracetamol and Ibuprofen. Anti-febrile medication is important treatment for high temperatures to prevent febrile convulsions. Parents/guardians are required to complete a form authorising the administration of such medication if the child develops a temperature over 37.5 °C.

Parents/guardians will always be notified by telephone prior to the administration of an un-prescribed anti-febrile medication. If the anti-febrile medication does not reduce the temperature parents/guardians will be contacted. In the event that a parent/guardian cannot be contacted, advice from a medical professional will be sought.

Medication forms will be reviewed regularly to identify children who require frequent or repeated medications. A child in this category may require to be seen by their doctor. Parents/guardians may be asked to supply a medical report.

If the consent form is not signed, then the parent must be contacted immediately BEFORE administration of Anti Febrile Medication' to the child to confirm that it is permissible. Parents/guardians upon returning to the service must sign the correct permission forms. If a child has a temperature and permission for 'Anti Febrile Medication' has not been granted medical advice is obtained or the child sent home.

**Staff must ask for another member of staff to be present.**

**Ask them to confirm steps 1 and 2 and that the medicine can be administered.**

- Staff **MUST** have a witness **PRESENT** to the medicine being administered.
- Staff must record the child's name, date, time and dosage.
- Parents/guardians will be required to sign to say they were informed of the dosage of the medicine upon collection of the child.

- It is extremely important that staff follow the procedures as detailed above. These measures are in place to ensure that no mistakes are made. If staff are not sure how to administer it or have difficulty doing so, please inform the Person in charge.

**The following should always be checked:**

- **Correct Child / Medication / Dose / Time / Route**
- 

**NOTE:** Students or volunteers may not administer medicines.

**Procedures for Children with Allergies Requiring Treatment with Oral Medication:**

- Asthma inhalers are regarded as "oral medication" Oral medications must be prescribed by a GP and have the manufacturer instructions clearly written on them.
- Staff must be provided with instructions on how to administer such medication.
- The service must have the parents/guardians' prior written consent kept on file.

**Emergency Medicines**

Where medical conditions exist for a child we will develop individual medical care plans which will include the management in the event of an emergency relating to the condition. This will be developed in conjunction with the parents and the child's medical advisers. Where a child has a condition that may require emergency medical treatment staff will be trained on the condition and the treatment. This would include medications like Ventolin, Glucagon or EpiPen. Where medication is administered in the case of anaphylaxis or asthma emergency the service will ensure that the emergency services and parents/guardians are contacted as soon as is practically possible. Emergency numbers for local medical practitioners are available within the service

**Life Saving Medication and Invasive Treatments:**

Adrenaline injections (Epi-pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

**Management must have:**

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.

- Written consent from the parent or guardian allowing staff to administer medication.

**Note:** Unused medicine must be returned to parents for safe disposal. Medicines must be stored out of reach of children.

### **Managing medicines on trips and outings:**

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

- Medication for a child is taken in a container clearly labelled with the child's name. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is placed back in the medicine record box and the parent signs it upon collection of the child.

### **Sun Cream:**

We request that parents/guardians apply sun cream to their children before they attend as it is the responsibility of parents to ensure that their child is protected from the sun. If it is absolutely necessary, parents may request that staff apply sun cream to their child. Sun cream should be in the original bottle labelled with the child's name. Parents will be required to sign a permission slip.

### **Medication Errors:**

All medication errors will be recorded and we will seek medical advice immediately. This includes medication given to wrong child; wrong route; wrong dosage; wrong time; omitted to be given as scheduled. We will contact the GP, Pharmacist or other emergency service, depending on the error. Parents/guardians will be informed immediately.

### **Important Note:**

If parents cannot be reached, the emergency contact persons will be contacted.

### **If advice is needed contact:**

**Doctor:** Glanmire Medical Centre 021 4821280

**Pharmacist:** First Plus 021 4822412

### 39. MISSING CHILD

Document Title:	Missing Child
Unique Reference Number:	039
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2023
Scheduled Review Date:	January 2024
Number of Pages:	1

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 9: Health and Welfare) (National Standard 4: Records, National Standard 5: Organisation and Management, National Standard 6: Evaluation, National Standard 20: Safety)

#### Statement of intent:

It is our intention to keep children safe at all times and to avoid a situation whereby a child is missing.

#### Procedure:

- Children are welcomed into the rooms by a member of staff who marks their arrival / departure time in the register, it is noted if a child is to leave with another adult.
- The main door is kept secure at all times.
- The outdoor area is supervised when children are outside and securely fenced and the gate secure at all times.
- Staff are deployed throughout the setting, ensuring that no child is left alone for any period of time without an adult being aware of their location, rooms in which children are present are never left unsupervised.
- If all Staff and children are outside and a child needs to come inside, a member of staff will accompany them inside.

#### In the event of Staff not being able to locate a child on the premises:

- The premises will be searched thoroughly and immediately.
- The grounds surrounding the service will be searched.
- Staff will call the local Garda and inform the parents/guardians.
- Procedures and practices will be reviewed to determine how the incident occurred and changes will be made if appropriate.
- An accident/incident form will be completed and appropriately signed

**Please see Outings Policy for procedure to follow if a child goes missing on an outing.**



## 40. NAPPY CHANGING

Document Title:	Nappy Changing
Unique Reference Number:	040
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2023
Scheduled Review Date:	January 2024
Number of Pages:	3

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 9: Health and Welfare) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents or Guardians, National Standard 9: Nurture and Well-Being, National Standard 12: Health Care, National Standard 18: Facilities)

(with references from: Health Protection Surveillance Centre, Preschool and Child Care Facility Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings)

### Statement of Intent:

The service aims to ensure that nappies are changed in a caring and hygienic manner.

### Policy and Procedure:

- Separate nappy changing facilities are provided.
- Rooms are equipped with disposable gloves and aprons for the staff and they must use a fresh pair of gloves for every nappy change.
- Each child has a labelled container which holds their own nappies, wipes/cotton wool and barrier creams such as Vaseline or Sudocrem.
- There is no cross use of any of the creams, in the event that a spare nappy is borrowed it is documented and a replacement is given as soon as it is available. Parents/guardians are notified in advance to say that supplies are running low and to replace or replenish these supplies as quickly as possible.
- A record of all nappy changes is kept for each child.
- Nappies will be checked every 2 hours or more often as necessary. A child should never be left in an uncomfortable situation and nappies should be changed as regularly as a child's comfort and hygiene demands. Children will be told they are being taken to the nappy changing area.

- Staff will be sensitive to the child's needs and will treat the child with respect and dignity at all times.
- Staff should interact (sing and chat) and reassure the child appropriately during the nappy change.
- All staff are aware of manual handling procedures when lifting children.
- All Staff will be trained in hygienic nappy changing procedures.
- Changing mats will be checked regularly for tears and replaced as necessary.
- The changing mat area will be cleaned **before** and **after** each nappy change.
- The changing room is cleaned and checked at regular intervals throughout the day.
- Nappy bins will be emptied at regular intervals and at the end of every day.
- Staff will report to the Manager or room leader immediately after the nappy change if the child is unduly upset or if they have any concerns or notice any marks, rashes bruising etc.

**Children will never be left unattended. If required another staff member is always available to provide assistance.**

**Facilities:**

- The nappy changing facilities do not communicate with any occupied room or food room, except by means of a ventilated lobby.
- The facility is provided with adequate mechanical ventilation.
- The surfaces of the area (i.e. worktop surfaces, walls, floor and ceiling) are smooth, durable and easy to clean.
- Each wash hand basin has running cold and hot water, liquid and paper towel dispensers. A pedal bin is provided for the disposal of paper towels.
- Changing mats are waterproof and have an easily cleanable cover.
- Single use disposable gloves are available at each unit.
- Appropriate shelving/safe storage is provided to accommodate all necessary nappy changing equipment, i.e. gloves, individual children's nappy supplies.
- Nappies and gloves are disposed of by placing in a leak proof, cleanable container.

**Procedure for Changing a Nappy:**

Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff, and to the surrounding environment:

- Staff undertaking nappy changes should not be involved in the preparation or cooking of food.
- Ensure you have all equipment at hand and your hands are clean before you start.
- Single use disposable gloves must be worn.
- Creams and lotions for each child should be individually labelled and not shared.
- Nappies and gloves are disposed of by placing in a leak proof, cleanable and sealable/airtight container.
- Non-disposable nappies are double bagged and placed directly into plastic bags to give to parents. Solid faecal matter is disposed of into the toilet.
- Never rinse or wash non-disposable nappies.
- Clean and dry the changing mat after each use. All surfaces must be cleaned and disinfected at least daily (including nappy changing unit and surrounding surfaces).
- Staff must always wash their hands before and after every nappy change using warm water and liquid soap and dried by single use disposable paper towels.
- The changing mats are checked regularly and discarded if cover is torn or cracked.

**Changes and abnormalities to be reported to parents/guardians and recorded:**

- Any change in colour, frequency or consistency of stools.
- Green stools (may indicate under or over feeding, or infection).
- Blood.
- Watery stools and unpleasant smell.
- Passing urine less frequently.
- Urine which is dark in colour (may be due to dehydration).
- Baby has difficulty opening the bowels or produces small and hard stools.
- Baby cries when opening the bowels.
- Nappy rash.

## 41. PEST CONTROL

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Number of Pages:	2

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 9: Health and Welfare, Síolta Standard 15: Legislation and Regulation) (National Standard 17: premises, National Standard 18: Facilities, National Standard 20: Safety)

### Statement of Intent:

The Manager is designated to act as liaison between the service and a pest control company if required.

### Procedure:

- Regular inspections will be performed.
- Staff should report to the manager immediately if they have any concerns regarding pests of any kind. Staff should be alert to the possibility of infestation on discovery of any of the following:
  - ✓ Direct sightings of vermin/pests
  - ✓ Droppings near food source
  - ✓ Evidence of nesting
  - ✓ Evidence of gnawing
- Food should be kept covered or stored in airtight containers.
- Spillages should be promptly cleaned up.
- Proper sanitation will be maintained and correct disposal of rubbish and food waste will be maintained to prevent conditions for pests.
- Water leaks will be repaired and standing water will be eliminated.
- Repairs will be performed as needed to prevent pest access to buildings or to hiding spaces in walls and equipment.
- Pest management decisions will be based on the results of regular inspections.
- Pesticides will not be applied when children are present at the service. Toys and other items mouthed or handled by the children will be removed from the area

before pesticides are applied. Children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.

- In the event of an emergency where pests pose an immediate health threat to children and staff and pesticides are applied, ensure that children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.
- At least two days' notice but not more than 30 days' advance notice of pesticide application will be given to parents/guardians and staff except in emergencies where pests pose an immediate health threat to children or staff (e.g. wasps nest).
- Parents/guardians and staff will be notified as soon as possible when advance notice is not provided and include an explanation of the emergency, the reason for the late notice and the name of pesticide applied.
- Bait boxes and other forms of pest control will never be accessible to children.

If any infestation occurs such as wasps, ants, mice, etc professional advice will be sought and any actions will ensure the safety of all staff and children in setting.

## 42. SAFE SLEEP

Document Title:	Safe Sleep
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Child Care Act 1991 (Early Years Services) Regulations 2016(Siolta Standard 9: Health and Welfare) (National Standard 1: Information, National Standard 3: Working in Partnership with parents or Guardians, National Standard 4: Records, National Standard 9: Nurture and Well-Being, National Standard 12: Health Care, National Standard 14: Sleep, National Standard 18: Facilities, National Standard 19: Equipment and Materials)

### Statement of Intent:

This service will ensure every effort is taken to ensure a safe sleep and rest environment for children. Staff should be made aware of the infant's usual sleeping environment and practices. Children will never be forced to sleep, and their own choices and routine will dictate their sleep times. All staff working in this service, will receive training on our **Safe Sleep Practices**.

### Policy and Procedure:

The following procedures will be carried out to ensure safe sleep and rest practices.

We will not allow children sleep in buggies, car seats, inflatable beds/mattresses, beanbags, couches, sofas, chairs, travel cots, portable cribs, or waterbeds

### Safe Sleep Practices:

- Infants will be placed on their backs to sleep with their feet to the foot of the cot.
- If the infant is less than six months old and it is observed that they have turned onto their tummy, they should be gently re-turned onto their back.
- Do not place a hat on an infant's head when putting them down to sleep unless it has specifically been recommended for medical reasons.
- Ensure the bedclothes are firmly tucked in and no higher than just under the infant's shoulders, so that they can't wriggle down under the covers.
- All infants (under two) should be placed in a standard cot to sleep.

- Rest mattresses/Toddler beds will be provided for the children over two years.
- Steps will be taken to keep infant/child from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing.
- To check an infant's temperature, feel the back of their neck or tummy, if these areas feel too warm remove some bedding. Do not worry if hands or feet feel cool as this does not indicate their overall body temperature is incorrect.

### **TUSLA Recommendation for Cot Numbers:**

The number of cots provided should ensure that each child's individual need for sleep or rest is facilitated. The following is a general guide to help estimate the number of cots needed:

- At 6 months, a separate cot for each child at, or under this age is recommended.
- At 9 months, cots for 2/3rds of children in this age bracket is recommended.
- At 18 months-2 years of age, cots for half the number of children catered for, in that age group, is recommended.
- At 2 years, it is recommended that children's (up to 2 years old) sleep or rest needs are accommodated in a standard cot, unless the child has a history of climbing out over the cot, in which case a floor bed or mat is safer.
- An adequate supply of bed linen should be in place, to ensure that each child has their own linen.

### **Visually Checking Sleeping Babies/Children:**

We physically check by entering the sleep room.

Sleeping infants/children will be checked, every 10 minutes, by assigned staff. The Sleep Chart will be kept on file for one year after the reporting year. We will be especially alert to monitoring a sleeping infant/child during the first weeks the infant/child is in our care.

We will check to see if the infant/child's skin colour is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin colour, body temperature by touch and restlessness.

### **The sleep information will be recorded including:**

- The sleeping positions
- Colour/pallor
- Breathing pattern

**Safe Sleep Environment:**

- Room temperature is kept between 16°C and 20°C as far as practically possible.
- Keep the room well ventilated but do not position a cot below a window or in front of a working radiator.
- Cot mattresses/rest-mats/toddler-beds should be completely waterproof. All mattresses should be regularly inspected for signs of damage to the waterproof fabric and if punctured, cracked, or torn, should be replaced immediately.
- All cots/beds are marked with the child's name and will be covered by a sheet.
- Infants should not have pillows, duvets, bumpers, soft toys, or comforter blankets in their cot. Instead use one or more layers of light blankets (depending on the room temperature).
- Infant/child's heads will not be covered with blankets or bedding.
- Bedding is laundered at least weekly or more often if required.
- Soothers will be allowed in babies' cots while they sleep.
- Only one infant/child will be in a cot at a time, unless we are evacuating babies/children in an emergency.
- Sometimes staff find it difficult to get some children to sleep because they don't have an established routine at home. We appreciate parents/guardians' cooperation in this area and ask that a child's routine includes sleeping in a cot. If parent's are having trouble with this then they should talk to the child's key worker.
- Staff will help children to relax by creating a calm atmosphere.

**Soothers:**

- Some research suggests that using a soother for every period of sleep may reduce the risk of cot death.
- Parents decide if their child is to use a soother. If used we will offer it at every period of sleep, including daytime naps.
- If the soother falls out during the sleep, do not waken the infant up to put it back in. However, if the infant awakens then offer the soother once again.
- We never force an infant to take a soother or put it back in if the infant spits it out.
- We don't use a neck cord, and never coat a soother in anything sweet.
- Parents should provide 2 soothers in a sterilized container.



**Swaddling or Wrapping an Infant:**

Swaddling or wrapping an infant in a light cotton cloth is thought to provide some babies comfort and an overall feeling of safety. However, there has been some evidence that swaddling an infant increases the risk of cot death, particularly when swaddling is not carried out consistently and when blankets used for swaddling are too thick, contributing to overheating.

Staff need to consider how infants are placed to sleep at home and ensure that this practice is consistent with the care they provide. All parents/guardians should be asked whether they routinely swaddle their infant.

**Advice for Infants that are Swaddled:**

- Never cover an infant's head, and only use thin materials for swaddling. Muslin cloth or thin cotton help reduce the risk of overheating.
- Infant sleeping bags/grow bags are now available as an alternative to swaddling. Providing these are of the right size and tog for each infant these are safe to use.
- Infants must NEVER be placed prone (on their stomach) when swaddled.

Current research suggests that it is safest to swaddle infants from birth and not to change infant care practices by beginning to swaddle at 3 months of age when SUDI (cot death) risk is greatest.

**Nappy Changing and Toileting:**

- Nappies will be changed prior to sleep and again on waking if necessary.
- Staff should check if older children need to wear a nappy while sleeping.
- Children should be encouraged to go to the toilet prior to and after sleeping.

Further information on safe sleep practices may be found at:

**First Light (Irish Sudden Infant Death Association)**

Carmichael House

4 North Brunswick Street

Dublin 7

Dublin Office +353 (0) 1 8732711

National Lo Call 1850 391 391

24 Hour Hotline +353 (0) 872 42 3777

**APPENDIX M: SAFE SLEEP CHECKLIST (FOR DISPLAY)**

- Infants are always placed to sleep on their backs, with feet to the foot of the cot.
- Sleeping infants/children will be checked **every 10 minutes**, by assigned staff.
- The sleep information will be recorded on a Sleep Chart including the sleeping position, colour/pallor, and breathing pattern.
- Check to see if the infant/child's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly.
- Check the infant for signs of overheating including flushed skin colour, body temperature by touch and restlessness.
- Infant/child's heads will not be covered with blankets or bedding.
- No loose bedding, duvets, pillows, bumper pads, etc. will be used in cots.
- Tuck any blankets in at the foot of the cot and along the sides of the cot mattress.
- No toys and stuffed animals in the cot when the infant/child is sleeping.
- Soothers will be allowed in cots while infant/child sleeps.
- Only one infant/child will be in a cot at a time, unless we are evacuating babies/children in an emergency.

## **APPENDIX N: COT DEATH PROCEDURE**

### **What is Cot Death?**

“Cot death” is a term used to describe the death of a previously healthy infant, who has died for no apparent reason. It is sometimes referred to as Sudden “Unexpected Death in Infancy” (SUDI), which is defined as “the sudden death of an infant or young child which is unexpected by history and in which a thorough post mortem examination fails to demonstrate an adequate cause for death”. The term “Sudden Infant Death Syndrome” (SIDS) is sometimes used on death certificates although it is more commonly recorded as “Sudden Unexpected Death in Infancy” (SUDI).

### **What happens?**

In a typical case an apparently healthy infant is put down to sleep without the slightest suspicion that anything is out of the ordinary, although there are sometimes signs of a slight cold or tummy upset. When next checked, the infant is found to have died. Sometimes the time interval is only minutes. Although the term “cot death” is used, babies can be found in car seats, prams, in an adult bed or on a sofa or chair. There is often no sound or sign of a struggle, or of any distress. Whilst most cot deaths occur during the night, they can also happen during the day.

### **Which babies are at risk?**

All babies are potentially at risk of cot death, however, there are certain circumstances where the risks are increased:

- The risk of cot death is highest during the first 6 months of life, and decreases quite dramatically after this. However, a small number of cot deaths still occur in babies over 6 months, and very occasionally over 1 year old.
- Cot death is more common in the winter months with approximately 60% of deaths occurring during the winter/spring compared with 40% in summer/autumn
- Second and later born infants in a family are at greater risk than first born.
- Research has shown that young mothers (under 20 years old) are more likely to lose an infant to cot death than older mothers. The average age of cot death mothers is two years younger than the general maternal population.
- Preterm (less than 37 weeks’ gestation) or low birth weight babies (under 5½ lbs) are more likely to die from cot death than full term infants.

- There is a seven-fold increase in the risk of cot death if the mother smokes during pregnancy. This risk is further increased if the father also smokes • The infants of mothers who misuse substances are also more vulnerable to cot death and alcohol consumption by adults in the home seems to have an adverse effect.

(Source <http://www.scottishcotdeathtrust.org/skyblucms/resources/early-years-guide-31.08.15.pdf>)

### **Procedures for dealing with a Cot Death:**

- If you think that a child has stopped breathing or may be dead, a member of staff will immediately commence resuscitation, while another member of staff should:
  - (a) Phone 999, 911 or 112 or the local GP and request assistance.
  - (b) Give the ambulance /GP relevant and direct information:
    - Your name.
    - Address and telephone number of the premises.
    - The circumstances of the emergency.
    - The age and gender of the child.

### **What happens next?**

- The Garda will probably arrive.
- Under the Coroner's Act, 1962, the Garda are required to notify the Coroner and as the Coroner's agents are required to inquire into the circumstances of any sudden deaths where the deceased has not been seen or treated by a doctor within one month prior to the date of death, or of any death for which medical certificate as to the cause of death is not procurable.
- Contact the child's family immediately. Advise them that their child is seriously ill and that you have called an ambulance/doctor. If the ambulance/doctor wishes to immediately take the child to hospital and this is before the parents arrive, a staff member will, if possible, accompany the child on the journey to the hospital. If possible, remember to take the child's personal file with you.
- If the above has occurred, when contacting the parents tell them what hospital.

### **If the parents arrive at the service:**

- When the parents arrive at the service, immediately bring them to the child.
- Allow them some private time to be with and hold their child.

- Explain to the parents that because their child has died suddenly and unexpectedly, the Garda may visit them.
- The GP or a member of the Garda, will have the task of officially informing the parents of the death of their child.
- Let the parents know that you are willing to give them all the details and answer any questions they have.
- Be aware that parents may wish to visit you repeatedly to go over the events.
- The parents may apportion blame to you and the staff. Therefore, professional help will be sought for staff as this is a highly emotional and distressing time for everyone.

**What to do back at the service:**

- Try as best as possible to retain some form of normality for the sake of the other children as they will very quickly notice the vibes and the emotionally charged atmosphere making them feel insecure and afraid. It may be necessary to take the other children out of the service to a pre-arranged meeting point for parents to collect them.
- Ensure that the child's clothes and personal belongings are not thrown out.
- Do not launder any of the bed cloths that the child was using.
- Keep the area where the child was sleeping intact i.e. the cot, mattress, play pen etc., as this may be required by the Garda for research.

**How to inform the other parents:**

- Telephone all parents and tell them what has happened, and request them if possible to come and collect their child.
- When parents arrive at the service to collect their child, privately explain to them their child's reaction to the infant/child's death and try to reassure them.

**What to say to the children:**

- Try to continue the children's daily routine as normally as possible.
- Answer children's questions honestly and simply reassure them that their familiar staff member will be staying with them until their parents arrive to collect them.
- Older children may ask direct questions e.g. 'is he dead?', you must answer them truthfully, but be sure to inform their parents of their question and your answer.

- Be aware that children's reactions to, and perceptions of death are dependent on their age, experience, personality, and family circumstances.

**The next stage, the days after:**

- Contact First Light for support and advice.
- Organise counselling for the children, staff, and parents by contacting the Public Health Nurse, the Hospital or First Light.
- Discuss and seek permission from parents if they wish their child to avail of professional counselling.
- Call a parent/staff meeting and invite along a health professional to talk to, reassure the parents, and answer any questions that they may have.
- Representation of staff and parents to attend the infant/child's funeral can be discussed at the meeting, and the infant/child's parents contacted to seek their approval.
- Decide whether you will close the service down for a period of time.

**Supporting the parents:**

- Demonstrate your support to the infant/child's family, but remember they may not want to have any communication with you as they find it too painful or they may be angry and blame you for what has happened, so be prepared for this reaction.
- If communication with the family is maintained, always refer to the child by name.
- Make the child's personal belongings they had in the service available to the parents if they wish.
- Provide ongoing support by remembering the child's birthday and their anniversary, by keeping the child's memory alive.

**These guidelines are recommended by:**

First Light

4 North Brunswick Street

Dublin 7

Tele: 01) 8732711

Helpline Call Save: 1850 391391

## 43 TOILETING

Document Title:	Toileting
Unique Reference Number:	043
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2023
Scheduled Review Date:	January 2024
Number of Pages:	2

Child Care Act 1991 (Early Years Services) Regulations 2016(Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents or Guardians, National Standard 9: Nurture and Well-Being, National Standard 12: Health Care, National Standard 18: Facilities)

### Statement of Intent:

It is our policy to assist our children and facilitate our parents/guardians with toilet training.

### Policy and Procedure:

It is our policy to assist our children and facilitate our parents/guardians with toilet training. There is no magic age at which a child is ready to start but most children will develop the necessary physical and cognitive skills around 2 years onwards. At the service we respect each child's development and assess their readiness before introducing them to toilet training.

- Those in training can wear pull-ups or underwear and have easy accessible clothing for ease of toilet/potty training.
- At the service we feel it is vital that parents/guardians and staff discuss what methods they use to introduce their child to potty/toilet training. It is very important for parents/guardians and staff to remain consistent in their approach so that the child is clear and has a good understanding of what is involved.
- Our staff will be happy to advise parents/guardians and offer practical advice.
- We feel that taking a 'slow approach' to toilet training has better chance of success. Rushing a child when they are not ready or willing will only be counterproductive.
- Potty/Toilet training will always be done in a relaxed environment. The children will never feel stressed or anxious to perform.
- Where children are being potty/toilet trained parents/guardians are advised to inform the teachers what procedures and methods are being used.

- We recommend that parents/guardians provide several full sets of clothes (labelled) in case of accidents.

**General Toileting Procedures:**

At all times it is important to respect the rights and needs of the children in our care. When a child needs to use the toilet allow him/ her the privacy to do so. If the child asks you to accompany them to the toilet, do so.

- Go to the bathroom door and ask the child if he wants the toilet door open or closed.
- Reassure the child that you will wait outside the door where they can call if needed.
- No two children will be permitted to enter a toilet cubicle together. This is to ensure their privacy as well as their safety.
- Young children need encouragement and help with self-care, wiping bottoms, flushing toilet, washing hands etc.
- Staff must use the disposable gloves and aprons provided, if cleaning up any spillages.
- Staff should be sensitive to accidents.
- Staff should maintain a pleasant atmosphere.
- The child's privacy should be maintained.
- Good hand washing practice will be used at all times.

**Toileting Accidents:**

Sets of labelled clothing should be provided by parents/guardians so that if a child has an 'accident' of this nature they will in the first instance be offered fresh clothing into which they can change. All such incidents will be relayed to the parent/carer.

**Toilet Training and a Child's Development:**

Toilet training is based on the child's developmental level and their own readiness to start, rather than their age. Toilet training is agreed on and supported by parents and guardians.

If there is an individual toilet training plan, it is co-ordinated with the parents or guardians.



## 44. STAFF ABSENCES

Document Title:	Staff Absences
Unique Reference Number:	044
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2022
Scheduled Review Date:	January 2023
Number of Pages:	2

Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 10: Organisation](#), [Síolta Standard 15: Legislation and Regulation](#)) ([National Standard 5: Organisation and Management](#))

### Statement of Intent:

Parts of the service will not operate if the appropriate number of staff is not available. The service will always operate within the appropriate ratios.

### Procedure:

Staff are expected to report for work each day unless incapacitated by illness, absent with the prior permission of Management or otherwise unavoidably absent. It is essential that the service has an adequate number of Early Years' Practitioners to care for the children. It is therefore essential that all employees adhere to the following in the event of personal illness.

### Employees will:

- Employees suffering from a contagious illness should not work with children, i.e. gastro-enteritis, etc. and must inform the person in charge immediately.
- If unable to attend work employees must phone in and personally speak to the person in charge on the day of absenteeism one hour before their scheduled shift.
- If an employee knows that they will be absent on the day before you should telephone and speak to the person in charge as soon as possible.
- When speaking with Management, employees should indicate the nature of illness, the possible duration and when they will return to work. It is also required that employees speak with management either on the day of absenteeism and the day before they are due to return to work before the service closes in order to confirm

that they will in fact be returning to work. This will give management sufficient time to arrange cover if you are not fully recovered and unable to return to work.

- Emails, voice mails, what's app or text messages are not an appropriate way of conveying this information and to do so may invoke the disciplinary process.
- In the event of an employee being absent for three or more days, the employee will need to present a doctor's certificate to management, covering the whole duration of illness.
- Management reserves the right to refer an employee to a doctor or Occupational Health Physician appointed and paid for by the company, which may involve a medical examination. This may also be the case when an employee is returning to work after a prolonged or serious illness or where the employer may have concerns about the employee's health and wellbeing.

**Management will:**

- Arrange for cover by contacting suitably qualified and Garda vetted relief staff.
- Ensure that the service sick policy is adhered to.
- Ensure all employees will participate in a "Return-to-work interview" on their return to work from long term sick leave.
- Ensure that appropriate adult child ratios are met according to the Child Care Act 1991 (Early Years Services) Regulations 2016 at all times.

SERVICE TYPE	AGE RANGE	ADULT/CHILD RATIO
FULL DAY CARE	0 – 1 Year	1:3
	1 – 2 Years	1:5
	2 – 3 Years	1:6
	3 – 6 Years	1:8
AFTERSCHOOL	5 – 13 Years	1:12

**PERSON IN CHARGE:**

The manager is the person in charge of the service. In their absence the deputy will be in charge.

## 45. RECRUITMENT

Document Title:	Recruitment
Unique Reference Number:	045
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2022
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Number of Pages:	10

Child Care Act 1991 (Early Years Services) Regulations 2016(National Standard 5: Organisation and Management, National Standard 11: Child Protection)

### Statement of Intent

To recruit the highest standard of personnel and ensure everyone working in the service is suitable to work with children, to prevent any risk to children attending.

### Policy and Procedure:

It is the policy of the service to recruit and select the best candidate for any vacant position within our Child Care service. Our employees are one of the key resources we have in achieving our aims and objectives of providing good quality care to the children in our service. Our primary concern is selecting the right candidate that will cherish the children in our care and help each one of them to reach their potential.

The following is how our service operates its recruitment process to ensure the best candidate is chosen for every position, with particular reference to the suitability to work with young children.

### It is our policy to:

- Deal with all applications with courtesy and efficiency;
- Select candidates on the basis of their qualifications and/or experience for the vacancy concerned; and
- To give every person interviewed a fair and thorough hearing.

### The organisation will not:

- Discriminate unfairly against potential applicants on grounds of gender, civil status, family status, disability, sexual orientation, age, religion, race or membership of the Traveller community; or trade union membership / activity

- Discriminate unfairly against persons with a criminal record; or make any false statements in recruitment literature of job advertisements.

**Job Descriptions and Personal Specifications:**

We will use updated job specifications and job descriptions for each position. Further information is available from the Management.

**Advertisement:**

The avenues we use to advertise positions will depend on the vacancy and the budgets available.

- Advertisements and the selection process will not discriminate on any of the nine grounds protected by the Employment Equality Acts 1998 to 2008. These are gender, marital status, family status, sexual orientation, religion, age, disability, race, and membership of the traveller community.
- It is essential that advertisements for all vacancies are impartial and objective.
- All employees on protective leave (such as maternity or parental leave) will be informed of each vacancy.
- All vacancies will be advertised both internally and externally, as may be appropriate.
- Applicants will be asked to submit a CV.
- Potential applicants will be informed about the details and conditions of the position advertised.

**Interview:**

Our aim is to draw out as much relevant information from each candidate as possible to enable us to make an accurate assessment of their suitability for the job.

Not all applicants will be called for interview. The service aims to ensure an interview process that is free from discrimination. A gender-balanced interview panel will be provided where possible, but this may not always be feasible. The selection of persons who sit on the interview panel is at the discretion of the management. All questions posed to the candidates will be consistent and will relate directly to the person's ability to do the job.

Candidates will be evaluated according to an interview selection process that has been designed to ascertaining the competencies and skills of the candidate to carry out the position. The job description and essential and desired criteria in the person specification are also utilised in the selection assessment. Fair and proper procedures will be followed.

After each interview is held, every candidate is assessed against the criteria set out in the job description, personal specification and their own qualifications.

Feedback will be given to unsuccessful internal candidates to support them in their future development.

### **Risk Management:**

- Candidates may be requested to complete a Health Declaration.
- The service will also validate any necessary documentation relating to visas and work permits, where applicable.
- Candidates will be required to sign and declare that the information they have provided is true.
- Candidates will be required to provide details of two previous employers for reference-checking. Successful candidates will have their references checked before an offer of employment is made. References will be checked by telephone/in writing to validate and verify the candidate's identity and to check their employment history, qualifications, experience and suitability for the role. References should be recent, relevant to the post if possible and should not be provided by family members. References will be held in employee's personnel file.
- The identity of the applicant will be confirmed against an original (not a photocopy) official documentation (such as a driving licence or passport), which includes the applicant's name, date of birth and a photograph. This should be compared with the written application. A copy of the candidates' driving licence or passport is required to be held on the employees' personnel file.
- CV's will be examined and explanations sought for any gaps identified.
- All staff will be Garda Vetted.

### **Probation:**

Once all the pre-employment assessments have been completed, an offer of employment will be extended to the successful candidate. It is the policy of the service

that all such offers will include a probationary period, of six (6) months and not longer than eleven (11) months even when the successful candidate has been previously employed within the organisation. Reviews will be carried out throughout the probation period and at a minimum after the initial four weeks, mid-way and at the end of the probation period. This gives the service an opportunity to assess the suitability of a new worker to work with children and to implement the organisation's policies on safe practices.

The service will comply with Data Protection Acts, 1988 and 2003 including:

- Obtaining and processing information fairly.
- Keeping it for explicit lawful purposes.
- Using it and disclosing it only in ways compatible with those purposes.
- Keeping it safe and secure.
- Retaining it for no longer than is necessary for that purpose.
- Giving a person a copy of his or her personal data on request.

#### **Employment/Personnel Files:**

Legislation requires that we keep certain records on our staff members. It is our policy to keep the following records for each staff member:

- C.V.
- Person/job specification (selection criteria)
- Questions for interview and interview notes
- Proof of identity (passport, driving license)
- Medical results (where applicable)
- Two validated references
- Processed Garda Vetting Form
- Copies of letters sent to the candidate
- Contract signed by employee and employer
- Sign off sheet on all policies and procedures
- Copies of qualifications
- Completed Induction Form
- Employee Training Record
- Copies of any other correspondence with the employee during the tenure of their employment.

**Garda Vetting Disclosure Risk Assessment:**

The Child Care Act 1991(Early Years Services) Regulations 2016 require any person carrying on a preschool service must ensure appropriate vetting of all owners, staff, students, and volunteers.

1. Checking employer and other reputable references in respect of owners, directors, staff, students, and volunteers.
2. Seeking Garda vetting from An Garda Síochána.
3. In respect of owners, staff, students, and volunteers who have lived abroad, for more than six continuous months, ensuring that these persons provide the necessary police vetting from relevant police authorities.

The Child Care Act 1991(Early Years Services) Regulations 2016 require that services complete vetting prior to any person being appointed or being allowed access to children. Employment with the service is subject to a satisfactory outcome of the Garda Vetting Process. Where an employee is successful for a position with the service, they will be required to complete a Garda Vetting Application Form before they commence employment.

Management will ensure that the identity of the applicant is confirmed against an original (not a photocopy) of official documentation (such as a driving licence or passport), which includes the applicant's name, date of birth and a photograph. This should be compared with their written application.

**Delay in Obtaining Garda Vetting:**

The service will follow and respect the Garda Vetting Procedures and will follow the advice and guidance of the NVB and TUSLA Early Years Inspector or any requirements that are compulsory under legislation. Garda Vetting is not transferable from one service to another.

**Students and Contractors:**

Any contractor (e.g. music drama etc) or students must satisfy the service that they are Garda vetted by providing a certified copy of the vetting disclosure from the National Vetting Bureau and will not be required to reapply. A certified copy means a hard copy/original copy. We will note on the "copy" that we had sight of the original copy. If it is not possible to have sight of the original hard copy we will require that the

copy has the stamp of the supplying organisation/college. In the event of e-vetting the relevant organisation can forward via email the original disclosure (password protected). We will always do this with the consent of the person.

**Transition Year Students:**

Transition year students do not require Garda Vetting. Garda Vetting will be required, however, for all transition students over 18 years. Transition Year students will require 2 validated references.

**Support Staff:**

Support Staff that visit the service on a regular basis should be Garda Vetted. Other precautions to safeguard children will also be put in place (e.g. not allowing support staff have unsupervised access to children).

**Staff from other Agencies:**

Staff from other agencies such as Enable Ireland can transfer their vetting from that agency to our service but we will risk assess any disclosures as we would do with other staff.

**Parents:**

Parents who accompany children on occasional outings do not require Garda vetting, but will not be allowed unsupervised access to children.

**Visitors:**

Visitors like the local fireman or a parent giving a talk about their work, or persons making once off visits do not need Garda Vetting but should not have unsupervised access to children.

**Employees Who Have Lived Outside of Ireland:**

For persons who have lived/worked outside of the state for more than six continuous months (from the age of 18 years) need to be police vetted from the countries they lived in. The person is required to provide the original Police Vetting Certificate from these countries. This applies to international applicants and to Irish applicants who have lived/worked abroad. We will make reasonable steps to verify Police Vetting and these attempts will be recorded on the person's file. It may not be possible to receive vetting from some countries.



For employees who have worked/lived in the UK they will require an International Child Protection Certificate. This is available from: ACRO Criminal Records Office (ACRO). A Basic Disclosure will not be accepted. Further details are available from: [www.acro.police.uk/icpc/](http://www.acro.police.uk/icpc/)

If vetting, references, or qualifications are in another language (not English) these will be translated by a professional translator at the responsibility of the employee.

Police Vetting is the property of the individual and can be used in multiple services. It can be copied and held on file, once we have had sight of the original.

### **Dealing with Disclosures:**

The report that comes back from the NVB may show:

1. No previous convictions against the named applicant whose details were supplied.

**OR**

2. Details of convictions that appear on Garda records. These are based on the information supplied on the application for Garda Vetting. However, they cannot be positively confirmed by the Garda, as fingerprints have not been supplied. These details must be verified with the applicant before any decision is made.

**OR**

3. Prosecutions successful or not, pending or completed.

There is also the option of 'possible matches' where almost all the applicant's details match but there is some difference, such as the address or date of birth. Again, these details must be verified with the applicant before any decision is made. When information is returned indicating a prosecution or possible match, it is recommended that a Garda vetting review meeting be held with the applicant. This has two purposes:

1. To verify that the applicant is the person about whom the disclosure of convictions has been made. The information returned by the Garda may apply to the applicant and should be verified with the applicant before any decision is made.
2. To provide an opportunity for the employer and the applicant to discuss the disclosure from Garda vetting.

If the applicant disputes the information returned by the NVB, the onus is on the applicant to contact the Garda to resolve the matter.

Management may also convene a meeting together with appropriate personnel such as a Development Worker from the CCC or a Consultant from an organisation with expertise in this field if required. The meeting will be convened to discuss the disclosure from the NVB in relation to the (prospective) employee and to decide what action is required. Some points to consider are:

- Has the employee already indicated to the service what may be disclosed by the NVB.
- Does the employee disclosure 'match' the NVB disclosure?
- Where the employee has not indicated to the service what the NVB has disclosed then management need to use the risk assessment below. This approach must consider the risk in terms of the individual, the offence, and the purpose of the job.
- Management may speak to the employee in relation to this matter before making a final decision.
- Management should record their decision and inform the (prospective) employee of their decision.

### **Risk Assessment:**

Risk will be assessed in relation to the individual in terms of the risk due to the disclosed offence. In some cases, the relationship between the offence and the position the individual has applied for will be clear enough to take a decision as to whether or not the individual is suitable for employment with the service. Points to consider are:

- Offences concerned with larceny, fraud and theft are crimes of deception and may be a behavioural indicator.
- Child Protection or related offences.
- Breaches in trust e.g. fraud.
- Offences against property e.g. arson, armed robbery.
- Drug related charges/convictions (particularly possession for sale or supply).
- Offences against the person e.g. assault, harassment, coercion.
- Offences against the state.

The risk will be assessed by the person in charge. Assessment of the risk of the employee together with the offence:

- In carrying out this assessment, the following factors in addition to other relevant case specific concerns should be considered and documented in support of the recommendation to either stay on the current work assignment or transfer to a more suitable one.
- The seriousness of the offence and its relevance to the safety of the children.
- The length of time since the offence was occurred.
- The age of the applicant at the time.
- Whether the offence was a 'one off' or part of a history of offending.
- Whether the applicant's circumstances have changed since the offence was committed, making re-offending less likely.
- The degree of remorse or otherwise, expressed by the applicant and their motivation to change.
- The sentence imposed in relation to the offence.
- Whether the applicant has undertaken any kind of rehabilitation relating to the offence they committed e.g. anger management or drug treatment programme.
- Work history since the offence.
- Protecting the employee from situations that might cause difficulty e.g. allegations against them etc.

The risk assessment and the decision to employ or not to employ should be carried out by those nominated as outlined above.

#### **Data Collected through Garda Vetting:**

The service will conform to the provisions of the Data Protection Act 1998 and the Data Protection (Amendment) Act 2003 in relation to the storage and retention of records.

#### **Storage of Data:**

The storage and security of Garda Vetting Form is a very important consideration under the Data Protection Acts. Appropriate security measures will be taken, by us, against unauthorised access to this data.

A minimum standard of security will include the following measures:

- Access to the information should be restricted to authorised staff on a "need-to-know" basis.

- Access will also be restricted to external authorised personnel – e.g. the early Year’s Inspector.
- The forms will be stored in a lockable filing cabinet located away from public areas.
- Any information that needs to be disposed of will be done so carefully and thoroughly when out-of-date but only if a new vetting procedure has been completed.

**Retention:**

We will retain a record of the decision to appoint an employee and the reasons for the decision as part of the overall recruitment records. In the event of a decision not to appoint an employee on the basis of a Garda vetting disclosure, records should be retained confidentially.

**Repeat Garda Vetting:**

The Garda Vetting procedure may be carried out at any time during the employees’ contract of employment and the procedure should be followed at least every three years for continuing employees and in line with any subsequent legislation.

**Records:**

Garda vetting records should be kept for 5 years from the date of **commencement** of work.

**Note:**

It is important to recognise the limitations of Garda/Police Vetting, which can only alert an employer to criminal convictions. Research indicates that very few child abusers receive criminal convictions. Garda vetting will be used as part of the overall safe recruitment practices of the service and is one component of the recruitment decision.

The Management reserves the right to use their own judgement about whether a person is suitable for a post with us.

## 46. STUDENTS and VOLUNTEERS

Document Title:	Students and Volunteers
Unique Reference Number:	046
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2022
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Number of Pages:	3

Child Care Act 1991 (Early Years Services) Regulations 2016([Síolta Standard 9: Health & Welfare](#), [Síolta Standard 16: Community Involvement](#)) ([National Standard 5: Organisation and Management](#), [National Standard 11: Child Protection](#))

### Policy:

- All volunteers and students will be over the age of sixteen with the exception of transition year students.
- Validated References and Garda Vetting (where applicable) will be obtained for all students by the service
- The duration and timing of placement will be agreed in advance of the placement with management.
- Students/volunteers will be required to read all relevant policies and procedures of the service as part of their induction and ‘sign-off’ that they had read and understood the policies and procedures of the service.
- Students/volunteers will not work unsupervised with either individuals or groups of children.
- Management will be responsible for students.
- Students/volunteers should have a clear defined role, i.e. duties and responsibilities of the student, and will sign a declaration. (Student Agreement Form Volunteer Agreement Form).
- Students/volunteers will not deal with parents/guardians.
- The service is aware of their responsibility to provide a ‘real and rich’ learning environment for the student.

### Prior to Placement of Students:

- The service will ensure that there are appropriate links with colleges.

- Colleges should, in writing, introduce the student, giving the service a profile of the student, highlighting any additional needs and an outline of the course content.
- The service will ensure that they receive confirmation (copy of insurance certificate) from the college confirming that students are insured by the college while on placement.
- All students must attend an induction programme to enable them to develop an awareness of the service.
- A file will be maintained on all students containing such information pertaining to the college placement, college, etc.

**During Placement:**

- Management are responsible for assessing the training needs of students on placement and ensuring that they are given the opportunities to build on existing skills and to develop new skills.
- Management will monitor the student's progress and liaise with the student's assessor at regular intervals throughout the period of the placement.
- Students must adhere to the service's policies and procedures.
- Students who are required to conduct child studies or work with children must obtain written permission from the parents/guardians of that child. Parents/guardians will have access to any written study. Students will consult with the Management on all written records.

**While on placement the service will support students by:**

- Providing support to make the placement as useful and beneficial as possible.
- Providing the information and support necessary for students to carry out any assignments and prepare for assessment visits by the placement supervisor.

**Dress Code:**

- Dress must be neat, clean and tidy. It must be non-revealing.
- Hair should be clean, neat and tied back at all times.
- Nails should be short and clean at all times. Painted nails are not considered appropriate for an early year's setting.
- Comfortable shoes should be worn at all times. High-heels, toe-less sandals (flip flops) or backless shoes should be avoided.

- Chewing gum is not permitted.
- Students/volunteers may be requested to wear attire displaying our logo, for instance when they are on outings on behalf of the service.

**Confidentiality:**

Working as a student/volunteer within the service may on occasion give rise to students being aware of confidential information in relation to children and families attending the service.

- Students/Volunteers **must not** disclose or permit to be disclosed any information which concerns any child/children and/or families to any other person or agency/organisation unless you are required to do so in the context of child protection procedures or as required under legislation.
- Students/Volunteers should not share any information about other students or staff colleagues with a third party.
- Students/Volunteers will be advised as to the setting of boundaries between the working relationship and friendship with parents/guardians. Do not engage them in unnecessary conversations of a personal nature. Conversations should be restricted to greetings. Parents/guardians requesting information from students should be directed to the senior staff member in the room. If parents/guardians have an issue/complaint, they should be referred immediately to Management.
- Students/Volunteers may not use social networking sites to befriend parents/guardians whose children attend the service or to exchange any information about the service or children attending the service.

**Volunteers:**

- The hours that volunteers work will be arranged according to the hours the volunteer is available and the needs of the service in consultation with Management. There will be no minimum or maximum hours or any guarantee of voluntary work.
- All voluntary work is unpaid.
- Volunteers should be present in the service and ready to commence their voluntary work at the arranged and agreed times. Volunteers unable to attend at the arranged and agreed times should inform Management by telephone as soon as possible in advance.

## 47. STAFF TRAINING

Document Title:	Staff Training
Unique Reference Number:	047
Document Author:	Réaltaí Cúram Leanaí, CB
Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2022
Scheduled Review Date:	January 2023
Number of Pages:	2

### Statement of Intent:

It is our intention to ensure all childcare staff are fully qualified to be employed in our service. Staff are also expected to engage in ongoing training programmes. Staff are expected to hold the relevant qualifications and be trained in all other mandatory training.

### Policy:

In accordance with regulations we will not employ staff to work with children unless they are qualified to QQI Level 5 in Early Childhood Care and Education or equivalent. All qualifications will be certified. Employees are expected to submit original copies of qualifications for certification.

### We define Training and Development as follows:

Training is the process through which new skills knowledge and behaviour can be acquired and existing skills knowledge and behaviour can be developed to enable individual employees to work to their full potential and provide maximum benefit to the organization.

### Induction Training:

Every staff member will be provided with an induction training program when they commence work to ensure they are fully trained in the first number of months of work. The Induction will be recorded on the appropriate form. *See Induction Record Form.*

### On the Job Training:

Training is organized for each employee or groups of employees to fulfill identified training needs in their current positions. This enables the employees to significantly improve their effectiveness and performance in their current positions.



**People Development Training:**

Training is organized in regard to career development. The training may not be directly relevant to an employee's current position but is likely to develop in the medium-long-term future. This training is validated by Management.

**Legislative Responsibilities:**

Training is organized as required by legislation (Manual Handling, First Aid, Fire Safety).

**Our commitment to each employee is to:**

- Create an environment where training and development is genuinely valued.
- Put in place processes to assist in conducting training and development activities, and to monitor the effectiveness of these processes.
- Invest in training and development.
- Plan and review training and development activities at all levels in the organization.
- Share with the employees the progress of their training and development activities, what has worked, where improvements are needed and so on.
- Continue to improve and develop our training resources so that they actively support the employees as well as the business.

**The service wants each employee to:**

- Take responsibility for their own training and development.
- Recognize and meet their full potential.
- Perceive training and development as a continuous process.
- Understand that development means more than just attending training courses.
- Realize the importance of ensuring that training and development is aligned with the needs of the business.

Staff must attend training programmes. It is also assumed that staff would participate in a number of sessions external training every year as part of their Continuous Professional Development (CPD).

## 48. SUPERVISION

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Unique Reference Number:	048
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Document Approved:	Glenn Muliett
Date the Document is Effective From:	January 2022
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Number of Pages:	3

### Statement of Intent:

Our intention is to provide appropriate mechanism to give staff feedback on their performance so that a high standard will be maintained. We are also committed to listening to feedback for the purposes of enhancing quality. It is our intention that all staff will have opportunities of support and supervision.

### Introduction:

Staff development provides chances for greater knowledge, improved skill and better understanding, not as an end in itself but as a means to develop and improve the level of service to children and their families.

Supervision and appraisals are core parts of the staff development process.

The purpose of supervision is to promote and provide accountability, decision-making, support, development of the work and development of the staff member.

Appraisals allow for the setting of new goals and contribute to identifying training/development needs of staff.

### Definitions:

**Supervision:** A key managerial activity – it is ‘a ‘reflective” process about professional thinking, actions and decisions that is constant and ongoing.

**Appraisals:** A staff appraisal is a process by which the work and development of the worker are reviewed. The process contributes to future planning and goal setting. Appraisals are about a person’s previous performance as well as future development. The appraisal should consider the worker’s achievements, their expectations and development needs.

### Probation:

Confirmation of all appointments will be subject to satisfactory completion of a period of probation, which will normally be for 6 (six) months.

During the period of probation, the contract can be terminated by either party in accordance with the provisions of the Minimum Notice & Terms of Employment Act 1973-1991.

During the probationary period the Manager will ensure that each employee is fully assisted in understanding and becoming familiar with the demands of his or her post and that there is full discussion with the employee about any problems or difficulties.

During the probationary period the employee will be advised on his or her progress.

The period of probation may be extended for a specific period (generally by 3-5 months but will not exceed 11 (eleven) months, if management is not fully satisfied that the employee is suitable for the post. The employee will be informed through supervision and in writing about the reason(s) for this decision.

**Policy Statement:**

All staff members must have regular and consistent supervision to:

- Support them in their work.
- Ensure the quality of service to children and families.
- Ensure that they are clear about their role and responsibilities.
- Ensure competent and accountable performance.
- Ensure that in their respective roles they meet our standards and objectives.
- Ensure a positive atmosphere for practice.
- Assist their professional development.
- Reduce stress.
- Increase awareness of new areas of professional knowledge.
- Ensure that they are given the resources to do their job.
- Provide an opportunity to voice their ideas and concerns.

All staff members are entitled to:

- Respect in their role and as a person.
- Clarity about the boundaries of confidentiality.
- Clarity about expectations.
- Have their experience and contribution acknowledged.
- Participate in problem solving and not just be told what to do.
- Access to on-going training relevant to their job.
- Clarification about the crèche policies and procedures.

- Be allocated an appropriate and manageable workload.
- Clarity about the basis of decisions.
- Regular and uninterrupted supervision.
- Regular formal appraisal.

Staff appraisals will be carried out for each staff member within the first six months of appointment and annually thereafter.

**Appraisals:**

All new staff members should have an appraisal carried out before the end of their probationary period and annually thereafter.

All staff members will be appraised using a standard Appraisal Form.

Appraisals should relate to the person's job description and focus on areas of performance relevant to the person's role.

Appraisals must be recorded and records kept in accordance with legislation.

The following methods are used to support staff:

- One to one supervision
- Staff meetings
- Training
- Support Sessions

All meetings (group and individual) may be recorded. All instruction /direction and training of individual staff members will be recorded on the appropriate Training form and placed on the individual staff member's file.

## 49. HOT WEATHER

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### Statement of intent

This policy recognises that children are at a greater risk of suffering from heat illness than adults. A child's ability to respond to environmental heat and acclimatise to heat differs due to physiological differences.

Our aim at our service is to ensure that all measures are put in place to protect children from the dangers of overheating.

### Policy & Procedure

It is the duty of all those employed in the service to adapt the proper strategies during hot weather. We aim to keep everyone safe at all times. Reasonable steps will be taken to identify and manage risks and every reasonable precaution will be taken to protect children from harm and hazards.

### We will do the following:

- Ensure the sun policy is adhered to and children are encouraged to use broad-rimmed hats and sun cream for protection (see Sun Policy)
- Recognise that the risk of heat stress is a factor of both air temperature and relative humidity levels.
- Ensure each room and the sleep room has a reliable room thermometer so that the temperature can be checked regularly, and remedial action taken to reduce heat if necessary. The care/classroom should be maintained at 18 – 22 degrees and the Sleep room between 16 and 20 degrees. Anything above this must be treated as a risk factor and addressed without delay. The checking of temperature will be built in to the risk assessments.

- During hot weather check all surfaces in the service, ensuring children are not at risk of contact burn injuries.
- Strategies to reduce the risk of heat illness will include:
  - During periods of hot weather, activities will be conducted inside or in shaded areas. Outdoor will be avoided between 12 noon and 3pm each day
  - We will have drinking water constantly available indoors and outdoors and children will be reminded to drink regularly.

### **Infants**

- Infants are not able to tell you that they are thirsty, so it is important to offer drinks frequently.
- Infants can be offered small amounts of cooled boiled water, after or between milk feeds.
- In hot weather, skin contact can be quite uncomfortable for a baby at feed times. You could try to use a towel or sheet between yourself and the baby.
- A good indicator that a baby is getting enough fluids can be six to eight pale wet nappies in a 24-hour period.

### **Sleep Environment**

#### **We will do the following:**

- Ensure cots are placed in the coolest part of the room.
- If the child is overheating, sponge the child down with lukewarm water.

### **Signs and Symptoms of Heat related illness**

- Looking unwell and more irritable than usual
- Pale and clammy skin
- Sleepy and floppy
- Fewer wet nappies than usual
- Dark urine (normal is light straw colour)
- Refusing to drink
- Intense thirst (but as the baby gets weaker, he/she may drink less)
- Dry skin, mouth and eyes (no tears when crying)

- Soft spot on baby's head (fontanelle) may be lower than usual

### **What to do**

- If you think a baby is suffering from heat exhaustion, seek medical advice and follow your Emergency policy
- Move to a cool area and remove all extra clothes
- Try to give the baby or child drinks until help arrives

### **Heat Stroke Signs and Symptoms**

All the signs above, plus:

- Rising body temperature
- Red, hot and dry skin
- Rapid breathing
- Vomiting
- Confusion
- Seizures
- Coma (not responding when touched or called)

### **What to do:**

#### **Immediately call an ambulance.**

- Move to a cool area and remove all extra clothes
- If the baby or child is conscious and able to drink, give small sips of cool fluids
- Bring their temperature down using any method available (sponging with cool water, cool bath, or covering with cool damp cloths)
- If unconscious, lay the child on their side (recovery position) and check they can breathe properly. For babies less than a year old, a different recovery position is needed. Cradle the infant in your arms with their head tilted downwards to make sure they do not choke on their tongue or vomit. Support their head with your hand
- Perform CPR if needed.