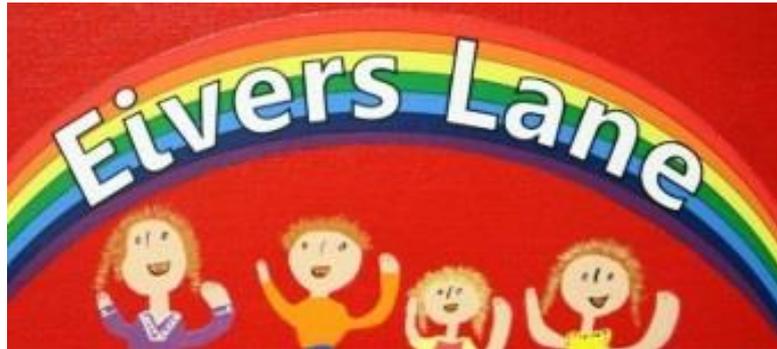


Eivers Lane Childcare



Policies and Procedures

Address: Main Street Upper, Mohill, Co. Leitrim

Phone number: 071 963 2936 / 086 2057900

Email: eiverslane@gmail.com

Website: www.eiverslane.ie

Facebook: Eivers Lane Childcare Centre

Manager: Caroline Kearney

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1. STATEMENT OF PURPOSE and FUNCTION

Eivers Lane Childcare is a purpose-built community childcare service which opened its doors on November 2, 2009. It is run by a voluntary committee who meet on a monthly basis with the manager to oversee the running of the centre.

The purpose of this service is to provide an affordable and accessible full day care facility for children aged 5 months to 12 years. We open 50 weeks per year and daily from 8am-6pm. We have capacity to cater for 85 children at any one time.

Our service is a not-for-profit facility.

Objectives:

- Our ethos and practice values diversity and promotes equality.
- We aim to select friendly, dependable, mature and professional staff through our rigorous recruitment and selection policy.
- To ensure that the developmental, educational, emotional and social needs of each child are met daily.
- The voice of the child is heard, respected and contributes to our programme.
- We aim to deliver a quality curriculum which addresses children's well-being, identity and belonging, communication and exploring and thinking, along the principles of Aistear, the Early Childhood Curriculum Framework
- We aim to make the service accessible to all members of the community, regardless of race, gender, family status, age, disability, or religious belief.
- We aim to work with 'Síolta' The National Quality Framework for Early Childhood Education, by following its 12 principles of quality and the 16 standards within its framework.
- We operate within the Childcare Act 1991 (Early Years Services) Regulations 2016 and The National Standards for Preschools.
- The environment is planned and well-organised in a way that suits the different needs of individual children, while keeping in mind the importance of Safety and Hygiene
- Parents/guardians are actively welcomed at the service at all times. We endeavour to share information and communicate with parents/guardians directly, in order to give feedback at the end of each day and to ensure that they are made aware of on-going developments in policies and procedures.
- The service wishes to promote a positive atmosphere where children, staff and parents/guardians are treated with respect.

Key Personnel: In-House

Manager (Person in charge):	Caroline Kearney
Deputy in the absence of Manager:	Andrea McCrann
Health & Safety Officer:	Caroline Kearney
Fire Officer:	Caroline Kearney
First Aid Co-ordinator:	Caroline Kearney
Designated Liaison Officer:	Caroline Kearney
Deputy Designated Liaison Officer:	Andrea McCrann
Data Controller:	Caroline Kearney

Key Personnel: External

Tusla Early Years Inspection Team:	Early Years Services, Markievicz House, Barrack Street, Sligo Tele: 071 9149667
Tusla Social Work Department:	Child and Family Agency, Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim Tele: 071 9650324/087 2033267 (9am-5pm)
Gardaí:	Mohill Garda Station / 071 9631002
Doctor:	Dr Arthur Dolan, Mohill / 071 9631900
Hospital:	Sligo General Hospital / 071 9171111
Fire Maintenance:	Sean Brady / Brady Fire Protection
Pest Control:	AntiPest Solutions / 071 9642859
Water Leaks:	1850 278778
Electricity Emergency:	1850 20 50 50 (24 hours)
Gals Emergency:	1850 372 999 (24 hours)

Type of Service:

Full Day Care in accordance with the Childcare Act 1991 (Early Years Services) Regulations 2016.

Opening Hours:	8am-6pm
Capacity:	85
Age Range:	5 months -12 years
Ratios:	As per regulations. See Ratio Policy
Curriculum:	Play based
Address:	Main Street Upper, Mohill, Co. Leitrim
Phone Number:	071 963 2936 / 086 2057900
Email:	eiverslane@gmail.com

SERVICES

2. ADMISSIONS and ENROLMENT

Principle:

It is our policy to offer equal access to children and their parents/guardians inclusive of additional needs, cultural, financial status and religious orientation.

We focus on ensuring that every child feels safe and welcome at all times, while providing the highest standard of care and commitment.

Childcare 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:

The Admissions Policy and Procedure will always be followed. The policy will be reviewed regularly.

Policy and Procedure:

- Children must be over 5 months to attend the service.
- The service offers the two-year free preschool place for children eligible for the scheme. Children outside this age range can avail of a place based on parents/guardians paying the appropriate fee.
- Places will be allocated on a “first come first served” basis. Siblings will 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.
- Parents/guardians are required to complete the Registration Form.
- A waiting list is established when all places are taken up and the child at the top of the list is given first available place depending on availability for the type of place required.
- The service operates an open door policy especially during the settling in period. The child may stay for a shorter day until manager and parent agree the child has settled in.
- Children with additional needs and disabilities are welcome. Parents/guardians need to be aware that it may be required for them to provide an additional needs assistant when necessary.

- 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.
- We reserve the right 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.
- No uniform is necessary but we do ask that all children wear suitable, comfortable clothes, ideal for art work and outdoor messy play. (No 'good' clothes please). 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:

- A bag containing a change of clothes i.e. underpants, socks, top and pants.
- Wellington boots, coat, hat.
- Sun cream, sun-hat.
- Nappies, wipes, creams and/or powders – if applicable (one month's supply).
- Soothers (if applicable which will be given at nap times only).

Procedures for Children with Allergies:

When parents/guardians start their children at the service they are asked if their child suffers from any known allergies. This is recorded on the Registration Form.

If a child has an allergy, a risk assessment is completed to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
- Control measures – such as how the child can be prevented from contact with the allergen.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.

- Parents/guardians provide training to staff in how to administer special medication in the event of an allergic reaction. This training should be carried out by a health or first aid professional
- If a child is identified to have a nut allergy, other parents/guardians are made aware so that no nut or nut products are accidentally brought in, for example to a party.

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.
- The service must be provided with clear written instructions on how to administer such medication.
- The service must have the parents/guardians' or guardians' prior written consent. This consent must be kept on file.

Medication and Invasive Treatments:

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

The Manager 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.
- Proof of training in the administration of such medication by the child's GP, a public health nurse or other health professional.
- A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.

All records kept by the service are kept secure and confidential.

3. CHILDREN'S CHARTER

Principle:

This code has been developed to inform and guide the decisions and behaviour of all staff working in the service.

Childcare 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 team at 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 assist us 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 take into account 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 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. COLLECTIONS and ARRIVALS

Principle:

We are committed to ensuring the safety and care of the children upon arriving and leaving the service.

Childcare 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 3: Working in Partnership with Parents/guardians or Guardians, National Standard 20: Safety)

Statement of Intent:

All parents/guardians/employees must follow the collections and arrivals policy and procedure.

Attendance:

It is essential to the efficient running of our service that parents/guardians inform us if their child is unable to attend the service and follow up with a telephone call to inform management when the child will be returning. A register of the times and days that children attend is kept.

Arrivals:

- There is a buzzer system in place to gain access.
- A member of staff will register each child on arrival.
- Children will be supported to remove coats and find their coat pegs.
- 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:

The Collection Policy of will be achieved by:

- 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 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 should contact the Tusla social work child protection team.

- We ask that parents/guardians do not collect their child from while under the influence of alcohol. This can lead to embarrassment and worry within the team. If parents/guardians feel that this situation may arise they should arrange for an authorised collector to collect their child.
- Please ensure that you park safely and do not cause an obstruction, even for a very short time.
- In the event of a parent collecting another child a prior arrangement must be made.
- In order to comply with childcare legislation which determines the staff/ child ratios and in the best interest of the children (children can become distressed when no-one comes for them when all the others have been collected) it is important that children are collected on time.

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

Children should be collected only by the adult/s named on the Collection Authorisation. Should the person responsible be unable to collect the child, a letter of explanation must be presented signed and dated by the parent / guardian with a contact telephone number, the staff member will then telephone the parent prior to allowing the child leave the service. If the parent personally arranges this with the staff the telephone call may not be necessary, but signed consent will be required at all times.

If the parent has not been personally contacted to authorise the collection of their child, the child will not be permitted to leave the premises until an authorised collector, as recorded in the child's records is available.

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 Manager to say that they will be late and arrange with staff what to do. Children are only released from the service to individuals named by the parent.

A Late Collection Fee will apply of €10 for the first 15 minutes and €10 for every other 15 minutes.

Early Collection of Children:

We ask that parents/guardians let us know if you will be picking up your child early so that we can have the child ready for you and to 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 your child benefits from our full daily programme.

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.
- 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 you to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there is any legal documents i.e. custody order, barring order we would ask you 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 on to the premises
- If the parent who has been denied access becomes threatening or violent and insists on removing the child from the service this will be viewed as trespassing. The service will in this event contact the Local 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 **10:30am**. 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. Failure to do so can waste valuable time and causes undue concern for staff collecting the child from their school.

- It is the responsibility of the parent to make the necessary arrangements to get the child/children to the service and to inform the person in charge in writing of these arrangements.
- Where the service agrees to collect the children from the school **signed consent will be sought from the parent/guardian.**
- The children will be escorted by a known staff member who will always carry proof of identity. Prior contact will be made with the children and the school for new staff members.

- 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 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 if a child will not be attending on any day.
- The children will go in a group directly from the school to the service by the safest most direct route.
- When staff are collecting a child from school, the staff member walks up to the school.
- The children must also hold hands when crossing any roads. When walking, staff will walk one in front and one behind the group.
- In the interest of child protection and to comply with legislation child / staff ratios will be adhered to at all times.

Collection by bus:

- Children are not transported by staff in their own cars.
- Local bus service / 1:45pm collection. 2:45pm on foot by two staff members.
- Two staff will travel in the bus with the children.
- Children will never be left unattended (on the bus) and an adult is always to be at the door when children are entering or exiting the vehicle.

From the After School Service Home:

- **Please collect child/children on time.**
- If a child is to walk home unaccompanied, the parent will be required to sign a statement accepting full responsibility for their child/children's safety.
- It is the policy of our service not to allow children less than 12 years old to walk home unaccompanied.

If a child is booked into the After School service and they do not arrive we will follow the following procedures:

- The person in charge will telephone the school to find out if the child was in school.
- The person in charge will telephone the parent or other emergency contact from contacts list.
- If the child was in school and the parent cannot be contacted we will contact the local Garda station to report the child missing.

5. FEES POLICY

Principle:

The management of parental fees in the service endeavours to reflect best practice with regard to the forecasting of the budget costs for the provision of a quality early years' service and to ensure the long term sustainability of the service.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 10: Organisation) (National Standard 1: Information, National Standard 2: Contract)

Statement of Intent:

This policy applies to all parents/guardians who use our service for their children.

Policy and Procedure:

The following practices set out the fee policy.

General Fee Payment Information:

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

- We operate a number of funding options to help parents with fees including CCS, TEC and CETs. Details will be made available to parents. All these schemes have eligibility criteria and are designed to make the fees affordable
- Fees must be paid on the first day of the week.
- Fees must be paid by cash or cheque.
- A receipt will be issued upon request.
- Extra fees will apply for once-off tutors, summer tours, soccer camps, arts & crafts, sports.

Reviewing Fees:

- Fees are reviewed in annually by the management.
- Parents/guardians will be informed by giving service notice of increase in fees.
- Increase in fees each year will be related to the cost of living increases and/or exceptional cost circumstances.

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

- Parents/guardians will be required to pay for any days/ week's 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.
- Registration Forms will not be processed if there are any outstanding fees.
- Bank holidays must be paid for and cannot be swapped with other days.
- Half rate fees apply for the two weeks the service will close (one week at Christmas and one week in August).
- There is no reduction in fees for Public/Bank Holidays.

Late Collection of Child/Children from the Preschool:

Parents/guardians should note that due to legislative requirements under the Childcare Act 1991 (Early Years Services) Regulations 2016 and *Children First* – Child Protection Guidelines. Two members of staff are required to be 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.
- A Late Collection Fee will apply of €10 for first 15 minutes and €1 after that.

Withdrawal of Children:

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

- Give notice, in writing that the child/children are leaving the service
- Give 2 weeks' notice or pay 2 weeks of fees.
- 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.
- A repeated failure to pay fees may result in suspension or withdrawal of your child's place until the matter is resolved.
- Any delays in payments must be discussed in advance and agreed with management.

6. RANGE OF CHILDCARE SERVICES

Principle:

The service provides a play based curriculum for children from 5 months. The service may cater for up to 85 children.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 10: Organisation) (National Standard 1: Information)

Statement of Intent:

The service will ensure that their admissions policy is adhered to at all times. The service provided will be in line with Childcare Act 1991 (Early Years Services) Regulations 2016 and the needs of the local community.

Policy and Procedure:

The type of service we currently provide is defined in the Childcare Act 1991 (Early Years Services) Regulations 2016 as Full Day Care.

Other relevant policies that we will adhere to are the:

- Admissions Policy and Procedure.
- The Equal Opportunity Policy and Procedure.

Our service:

- We are open 50 weeks per year
- We will close for one week in August and one week at Christmas.
- We are offering the free two year preschool session for children qualifying for the ECCE scheme.
- The CETS scheme for qualifying parents/guardians.
- We also offer CCS, ECE and TEC.

Our Facilities include:

- 7 rooms (1 x Baby, 1 x Wobblers, 1 x Toddlers, 3 x Preschool, 1 x Playschool, 1 x After School)
- There are 2 toilets in each room.
- Our outdoor area consists of a soft surface with garden space, canopy area and playground.

The rooms are designed in such a way as to meet the developing needs of each individual child. 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.

Baby Room:

Our baby room is designed to provide a warm, cosy and stimulating environment for babies. It is suitably equipped with a variety of age appropriate toys designed for sensory stimulation, discovery and play.

We provide each baby with endless opportunities to explore and develop in a safe and comfortable setting. Our daily routine in the baby room is tailored around the individual needs of each child. Our programme incorporates developing communication skills, gross and fine motor movements plus music, song, stories and fun. We keep a daily record so parents/guardians see what their child's needs were each day and the progress they make. As well as our plug in baby monitors, staff check and record in writing, their observations of the babies, every ten minutes while they are sleeping.

Wobblers/Toddlers Rooms:

Our playroom provides a happy and caring environment, which encourages children to learn social and development skills, through activities and play. At this stage of development children are introduced to feeding themselves, as well as free play with a range of activities and challenges including music, sand, water, arts and crafts, gardening etc. Comfortable sleeping arrangements are available during the day.

Parents/guardians are required to provide the following:

- Nappies, Wipes, Creams and/or Powders – if applicable (one month's supply).
- A full change of clothes, including vest and socks.
- Soothers (if applicable which will be given at nap times only).

All items should be clearly marked with the child's name.

Preschool:

Our curriculum allows the children to learn through play while experimenting with sand, water, play dough, the use of colours, numbers, sounds and various arts and crafts. The activities encourage their creative, emotional, social and physical development.

After School:

At our After School we offer fun-filled activities such as cooking, arts and crafts etc.

Homework Policy:

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 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 again etc. and play an active role in the homework supervision and support of their child.

Summer Camp:

Our annual summer camp in July and August is full of fun fully supervised activities.

We also run camps at Halloween, Winter, Christmas, mid-term and Easter.

Extra-Curricular Activities:

- Once-off tutors
- Sports i.e. soccer
- Arts & Crafts

7. SETTLING- IN

Principle:

“Settling-in is an interim stage in the transition between home and the outside world. Children’s whole future attitude to new experiences could be affected by how this situation is managed. Due care and attention must be paid to a child’s need for time to settle into any setting”.

Childcare 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/guardians or Guardians, National Standard 6: Evaluation, National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being)

Statement of Intent:

At the service we aim to ensure children feel safe and secure in the absence of their parents/guardians.

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:

- We have an Open Day at the beginning of term.
- We offer phased/staggered settling-in, working with parents/guardians, as we run an Open Door Policy at this service.
- 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.
- Each child will be appointed a key worker.

- The parent/guardian will be assured of the value of their presence to the child in this process.
- 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.

Transition to Primary School:

- Being open to liaising with the local primary schools.
- Building a programme regarding "Starting Big School" into our curriculum.
- Focusing on practical "independence" skills.
- Liaising with parents/guardians so that teachers and parents/guardians have a consistent approach regarding preparation for school.
- Having a progress meeting with parents/guardians to discuss school reading.

8. STAFF RATIOS

Principle:

Management will ensure a sufficient number of suitable and competent staff are working directly with the preschool children at all times.

The adult/child ratios are governed by the Childcare Act 1991 (Early Years Services) Regulations 2016.

Childcare Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 15: Legislation and Regulation](#)) ([National Standard 5: Organisation and Management](#), [National Standard 17: Premises](#))

Statement of Intent:

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

For After School children we will follow good practice.

Policy and Procedure:

The service will follow the following adult/child ratios:

SERVICE:	AGE:	ADULT/CHILD RATIO:
Sessional ECCE Places:	2.6 - 6 YEARS	1:11
Full/Part Day Care:	0 - 1 YEARS	1:3
	1 - 2 YEARS	1:5
	2 - 3 YEARS	1:6
	3 - 6 YEARS	1:8

PARENTS/ GUARDIANS

9. CAR PARKING

Principle:

To make parents/guardians aware of parking arrangements.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard: 12 Communication) (National Standard 1: Information)

Statement of Intent:

- It is our policy at the service to provide parking for our parents/guardians.

Policy and Procedure:

- Parking spaces are available.
- We cannot accept responsibility for cars parked, or damage done while parking.
- We ask parents/guardians to show consideration to our neighbours and observe local speed limits.
- Parents/guardians must accompany their child into the service.

10. COMMENTS and COMPLAINTS

Principle:

Our ethos is to provide all enrolled children with the highest quality of care and commitment.

Childcare 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/guardians or Guardians, National Standard 4: Records, National Standard 7: Complaints, National Standard 11: Child Protection)

Statement of Intent:

It is our policy to welcome children's and parents/guardians views in the development of the service. Our children/staff/parents/guardians have the right to voice their opinions and concerns. It is our policy to welcome all suggestions, or comments 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.

What is a Complaint?

A complaint can be defined as an expression of dissatisfaction, made by a parent, member of public or partner agency/organisation. Complaints may be made by a parent, in writing, by phone, in a face-to-face meeting or by a third party acting on behalf of the parent, member of public and partner agency.

Policy and Procedure:

- All complaints must be made to the manager.
- They will be dealt with in an open and impartial manner.
- The complaint will be documented and remain confidential.
- The complaint will be investigated to assess if the service has breached our policy and procedures document.
- Every attempt will be made to resolve the matter as quickly and amicable as possible, and to the parents/guardians satisfaction.
- If agreement cannot be reached, the parents/guardians must make a formal complaint in writing to the person in charge.
- The parent will be sent an acknowledgement that the complaint has been received and told how it will be dealt with, by whom and within a time frame specified by the person in charge.
- The manager will keep dated records summarising what was said and by whom.
- In the case of a complaint made against a Staff, the staff member involved will be informed that a formal complaint has been made and given full details.
- The manager will arrange to 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.
- The manager will inform all parties involved of the outcome of the complaint made.
- If a resolution is not found, within 28 days, the manager will refer the complainant to a designated person on the voluntary committee
- If a resolution is not found, within a further 14 days, the committee will refer the complainant to an appropriate external agency
- Complaints will be kept on file for 2 years and are open to inspection.

Guidance for staff when dealing with an angry or upset parent/guardian:

Listening is the key to dealing with any upset parent. After actively listening and taking notes, it's important to let parents/guardians know that you thank them for bringing the situation to your attention and that you will investigate it.

Parents/guardians should be told what the procedure is for investigating complaints and that the service takes complaints and parent satisfaction seriously.

When an upset parent approaches they should be invited into the office or a quiet area, away from eyes and ears that don't need to see or hear the exchange. Children should not be in earshot of any angry exchange.

If the parent is willing to explain the problem, try to be as open and understanding as possible. If they refuse to calm down, or if they swear or become aggressive, calmly explain that they should put the complaint in writing and ask them to leave.

Any aggressive behaviour should be recorded on the Accident and Incident form.

Preventing Problems:

When a service is one that cultivates respect for differences, fosters and promotes dialogue between home and preschool and creates an overall sense of warmth, kindness, and high expectations for learning and behaviour, problems can be kept to a minimum.

We aim to:

- ✓ Keep parents/guardians informed on a regular basis about their child's progress and social-emotional growth. Inform them of any behavioural concerns.
- ✓ Never use sarcasm with children or parents/guardians.
- ✓ Include parents/guardians in activities to the greatest extent possible.

11. CONFIDENTIALITY

Principle:

Confidentiality is of the utmost importance. 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 when necessary in relation to child safety, in line with our child protection policy.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 12: Communication) (National Standard 2: Contract, National Standard 3: Working in Partnership with Parents/guardians 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 by management 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 a confidential file and will not be shared within except with the child's key worker, 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. The policy implementation will be reviewed regularly at staff meetings.
- 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 will 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. This is in line with our Child Protection Policy.

Record Keeping:

We keep records under two areas i.e. Child/Family Records and Personal and Operation Details. All of these records are stored securely.

12. PARTNERSHIP WITH PARENTS/GUARDIANS

Principle:

“Parents/guardians are the first educators of their children and should be involved at all stages in their education and development”.

Childcare 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/guardians 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:

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.

We will adopt the following procedure:

- Ensure parents/guardians views and needs are incorporated, 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 and written.
- Facilitate appointments and meetings.
- Ensure that all parents/guardians are informed about meetings and any other activities being organised.

- Ensure all parents/guardians are aware of the policies and procedures.
- Encourage parents/guardians to contribute their own skills, knowledge and interests through curriculum activities.
- If parents/guardians are separated we may contact both parents/guardians to discuss a child's progress.
- We ask that parents/guardians let us know if you will be picking up your child early so that we can have the child ready for you and to minimise disrupting the rest of the group.

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.
- Staff will undertake to learn key phrases in the parent/guardian /child's language.
- Parents/guardians will be invited to become involved in the service and share with staff and children the culture/history of the country of origin.

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 may not be able to give you our attention at this time as the needs of the children in our care come first.
- Potential parents/guardians are welcome to visit, however an appointment must be made in advance.
- We ask parents/guardians to ensure that their child/children are collected on time; children can become distressed and worried if they are collected late continuously.
- We aim to give feedback on each child and their day to parents/guardians on leaving the service each day.
- 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.

Babysitting:

Management accepts no responsibility for staff babysitting for children that attend the service.

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 centre's services, in which their child participates.
- Acknowledge that each family is affected by the community context in which it operates.

ADMINISTRATION

13. DATA PROTECTION

Principle:

We will conform to the provisions of the Data Protection Act 1998 and the Data Protection (Amendment) Act 2003.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 8: Planning and Evaluation, Síolta Standard 9: Health and Welfare, Síolta Standard 12: Communication, Síolta Standard 15; Legislation and Regulation) (National Standard 4: Records)

Statement of Intent:

Under the provisions of the Act's the service has appointed a "Data Controller" to manage the storage of personal information about staff, children and families in its computerised and manual records.

Policy and Procedure:

The service will follow the following principles in relation to keeping data on:

- Obtain and process information fairly.
- Ensure that the data subjects know what information is being held about them and for what purpose.
- Keep information for lawful purposes.
- Process information in ways compatible with the purpose for which it was given originally.
- Ensure that the information is adequate, relevant and not excessive.
- Retain the information no longer than is necessary.
- Give a copy of personal information to the individual concerned on request.
- Amend information held on employees if the employee indicates that the information is incorrect.
- Adhere to the 'need to know principle' – only personal data necessary for the purpose should be collected and staff should only be able to access the personal data that they need to carry out their functions.
- Have adequate access controls, firewalls and virus protection and do not forget manual files.
- Have retention policies for the various categories of data.
- Ensure that data maintained is securely and confidentially stored.

Informing Staff on Data Protection Acts:

Management will ensure that:

- The basic principles of data protection are explained to staff and parents/guardians. This will be done during staff induction, staff meetings and, if possible, through our parent handbook/notice board.
- There are regular updates to data protection awareness, so that data protection is a “living” process aligned to the way we conduct our business.
- The Data Controllers will periodically check data held with regard to accuracy and have complete regular security reviews.
- Noncompliance of the data protection and other policies of the service may invoke the disciplinary procedure.
- Confidential and personal information about our children/parents/guardians will only be shared by the data Controllers and Designated Liaison Person in relation to child safety, in line with this our Child Protection Policy. Any breach of confidentiality by any member of staff will lead to disciplinary action.

The service will provide for:

- Periodic audit checks and reviews.
- A procedure for complaints handling. See our complaints policy and procedure.
- Plans for remedial steps if things go wrong.

Employee Responsibilities:

As an employee you are responsible for:

- Checking that any information that you provide in connection with your employment is accurate and up to date.
- Notifying the service of any changes to information you have provided, for example changes of address.
- Ensuring that you are familiar with and follow the data protection policy.

Any breach of the data protection policy, either deliberate or through negligence, may lead to disciplinary action being taken and could in some cases result in a criminal prosecution.

Data Security:

Employees are responsible for ensuring that:

- Any personal data that you hold, whether in electronic or paper format, is kept securely.
- Personal information relating to children or their families is not disclosed either verbally or in writing, accidentally or otherwise, to any unauthorized third party

Storage of Data:

The security of personal information relating to children and families is a very important consideration under the Data Protection Acts. Appropriate security measures will be taken by the service against unauthorised access to this data and to the data it is collecting and storing on behalf of the DCYA. 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.
- Manual files will be stored in a lockable filing cabinet located away from public areas.
- Computerised data will be held under password protected files with a limited number of users.
- Any information which needs to be disposed of, will be done so carefully and thoroughly.
- Premises will be secured when unoccupied.

Data collected on behalf of DCYA for ECCE:

The personal information which parents/guardians will be required to provide on application forms for the above scheme including their Personal Public service Number (PPSN) are protected by the Data Protection legislation.

The following principles should be observed to ensure that the information supplied by parents/guardians meets the required levels of data protection.

Obtain and process information fairly:

To fairly obtain the data, the data subject must, at the time the personal data is being collected, be made aware of the identity of the data controller/the purpose in collecting the data, and the persons or categories of persons to whom the data may be disclosed. To fairly process the data it must have been fairly obtained and in this case, the data subject must have consented to the processing.

Parents/guardians who return completed forms to a service provider for the purpose of the ECCE scheme should be aware of and consent to the transmission of the information to the DCYA.

PPS Numbers:

PPSN information may be transmitted electronically through the PIP online system operated by Pobal. The system can electronically check and validate the PPSN number against the name, DOB and PPSN details

Where a parent's declaration is not verified by the DCYA's checks, a letter will be issued to inform them that the subvention (ECCE funding) applied for does not apply. We will correct our register of the subventions due to parents/guardians, and supply the parent with the letter, stating that as a result we will not receive grant aid to reduce the fee charged. We will not retain this letter, or a copy of it, for more than 1 month.

If in the verification of information a parent disputes the outcome, they should contact the DCYA directly.

*The Programmes Implementation Platform (PIP) is a new online system which will streamline the administrative processes across the national childcare funding programmes (ECCE, TECS).

Keep it only for one or more specified, explicit and lawful purposes and use and disclose it only in ways compatible with these purposes:

Under data protection legislation, the service will only keep data for specific, lawful and clearly stated purposes and the data will only be processed in a manner compatible with the purpose(s).

In this case, only information required on the ECCE official form is to be requested from parents/guardians for the purposes of the scheme.

The information on PIP Parental Declaration Forms completed by parents/guardians is input onto the PIP system and then the form is destroyed confidentially. A form is then generated on the PIP system with a unique reference number and a copy will be given to the parent and copy kept on site for the purposes of compliance visits to show that the child has been registered in accordance with the parent's childcare requirements. Information is held confidentially and securely.

The information contained in these forms should not be used for further purposes or disclosed to third parties, other than the DCYA/Pobal, service requests for information from third parties should be referred to the DCYA for reply. The PPSN in particular is also protected under Social Welfare legislation.

Retain the information for no longer than is necessary for the purpose:

In order to comply with this requirement, the service will comply with the retention period set out for these schemes by the DCYA/Pobal.

Data collected through Garda Vetting:

The service understands that sensitive information may be identified through Garda Vetting. In the event that an employee's Garda vetting raises concerns the information will be dealt with on a confidential basis. All information pertaining to such a situation must be stored in the same way as other data.

The service will not pass on a copy of an employee's Garda Vetting Form to any other party. We will hold original Garda Vetting forms and will not accept copies from any other agency.

Dealing with Access Requests:

We will ensure that that we follow the guidelines set down by the Data Protection Office. Every individual about whom a data controller keeps personal information has a right to request a copy of the data which is kept about them. The service provider should only hold limited personal information on an individual. A copy of this information should be included along with other personal information held about the individual making the access request.

On making an access request any individual about whom you keep personal data is entitled to:

- A copy of the data you are keeping about him or her.
- Know the categories of their data and your purpose/s for processing it.
 - Know the identity of those to whom you disclose the data.
 - Know the source of the data, unless it is contrary to public interest.
 - Know the logic involved in automated decisions.
 - Data held in the form of opinions, except where such opinions were given in confidence and even in such cases where the person's fundamental rights suggest that they should access the data in question it should be given.

To make an access request the data subject must:

- Apply to in writing (which can include email);
- Give any details which might be needed to help you identify him/her and locate all the information you may keep about him/her e.g. previous addresses, date of birth, etc.
- Pay an access fee.

Every individual about whom a data controller keeps personal information has a number of other rights under the Act, in addition to the Right of Access. These include the right to have any inaccurate information rectified or erased, to have personal data taken off a direct marketing or direct mailing list and the right to complain to the Data Protection Commissioner.

In response to an access request the data controller must:

- Supply the information to the individual promptly and within 40 days of receiving the request;
- Provide the information in a form which will be clear to the ordinary person.

Record Retention:

Please note that some of the retention periods are recommended (not legal requirements). This is indicated in the table below:

Child Records:

Type of Record:	Time to be retained:
Child Records/Registration	2 years for TUSLA (from time the child ceases in the service)
Child Accident/ Incident Books	2 years for TUSLA (recommended up to the age of 21 for insurance purposes)
Child Observations	Send home with family when child finishes unless you have a specific reason for keeping
Child Development Records	Send home with family when child finishes unless you have a specific reason for keeping

Finance:

Type of Record:	Time to be retained:
Accounts	7 years

Staffing:

Type of Record:	Time to be retained:
Garda Vetting, Police Vetting and References	5 years (from commencement of employment)
Annual Leave	3 years
Maternity Leave	1 year (recommended)
Adoptive Leave	1 year (recommended)
Parental Leave*	8 years

Paternity Leave	8 years
Force Majeure Leave	8 years
Carers Leave	8 years
Sick/ Payment of sick Leave	3 years
Public Holiday Records	3 years
Minimum wage	3 years
Revenue commissioners, payslips, P30, P65, P45 etc	6 years
Staff accident/ incident records	10 years
Cleaning & HACCP records	2 years
Staff personnel files all files in relation to the staff member	6 years after person has ceased employment
OWTI form – staff recording sign in and sign out	3 years
Superannuation files	Until pensioner/dependant spouse are deceased

Operational:

Type of Record:	Time to be retained:
Fire Safety Records	5 years (including fire drills) (TUSLA)
Record of Entry of Persons onto Premises	1 year (TUSLA)
CCTV footage	28 days (unless under investigation or an issue)
Unsolicited applications for jobs	1 year (recommended)
Applications for vacant post	1 year (recommended)
General job descriptions	Hold until superseded by new job description
Vacancy notifications	1 year (recommended)
Copies of advertisement	1 year (recommended)
Job Description	1 year after staff leaves service (recommended)
Applications/ C.V. of applicants called for interview	1 years(recommended)
Candidates not qualified or short listed	1 year (recommended)

Candidates short listed but not successful at interview or successful but do not accept	1 year (recommended)
Interview board marking sheet and interviewers notes	1 year for those not appointed. Kept of appointed staff members file for duration of file.
Complaints	2 years (TUSLA required)
Training Files	For duration of staff file

Please note that information may need to be disclosed to authorised third parties. We will always check validity of any requests made.

This list is an example but not exhaustive:

- Gardaí
- Early Years Inspection Team
- Pobal Compliance Officers
- Insurance Company
- Health and Safety Authority
- National Employment Rights Authority
- Revenue Commissioners

This policy will be updated as necessary to reflect best practice in data management, security and control and to ensure compliance with any changes or amendments made to the Data Protection Acts 1998-2003.

APPENDIX A: DATA PROTECTION ROLES and RESPONSIBILITIES

Responsibilities:

To ensure the implementation of this policy we have designated a data controller. All enquiries relating to the holding of personal data should be referred to the data Controllers in the first instance.

Employees are entitled to know:

- What personal information the service holds about an employee and the purpose for which it is used?
- How to gain access to it?
- How it is kept up to date?
- What the service is doing to comply with its obligations under the 1998-2003 Acts?

Employee Responsibilities:

As an employee you are responsible for:

- Checking that any information that you provide in connection with your employment is accurate and up to date.
- Notifying the service of any changes to information you have provided, for example changes of address.
- Ensuring that you are familiar with and follow the data protection policy.

Any breach of the data protection policy, either deliberate or through negligence, may lead to disciplinary action being taken and could in some cases result in a criminal prosecution.

Data Security:

Employees are responsible for ensuring that:

- Any personal data that you hold, whether in electronic or paper format, is kept securely.
- Personal information relating to children or their families is not disclosed either verbally or in writing, accidentally or otherwise, to any unauthorized third party.

Updates and Information on Data Protection:

The service will provide regular updates on Data Protection requirements for staff:

- At staff meetings.
- Circulated information.
- On the staff notice board.

Parents/guardians will be provided with data protection information:

- Upon enrollment.
- Through our Parent Handbook.
- On the parents/guardians notice board.

If things go wrong:

The Data Controllers should be informed immediately if any data has been incorrectly disclosed.

The Data Controllers will:

- Inform the person or persons involved a breach of confidentiality has occurred and their personal data may have been compromised. A record of this will be kept on the employee's file or child's file as relevant.
- Investigate where the breach of security has occurred and invoke the disciplinary policy if necessary.
- Check that additional measures are in place to ensure confidentiality.
- Review and update the Data Protection Policy if required.
- Check that any information kept is necessary for the purpose of running the service.
- Check to see if clerical and computer procedures are adequate to ensure accuracy.
- Reassure parents/guardians that the Data Protection policy has been reviewed and additional measures to ensure security.
- Advise and inform employees of the need to ensure confidentiality through additional staff training and re implementation of the Data Protection Policy. Employees will be required to sign off to confirm they have read and understand the Data Protection Policy and Procedures.

14. FUNDRAISING POLICY

Principle

The service is committed to ensuring that fundraising activities are carried out in an ethical manner. This policy applies to the management, casual, permanent and contract staff and volunteers.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta standard 16: Community Involvement) (National Standard 3: Working in Partnership with Parents/guardians 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 the following standards:

- Fundraising activities carried out by the service will comply with all relevant laws.
- Any communications to the public made in the course of carrying out a fundraising activity shall be truthful and non-deceptive.
- 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.

15. RECORD KEEPING

Principle:

It is our aim to maintain all records according to the Childcare Act 1991 (Early Years Services) Regulations 2016 to ensure the health and safety of staff and children, and to promote the development of all children attending the service.

Childcare 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/guardians 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.
- Staff members will only have access to records of children in their care and 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 & ceased in the service
3. Names of parents/guardians/friends that can be contacted
4. Authorisation to collect the child
5. Details of illness, disability, allergy & additional needs.
6. The name + telephone number of child is registered med practitioner
7. Record of immunization
8. Written parental consent re medical treatment in the events of an emergency

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

1. Staff information sheet
2. Contract of employment
3. Official ID
4. References
5. Qualifications
6. Garda and Police Vetting
7. CVs and Job description
8. Induction, Supervision and Meeting Notes
9. Disciplinary & Grievance records where appropriate
10. Staff roster.

We will keep the following Operational details, at a minimum:

1. Details of the maximum number of children catered for at any one time
2. Details of the type of service and age range of children
3. Staff/Child ratio's within the service
4. An outline of the type of programme under which the service operates
5. Opening hours and fees
6. Policies and procedures currently in place
7. Risk assessments & Cleaning Schedules
8. Sleep records
9. Fire records
10. Pest Control
11. Building maintenance
12. Attendance of each child daily
13. Staff rosters
14. Details of medication administered
15. Nappy Changes
16. Linen laundry record
17. Details of accident, injury or incident
18. Child Observations
19. Information on Support agencies
20. Copies of complaints

CHILDCARE GOOD PRACTICE

16. CHILD AND ADULT PROTECTION POLICY AND PROCEDURE

Principle:

Everyone must be alert to the possibility that children with whom they are in contact may be being abused. Any reasonable suspicion of abuse must elicit a response. Ignoring the signals or failing to intervene may result in ongoing or further harm to the child. The welfare of children must always come first, regardless of all other considerations.

All staff and persons who work for the service must observe the following policy and procedures. Clarification on any point may be sought from the person in charge.

Childcare 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/guardians 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 with the staff and the students in this organisation by:

- Making sure that our staff and students 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.
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- This policy will be reviewed annually by the Management.

As part of the policy, the service will:

- Appoint both a Designated Liaison Person (DLP) for dealing with child protection concerns and a Deputy Liaison Person.
- Provide induction training on the Child Protection and Welfare Policy to all staff and students.
- Ensure that all staff attend child protection training as appropriate.
- Provide supervision and support for staff and students in contact with children.
- Share information about the Child Protection and Welfare Policy with families.
- This policy will be shared with parents/guardians on enrolment within our service.
- Work and co-operate with the relevant statutory agencies as required.

Policy:

Children First: National Guidance for the Protection and Welfare of Children published by the Department of Health and Children in 2011 and *Our Duty to Care* form the basis of our services child protection policy and procedures.

Copies of these books are in the Manager's office.

See also the Child protection and Welfare Practice Handbook available at http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf

All staff and persons who work within the service, must read and understand this policy and procedures and it will be part of a new staff member's induction training. Clarification on any point may be sought from the manager.

Overall Responsibility of all employees, volunteers and students:

Although the Designated Liaison Person has a lead on issues relating to the protection and welfare of children, it is the responsibility of all service personnel to ensure the safety, protection and well-being of children in the care of the service. All staff, management, relief staff and students are required to read, understand and sign off on the Child Protection and Welfare Policy.

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" means anyone who is under 18 years of age.

Recognising Child Abuse:

Page 8 *Children First* – National Guidance for the Protection and Welfare of Children
There are four principal types of child abuse as follows:

Neglect: An omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to affection from adults, medical care
Children First 2.2.1

Emotional Abuse: When a child's need for affection, approval, consistency and security are not met. Emotional abuse is normally to be found in the relationship between a care-giver and a child
Children First 2.3.1

Physical Abuse: Any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child
Children First 2.4.1

Sexual Abuse: When a child is used by another person for his/her gratification or sexual arousal or for that of others
Children First 2.5.1

The service endorses that the National 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.

The recognition of abuse normally runs along three stages:

- i. Considering the possibility – if a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears – fearful in the company of parents/guardians.
- ii. Observing signs of abuse – a cluster or pattern of signs is the most reliable indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which the Tusla or An Garda Síochána may more usefully carry out). Play situations such as drawing or story telling may reveal significant information. Indications of harm must always be considered in relation to the child's social and family context, and it is important to always be open to alternative explanations.
- iii. Recording of information – it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.

Page 10-11 *Children First* – National Guidance for the Protection and Welfare of Children.

The Designated Liaison Person:

We will at all times 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.

We have appointed a Designated Liaison Officer and a Deputy Designated Liaison Officer. Their details and contact details are displayed on the parents/guardians' board.

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 reasonable grounds for concerns 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 Protection and Welfare Policy and procedures of the service are followed.
- Be responsible for reporting concerns about the protection and welfare of children to TUSLA – Child and Family Agency 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 the Child and Family Agency, An Garda Síochána and other agencies as appropriate.
- To provide information and advice on child protection and training within the organisation.
- Keep relevant people within the organization informed of relevant issues, whilst maintain 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.

Disclosures, What to Do, How to React & Listen:

There may be a time when a child approaches a staff member, student or volunteer in the service as a trusted adult to discuss their life outside the organisation. It is vital that individual adults in our centre know how to react to this in a sensitive and appropriate manner.

Employees and Volunteers should be aware of the internal reporting procedures. Management, employees, students and volunteers should also be aware of the appropriate authorities to whom they should report outside the organisation if they are inhibited for any reason in reporting the incident internally or where they are dissatisfied with the internal response.

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 as outlined in *Children's First* and the signs and symptoms of abuse.

In accordance with *Children's First*:

- Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect.
- The Child and Family Agency should always be informed when a person has reasonable grounds for concerns that a child may have been, is being or is at risk of being abused or neglected. Child Protection concern should be supported by evidence that indicates the possibility of abuse or neglect.
- A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the Child and Family Agency.
- The guiding principles in regard to reporting child abuse or neglect may be summarised as follows:
 - i) *The safety and well-being of the child must take priority*
 - ii) *Reports should be made without delay to the Child and Family Agency*
- Any reasonable concern or suspicion of abuse or neglect must elicit a response. Ignoring the signals or failing to intervene may result in ongoing or further harm to the child.

- Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment of children. It states:

“A Person having authority or control over a child or abuser, who is intentionally or recklessly endangers a child by – (a) causing or permitting any child to be placed or left in a situation which creates substantial risk to the child of being a victim of serious harm or sexual abuse, or (b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of the offence.”

The penalty for a person found guilty of this offence is a fine (upper limit) and/ or imprisonment for a term not exceeding 10 years.

Tusla has a statutory obligation to identify children who are not receiving adequate care and protection, to provide family support services and, where necessary, to take children into the care of Tusla. People who report concerns need to be assured that their information will be carefully considered with any other information available, and a child protection assessment will only proceed where sufficient risk is identified.

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

- A child tells you or indicates that he/ she is being abused. This is called a disclosure.
- 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

All personnel are expected to consult *Children First* and the *Child Protection and Welfare Practice Handbook* for detailed information on the signs and symptoms of abuse. See Appendix 2: Signs and Symptoms of Abuse.

Procedures for Responding to a Child Protection or Welfare Concern:

- Under no circumstances should a child be left in a situation that exposes him or her to harm or risk pending Child and Family intervention. In the event of an emergency and the unavailability of a Duty Social Worker, the DLP will contact An Garda Síochána.
- If the child has made a disclosure, a written record will be made. If there are other grounds for concern that the child has been abused or neglected, a written record will be made.
- If there are reasonable grounds for concern the DLP will complete the Standard Report Form without delay and send it to the Duty Social Work Team in the Child and Family Agency www.tusla.ie/ *Children First Handbook*.

Recognising, Responding and Reporting Concerns about a Child's Welfare and Possible Abuse:

- If the concern is urgent and the child is in immediate danger, the report to the Child and Family Agency will be made by telephone and followed up with the completed Standard Report Form.
- In the event of an emergency and the unavailability of a Duty Social Worker, the DLP will contact An Garda Síochána.
- The DLP may use the process of informal consultation with the Duty Social Work Team to discuss the response to a child protection and welfare concern. Informal consultation is carried out without providing the name of the family or the child. If advised to do so, a formal report will be made.
- The DLP will record information about the concern, informal consultation (if carried out) and details regarding if and when the parents/guardians were informed.

The Reporting Procedure:

1. 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.
2. The member of staff, who has the concern should record in writing what the child has said, including as far as possible, the exact words utilised by the child.
3. The Designated Liaison Person must then record the details of this report, on the Tusla Standard Reporting Form, which is in the Forms Folder in the Office, which must then be signed by the person making the report. See Appendix 1 for Standard Reporting Form or <http://www.tusla.ie/services/child-protection-welfare/concerns>.
4. Unless it would put the child at further risk to do so, the Designated Liaison Person 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 information received to determine if it constitutes reasonable grounds for concern see Reasonable Grounds for Concern paragraph above.
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 in person, by phone or in writing without delay by the Designated Liaison Person. 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.
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 in the child's records and kept by the service in a secure place, until the child will have reached the age of twenty one.
14. Allegations or concerns should not be investigated by the Designated Liaison Person or a staff member but passed on to Tusla /Gardaí to follow through.

Response if a Child Discloses Abuse:

- Be as calm and natural as possible.
- Remember that you have been approached because you are trusted and possibly liked.
- Do not panic.
- Be aware that disclosure can be very difficult for the child
- Remember the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to. Do not pressurise the child. Allow him/her to disclose at their own pace and in their own language.
- Be careful when asking questions. Questions should be supportive and for the purpose of clarification. Avoid leading questions such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else could have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.
- Assure the child that you believe them. False disclosures are very rare.
- It is important that the adult differentiates in their own mind between the person who carried out the abuse and the act of abuse itself. The child, quite possibly, may love or strongly like the alleged abuser while also disliking what was done to him/her.
- It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator, while talking with the child.
- It may be necessary to reassure the child that your feelings towards him/her have not been affected in a negative way as a result of what she/he has disclosed.
- Do not promise to keep secrets. Explain to the child that you will only tell the people that really need to know so that they are kept safe.
- By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything or indeed anything, there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely, that the child will return to you at another time.

Do not make promises as you may not be in a position to follow through on them.

At the Earliest Possible Opportunity:

- Inform the Designated Liaison Person immediately and the following internal reporting procedure will be followed.
- Record in writing what the child has said, including, as far as possible, the exact wording utilised by the child.

Ongoing Support:

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

Workers 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 supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern. In his 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 or contact the Duty Social Work Team and that 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 with the Designated Liaison Person.

Responding to a Retrospective Disclosure by an Adult of Abuse as a Child:

- In relation to retrospective disclosures, it is imperative that all child protection concerns are examined and addressed.
- An increasing number of adults are disclosing abuse that took place during their childhood. If a staff member becomes aware of a retrospective concern they should follow the reporting procedure and speak with the DLP. If any risk is deemed to exist to a child who may be in contact with an alleged abuser, the service should report the concern to the Children and Family Agency without delay.

Confidentiality Statement:

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.

- All information regarding concern or assessment of child abuse should be shared on “a need to know” basis in the interests of the child.
- No undertakings regarding secrecy can be given. Giving information to others for the protection of a child is not a breach of confidentiality.
- It must be clearly understood that information which is gathered for one purpose must not be used for another without consulting the person who provided that information. All parties involved can be assured that all information will be handled taking account of legal requirements.
- Children First advises that the issue of confidentiality should be part of the training necessary for staff who work in the area of child protection and the general training of staff in organisations which work with children. Each organisation should have a written policy in this regard - **Children First pg. 92**
- 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 full Confidentiality Policy).
- Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of children. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

Allegations Against Staff:

The same person should not have responsibility for dealing with both the reporting issues and the employment issues. It is preferable to separate these issues and manage them independently. These reporting procedures should be followed in the event of suspicion or disclosure of abuse against an employee. Staff/volunteers may be subjected to erroneous or malicious allegations. Therefore any allegation of abuse should be dealt with sensitively and support provided for staff including counselling where necessary. However, the primary goal is to protect the child while taking care to treat the employee fairly.

As the manager is the DLP any allegations against staff will be referred to the Voluntary Committee. The Voluntary Committee will be responsible for overseeing the allegation and my seek external professional support to carry out an investigation and to assist if there is a disciplinary situation.

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

Child Protection is about promoting the welfare of children who attend a childcare service/school. 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 - National Guidance*.

**Response to allegations of abuse against employees, volunteers, students
Page 43 *Children First* – 6.2. Guidance on allegations against employees and volunteers:**

Allegations of abuse may be made against adults working with children, employees, volunteers, students and childminders. The National Guidance is there to assist the Designated Liaison Persons in having due regard for the rights and interests of the child on the one hand, and those of the employee against whom the allegation is made on the other hand.

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 is in the Forms Folder in the Office, which must then be signed by the person making the report and they will be reminded of the need for confidentiality in this matter.
- The manager will inform the member of staff that an allegation has been made against them. The disciplinary procedure for staff will 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 (e.g. Union Rep. /Legal Rep.). 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 immediately by the Designated Liaison Person.
- 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 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, it should be reported to the Duty Social Worker.
- At this point the Disciplinary Procedure will be invoked and the Voluntary committee will oversee this. This will be a separate process.
- 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 had the allegation made against them) should be offered counselling and any other support necessary to restore his/her confidence and morale.
- The staff member who made the complaint should be reassured that management appreciates that the complaint was made in good faith. If required management will ensure that the staff member receives support e.g. external counselling, if requested or warranted.

The **Protections for Persons reporting Child Abuse Act, 1998** makes provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to designated officers of Tusla or to any member of An Garda Síochána. This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. A person who makes a report in good faith and in the child's best interests may also be protected under common law by the defence of qualified privilege.

In the case where the Designated Liaison Person reaches the conclusion that reasonable grounds do not exist that she 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 centre 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.

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

- Parents/guardians have the right to contact the Child and Family Agency 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.
- Under the Childcare 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 Childcare 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 the Child and Family Agency as appropriate.
- These will be stored securely
- Procedures are in place for archiving records.
- All records are managed in line with 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 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*.
- Workers 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.
- Workers 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.
- Workers 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 childcare services develop a positive attitude amongst workers and children, that respects the personal space, safety and privacy of individuals.
- It is not recommended that workers give lifts in their cars to individual children, especially for long journeys.

(This code has been adapted from Our Duty to Care Fact sheet 1)

Visitors/Students:

Visitors - including inspectors, workmen, 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 manager.

Secondary school pupils who come to the service for 'work experience' will also be carefully supervised and monitored but must not be left alone with the children.

Under 18 years of age:

If the service takes on a Transition Year student or student under 18 years of age their parent/guardian will be required to complete and sign a Garda Parent/Guardian Consent Form. This form gives consent for the NVB to report any convictions to the service.

We are committed to:

- Valuing and respecting all children as individuals.
- Listening to children.
- Involving children in decision making s 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 toileting and nappy changing procedures (For further information see Nappy Changing/Toileting Policies).
- 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 Supporting Positive Behaviour Policy).

Staff Ratios:

The adult/child ratios are governed by the Childcare Act 1991 (Early Years Services) Regulations 2016. The service will follow the adult/child ratios as defined in the below Regulations.

SERVICE:	AGE:	ADULT/CHILD RATIO:
Sessional:	2.6 – 6 Years	1:11
Full/Part Time Day Care:	0 – 1 Years	1:3
	1 – 2 Years	1:5
	2 – 3 Years	1:6
	3 – 6 Years	1:8

The Code of Behaviour is given to all staff, students and volunteers at induction 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.

All applicants should be made aware and reminded throughout the recruitment period that their application and the follow up process of recruitment will be dealt with in the strictest of confidence. 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 centre's Child Protection Policy should also be supplied to each applicant. (For further information see our Recruitment and Selection 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.
- Proof of satisfactory Garda Vetting.
- Two validated references, including a reference from the most recent place of employment.
- Verification of qualifications.
- Investigation of any gaps of employment.

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 week of employment.
- All management, staff, volunteers and students will be required to commit to and abide by the Child Protection and Welfare Policy. They are required to confirm that they have read and understand the Child Protection and Welfare Policy with their signature and a record will be kept on file.
- The Code of Behaviour is given to all management staff, students and volunteers at induction 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.

Staff Supervision and Support:

- Regular supervision and support is available to staff and volunteers, through one to one meetings or group meetings.
- Staff will be supported while dealing with a child protection concern and outside support will be sought where necessary, the costs of this will be borne by the company.

Garda Vetting:

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

Our policy is that Garda vetting will be completed **prior to starting work at the service for employees** working directly with children. Repeat Garda vetting may be completed at any time during a contract of employment and will be completed at three 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.

Parents/guardians will be made aware of any observations, records and notes kept by us about their children including patterns of behaviour, conversations and any injuries/bruising they may have upon arrival to the service.

All records will be made available upon request and are kept confidentially and securely.

All parents/guardians will be made aware of our policies and procedures.

(For further information see our Partnership with Parents/guardians Policy)

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. (For further information see our Comments and Complaints Policy).
- 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 aims to provide children with a varied and wide experience and 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 – children will not be able to participate in the activity unless this has been obtained
- 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 and reviewed annually
- 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 relevant safety requirements and insurance
- We will ensure that the appropriate staff/child ratios are maintained in line with the Childcare Act 1991 (Early Years Services) Regulations 2016 and the risk assessment
- Where appropriate, parents/guardians may be invited to accompany their children on the outing
- Emergency contact details for all children will be brought on the trip
- Safety measures such as: frequent head counts/ roll calls and name tags will be used insert safety measure that you use
- 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 also Missing Child Policy.

Accidents and Incidents:

The Safety, Health & Welfare at Work Act, 2005 and Childcare 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 and First Aid policies)

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, forums, and social networking sites.
- Be respectful to the service, management, other employees, customers, partners, and competitors.
- Staff 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
- Social media activities should not interfere with work commitments. Refer to Internet and Email Policy resource usage policies.
- 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. Plagiarism applies online as well.
- Company logos and trademarks may not be used.

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

This policy may be updated from time to time either from within or in line with legislation.

Any breach of this policy may invoke the disciplinary policy.

CHILD PROTECTION POLICY APPENDICES:

APPENDIX 1: STANDARD REPORTING FORM

APPENDIX 2: SIGNS AND SYMPTOMS OF ABUSE

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

APPENDIX 4: DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION

APPENDIX 5: REASONABLE GROUNDS FOR REPORTING A CHILD PROTECTION AND WELFARE CONCERN FROM CHILDREN FIRST

APPENDIX 1: STANDARD REPORTING FORM



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

FORM NUMBER: CC01:01:01

STANDARD REPORT FORM

(For reporting CP&W Concerns)

6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

7. Household composition

Name	Relationship	DOB	Additional Information e.g. School/ Occupation/Other:

8. Name and Address of other personnel or agencies involved with this child

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Crèche/YG		
Other (specify):		

9. Details of person(s) allegedly causing concern in relation to the child

Relationship to child:		Age		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name:			Occupation				
Address:							

10. Details of person completing form

Name:		Occupation:	
Address:		Telephone No's:	
Signed		Date:	



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

FORM NUMBER: CC01:01:01

STANDARD REPORT FORM

(For reporting CP&W Concerns)

A. To Principal Social Worker/Designate: _____

1. Date of Report

2. Details of Child

Name:	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:	<input type="text"/>	DOB	<input type="text"/>	Age	<input type="text"/>
		School	<input type="text"/>		
Alias	<input type="text"/>	Correspondence address (if different)	<input type="text"/>		
Telephone	<input type="text"/>	Telephone	<input type="text"/>		

3. Details of Persons Reporting Concern(s)

Name:	<input type="text"/>	Telephone No.	<input type="text"/>
Address:	<input type="text"/>	Occupation	<input type="text"/>
		Relationship to client	<input type="text"/>
Reporter wishes to remain anonymous	<input type="checkbox"/>	Reporter discussed with parents/guardians	<input type="checkbox"/>

4. Parents Aware of Report

Are the child's parents/carers aware that this concern is being reported	- Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	- Father	<input type="checkbox"/>	<input type="checkbox"/>
Comment	<input type="text"/>		

5. Details of Report

(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)

APPENDIX 2: SIGNS AND SYMPTOMS OF ABUSE

Children First: National Guidance for the Protection and Welfare of Children

****THIS LIST IS NOT EXHAUSTIVE****

Signs and symptoms of child abuse:

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect.

'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, and contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents/guardians.

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance.

The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

- Abandonment or desertion.
- Children persistently being left alone without adequate care and supervision.
- Malnourishment, lacking food, inappropriate food or erratic feeding.
- Lack of warmth.
- 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.
- Persistent failure to attend school.
- Non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation.
- Failure to provide adequate care for the child's medical and developmental problems.
- Exploited, overworked.

2. Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development. Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

Neglect may be categorised into different types (adapted from Dubowitz, 1999):

Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.

Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

Chronic deprivation: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- Inadequate food – failure to develop.
- Household hazards – accidents.
- Lack of hygiene – health and social problems.
- Lack of attention to health – disease.
- Inadequate mental health care – suicide or delinquency.
- Inadequate emotional care – behaviour and educational.
- Inadequate supervision – risk-taking behaviour.
- Unstable relationship – attachment problems.
- Unstable living conditions – behaviour and anxiety, risk of accidents.
- Exposure to domestic violence – behaviour, physical and mental health.
- Community violence – anti social behaviour.

3. Signs and symptoms of emotional neglect and abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs 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 neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'.

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- 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.
- Serious over-protectiveness.
- Inappropriate non-physical punishment (e.g. locking in bedrooms).
- Family conflicts and/or violence.
- Every child who is abused sexually, physically or neglected is also emotionally abused.
- inappropriate expectations of a child relative to his/her age and stage of development.

Children who are physically and sexually abused and neglected also suffer from emotional abuse.

4. Signs and symptoms of physical abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- Bruises (*see below for more detail*).
- Fractures.
- Swollen joints.
- Burns/scalds (*see below for more detail*).
- Abrasions/lacerations.
- Haemorrhages (retinal, subdural).
- Damage to body organs.
- Poisonings – repeated (prescribed drugs, alcohol).
- Failure to thrive.
- Coma/unconsciousness.
- Death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Bruises:***Accidental***

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffused, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing). Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries:

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

Non-accidental

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

Burns:

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents/guardians give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

Non-accidental

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents/guardians. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites:

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

Non-accidental

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

Poisoning:

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

Non-accidental

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

Shaking violently:

Shaking is a frequent cause of brain damage in very young children.

Fabricated/induced illness:

This occurs where parents/guardians, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering.

The symptoms that alert to the possibility of fabricated/induced illness include:

- (i) symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- (ii) high level of demand for investigation of symptoms without any documented physical signs;
- (iii) unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of un-prescribed medication or poisons in the blood or urine.

5. Signs and symptoms of sexual abuse

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family. Cases of sexual abuse principally come to light through:

- (a) disclosure by the child or his or her siblings/friends;
- (b) the suspicions of an adult;
- (c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse:

- 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

Sexual contact:

- Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes 'frottage', i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.

Oral-genital sexual abuse:

- Involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.

Interfemoral sexual abuse:

- Sometimes referred to as 'dry sex' or 'vulvar intercourse', involving the offender placing his penis between the child's thighs.

Penetrative sexual abuse, of which there are four types:

- 'Digital penetration', involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- 'Penetration with objects', involving penetration of the vagina, anus or occasionally mouth with an object.
- 'Genital penetration', involving the penis entering the vagina, sometimes partially.
- 'Anal penetration' involving the penis penetrating the anus.

Sexual exploitation:

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- Bleeding from the vagina/anus.
- Difficulty/pain in passing urine/faeces.
- An infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease.

Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area.

- Noticeable and uncharacteristic change of behaviour.
- Hints about sexual activity.
- Age-inappropriate understanding of sexual behaviour.
- Inappropriate seductive behaviour.
- Sexually aggressive behaviour with others.
- Uncharacteristic sexual play with peers/toys.
- Unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:

- Mood change where the child becomes withdrawn, fearful, acting out.
- Lack of concentration, especially in an educational setting.
- Bed wetting, soiling.
- Pains, tummy aches, headaches with no evident physical cause.
- Skin disorders.
- Reluctance to go to bed, nightmares, changes in sleep patterns.
- School refusal.
- Separation anxiety.
- Loss of appetite, overeating, hiding food.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:

- Depression, isolation, anger.
- Running away.
- Drug, alcohol, solvent abuse.
- Self-harm.
- Suicide attempts.
- Missing school or early school leaving.
- Eating disorders.

All signs/indicators need careful assessment relative to the child's circumstances.

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 & LOCAL GARDA CONTACT INFORMATION

Child Protection Social Work Services:

Child and Family Agency

Community Care Office

Leitrim Road

Carrick on Shannon

Co. Leitrim

Tele: 071 9650324/087 2033267 (9am-5pm)

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:

Mohill Garda Station

Tele: 071 9631002

APPENDIX 5: REASONABLE GROUNDS FOR REPORTING A CHILD PROTECTION AND WELFARE CONCERN FROM CHILDREN FIRST

2.2 What constitutes reasonable grounds for a child protection or welfare concern?

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from a child that he or she was abused.
- An account from a person who saw the child being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

2.3 What to do if reasonable grounds for concern exist?

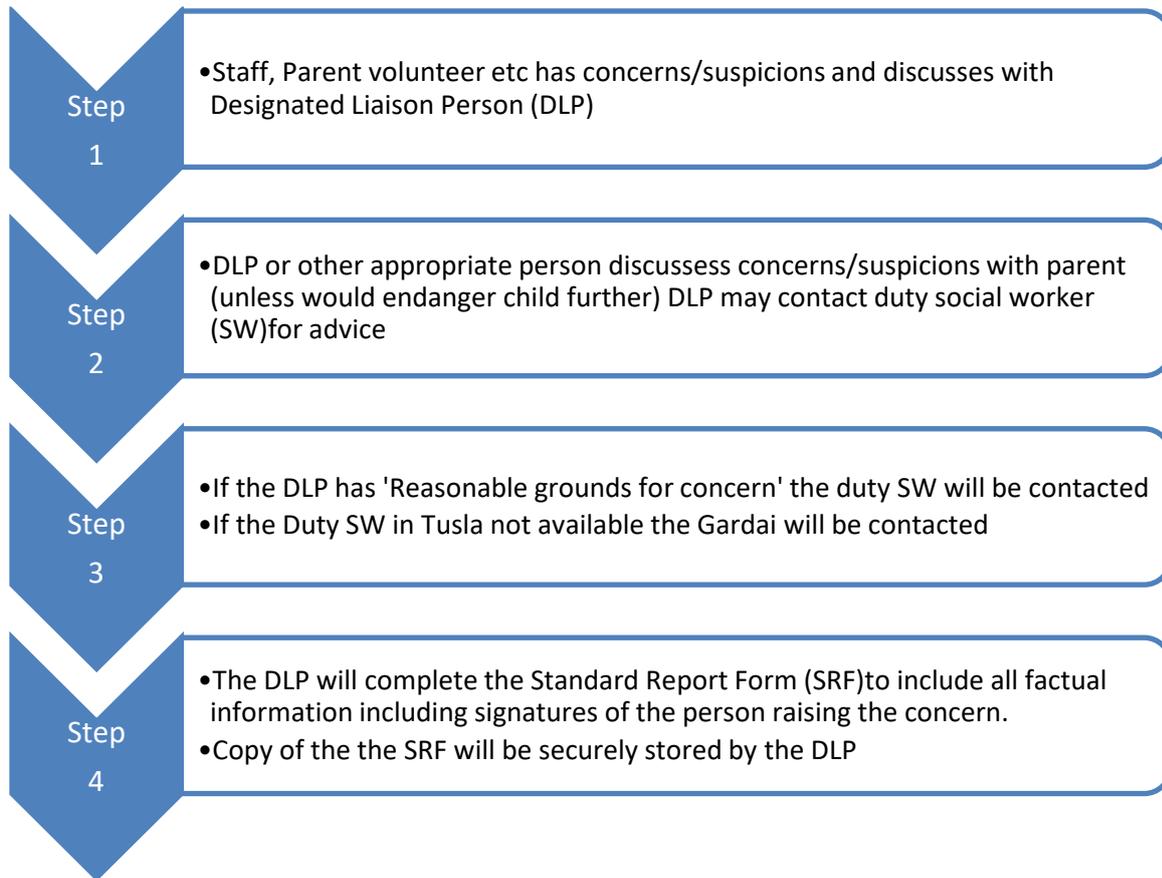
Examine the report you receive by looking at the information that has been reported to you and asking open-ended, non-leading questions, if necessary, to give further clarity. It is recommended that a referral to Children and Family services should always be made in the following circumstances (see Section 2.9):

- Any concern about a child at risk of sexual abuse;
- Physical injury caused by assault or neglect which may or may not require medical attention;
- Incidents of physical abuse that alone are unlikely to constitute significant harm, but taken into consideration with other factors may do so;
- Children who suffer from persistent neglect;
- Children who live in an environment which is likely to have an adverse impact on their emotional development;
- Where parents/guardians' own emotional impoverishment affects their ability to meet their child's emotional and/or physical needs, regardless of material/financial circumstances and assistance;

- Where parents/guardians' circumstances are adversely affecting their capacity to meet the child's needs because of domestic violence, drug and/or alcohol misuse, mental health problems, intellectual disability;
- A child living in a household with, or having significant contact with, a person at risk of sexual offending or with previous convictions for offences against children;
- An abandoned child;
- Children left home alone;
- Bruising/injury to a pre-mobile baby;
- Pregnancy where children have been previously removed;
- Suspicion of fabricated or induced illness;
- Where a child under one year is present in a home where domestic violence is a concern.

PLEASE NOTE: The above are examples of circumstances that may occur. There are other circumstances under which a referral should be considered. If you are in any doubt, discuss your concern with your line manager / designated liaison person or call a member of your local Tusla Child and Family Agency Duty Social Worker Team for an informal consultation.

Child Protection Reporting Procedure Steps 1 – 4



NOTE: In the case where the Designated Liaison 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.

Designated Liaison Persons:

Caroline Kearney

Social Worker:

Child and Family Agency, Community Care Office
Leitrim Road, Carrick on Shannon, Co. Leitrim
Tele: 071 9650324/087 2033267 (9am-5pm)

Gardaí:

Mohill Garda Station / 071 9631002

17. CHILD DEVELOPMENT

Principle:

It is widely accepted that children develop holistically and to enhance their whole development we must provide them with a comprehensive programme that gives them active learning experiences. All children should be supported in their learning and their experiences extended in a variety of ways that are appropriate to their stage of development.

Childcare 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/guardians 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.

Policy and Procedure:

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 are:

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.

Examples of Physical Development:

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

- To help this development all areas are supervised and children can play safely
- Gross motor skills are encouraged through outdoor play, skipping, running, games, climbing frames and slides 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. Service providers 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.

Examples of 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.

Examples of Language Development:

Childcare workers 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. Childcare workers 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.

- We provide a variety of groups: e.g. books, posters, interest tables to talk about and discuss.
- Everything in the room is labelled with symbols e.g. shapes, jigsaws and patterns. Boxes that contain toys are labelled showing those toys etc.
- We encourage conversation in groups of different sizes. From one to one to small groups — on to the whole group.
- We also provide a quiet time for all the children to expand their listening skills
- We use rhymes and songs to allow children to play with words.

Examples of Intellectual Development:

- To develop intellectually a child must be helped to learn how to learn.
- The children are encouraged to solve problems.
- There is always 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, 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 of belief 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. Early year's providers 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. Early year's providers should seek to support, work with and actively involve each child, 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. Early year's providers 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. Opportunities should be provided for children to contribute to the shaping of the service. Opportunities for children to participate in and understand the wider community should be part of the early year's provision.

Examples of 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. Early year's providers should support children in their understanding of others and learn to engage in social situations.

(The main text under the nine headings is adapted from the National Childcare Strategy – The Whole Child's Perspective).

Child Development Milestone Guidelines:

The service caters for children from 5 months.. 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 3 months of age does the child?

Motor Skills:

- Lift their head when held at your shoulder
- Lift their head and chest when lying on his/her stomach
- Turn their head from side to side when lying on his/her stomach
- Follow a moving object or person with his/her eyes
- Often hold hands - open or loosely fist
- Grasp a rattle or other object when give to him/her
- Wriggle and kick with arms and legs

Sensor and Thinking Skills:

- Turn their head toward bright colours and lights
- Turn toward the sound of a human voice
- Recognise when they are about to be fed (bottle or breast)
- React to your shaking a rattle or bell

Language and Social Skills:

- Make cooing gurgling sounds
- Smile when smiled at
- Communicate hunger, fear, discomfort (though crying or facial expression)
- Usually quite down at the sound of a soothing voice or when held
- Anticipate being lifted
- React to "peek-a-boo" games

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
- Sit in a high chair
- 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 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 block 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
- Ask specifically for 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 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 as spoon
- Help in 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 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 (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 minutes)
- 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 a 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’

18. CHILD OBSERVATIONS and ASSESSMENT

Principle:

In order to plan, prepare and organise for good quality care, adults need to observe children, review and evaluate the curriculum regularly and maintain systematic records.

Childcare 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/guardians 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 Childcare 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.

Training is essential in order to make useful observations and assessments.



Figure 1: Observations/Assessment

In order to achieve this we will:

- Give parents/guardians information on observation system at parent's information sessions before the child starts in the service.
- Introduce each parent to their child's main worker.
- 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.
- Bring observations to staff planning meetings to assist in planning and organising the curriculum to help meet the individual needs of children.
- Ensure records are kept by the service in a secure place, until the child will have reached the age of twenty one.
- 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; ***Developmental Observations*** and ***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 + they celebrate each child's individuality.

Carrying out an 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.

Aistear Assessments cannot be planned, they are a process.

Best practice would suggest an aistear assessment to be carried out once a week on each child.

Children's Learning Portfolios:

A portfolio is a helpful way of compiling information about children's learning and development. The portfolio can take the form of a folder, a scrapbook, a shoe, cereal or pizza box, or something similar in which objects made by the children, photographs, stories, notes, records of care, checklists, and test scores (where relevant), are kept. This collection tells the story of each child's learning journey—his/her efforts, progress and achievement over time.

Portfolios can help give children a sense of pride in and ownership of their own learning and development. For example, children can select work samples and photographs for their portfolios, reflect on these, and, with the adult's help, plan ahead. This experience can make learning more enjoyable and interesting for them.

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. Adults 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/OBSERVATION.

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.

Regular 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.
- Put opinions in their rightful place.
- Support your opinions.
- Focus on what you have observed.
- Describe rather than blame.

Reports should be:

- Based on facts.
- Reasonable.
- Impartial.
- Legible.
- Accurate.
- Confidential.
- Available on request.
- 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. Please refer to Confidentiality Policy and Procedure.

19. CODE OF ETHICS - WORKING WITH CHILDREN

Principle:

Young children develop best through close affectionate relationships and positive, responsive interaction with others, particularly adults but also with other children. Warm relationships are fundamental to meeting the young child's need for love, security, recognition and encouragement.

Childcare 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 staff are fully informed and knowledgeable about their critical role in the lives of the children in their care.

Policies and Procedure:

Adult/child interaction is a key element of working with children. Adults should in principle allow the children lead the activity. Adults can invite the child to participate, look and listen.

This applies to **all** those working in the service including employees, students, volunteers, SNA's, external agency staff.

Adults 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.
- Check the child is understood.
- 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.
- Repeat your message if something is not correct (not in negative way).
- 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 effect children – rain, wind, heat.
- Follow the child's lead.
- Have FUN!

DON'T...

- Use mobile phones when supervising children.
- Use abusive/threatening behaviour or language.
- Use raised voices – speak in soft tones.
- Isolate children.

20. CURRICULUM

Principle:

The service is committed to offering the children in its care a comprehensive curriculum. Children will follow a play based curriculum, with Aistear and other good practice methods.

Childcare 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/guardians 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)

“Encouraging each child’s holistic development and learning requires the implantation of a verifiable, broad-based, documented and flexible curriculum or programme” Síolta – the National Quality Framework for Early Childhood Education

“Active learning, relationships, play, language, and meaningful experiences are priorities for supporting children’s early learning and development”. Aistear - The Early Childhood Curriculum Framework.

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 new 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 socialization. It aims to give children a good start 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 within the staff team.
- 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.

Policy and Procedure:

The programme of activities offered by the service will aim to holistically develop each and it is intrinsically linked to our child development policy. The staff will ensure that children experience a range of activities that develop them:

- Physically
- Intellectually
- Linguistically
- Emotionally
- 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 the broad learning goals of Aistear we will adapt our curriculum to make learning even more enjoyable and rewarding for the children the service at. 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 early learning and development. These are presented in three 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 four 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 broad *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.

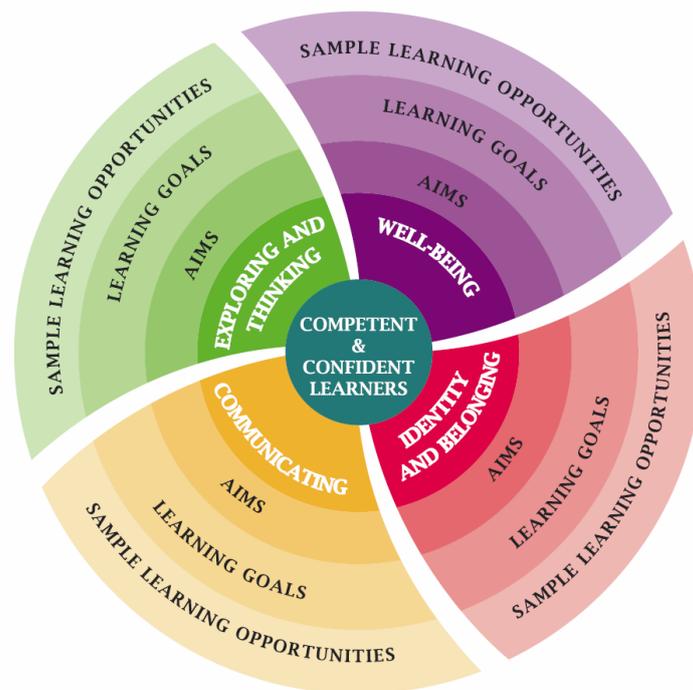


Figure 1: Curriculum Sheets

Staff will use curriculum planning sheets. A Curriculum timetable is used. 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 5 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 recording this evidence through observation.

Understanding children's learning:

The service 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 and toys available are suitable, safe and age appropriate, while providing new exciting challenges and experiences for the developmental needs of our children. Equipment is chosen carefully and is appropriate for each classroom.

- 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 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 strongly advise parents/guardians not to let children bring their personal toys to the service as they may get mislaid or broken and cause distress.

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

The children learn to play together, to share, to use their imaginations and to expand their vocabulary. This type of play encourages children to express their feelings and engage in imaginary situations such as doctors and nurses and going to the post office. This is a safe secure environment where children feel supported in their play.

Books:

The children learn to listen when a story is being read. Acting out or reading stories and describing incidents from their own experiences helps to develop their language. Story telling is an activity, which fosters the enjoyment of books, and can be a motivating factor in learning to read.

Music Activities:

Studies have shown that music has a powerful effect on the intellectual and creative development of children and creative development of children to:

- Inspire right-brain, creative thinking
- Induce relaxation
- Improve concentration and memory
- Increase verbal emotional and spatial intelligence

The children enjoy singing songs, using percussion instruments and listening to a wide variety of music, from rhymes to classical and pop music. This helps to stimulate their awareness and enjoyment of music and gives them an opportunity to use music as a form of expression.

Creative Play:

Children are introduced to activities such as Art and Craft, paint and play dough, sand and water play.

Sand and Water Play:

Children have great fun, but they also develop manipulative and pre-math's skills through exploring and experimenting. Many children can express their emotions and feelings when playing with sand and water as well as finding it a very relaxing and soothing activity.

Arts and Crafts:

The children paint, draw, print, use scissors, glue and use clay. This allows the children to develop their creative and pre-writing skills. All this work gives the child a different medium to express their feelings, thoughts and emotions.

Play Dough:

This is not just a fun activity for children; it can also help strengthen muscles in their hands and develop hand eye co-ordination. Once again this is an activity where the children's imagination can be encouraged and developed. Play dough also allows the child to manipulate the material, which may relieve such emotions as anger/frustration.

Jig Saw Construction and Manipulative Toys:

In this area children's pre-reading pre-writing, hand eye co-ordination are developed. The development of reasoning and problem solving is also developed and encourages small motor movement.

Energetic Play:

Organised energetic activities, such as running, jumping and skipping, will be a part of the Curriculum and encourages large motor movement. As well as aiding physical growth such activities can be a learning area and a great reliever of built up stress or tension.

Drama:

Through drama the children learn self-expression and it instils an inner confidence within themselves. Children enjoy drama and it gives them the opportunity to experience the freedom to express their feelings and emotions in a free, comfortable and safe environment.

Cooking:

All children like to cook, and we provide children with the opportunity to enjoy and learn this very important independent living skill in a relaxed and happy environment. Each week our children will bake and be our super chefs! All children have their own aprons and equipment needed for baking and experience the fun themselves. The children also learn the importance of healthy eating.

Computers:

Early teaching in computers helps children gain confidence and to take the first steps in becoming computer literate. (See our multimedia policy for more information)

APPENDIX B: EARLY CHILDHOOD EDUCATION FRAMEWORK PRINCIPLES

The service recognises the value and contribution of early childhood education to lifelong learning.

The following set of principles provides a framework for staff as they make decisions about their curriculum activities.

1. Children are capable and competent and have been learning since birth

Recognising children as competent learner's means recognising what they know and can do, and using that as a starting point for new learning. Children learn in different ways – from feeling, touching, music etc. Therefore the curriculum planning sheets will be used in all rooms.

2. Children build deep understandings when they learn through all senses and are offered choice in their learning experiences

Children develop holistically when they take in information in through all senses including touch, hearing, seeing, body movement and smell. Children engage more enthusiastically in learning when they are able to participate in decision making about learning experiences.

3. Children learn best through interactions, actively exploring, experimenting and using a variety of materials

Staff support children by encouraging them by facilitating their learning in a range of ways such as movement, painting, drawing, speaking, writing, construction, table top activities and role play.

4. Children's positive attitudes to learning, and to themselves as learners, are essential for success in school and beyond

Staff have an important role in encouraging children to develop attitudes such as perseverance and a willingness to engage in new learning. Children develop attitudes when they receive feedback as they question, explore, create, invent and interact with others. Positive attitudes towards learning are also fostered by providing learning experiences that are relevant to children's lives and interests.

5. Children learn best in environments where there are supportive relationships among all partners in the learning community

Staff develop supportive partnerships with children, families, communities and professional colleagues by:

- Building a sense of child centeredness by planning with children.
- Involving families in supporting children's learning through sharing information and allowing families to contribute their own knowledge and perspectives.
- Working with external professionals (Speech therapist, Preschool inspection team etc.) to provide quality learning programs.

6. Early childhood programs are most effective when they recognise, value and build upon the cultural and social experiences of children

Children have diverse experiences in homes, communities, early care and educational settings. Staff should ensure that learning environments reflect this diversity of cultural and social experiences as well as shared ideas, values, beliefs, and identities. Learning programs therefore acknowledge or build on children's diverse ways of thinking, knowing and behaving.

7. Building continuity of learning as children move to and through school provides foundations for their future success

Children successfully manage transitions into school and through school when teachers establish continuities between children's prior, current and future learning.

8. Assessment of young children

Assessment involves the purposeful and ongoing monitoring of children's learning. The information gathered is used for future planning and to make judgments about a child's learning and development. Children's everyday learning experiences offer rich opportunities for gathering this evidence of learning.

21. EQUALITY and DIVERSITY

Principle:

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”.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 14: Identity and Belonging) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Wellbeing, National Standard 15: Children with Disabilities, National Standard 16: Equal Opportunities)

Statement of Intent:

Equal opportunity for children to learn is a fundamental aspect of our services curriculum. Equality means open access for every child and family to participate in the service activities. We are committed to promoting equality of opportunity. We promote equal opportunities through a wide range of policies and procedures which are reflected in the practice of our early years setting.

Policy and Procedure:

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 or additional needs.

Favouritism:

National Standard 9.8 Staff do not demonstrate favouritism towards any child.

Staff should not develop favouritism or become over involved with any one child. The children in our service 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.

Meetings:

We will convene meetings at a time and venue that enable the majority of parents/guardians to attend and to ensure equal access to information and involvement in the service.

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 ask families to share their own cultures, religions and traditions with our staff so that all values are respected and celebrated in the service.
- 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 in the service and in the wider society. Without indoctrination we aim to acknowledge festivals celebrated by all families in our local community and in the wider society through stories, activities, special food and clothing which reflect the diversity of life. We have a sensitive approach to Father's Day, Mother's Day etc. and welcome parents/guardians contributions.

Recruitment:

The service is an equal opportunities employer- staff are selected using a fair, non-biased and strict recruitment procedure.

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 the child and parents/guardians by a 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?'
- We encourage children to use their home language whenever they are so inclined. Dual language books are helpful to encourage the use of other languages.
- 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/guardians are invited to help with key words and phrases in the child's home language.

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.

22. INCLUSION OF CHILDREN WITH ADDITIONAL NEEDS

Principle:

The service is committed to:

- Providing all children with the opportunity to access the service, within the expertise and resources available, and in accordance with the best interests of the child.
- Respecting the rights of all children to participate in a quality children's programme.
- Providing a family-based approach which recognises that parents/guardians know their children best and want the best for their children.
- Recognising that families are different and unique.
- Recognising that all children learn in different ways and at different rates.
- A child's right to social inclusion.

Childcare 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/guardians 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)

Statement of Intent:

To provide guidelines for the successful inclusion of children with additional needs into the service.

We ensure that:

- The physical environment is appropriate (e.g. wheel chair access)
- Staff receive training where necessary (e.g. sign language)
- Staff/child ratios are increased (e.g. support worker)

Policy and Procedure:

This policy applies to:

- Children with additional needs, as defined below, who are attending or whose parents/guardians are seeking for them to attend the service.
- Parents/guardians of children with additional needs who are attending or seeking to attend the service.
- The staff, students and any other persons involved in the care and education of children with additional needs at the service.

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.

Disability/Additional Needs: Something that incapacitates, for example an intellectual, sensory, physical, social or emotional impairment.

Inclusion: The incorporation of children with additional needs into the crèche to ensure that they have equal opportunities to achieve their maximum potential

Procedures:**Management is responsible for:**

- Providing clearly defined enrolment procedures, which endeavour to facilitate access for all children within the resources and expertise available.
- Identifying children with additional needs during the application process the Registration form and 'All About Me'.
- Regularly reviewing with staff, the planning and resourcing provided for children with additional needs attending the service.
- Linking with other groups that support the child, HSE, Tusla, Voluntary services etc.
- Working with the 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.

We will work in consultation with the staff, 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:

- Reviewing enrolment applications to identify 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 whilst maintaining the right to decide who will receive information about their child.
- Raise any issues/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 or reports on their child and have a right to copies of such documents.

23. INTERACTION and COMMUNICATION

Principle:

Through open communication and firm commitment, we are keen to develop a mutual level of respect that will consequently lead to positive relationships with children, staff and parents/guardians that will grow from strength to strength in the coming years.

Childcare 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/guardians or Guardians, National Standard 6: Evaluation, National Standard 7: Complaints, National Standard 9: Nurture and Well-Being, National Standard 10: Behaviour)

Statement of Intent:

The policy the service 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 employee room 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. As a pretend play partners, adults take roles assigned by children and stay within the play scenario the children have created.

Staff look for opportunities for conversations with children about the activities children are engaged in. Staff 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.
- Children are comfortable and appear relaxed.
- Interactions between staff and children are positive.
- There are opportunities for children to play in pairs, groups or individually.
- Siblings and children of different age groups mix during the day.
- 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.
- They read and understand the Childcare policies and procedures we have developed.

Communicating with Colleagues:

Staff should inform the person in charge if they are leaving the premises during breaks or lunch time. This is vital for fire regulation procedures. Staff are required to sign in and out when entering or leaving the building.

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 adults, 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 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.
- Some families may be new to the area or unaware of resources in the community. Early year's settings can be a community link by acquiring, and making available, information on a range of community resources, including hospital, health clinic, and local library programs, school and community education offerings, and family support services.
- 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. Staff **may not** discuss concerns over development and or behavior without first discussing matters with the person in charge. By simply asking how the family is doing in a non-intrusive way, adults can share information that may help the child care 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.

24. KEY WORKER POLICY

Principle:

We operate a key worker system. A key worker is a member of the service who has special responsibility for the care, education and welfare of a particular group of children during their time at the service.

Childcare 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/guardians or Guardians Standard 5: Organisation and Management Standard 9: Nurture and Well-Being)

Statement of Intent:

Every child attending the service is assigned to a key worker; each key worker is selected in consultation with the manager based on which staff will be in direct contact with the child on a daily basis.

Policy:

- We run a key worker system in all rooms.
- 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 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.
- Providing opportunities for siblings to interact during the day
- 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 ensure that minimal change over's occur.

Key Working Responsibilities:

The primary aim of the key worker system is to provide close relationships between the practitioner and the child for whom the key worker is responsible, 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 (settling in book / initial assessment / previous reviews / records and reports).
- 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 holding regular 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.
- Organising a back-up key person who is known to the parent and child.
- 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.

The person in charge 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 who are already familiar to the children.
- A secondary key person who is already known to the child is able to step in when the key person is absent.
- Practitioners 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.
- Admissions are phased so that only one or two new children start in a group room at a time.

Important aspects of a key person relationship are:

- Developing secure 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 to them.

- 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 a range of feelings, for example anger, joy, distress, excitement, jealousy, love.
- Settling new key children into the setting gradually.
- Whenever possible settling your key children as they arrive each day.
- Eating with your key children in small key groups.
- Holding key children who are bottle –fed on your laps to feed, maintaining eye contact and conversation.
- Changing and other personal care of a key child using sensitive handling and words that are familiar to them.
- Dressing and washing key children, offering help as needed but also supporting their growing skills.
- Having regular opportunities to reflect on the emotional aspects of being a key worker, with a skilled, knowledgeable manager or colleague.

25. INTERNET and MULTIMEDIA

Principle:

We recognise that, to children, a variety of multimedia can provide entertainment and education to children, provided that the material listened to, watched or played is age appropriate and supervised and is a very small element of the curriculum provided.

Childcare 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/guardians or Guardians, National Standard 8: Care Play and Learning)

Scope:

The policy covers the use of television, DVD's, music/radio computers, internet, gaming machines.

Statement of Intent:

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

Policy and Procedure:

Computers:

Only After School children have access to computers.

Computer skills are considered essential for accessing life-long learning and future employment. The use of the computers is built into the curriculum within the service. Children will be supervised by staff at all times when using computers at the service. Technology should be integrated into the learning environment on the same basis as other areas e.g. water area, sand area, home area.

- Access to computers is on a rostered, timed and turn taking basis.
- The software for the computers will be purchased by the service only.
- The software purchased is educational (age and developmentally appropriate for the various age ranges that access the computers). The service also purchase 'games' software for the computers which is also (age and developmentally appropriate for the various age ranges that access the computers).
- No software for computers may be brought to the service by children or parents/guardians.
- Health and Safety issues such as viewing distances, seat, height and posture and foot rests will also be considered when using computers with children.

Internet Access:

Only After School children have access to the internet.

The internet is now regarded as a valuable resource to support teaching and learning. At the service we have an obligation to provide children with as safe as possible internet environment.

Core Principles of Internet Safety:

Internet is becoming as common place as the TV or telephone and its effective use is an essential life skill. Unmediated internet access brings with it the possibility of placing children in embarrassing, inappropriate even dangerous situations.

- **Guided educational use:** Significant educational benefits should result from Internet use including access to information from around the world. Internet use should be carefully planned and targeted within a regulated and managed environment
- **Risk assessment:** We have a duty to ensure that children in the service are not exposed to inappropriate information or materials. We also need to ensure that children know how to ask for help if they come across material that makes them feel uncomfortable.
- **Responsibility:** Internet safety in the playgroup depends on staff, parents/guardians and visitors taking responsibility for the use of Internet and other communication technologies such as mobile phones. It is the playgroup's responsibility to use technical solutions to limit Internet access and to monitor their effectiveness.

Why it is important for Preschool children to access the Internet?

The Internet is an essential element in 21st century life for education, business and social interaction. We provide children with quality Internet access as part of their learning experience.

Internet access will be tailored expressly for educational use and will include appropriate filtering. Children will learn appropriate Internet use. Staff will guide pupils in online activities.

The Internet is also used in the service to support the professional work of staff, to allow effective planning and to enhance the service management information and business administration systems.

How will filtering be managed?

Management are responsible for ensuring that the appropriate filters are applied to the PCs/laptops in the service. Management will also review the sites accessed.

Staff will monitor the websites being used by the children during playgroup sessions.

If a member of staff uses the service laptop/PCs for work, they must ensure that they logout immediately on completing the work.

If staff or children discover unsuitable sites have been accessed on the services PCs, they must be reported to the person in charge immediately so that the filters can be reviewed.

Managing Content:

Staff are responsible for ensuring that material accessed by children is appropriate and for ensuring that the use of any Internet derived materials by staff or by children complies with copyright law.

Communication:

Children will not have access to e-mail. Staff using e-mail will use the company e-mail address. This address must not be used for personal e-mail.

On-line Communications and Social networking:

On-line chat rooms and social networking sites such as Facebook or Twitter will not be used at the service.

Staff will not discuss individual children or their setting on Facebook, twitter or any other social networking site.

Mobile Technologies:

Mobile phones are not permitted within the class rooms. Staff are permitted to use their mobile phones in the office and staff cloakroom area, but the taking of photographs on mobile phones is strictly prohibited anywhere in the service.

Children may not bring mobile phones, tablets, or similar devices into the service

Handling Complaints:

Any complaints about the appropriate use of the internet or other technologies will be handled through the Complaints procedure.

Internet access for children will be always be under strict supervision only.

Television/DVD:

The use of TV will be kept to a minimum and will be used occasionally as a treat. If and when such media is employed the programme chosen will be age and stage appropriate and will be educational in content. Parents/guardians will be informed with adequate notice of intended usage.

Should parents/guardians not wish their child to watch television, alternative activities will be arranged by the childcare workers with those children.

26. OUTDOOR PLAY

Principle:

Outdoor play is essential to early childhood development. Children learn social skills by interacting with other children, with adults and even with objects and natural materials found in the environment. The outdoor environment exposes children to opportunities to explore, question and develop theories about how things work. Negotiation, language and co-operation are all skills that develop through a well-planned outdoor curriculum. Outdoor play, physical activity and fresh air are important to children's overall health and well-being.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 2: Environment, Síolta Standard 6: Play, Síolta Standard 7: Curriculum, Síolta Standard 8: Planning and Evaluation) (National Standard 8: Care, Play and Learning, National Standard 20: Safety)

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. The provision and planning for outdoor play, just as indoor play, must reflect the diversity and richness of the experience and developing interests of the children. Natural play spaces can stimulate children's imaginations and engage their sense of curiosity.

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 garden time is play time for the children. 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.
- Staff **must engage** with the children during the outdoor play time. The curriculum should be used outdoors as well as in the children's room.

Clothing:

It is important that children are dressed appropriately for outdoor activity. Parents/guardians 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 child/children before they attend. As in the first instance it is the responsibility of the parent to apply sun cream to their child/children.
- If necessary put sun cream in the child's bag and request the staff member to apply the sun cream, every effort will be made by the staff member to do this and you will be required to sign a permission slip.
- Parents/guardians provide a sunhat for children.

We will ensure that:

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

Adult/Child Ratios:

The adult/child ratio for outdoor play will be in compliance with the Childcare Act 1991 (Early Years Services) Regulations 2016, staff will be vigilant about supervising children outdoors.

A rota system is usually practised by in relation to classes going outdoors. Where there is exceptionally good weather all children may be outdoors at the same time. In such a situation staff will be cognisant of this fact and give due consideration to the supervision and safety of the children.

Our aim is that full day care children will spend a minimum of 3 hours outdoors per day, whilst half day children spend 30 minutes.

There is a rota system/timetable on display for outdoor play.

Outdoor Programme:

- We will ensure that children have access to a range of outdoor activities to: climb, run, crawl, balance, jump, throw, catch, pour, sort, pretend and access different levels.
- The outdoor programme encourages children to participate in growing vegetables and planting flowers.
- A variety of activities take place outdoors and children can utilise a range of outdoor equipment such as....climbing frame with slide, jumping logs, tractor tyres.
- 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.
- There will be opportunities for children to encounter and interact with each other.
- 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 adults will interact in a relaxed and natural way.

Interactions:

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

- Talking with children in a variety of ways (conversing, discussing, questioning, modelling and commentating).
- Helping children to find solutions to problems.
- Supporting, encouraging.
- Extending their activities by making extra resources available and providing new ideas.
- Initiating games and activities.
- Joining in games and activities when invited by children.
- Observing, assessing and recording.
- Being aware of safety issues.

- Being aware of every child's equal right of access to a full outdoor curriculum which is broad, balanced, relevant and differentiated regardless of race, culture, religion, gender or disability.
- Evaluating observations in order to plan appropriate resources and experiences.

Storage:

Equipment such as balls, bats, skipping ropes, hula hoops etc should be stored appropriately.

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. Both child and staff should remain within sight of another member of staff while treatment takes place, The floating staff member or the member in the outside area should replace the staff treating the child so that supervision of the areas is interrupted for as short a period of time as possible.
- Details of the accident must be written up as soon as possible in the first aid 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 the 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 remaining children in the area.
- Encourage children always to look before they move on the slide, or when jumping off apparatus; also encourage children to leave space between themselves and the child in front.
- When children are climbing on climbing frames, staff must be continually aware of any risks (e.g. objects left underneath).
- Whenever children carry equipment (clearing away or carrying planks, blocks etc.) they should be taught how to do it and adults should be aware of the risks involved and minimise them to ensure safety.

27. OUTINGS

Principle:

It is part of the child's development to experience fresh air and access to a variety of outdoor experiences.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare, Síolta Standard 16: Community Involvement) (National Standard 5: Organisation 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 assessment forms should be completed and kept for inspection. We go on outings to theme parks, the zoo, play centres and bowling.
- A consent form must be given to and signed by a parent/guardian for trips or outings and retained in the child's 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 qualified first aid person and first aid box will accompany the children on each outing.
- Each child wears a white polo t-shirt and High Vis jacket. Staff wear red polo t-shirts.
- The person in charge must be responsible for listing each child present and assigning them to a specific staff member. This member of staff must be solely responsible for the child/children in their care.
- 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, before leaving the premises, and several times while out on the outing, before returning and on return to the service.

Transport on Outings:

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

- The private transport must be properly insured. A copy of the insurance policy should be requested and held on file.

- They must provide seat belts and if required booster seats for children.
- Information can be sought from the Road Safety Authority.

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 sealed plastic box clearly labelled with the child's name and the name of the medication. 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 stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

In the Event of a Child going missing on an outing (Critical Incident):

- 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 and appropriately signed.

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.

Outings to Farms or Zoos:**Before the visit:**

- Contact the farm or zoo being visited to discuss visit arrangements and ensure that adequate infection control measures are in place.
- Be satisfied that the pet farm/zoo is well managed and precautions taken to reduce the risk of infection to visitors.
- Ensure that handwashing facilities are adequate, accessible to small children, with running hot and cold water, liquid soap, disposable paper towels, clean towels, or air dryers and waste containers.
- Ensure that all supervisors understand the need to make sure the children wash, or are helped to, wash their hands after contact with animals.

During the visit:

- Children are well supervised at all times.
- Any cuts and grazes are covered with a waterproof plaster.
- Hands are washed with warm running water and dried thoroughly after contact with animals/animal's feed, before eating and drinking, using the toilet and leaving the farm. Children will require supervised handwashing.
- Children do not eat or drink anything while touring the farm.
- Children only eat in the designated areas.
- Children do not put fingers in their mouths or the mouths of animals.
- Children wear appropriate clothing, including sturdy shoes or Wellingtons but not sandals.
- Visitors do not drink from taps unless specifically labelled as drinking water.
- Visitors do not touch compost, animal waste and, after any accidental contact, should wash their hands thoroughly.
- Since boots and clothes can become contaminated during the visit, children will wash their hands after removing the clothes and boots and before doing anything else (e.g. eating). Dirty boots will be cleaned with hot water and detergent. Footwear will be changed or cleaned before leaving and then hands washed.
- Pregnant staff members will not handle sheep or new-born lambs after the visit.
- If a member of the group shows signs of illness (e.g. vomiting and/or diarrhoea) after a farm/zoo visit, they are advised to visit their GP and explain that they have had recent contact with farm animals.
- If two or more members are ill please follow the above action. The Manager will also contact their local Department of Public Health, as further action may be necessary.

(Source: Health Protection Surveillance Centre, Preschool and Childcare Facility Subcommittee, Management of Infectious Disease in Childcare Facilities and Other Childcare Settings)

APPENDIX C: 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. Risk assessment forms should be completed and kept for inspection.

✓ Consent form signed by parents/guardians

A consent form must be given to and signed by a parent/guardian for trips or outings and retained in the child's file for inspection.

✓ Contact numbers for each child — parents/guardians

All contact numbers should be stored in the phone.

✓ Mobile phone

Ensure it is charged properly and if credit is needed that there is plenty of credit in the phone. All contact numbers should be stored in the phone.

✓ 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 or baby wipes**✓ First Aid Kit and First Aider**

Always bring a small travel 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 important to have at least one buggy in case a child gets tired.

28. SUPPORTING POSITIVE BEHAVIOUR

Principle:

We believe children are competent and confident learners. *We believe that children should be supported to make choices and accept responsibility for their actions and behaviour.* We acknowledge children are continually learning about their emotions, feelings and to manage same. Through positive and reciprocal relationships with staff, positive behaviour is encouraged from all children. Staff will ensure expectations on behaviour are fair and consistent to all children depending on their age and stage of development.

We ensure all children are treated with respect, by adults and other children alike to allow children to develop and sustain a positive sense of self. As a result, children will feel valued, respected, empowered, cared for, and included. In supporting positive behaviour, children's well-being is crucial.

Any punishment which humiliates, has a negative impact on a child's sense of self, or makes them feel incompetent is damaging for that child, and other children to witness. This is NEVER permitted in an early year's service.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 5: Interactions) (National Standard 3: Working in Partnership with Parents/guardians 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 *always* discuss ways forward with the parent(s)/Guardian of the child.

General Procedures for Encouraging and Nurturing Positive Behaviour:

- During the induction period, all new staff are introduced to the behaviour policy and are asked to sign the policy 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 person in charge 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.
- Training will be provided for Staff where necessary.

Rewarding Positive Behaviour:

- Staff will acknowledge and praise positive behaviour as it occurs.
- 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.

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 expectations regarding the children's behaviour.
- Correct Child: Adult ratio's will be implemented according to the Childcare Act 1991 (Early Years Services) Regulations 2016 at all times.
- Children have regular daily access to the outdoor play area.
- 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
 - *No hurting bodies*
 - *No hurting feelings*
- 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**.
- Correct Child: Adult ratios should be implemented at all times.
- 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 and 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 D: 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 'resolve their own battles' or ignore minor incidents. A 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:
Under 1 yr 1 – 1½ yr 1½ - 2yr	<ol style="list-style-type: none"> 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"> • Frequent crying to seek attention • Temper tantrums • Will test limits/rules • Biting
2- 3yrs 3-5 years	<ol style="list-style-type: none"> 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 the child. 	<ul style="list-style-type: none"> • Temper tantrums • Possessive of toys • Fussy feeder • Use of bad language • Whiny • Verbally hits out • May be bossy

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 more gentle 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 in the room until they calm down. 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 age of 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.

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

Staff will ask the child what is wrong or bothering them. Emotion picture cards may be used with younger children to support how they may be feeling.

Observations will be used to assist making an assessment as to what may cause the behaviour. Observations will be used to capture when the child's behaviour is more positive as when behaviour is more challenging children are regularly corrected. Constant correction can have a negative impact on the child's self-esteem. Staff will use the observation of 'positive' behaviours to give plenty of encouragement and praise which should help to develop self-esteem.

This approach can be shared with parents/guardians and used at home and in the service. Observations should be looking for:

- When the child is at their best behaviour and when they 'act out'.
- Consideration will be given to whether the child likes the activity or not, is there a particular child they don't get on with, are they tired, hungry, or perhaps ill?
- If the group of children are becoming disruptive review the activities the staff will review activities to ensure children do not become bored or sit for too long.

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 the designated person responsible for behaviour management for support when they have used strategies that have not seen an improvement in behaviour.

Managing Severe & 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 severe/challenging behaviour that there is a problem.

Staff will discuss the behaviour problem with the designated person 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"> 1. Approach calmly, stopping any hurtful actions. 2. Make eye contact with the child 3. Acknowledge children's feelings. 4. Gather information. 5. Restate the problem and ensure the child understands 6. Suggest solutions and choose one together. 7. Be prepared to give follow-up supports for supporting Positive Behaviour 8. Observe the child 		<ul style="list-style-type: none"> • kicking, • hitting, • bad language, • prolonged screaming, breath holding, • head banging, • ongoing biting, <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 professional support the service will work with the parents/guardians and the professionals to implement the programme or approaches recommended.

A behaviour management strategy plan will be drawn up based on observations and professional support guidance {PHN or others} 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 service 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. In cases where it is required to hold a child in such manner, it **must** be recorded in the accident and incident report. 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.
- Staff should not expect unrealistic behaviour from a child in accordance with their age and stage of development.
- Once the incident is over, the staff member should not place emphasis or keep reminding the child of their behaviour.
- The child should not be humiliated.
- 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. It is our policy to inform parent(s)/ Guardians at the enrolment stage, of the policies and procedures in relation to behaviour. The supporting positive behaviour policy will be explained, in doing this, a consistent approach can be adopted.
- Parent(s)/Guardians are encouraged to share any difficulties/concerns which they may be experiencing regarding the child's behaviour for example bereavement, illness, 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.
- Discussing the child's behaviour in front of the child/ other children/parents/guardians will be avoided.

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
- Witnesses
- How the situation was handled (**ABCD**)
- Follow up with the children

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 celebrate difference. Consequently, children will recognise from an early age, bullying, fighting, hurting and racial comments are not acceptable behaviour.

Bullying can take many forms. It can be physical, verbal 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 encouraged 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 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 early year's practitioner or manager will be available to speak to the parent. It is through partnership with Parent(s)/ Guardians which we can ensure a child will feel confident and secure in their environment, at home and in the setting.

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 do not like this behaviour, and will often feel intimidated and insecure in their environment.

Children who display aggressive behaviours will often have low self-confidence, poor social skills and 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. The child should not be given mixed messages at this stage.
- 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 childcare 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 upsetting for children, and will be dealt with in a calm and clear manner. The early year's practitioner 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

- The correct child: adult ratios will be in place within the setting at all times.
- The layout of the room will be appropriate to the age and stage of development of the child, and staff can see all children at all times from all areas of the room.
- 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:

- Wash the area with mild soap and water (do not rub) and pat dry.

If the skin is broken:

- The human mouth is full of bacteria, and there may be a risk of infection. Serious bites to the face, hands, or genitals can be especially dangerous.
- Wash the area — but don't scrub —with mild soap and 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 and elevate the area if possible.
- If the skin is broken, the child will need to be seen by a doctor, who will clean and examine the wound. Unless the bite is very serious or on your child's face, the doctor will probably prefer not to give your child stitches. Stitching the bite closed can increase the risk of infection. The doctor may prescribe a short course of antibiotics to prevent infection, 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.
- The person in charge will be informed and 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 it does not occur 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.

APPENDIX D: 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 (interrupted night sleep) has been found to be a common cause of behaviour problems causing chronic fatigue and a cranky, irritable child with 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, 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. Settings must ensure the correct space requirements are in place as per the Childcare Act 1991 (Early Years Services) Regulations 2016.

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 E: 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.
- Children 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**).
- Children will not be labelled, or spoke about in front of the child/other children/ other staff.
- Sanctions are fair and linked to the behaviour for example picking up litter for dropping it.
- We do not use physical (corporal) punishment **of any kind**.
- We do not use a bold chair/step/corner or any other means to isolating or humiliating the child.

29. SUPERVISION OF CHILDREN – INDOOR AND OUTDOOR

Principle:

This policy and code of practice has been developed to inform and guide supervision of the children in the service in order to ensure their welfare, health and safety.

Childcare 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:

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. Staff at the service are in a relationship of special trust – to ensure that no child comes to any harm while in their care.

Policy and Procedure:

This Supervision of Children Policy and Procedure must be followed and implemented by all Staff working in the service. 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:

The staff child/ratios for indoor play will be in compliant with the Childcare Act 1991 (Early Years Services) Regulations 2016. Staff/child ratios will be applicable to the age range specified in the Childcare Act 1991 (Early Years Services) Regulations 2016. 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
 - An authorised collection person
 - A visitor (staff should be informed of any expected visitors and given the name and company of the person visiting)
 - Early Years Inspection Team
 - 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. Staff should talk to the children at this time about what activities will be happening in the room so that children's attention can be focused in getting to their rooms as opposed to spending time in the corridor.

Individual Rooms:

- Staff should ensure that their presence and position in the room allows that all areas of the room are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- Staff should observe due care and attention when opening presses ensuring that children are not standing nearby.
- Childcare safety latches should be used at all times on the presses and the doors as appropriate.

Outdoor Play Area:

The staff child/ratios for outdoor play will be in compliant with the Childcare Act 1991 (Early Years Services) Regulations 2016. A minimum of one staff for every group will be present at any one time. Staff will be vigilant about supervising children outdoors. The outside time is play time for the children. 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 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 staff for safety before any children use the outdoor play area (see outdoor play policy)
- Staff must engage with the children during the outdoor play time. The curriculum should be used outdoors as well as in the children's room.

Outings:

- The staff/child ratios for outings should be confirmed with the Insurance company in the first instance, as this ratio may be higher than the Childcare Act 1991 (Early Years Services) Regulations 2016
- 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.

30. TRANSITIONS

Principle:

We organise transitions around the needs of the individual child. We understand that we have a duty to ensure continuity for children during periods of transition. We believe that smooth transitions support the personal, social and emotional development, learning and future success of every child.

Childcare 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/guardians 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.

Policy:

The person in charge 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 an annual 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 enter our setting.

Procedure:

- We allocate a key person before the child starts.
- The key person is responsible for settling the child into their room.
- All staff offer unconditional 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 their child and family to display in the setting, these feed into individual 'learning journeys'. These help the child to keep home in mind and show families that we value them in our setting.
- ✓ Parents/guardians are welcome to come and visit our setting at any time.
- ✓ We have a clear 'Settling In' policy

- ✓ We allocate a key person to each child before she/he starts to attend; the key person welcomes and looks after the child at the child's first sessions and during the settling-in process.
- ✓ If the child displays a stronger attachment to another staff member then we will transfer him/her to a new key person.
- ✓ We use pre-start visits and the first session at which a child attends to explain and complete with his/her parents/guardians the child's registration records.
- ✓ 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 person in understanding the emotional needs of the child and enables them to support the child within the service.
- ✓ We create an environment in the service that reflects the needs and interests of the child.
- ✓ We use notice boards to display information about what happens in the service and we use photographs of children at play to effectively engage with parents/guardians.
- ✓ We support children who have identified additional needs as they enter the service.
- ✓ We collect information at point of entry about any other professional who are involved with the child and family.
- ✓ We seek parental permission to work with other professionals before entry, to ensure the service is ready to meet the child's physical, emotional, social and learning needs.

Transitions between settings, rooms and key people:

Children's records move with children between key people and/or rooms.

- ✓ Children's records are easily available for parents/guardians to look through.
- ✓ Parents/guardians are positively encouraged to add information to their children's records which key persons subsequently respond to within the service.
- ✓ We organise displays and have open days to help parents/guardians understand how young children learn and develop, which helps parents/guardians to enhance learning opportunities at home.
- ✓ Key Person also takes responsibility for telling the parent or carer about events in the day that have been important for the child, which is an additional and highly valuable way of communicating information with parents/guardians.
- ✓ The person in charge shows that they value smooth transitions by giving time for staff to support children and families.

- ✓ Staff are organised to enable Key People to be available at handover times to talk to parents/guardians.
- ✓ The person in charge monitors the effectiveness of daily or weekly communication between parents/guardians and child.
- ✓ We continue to support children with additional needs
- ✓ Professionals who support individual children, such as Speech and Language Therapists, are welcome to do so in the service where the child is more settled and confident.
- ✓ We work with parents/guardians as equal partners.
- ✓ We endeavour to share as much information as possible with other settings or carers, in the case when a child attends more than one centre. Parents/guardians are invited to be involved in this important process in order to achieve the best understanding of the child that we can.

Transition from the service into School:

The service aims to maintain good relationships, built on professional respect, with all local National schools.

- ✓ Written information is shared with the National School via the parents/guardians.
- ✓ Children's records are available 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.
- ✓ Parents/guardians are invited to school Open Days where Registration Forms are available.
- ✓ We arrange Progress Meetings with parents/guardians after Easter, every year, for the school-going children.

GENERAL CHILDCARE HEALTH and SAFETY

31. RISK MANAGEMENT POLICY

Principle:

Our service will assess any potential risks to the safety of the preschool children, employees or visitors attending the service, and will take the necessary steps to either eliminate those risks or mitigate them.

Childcare 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 policies to include:

- An annual Risk Assessment of the entire building and health & safety processes as part of the review of our Health & Safety Statement on a yearly basis.
- 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.
- The risk assessment of pregnant employees.
- The risk assessment of any Garda vetting disclosures.

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 their employers 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 & Safety Officer, without delay, all accidents, damage, defects or issues of safety. This includes accidents or near misses, whether persons are injured or not.
- 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).

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, or which involves unreasonably high risks.
- Be under the influence of any intoxicants likely to affect their ability to work safely or to supervise children. **Please report any medical issue likely to affect your safety or that of the children or your colleagues as soon as possible to management.**

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 then eliminate or control the risk:

- STEP 1: Identify the risks
- STEP 2: Decide who might be harmed
- STEP 3: Evaluate the risks and decide on precautions
- STEP 4: Record your findings
- STEP 5: Review and update

When thinking about risk assessment, remember:

- A **hazard** is anything that can cause harm for example;
 - Sockets left uncovered
 - No first aider on premises
 - A worker lifting sleep mattresses against manual handling advice
 - Food being served without gloves
- 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.
- Ask employees in each room if they can identify hazards as they may have noticed something.

- 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:

- Get rid of hazard (e.g. removing a mat that is a tripping hazard).
- Control the risk so that harm is unlikely (e.g. covering a socket).

Risk Assessment of Employees, volunteers and others.

We have in place comprehensive recruitment, selection and Garda vetting procedures plus staff absence, training and staff ratio policies.

32. ACCIDENTS and INCIDENTS

Principle:

We will comply with the Safety, Health and Welfare at Work Act, 2005 and the Childcare Act 1991 (Early Years Services) Regulations 2016, are the governing legislation.

Childcare 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 and follow Tusla guidelines, accidents can occur.

Policy and Procedure:

Prevention:

- A Safety statement is prepared and reviewed on a regular basis and an annual risk assessment will be carried out.
- Daily risk assessments are carried out of the children's rooms, outdoor area and , sanitary area and sleep room out and a written record kept and open to inspection.
- Children will be adequately supervised in accordance with the recommended child/adult ratios dictated by the Childcare Act 1991 (Early Years Services) Regulations 2016.
- Each room is designed for easy and unobtrusive supervision by the adults at all times.
- Our staff know which children are present at any one time.
- We ensure that no child can leave the premises undetected.
- The main door is locked with a buzzer entry system.
- Only suitable and age-appropriate materials and equipment are available to children.
- All electrical sockets are fitted with safety covers.
- Furniture and equipment is arranged to minimise safety risks.
- Sun block protection will be used during hot weather; parents/guardians will be advised to provide a hat that covers the head, neck, ears.

In the event of an accident:

- The First Aid box is always fully equipped, easily identifiable and location is known to all staff. Any substances, which may cause an allergy, will not be included.
- Medical supplies are checked regularly.
- A designated First Aider (certified) is on the premises at all times.
- Staff must wear protective clothing (disposable apron and gloves) to clean any bodily fluids or spillages.
- If a child is involved in an incident or accident, they will be taken into a quiet area, if possible.
- In the case of a serious accident, we have a local doctor on call, they will be called and the child's parents/guardians contacted immediately or we will call an ambulance.
- If the child has to go to the hospital immediately staff 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/carer arrives.

Reporting Accidents and Incidents:

- All accidents/incidents even minor ones, are recorded in an accident record sheet, with details on how they are dealt with or 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 in the service 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 registered provider must notify the Early Years Registration office First Floor, South East Wing, St Joseph's Campus, Mulgrave Street Limerick or ey.registration@tusla.ie of any of the incidents listed here in the Notification of Incidents Form.

http://www.tusla.ie/uploads/content/EYI_Notification_of_Incidents_Form.pdf

- A copy of the completed Accident & Incident Form must always be placed on the child's file.
- Parents/guardians will always be contacted and informed immediately of any injury.
- Parents/guardians will be asked to sign off on the accident /incident report and will receive a copy.
- 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 and will be available for inspection

Note: "a serious injury" is defined by TUSLA as an injury that requires immediate medical treatment by a registered medical practitioner whether in hospital or otherwise.

33. ANIMALS

Principle:

To ensure the safety of the children from illness or risk from animals.

Childcare 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.

Iguanas, snakes, turtles and other reptiles (marine and terrestrial) are not appropriate animals for childcare settings; they can carry pathogens such as salmonella and clostridia (that cause botulism) and can readily pass these on to children. Moreover, reptiles should not be kept as pets in a house where there are children under the age of five. In addition to reptiles, other exotic pets such as spiders and tropical fish are not good choices. Nor are ferrets and wild or dangerous animals.

The manager will ensure that a knowledgeable person is responsible for any animals and that there is no risk of contravening the relevant Health & Safety legislation.

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 adults regarding the animals and their care. The children hands are always washed after handling the animals.

Precautions:

- Appropriate risk assessments must be carried out and an account must be taken of any allergies that anyone coming into contact with the animals may have and appropriate precautions taken.
- Parents/guardians must be informed before an animal visits the service to establish if a child has an allergy or phobia to a particular animal.
- 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.
- Staff should be aware that all species of reptiles may carry salmonella organism, particular care with hygiene must be taken when introducing these animals into the service.
- 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

Zoonoses:

Domestic and farm animals may carry a range of diseases, some of which can also affect humans. These diseases are known as zoonoses and some of these diseases may pose a risk to persons working with animals

Common Zoonoses:**Escherichia coli 0157**

Bacterium that lives in the gut of animals, including cattle, sheep, deer and goats and is also carried by pets and wild birds. Can cause illness in humans ranging from diarrhoea to kidney failure and in some cases death. Infection can be caused by contacting contaminated faeces and then introducing the bacterium into the mouth. It is vital that anyone who works with or touches animals thoroughly washes their hands and arms before eating, drinking or smoking and observes good personal hygiene practices.

Cryptosporidiosis

This disease is caused by a protozoa called *Cryptosporidium parvum*. It is carried by calves, lambs, deer and goats and may be transmitted to humans by contact with animal faeces. It may cause diarrhoea and abdominal pain with 'flu-like symptoms for up to six weeks in humans. Again good personal hygiene practices are key to preventing worker exposure.

Salmonella

The salmonella bacterium can be carried by many types of animals and infection in humans can result in diarrhoea, fever and abdominal pains. Human infection is normally due to contact with contaminated faeces and subsequent hand to mouth contact. Once again good personal hygiene practices are essential.

Orf

Orf is caused by a virus carried by sheep and goats (lambs pose a significant risk) and may cause face, hand or arm ulcers in humans who come into contact with lesions on infected animals. Good personal hygiene practices are essential to prevent human infection.

Ovine chlamydiosis (enzootic abortion of ewes - EAE)

EAE is caused by the organism *Chlamydia psittaci* which is carried by sheep and possibly goats. Infection in humans can lead to abortion or flu like illnesses. It is normally passed to humans during handling or contact with an infected afterbirth. Pregnant women should thus avoid working around pregnant ewes.

34. CAMERA and RECORDING DEVICES

Principle:

We aim to use photographs and cameras for:

- Collages
- Learning stories
- Display purposes
- Advertising
- Scrapbooks

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 8: Planning and Evaluation, Síolta Standard 9: Health and Welfare) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 4: Records)

Statement of Intent:

To protect the privacy and safety of the children in our care

Policy and Procedure:

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

- Parental permission will always be sought before photos are taken.
- Only the services camera/phone camera may be used to take pictures.
- The camera will remain on our property at all times and is stored in the office.
- Staff must enter the date and sign the camera usage book each time it is removed from the office and upon its return.
- Staff are not allowed to take pictures with picture phones or their own personal cameras. (If this is breached disciplinary action may be necessary).
- 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.)
- We are inclusive so that gender, race, special educational needs, and differing abilities are reflected in a balanced way.
- There may be cultural issues of which we need to be aware when taking photographs of children from different ethnic minority groups.

Where photographs or 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 always get prior permission from parents/guardians for any images collected that we would like to post on Facebook or other social media.

Students visiting professionals or researchers, who need to take photographs 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.

Parents/guardians are made aware of our use of cameras, and the location of this policy through the parent's handbook, and have the opportunity to voice any concerns.

Use of Photographs:

Photographs are used throughout the service for a variety of purposes. Generally childcare 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:

Photographs:	Purpose:
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 preschool
Children's own photographs	Children take photographs on the digital camera, to gain experience in technology

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

Storage of Photos:

Photographs 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 negatives will be destroyed as well if applicable.

Where the image is kept electronically

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

35. CCTV

Principle:

CCTV digital images, if they show a recognisable person, are Personal Data and are covered by the Data Protection Acts 1988 and 2003.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 8: Planning and Evaluation, Síolta Standard 9: Health and Welfare, Síolta Standard 12: Communication) (National Standard 5: Organisation and Management, National Standard 11: Child Protection)

Statement of Intent:

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.

Policy and Procedure:

The service has in place a CCTV surveillance system. Images are monitored and recorded and will be used in strict accordance with this policy.

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 Gardaí Síochána in the course of their enquiries.
- Daily monitoring of staff.
- Monitoring staff performance.
- A supervision tool.
- 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.

Data Protection Acts 1988 and 2003:

CCTV digital images, if they show a recognisable person, are Personal Data and are covered by the Data Protection Acts.

Location:

Every room is currently monitored by CCTV.

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. Parents/guardians will be informed when they enrol their child. They will be informed of the purpose of the CCTV and what it can and cannot be used to monitor.

Role of the Management:

- To ensure the system is always operational.
- 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. They must be identified by a unique serial number indelibly marked on the media shell.

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 two weeks.

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 Gardaí.

- *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.*
- *An incident report will be completed for each incident requiring investigation*

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 person in charge 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 be provided with a standard subject access request form which:

- a) Indicates the information required in order to locate the images requested.
- b) Indicate that a fee will 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 40 days of receiving adequate information

36. CLEANLINESS and HYGIENE

Principle:

The service will ensure that it complies with all the relevant legislation. To ensure the safety, health and welfare of the children, staff and parents/guardians who attend the service.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 2: Environments) (National Standard 4: Records, National Standard 12: Health Care, National Standard 13: Food and Drink, National Standard 17: Premises)

Statement of Intent:

We are committed to excellence in matters of cleanliness and hygiene. We implement good practice and work effectively to ensure the service is maintained to a very high standard. All employees are required to follow the cleanliness and hygiene procedures

Policy and Procedure:

- 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.
- Children will be encouraged to care for their environment.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Disposable cloths will be used for all cleaning purposes. They will be discarded regularly.
- All cutlery/crockery will be washed and left to air dry.
- Hand washing instructions are in place, liquid soap, paper towels are only used.
- Hand washing is the most important defence against the spread of infection our children and staff will be aware of the importance and the need to wash our hands several times a day. Children are encouraged to use the red thermostatically controlled tap to wash their hands.
- Children will be encouraged to develop their own personal hygiene routine, self-care and independence will be taught.
- Disposal tissues will be available in the children's rooms.
- In the event where there is a spillage (e.g.) blood, vomit, urine (etc) it will be cleaned up very promptly.
- The use of gloves and plastic apron will be worn at all times to minimize the risk of infection.
- We will display hazard signs, cover spillage, use a disinfectant solution and clean it up appropriately.
- All cleaning products are stored safely and out of children's reach.

Children's Rooms:

- Checklists are posted on the wall of the room and must be checked daily. All staff will also receive their own personal weekly rota, to be signed off.
- Staff are responsible for keeping their rooms clean and tidy.
- All room environments must be clean at all times. 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.

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 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 (Monthly 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 at least monthly or sooner 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 thorough rinsing and drying.

Mechanical /Electrical Toys: should be surface wiped monthly or more often as necessary, using a damp cloth that has been rinsed in hot, soapy water or detergent wipes followed by thorough drying.

Books: should be inspected weekly and the surfaces wiped using a disposable cloth that has been rinsed in hot, soapy water/ detergent wipes followed by thorough drying. Books with signs of dampness or mildew must be discarded.

Dressing up Clothes: All clothes must be washable and washed at a temperature of 60 degrees for 10 minutes. Clothes must be laundered weekly or more often as necessary. The storage box or rail must also be cleaned regularly.

Sand Pit: Rake the sandpit every morning and afternoon, keep the sandpit covered when it is not being used. Sieve the sand weekly and wash the sand play toys weekly and allow to dry. Replace sand every 2 or 3 months or more often as necessary.

Ball Pools: should be inspected daily for cleanliness, debris or foreign items. Routine cleaning must be carried out on a monthly basis using hot water and neutral detergent.

The balls should be washed in hot water and neutral detergent and then dried thoroughly following replacement.

Toilets:

Toilets are checked regularly and cleaned appropriately as necessary.

Potties:

Potties should be washed with hot water and detergent and dried with a 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 never allowed to overflow. If it is full empty it. The bins should be emptied and rinsed out at the end of every day. If a bin has a lid, 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. This will help in the battle against infections.

Hand Sanitizers:

As most common germs are transmitted through hand contact we have placed hand sanitizers inside the front door for all visitors to use to help reduce the risk of spreading infection.

Soother Storage:

Soothers, once washed, are stored in an airtight sterilised container with their name on it.

Cleaning of Soothers:

If a soother falls or is not been used, the soother will be washed with hot water and sterilised. The soother will then be placed into the child's sterile container.

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 are provided by The service 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, this procedure should also be observed.

- Warning notices should be displayed where appropriate.
- Any vomit or blood should be dealt with immediately by wearing disposable gloves and applying Milton 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 record the hazard and take the appropriate action to rectify the hazard

UNIVERSAL PRECAUTIONS:

The purpose of Universal Precautions or Infection Control Guidelines is to protect workers and School users from contact with any infectious organisms.

The basic principle is to treat all body substances (i.e. urine, faeces, vomit, mucus and blood) as potentially infected and if workers are in contact with same to ensure that they are informed and protected.

Guidelines:

- Latex gloves must be available at all times.
- If handling any soiled dressings, latex gloves must be worn and all waste materials placed in disposable bags provided for infectious waste.
- If cleaning up blood spills or any bodily fluid substances, latex gloves must be worn.
- Before cleaning up any spillage make sure that there is no broken glass, syringe needles, or blades present that could cut or pierce you.
- The spillage should be mopped up and the area cleaned thoroughly with a solution of one part bleach to ten parts water. Any household bleach is adequate.
- If a child or staff member vomits on site, cover the vomit thoroughly with paper towels. A member of staff wearing household rubber gloves should clean the area into a plastic bag and then wash the area thoroughly with hot water and disinfectant.

Needle Stick Injury Guidelines:

Should a needle stick injury accidentally occur, follow these procedures:

- Squeeze the area to encourage bleeding and to expel any contaminated blood and wash area thoroughly with soap and water.
- Inform the Manager and get medical attention as soon as possible.
- Record the incident in the accident report book or form

SAMPLE DAILY CLEANING ROUTINE:

- Wipe down all shelves in warm soapy water.
- 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 in warm soapy water. Clean windows with warm soapy water if necessary.
- Wipe all exposed woodwork with a mild disinfectant.
- Wash all skirting boards with warm soapy water.
- Empty bin and replace bag.
- 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 new bag, paper towels and toilet paper.
- Sweep/vacuum and wash floors with warm soapy water.

37. CRITICAL INCIDENT and EVACUATION PLAN

Principle:

Emergency situations usually come with little or no warning and often result in confusion and devastation. In the event of an emergency at the service this policy will be applied to ensure that all involved in the service have a clear understanding of the procedures which will take place.

The purpose of this plan is to address basic emergency planning and response for a range of emergencies.

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 spent outside the premises.

Childcare 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)

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 make sure 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 Childcare Act 1991 (Early Years Services) Regulations 2016 in regard to:
 - First Aid
 - Medical Assistance
 - Management and staffing

- Registering of children
 - Records
 - Information for Parents/guardians
 - Fire safety measures
 - Premises and Facilities
- Will 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 provisions of Emergency Preparedness Plan(s).
 - Conducts 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.
 - Regular safety checks at the service of equipment and toys are done and records kept.

Staff will:

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Participate in emergency preparedness training and drills.
- Help children develop confidence in their ability to care for themselves.
- 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, oil, water and electricity. A chart showing shut-off locations so that others can use them in an emergency is available on site.
- Provide for emergency shut-off of the ventilating system (as applicable).
- Instruct all staff members on how to use fire extinguishers.

Food:**Management will:**

- Ensure that suitable, sufficient, nutritious and varied food is available at all times.
- Maintain adequate supplies of non-perishable food and water for emergency use.
- Rotate supplies to ensure freshness.

Parents/guardians**Management will:**

- Encourage parents/guardians to become familiar with the Emergency Preparedness Plan(s) and procedures they are to follow.
- Advise parents/guardians of the service procedures for collecting their children if an emergency causes us to relocate to another site.
- Ensure that the information the facility has on the children and parents/guardians is current and correct.
- Invite parents/guardians where appropriate, to assist in writing the Emergency Preparedness Plan(s).

We have addressed the following emergency situations:

- ✓ Medical Emergencies (see Accident and Incident, First Aid, Anaphylaxis and Illness Policies).
- ✓ Missing Child (See Missing Child Policy).
- ✓ Natural Disasters: flood, 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 Spillages and Hazards Policy).
- ✓ Pandemic Flu or other Pandemic Episodes (see Swine Flu and Infection Control policies).
- ✓ Evacuation Process and 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).
- ✓ Disgruntled or Impaired Parent/Guardian (see Comments and Complaints and Lockdown/Evacuation procedures below).
- ✓ Bomb Threat(see Lockdown/Evacuation procedures below).

Records:**To prepare for an emergency we have the following:**

- A current list of staff members' names, addresses and contact details for staff and next of kin.
- A current list of children including additional needs requirements.
- An attendance log book.
- A current list of parents/guardians and second named guardian including contact details.
- Adequate first aid resources and a current list of staff with first aid training.
- A quick reference guide with contact details for the Critical Incident Team and essential services.
- A clearly defined evacuation procedure which identifies pre-designated assembly areas and if required, a relocation shelter site.
- An evacuation bag.
- Up to date facility floor plans and maps outlining fire exits and location of essential services.
- Templates for communications with parents/guardians and the media (ref. Resource materials, Dept. of Education).
- Contact details for interpretive services if required.

Critical Incident Procedures:

When an 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 & 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 to protect staff and children in their rooms.

The service have agreed a code word or signal during the emergency planning process and all Staff are trained to recognise this signal which warns them that there is a danger and that all rooms should be locked.

Children will be kept inside the rooms, away from doors or windows where they can be seen.

The person in charge will summon the 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 hear the previously agreed safe code word or signal.

Shelter in the Facility:

If it is unsafe for the adults 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.
- ✓ Not in a room with large ceiling spans (like gymnasiums or auditoriums) that may fall if subjected to strong winds.
- ✓ In a room where furniture and wall-hangings are secured so that they will not fall onto children or adults.

The protected space is the kitchen area.

These locations were identified during the planning process and are 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 (insert who and their name) or other nominated person or the code word will be conveyed to Staff.
- 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 from the Emergency Assembly Point.
- 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.
- Once the building is evacuated, the emergency services will be called.
- Children will only be escorted back into the building under the advice of the emergency services or the person in charge once all threats to safety have been 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) 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. (Use the code word to alert other staff members).
- c) Offer help to the person or to call someone for them in the event that the trespasser is distressed or it is suspected that they are under the influence of alcohol or other intoxicants.
- d) Request that the person leaves quietly.
- e) If the person refuses to leave the Gardaí will be called.

Under no circumstances must Staff put themselves in danger if the trespasser is aggressive or violent. The evacuation procedures should be followed and the Gardaí 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.

Note: 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 if advised take sick leave
- If appropriate avail of counselling service provided by an outside agency.

The service will meet this cost within a specified limit

- Contact the union for advice, if applicable.
- Complete an Incident Report Form.
- Report assaults/incidents and serious threats to the Gardaí, but it is acknowledged that it is up to the individual staff member to make a decision on pressing charges.
- The person in charge should accompany the staff member when making a report to the Gardaí and also to court if charges are brought and the staff member is required as a witness.

NOTE: Address of staff member making a statement to the Gardaí should be the service and not their personal address.

Secondary Response [24–72 hours]:

- a) Assess the need for support and counselling for those directly and indirectly involved.
- b) Provide staff, parents/guardians and wider community with factual information as appropriate.
- 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, and community life 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) Arrange a memorial service and occasional worship as appropriate.
- d) Maintain contact with any injured and affected parties to provide support and to monitor progress.
- e) Monitor staff and children for signs of delayed stress and the onset of post-traumatic stress disorder; providing specialised treatment as necessary.
- f) Evaluate critical incident and Emergency management plan.
- g) Be sensitive to anniversaries.
- h) 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 or upset 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.
- An evaluation report will be made available to the management team.

Information/Training:

- These procedures should be known to all staff and reviewed on a regular basis and incorporated into the induction programme.
- Management and staff should agree an emergency code or signal.
- 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 person in charge. No staff may talk to the media unless designated to do so. A breach of this may invoke the disciplinary procedures.

See Appendix F: Dealing with the Media

APPENDIX F: 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 press 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 or help from your membership organisation		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		Let anyone, other than spokesperson speak with the media	
Do avoid being drawn into speculation		Don't make sweeping statements	

38. DRESS CODE

Principle:

The service considers the way our staff dress and their appearance is of significant importance in portraying a professional image to parents/guardians, visitors, clients and colleagues and encourages a sense of belonging.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 11: Professional Practice) (National Standard 5: Organisation and Management)

Scope:

All the service employees, students and volunteers

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 both within the workplace and 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 red tunic with service logo and black trousers. For outdoor wear there is a red polo t-shirt and black jacket.
- 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.
- Staff working in the baby room should not wear outdoor shoes and change into appropriate indoor shoes to ensure a high standard of cleanliness and hygiene.
- No jewellery except for wedding bands and simple stud earrings may be worn. Body/facial/tongue piercings are not permitted.
- The absolute minimum of make-up should be worn.
- Any tattoos should not be on view.
- Hair should be clean, washed, neat and tied back at all times.
- Nails should be short and clean at all times. Painted nails are not considered appropriate for a childcare setting as all staff are basic food handlers and non-polished nails reduce the risk of contamination. False or gel nails are not permitted.
- Staff are required to change into appropriate overalls for food handling.
- Staff are role models for young children so must exercise a high level of personal care and hygiene at all times.
- Chewing gum is not permitted.

Students and Volunteers:

- Dress must be neat, clean and tidy. It must be non-revealing (add other dress codes here)
- Any tattoos should not be on view.
- Hair should be clean, washed, neat and tied back at all times.
- Nails should be short and clean at all times. Painted nails are not considered appropriate for a childcare setting
- 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.
- Chewing gum is not permitted.

39. EMERGENCY CLOSURE

Principle:

In the unlikely event that the service has to close at times other than scheduled in the normal opening hours and dates, the policy will be applied to ensure that all involved in the service have a clear understanding of the procedures which will take place.

Childcare 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 8am-6pm, Monday to Friday, 50 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 negotiate scheduled work to be carried out during times of closure.
- When an outbreak of illness requires closure in line with the 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 Childcare 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 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 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 asking them to nominate a preferred contact number/email address, or 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. Contact information for all the children will be taken out of the building alongside the daily register.
- 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 person. Parents will be contacted by the person in charge. All staff will remain with the children during this time. If parents cannot be reached, the emergency contact persons (as identified on the Child Registration Form) 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).

40. ENVIRONMENTAL CARE and RECYCLING

Principle:

The service will conduct its activities and operations to reflect best environmental practice in order to control and reduce our direct impacts on the environment.

Childcare 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 highly visible and convenient recycling bin. This will be emptied daily into the main recycling bins.
- We will ensure staff have ready access to recycling bins and are trained to dispose of food packaging appropriately.
- We will purchase recycled office paper and stationery, closing the loop on the paper recycled by the service.
- 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.

41. FIRE SAFETY

Principle:

The following legislation governs fire safety. The Fire services Act, 1981, Childcare Act 1991 (Early Years Services) Regulations 2016 – Section 27, the Safety, Health and Welfare at Work Act, 2005.

Childcare 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. We will also ensure we follow 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.

Policy and Procedures:

We will ensure that:

- Fire drills will be carried out regularly monthly. A written 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 fire-fighting equipment and smoke alarms will be kept and they will be serviced annually with a record maintained of the service dates.
- All employees will be trained on:
 - Where fire-fighting equipment is located
 - How to use fire-fighting equipment.
 - The location and operation of fire doors and fire exits
 - Carrying out and recording fire drills
 - Fire safety risk assessment

A record of this training will be recorded and kept on file for inspection

- Smoke detectors will be placed at strategic points in the building and 'hard wired'.
- The smoke detectors will be checked regularly 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 must be 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. The fire alarm procedure must be shown to all students, substitutes and relief employees commencing work in the service.

Have a lesson with the children about fire and why fire drills must be practiced. Do mock fire drills with the children.

Fire drills will be practiced on a regular basis, at least once a month. 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 roll call will take place.

A record of the fire drill should be kept on file in the office - how long it took, equipment needed, how you dealt with it, how the children dealt with it etc. If a child in your group was upset this should be noted in his/her individual file.

Fire Drill Procedures:

If you discover a fire or one is reported to you:

- Sound the alarm and shout FIRE!
- On sounding or 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 without delay.
- Lead by one of the childcare workers they leave the building by the shortest route.
- The staff member will take the roll book, check the premises, cloakrooms and then leaves last.
- Once outside stay outside
- The staff member will take a roll call immediately.
- 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
- Do not re-enter the building until management of the fire brigade – fire safety officer informs you it is safe to do so.
- A roll call will be carried out by management at the assembly point to ensure all persons are accounted for.

General:

Employees 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.
- Method of operation of fire doors.
- The importance of keeping fire doors closed.
- How to isolate power supplies where appropriate.
- The importance of general fire precautions and good housekeeping.
- The service employees are made aware of the potential of fire hazards as a result their activities and smoking on site is forbidden on site or adjacent to the building.
- All employees 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 fire-fighting equipment located on the premises will be in accordance with the requirements of the area that it is being located, and will meet the required classification for that area based on the classifications as per I.S. 290: 1986 standard.
- All fire-fighting equipment is tested and serviced annually by certified contractors. In accordance with the recommendation of the appropriate *Irish Standard I.S 291.1998* for fire equipment, 30% of extinguishers will be discharged each year and relevant employees trained in the safe and efficient use of the equipment.
- The chart outlines the correct use of the most commonly available fire extinguishers. Please note that CO₂ 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
	Water	✓ Yes	✗ No	✗ No	✗ No	✗ No
	Foam	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
	Dry Powder	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No
	Carbon Dioxide (CO ₂)	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes

When Dealing With a Fire:

Employees should be aware of the location of the fire-fighting 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.

Shut the doors and, if possible, the windows of the room in 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 and/or other landmarks

Evacuation – Commence an orderly evacuation of the building. The Manager will check that all the rooms are unoccupied including sleep rooms and bathrooms. Close the doors and windows as each check is completed. The Manager will take the daily attendance sheets and a list of Parents/guardians Telephone Numbers to the Assembly Point

Assembly – Assemble Children and staff at a safe pre-arranged point. A roll call or head count should be carried out, based on the daily attendance sheets held by the Manager. The group should then proceed to a nearby safe house, from which the parents/guardians can be contacted.

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 should be practiced as a Fire Drill at regular intervals to familiarize the children with the procedure without frightening them.

We have a designated Fire Safety Officer.

42. FIRST AID

Principle:

The service will ensure that we are compliant with the relevant legislation, the Safety; Health and Welfare at Work Act, 2005 and Childcare Act 1991 (Early Years Services) Regulations 2016 refers.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: health and Welfare, Síolta Standard 11: Professional Practice, Síolta Standard:12 Communication) (National Standard 4: Records, National Standard 12: Health Care, National Standard 20: Safety)

Statement of Intent:

Management will ensure that it meets the requirements set out in the legislation regarding the number of qualified first aiders in the service.

Policy and Procedure:

We will ensure that:

- At least one adult, qualified in giving First Aid, should always be present on site. This qualification should be current.
- All members of staff are familiar with simple First Aid procedures, such as mouth to mouth resuscitation, and for staff training to be given on this subject.
- First Aid boxes and a simple First Aid book should be 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 service should have suitably equipped first aid boxes for adults and children.
- The First Aid box must not contain any substance, which may cause allergies. However, an accessory box containing sticking plaster and antiseptic lotion for children you know are definitely not allergic to these substances may be kept. In addition cotton wool for cleaning wounds and multi-purpose bowl are recommended.

FIRST AID BOX

Materials:	1-5 children	6-25 children	25-50 children
Hypoallergenic plasters	12	20	20
Sterile eye pads (bandage attached)	2	6	6
Individually wrapped triangular bandages	2	6	6
Small individually wrapped sterile un medicated wound dressings	1	2	4
Medium individually wrapped, non-stick, sterile, un medicated wound dressings	1	2	4
Individually wrapped antiseptic wipes	8	8	10
Paramedic shears	1	1	1
Latex gloves – non-powdered latex or Nitril gloves (latex-free	1 box	1 box	1 box
Additionally where there is no running water, sterile eye wash	1	2	2

In addition to a First Aid Box you may have a fever scan thermometer and a tough cut scissors.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 30ml and should not be re-used once the seal is broken. At least 90ml should be available.

Eye bath/eye cup/refillable containers should not be used for eye irrigation.

First Aid Officer Duties:

- We have a designated First Aid Officer.
- An Accident and Incident report must be filled in and kept in the First Aid file. All reports to be signed by the person in charge.
- The First Aid Officer will supervise children who are under observation, as a result of accidents/sickness while on the premises.

- The First Aid Officer will keep an up to date list of contact numbers for parents/guardians, doctors and hospitals in an easy accessible place.
- The First Aid Officer will be responsible for re-stocking the First Aid kit at regular intervals, at least once a month.
- Report faulty electrical equipment immediately.
- Daily attendance records are kept.
- All flammable materials are safely stored outside of children's areas.

Carrying out First Aid:

- Antiseptic creams or wipes are never applied. To prevent an infection occurring, a band aid may be applied. Where this is the case please ensure that the band aid is the correct size. Please note that some children are allergic to band aids/plasters. This will be noted on their General Information Form.
- Disposable gloves must be worn when dealing with open wounds, vomit or blood. Always wash hands thoroughly after administering first aid.
- Tissue/cotton wool and water is used for all injuries. Never, ever, use soap on wound.
- Cold compresses are used for minor bumps, kicks, pinches, falls, scratches, where slight swelling and/or bruising may occur.
- Cold compresses are used for major bumps, bites, pinches, falls where swelling and bruising will occur. An ice pack can be found in the freezer compartment of the fridge in the kitchen. Ice packs should be replaced as you use them and when necessary.

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.

All staff members, students, substitutes and auxiliary staff members exempt, should have a valid first aid certificate and should update this when necessary.

The first aid box is located in each room, kitchen and office.

A list of what should be in the box is printed on the inside of the lid. All items removed from the box must be replaced immediately after use.

Incidents and accidents will occur. By endeavouring to keep them at a minimum we can reduce the amount that occurs. Have a watchful eye. 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.

Choking and Strangulation:

Food, hard sweets, peanuts and marbles are the most common cause of choking. Blind cords, curtain cords or clothing (e.g. 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 and key volunteers 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 Permanent Child Record.
- A process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic child to form part of the child's child record.
- Procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic child.
- All incidents will be recorded and the process reviewed.

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 Permanent Child Record annually.

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 should be posted in key areas such as in the child’s playroom, the office, the feedback notebook etc., Parental permission is required to post or distribute the plan.
- Provide the service with updated medical information at the beginning of each year, and 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, prior to the beginning of each year or as soon as possible 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 and office.

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. childcare workers, volunteers, playmates.;
- Current emergency contact information for the child's parents/guardians.;
- A requirement for those exposed to the plan to maintain the confidentiality of the child's personal health information.
- Information regarding the child, 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.

Emergency Plans:

Management will consult with parent's staff and the insurance company 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 designated 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. **FIRST Call emergency medical care 999, 112 or 911**
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 goes for help or calls for help.

The person in charge, 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, 112 or 911**
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 goes for help or calls for help.

The person in charge, 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 (e.g. single dose epinephrine auto-injectors) for their anaphylactic child.
- To inform the staff where the anaphylactic child's medication will be kept (i.e. with the child, in the child's playroom, and/or other locations).
- To inform the staff when they deem the child competent to carry their own medication(s), and it is their duty to ensure their child understands they must carry their medication on their person at all times.
- To provide a second auto-injector to be stored in a central, accessible, safe but unlocked location.
- To ensure anaphylaxis medications have not expired.
- To ensure that they replace expired medications.

Allergy Awareness, Prevention and Avoidance Strategies:**a) Awareness**

The person in charge should ensure:

- That all the service staff and persons 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 including substitute employees, employees on call, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the person in charge and the staff must ensure that the child's playmates 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.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include playrooms, office, staff room, lunch room etc.

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. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians are asked to consult with the childcare worker before sending in food to playrooms where there are food-allergic. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Non-food allergens (e.g. medications, latex) will be identified and restricted 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.
- Use of single dose epinephrine auto-injectors.
- Identification of at-risk children (as outlined in the individual Child Emergency Procedure Plan).
- Emergency plans.
- Method of communication with and strategies to educate and raise awareness of parents/guardians, children, employees and volunteers about anaphylaxis.

Additional Best Practice:

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a child at risk in their care. Children will learn about anaphylaxis as part of the curriculum.

43. FOOD HYGIENE

Principle:

Food Hygiene is governed by the Childcare Act 1991 (Early Years Services) Regulations 2016 and the European Union Hygiene of Foodstuffs Regulations, 1998 and 2000 in the Preschool.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 15: Legislation and Regulation) (National Standard 12: Health Care, National Standard 13: Food and Drink, National Standard 17: Premises)

(with references from: Department of Health and Children; Food and Nutrition Guidelines for Pre-School Services)

Statement of Intent:

The service will comply with the above legislation in the provision of food and food hygiene. Childcare Act 1991 (Early Years Services) Regulations 2016 stipulate that where food is consumed on the premises by a preschool child, the person carrying on the preschool service 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 Childcare Act 1991 (Early Years Services) Regulations 2016 throughout the service as 'best practice'.

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 should be thoroughly cleaned with disinfectant 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 boil-washed daily.
- 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 kept in a fridge or cool place below 5°C.
- Insulated cool boxes, or a cool box with cool packs, should be used for carrying food when taking children on trips or outings.
- Cool leftovers as quickly as possible. Cover and, when steam has evaporated, put in the fridge. Avoid putting large quantities of warm food in the fridge as it raises the temperature of the whole fridge.
- Cover foods in the fridge.
- Eggs should be kept in the fridge, separate from other foods.
- 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 leave food in cans or packaging once opened, empty into another container for storage.
- Do not re-freeze foods.
- Wash fridge frequently.

Food Preparation:

- Separate chopping boards should be used for raw meat and fish, for cooked foods and for raw fruit and vegetables.
- Fruit and vegetables should be washed well and peeled. Root vegetables such as carrots and parsnips should always be peeled and topped and tailed.
- Discard the skins and cuttings from food preparation to prevent contamination of the prepared product.
- Do not leave food around the kitchen uncovered.
- Eggs given to babies or 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 a parent brings in goat's/sheep's milk for their child, check with the parent if the milk needs to be boiled.
- 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”. Thaw in the fridge rather than at room temperature.

Reheating:

- If food is to be eaten warm, it should be re-heated until piping hot 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.
- Do not heat a baby’s bottle in a microwave as hot spots can occur and burn the baby’s mouth.

Mealtime Practises

- Ensure that staff and children wash their hands before meals.
- Use disposable gloves when serving the children food including snacks.
- Sit children at the table/in highchairs as meals are brought to the rooms. Do not have children sitting at the table or in highchairs for too long before the 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.
- Teach the children table manners and etiquette. Show them how to use cutlery correctly.
- Never let one child eat another child’s food to prevent allergies or cross contamination.
- Clean up the eating area after each meal. Clean down the table etc with a clean cloth, using the anti-bacterial spray.
- 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 and dried thoroughly.
- Clean the children after each meal, hands/clothes etc. Clean each child’s face with individual pieces of wet cotton wool or baby wipes.

*HACCP stands for 'Hazard Analysis Critical Control Point'. It is an internationally recognised and recommended system of food safety management. It focuses on identifying the 'critical points' in a process where food safety problems (or 'hazards') could arise and putting steps in place to prevent things going wrong. This is sometimes referred to as 'controlling hazards'. Keeping records is also an important part of HACCP systems

Water Supplies:

Provision of safe, potable water is one of the most important measures to have improved public health over the last 200 years. Water that is raw or untreated poses a risk to human health, particularly the most vulnerable in society which includes children under the age of five, the elderly and those living with disease that suppress the immune system such as cancer and chronic heart, lung and kidney disease.

- All drinking water supply points must be connected directly to a public or private water supply via the rising main and must comply with the parameters set out in E.C. Drinking Water Regulations 2007. In the case of a private water supply, evidence of potability, i.e. microbiological and chemical analysis, must be supplied to the local Environmental Health Office. A yearly check of water supplied from private wells or group schemes is recommended. Environmental Health Departments may be able to assist in this process.
- It is recommended that all untreated private water supplies be treated by means of an Ultra Violet disinfection system, chlorination or other acceptable chemical treatment system.
- Drinking water taps from the rising main should be clearly identified so that water from storage tanks is not accidentally used for drinking water purposes. • Ice must be made from potable water.

(Source: Health Protection Surveillance Centre, Preschool and Childcare Facility Subcommittee, Management of Infectious Disease in Childcare Facilities and Other Childcare Settings)

44. HEALTH and SAFETY

Principle:

The service will ensure that it takes all reasonable precautions in relation to the health and safety of employees working in the service and children in attendance.

The service has a Safety Statement stating the management's written programme for safeguarding safety and health in the workplace. It specifies the manor, organisation and resources necessary for implementing and reviewing safety and health standard, which is signed by all staff members.

Childcare 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:

At the service it is our aim to comply with all legislation in force in the area of safety and hygiene including

- Childcare Act 1991 (Early Years Services) Regulations 2016.
- Fire services Act 1981.
- Safety; Health and Welfare at Work Act, 2005.
- Building Regulations 1997 – 2006.
- Ensure the health well-being, and personal safety of all users while on the premises.
- have proper accident prevention and emergency procedures agreed and shared with all facility users.
- Ensure all agreed safety procedures are reviewed and followed consistently.

Policy and Procedure:

Staffing:

- It is vitally important the service has the recommended ratio of adults to children on the premises.
- There are at least two members of staff with up to date first aid training.
- At least two members of staff will be on the premises at all times.
- The arrival and departure of adults must be made clear and kept on record daily.
- Adults must not drink hot beverages in the room with the children.

Supervision of Children:

- The arrival and departure of children must be made clear and kept on record daily.
- Appropriate procedures are to be taken to ensure children are always supervised indoors and outdoors.
- Care is taken to ensure children cannot leave the premises undetected.
- Children must be shown and explained the importance of being careful with toys and objects, e.g. How to carry pencils, scissors, and chairs. It is explained that we always sit while eating and never run in the building.

Equipment and Facilities:

- In planning out the layout of the room, emphasis is given to minimising safety risks and allowing clear space whilst ensuring that activities are carefully monitored.
- All areas to be checked daily upon arrival into rooms, and routinely during the day.
- External exits to be kept clear and unobstructed at all times. In the classroom keep doorway clear and accessible at all times.
- Check all equipment and work areas to ensure it is safe to use prior to using it. Where a defect of safety concern is identified do not use the equipment until it has been cleared for use by the Management.
- There is a phone in the building at all times.
- All water in the children's wash basins are thermostatically controlled, if you suspect that the water is too hot for the children; please report to this to Management.
- Ensure all sockets not in use have safety finger guards in place.
- All equipment should be turned off every evening on locking up, windows and patio doors secured, and all waste material disposed of.
- Toys are to be picked up/tidied away when not in use. All toys with loose pieces or broken removed from use until they are fixed/made safe.
- Special attention must be paid to the outdoor environment.
- Temperatures will be checked in all rooms to ensure that they meet the requirements of Childcare Act 1991 (Early Years Services) Regulations 2016.

Cleanliness and Hygiene:

- Cleaning and disinfection policies are documented and monitored daily. Reducing cross contamination by using specific cloths (separate cloths for classroom, art/craft, accident and toilet cleaning) and adequate cloth changing must always be implemented.
- A clean as you go policy is in place, floor space in classrooms and walkways must be kept tidy and unobstructed. Storage is provided in each classroom, and must be used to reduce hazards. Food is consumed at tables only and areas are cleaned after meals to remove spillages. All spillages must be cleaned immediately and wet floor sign displayed.
- All work rooms in particular toys or child contact surfaces cleaned and disinfected regularly. All body fluids to be cleaned up and area disinfected, cloth used to be disposed of. Disposable gloves to be used. Regularly sanitize hands during the day.

Fire Safety:

- Fire exits are not locked and access is kept clear at all times with fire extinguishers close to main exit / access. Fire extinguishers are checked annually.
- A standard fire drill is carried out monthly and records are kept.

Accidents and Incidents:

- Any injury must be reported and details of the accident are to be recorded in the accident book or Accident /Incident Form.
- Incidents of violence against staff, including verbal abuse, will be investigated and appropriate action will be completed by management with the member of staff.
- Minor accidents/injuries will be treated on the premises and parents/guardians / guardians will be notified of the injury and action taken.
- The service has an agreement with a local Doctor in case of accidents or sudden illness.
- First Aid box easily identifiable and located in an area known to all staff members. The contents of the First Aid Box are checked once a month.

Medicines:

- Medicine can only be administered to children upon the written consent of their parents/guardians, or upon direction from management (after consultation with the child's parents/guardians). Please ensure that you have another member of staff present with you to verify the medicine administered. Both staff are to sign the medicine form. This practise is to protect you from dangerous occurrences.
- Medicines should be stored appropriately and safely away from the children

Health and Illness:

- All staff should have up-to-date rubella and tetanus vaccinations as a minimum. Additional checks/vaccinations such as TB, polio or Hepatitis A should be maintained as good practise.
- An exclusion policy applies for all persons suffering from an infectious disease in the service for both staff and children. Any person suffering from diarrhoea or vomiting, infectious cough/upper respiratory tract infection, communicable parasitic infection on hands/arms (scabies etc.) shall be excluded from the service until symptoms subside and the person has been medically cleared to return.
- Any person returning to work following an absence which could have health and safety implications (infectious disease, back complaint) must provide Fitness to Work Cert from their doctor.
- No person may work on the service behalf while under the influence of alcohol or illegal drugs, as this may affect their personal health and safety or that of any other person.
- The service prohibits smoking in all work areas, within the building and on its grounds.
- A worker specific risk assessment shall be completed, when Management is notified of the pregnancy of an employee. Suitable controls shall be introduced in to the workplace to ensure the work completed by the employee in question does not pose a risk of injury or ill health to mother/baby, so far as is reasonably practicable. In particular issues around, lifting / carrying children / furniture / equipment / materials, seating provisions.

Dress Code:

- All staff must wear the correct uniform.
- All staff must wear flat suitable shoes; open toed sandals etc. are not permitted.
- Gloves and aprons used for nappy changing.
- Staff handling food wear appropriate protective clothing.

Manual Handling:

- Do not lift if you feel the load is too heavy, 2 person lift is advised.
- High chairs may not be lifted or dragged with children in them.
- If you are moving tables on your own, push tables where possible rather than lifting.

Partnership with Parents/Guardians:

All parents/guardians are made aware of the service's procedures including arrival and departures, parking etc.

Insurance:

Adequate insurance cover is in place for children against injury while attending the service. This is reviewed annually by the manager.

Pest Control:

Regular inspections will be performed by the person in charge or a pest management professional (who is knowledgeable about pest control) or another person who is knowledgeable about pest biology and habits. A record will be kept. See the Pest Control policy for further details.

45. HEALTHY EATING

Principle:

The UN Convention on the Rights of the Child (1991) states: “Children have the right to be as healthy as possible, live and play in a safe, healthy, unpolluted environment and benefit from preventive health care and education”.

Childcare 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)

Policy and Procedure:

Children are always supervised when eating and drinking snacks or meals:

- Children bring in own healthy Lunch.
- Children are welcome to bring their own mid-morning snack.
- We provide healthy meals freshly cooked on the premises by our cook/chef.
- Our kitchen is HACCP compliant and our meals are cooked by a qualified and experienced cook. Our menu has been developed to ensure that each meal is nutritionally balanced for growing children.
- We provide meals from ‘Little Dinners’/Moon and Spoon.
- Our staff keep a written record of what your child has eaten during the day. This allows us to ensure that your child’s nutritional needs are being met on an ongoing basis.
- A Menu planning sheet will be used weekly to plan meals listing ingredients and allergens.
- Snack time will be enjoyed and socialisation and interaction encouraged.
- 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.
- We do not allow fizzy drinks, sweets, chocolate, crisps, nuts or nut spreads.
- Some children are allergic to peanuts/nuts. We request that parents/guardians do not include these in their child's snack.
- Refrigerators will be maintained in a safe hygienic condition and fridge temperature monitored and recorded.
- 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 eaten (and not eaten) by the child.
- Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, outings, cookery etc.

Meals:

- Drinking water and small snacks are available throughout the day.
- 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 on a regular basis to ensure a varied range of food choices for the children.
- All desserts provided are based on fruit and/or milk
- Fresh fruit is always available.
- Processed meat products such as sausages, burgers, chicken nuggets and fish bites are kept to a minimum. If these are provided, healthier cooking methods are used, e.g. they are oven cooked or grilled. No food is fried.
- Special therapeutic dietary needs are respected. Parents/guardians are requested to give us a copy of the diet sheet provided by their dietician
- Meal times are used as an opportunity to encourage good social habits.
 - Whenever possible children and adults eat together.

- 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 will be allowed to have dessert if they do not eat their main course
- Parents/guardians will be advised on what their child eats each day
- Children will be encouraged to sit down when eating and/or drinking
- Mealtime 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.

Babies:

Parents/guardians should supply all baby foods and formula for children under one year.

IT IS NOT RECOMMENDED THAT CHILD DAY-CARE FACILITIES PREPARE POWDERED INFANT FORMULA FOR THE INFANTS IN THEIR CARE**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, but can also be provided verbally at any time.

The allergens in **any** meals, snacks and any food consumed in activities such as baking must be listed and parents/guardians made aware of before the food is consumed. There is no requirement under this regulation to list foodstuffs used in creative play such as corn flour for 'gloop', wheat flour for play dough etc as this is not **intended** for consumption (even if the child may eat it!). Each meal or snack must indicate if any of the 14 (required) allergens **are** present. The information provided must include the word "**contains**" followed by the specific allergens, e.g. contains wheat, barley, soya and egg. Precautionary declarations such as "may contain..." or "prepared in a kitchen/premises that uses..." are voluntary declarations and **do not** satisfy the allergen information requirements set out in S.I. No. 489 of 2014 for non-prepacked foods.

Childcare facilities are **required** to provide written food allergen information. However, young children are not in a position to understand or appreciate written food allergen information and therefore, it is necessary that this information is provided to the parent or guardian, particularly when new or altered menu items are made available.

Our weekly/daily menu plans contain the allergen information and that they are displayed in on the parent's notice board and are available to parents/guardians.

If parents/guardians send in birthday cakes it is preferable that these are shop bought as the packaging will contain allergen information that can be provided to parents/guardians. However if parents/guardians send in a homemade cake it is the responsibility for the Childcare provider to obtain the allergen information from the parent so that this can be displayed.

Allergens that must be listed (or products of): Gluten, Crustaceans, Eggs, Fish, Peanuts, Soybeans, Milk, Nuts, Celery, Mustard, Sesame Seeds, Sulphur Dioxide and Sulphites, Lupin, Molluscs.

For more information www.fsai.ie

Snacks and Drinks:

When snacks are given between meals they are healthy and nutritious and help provide children with the energy and nutrients they need.

Sweets and fizzy drinks are not routinely offered. Where possible snacks are sugar-free to avoid causing damage to teeth and "sugar rushes". Fresh fruit is an ideal snack choice. Whole milk, (full fat unless requested otherwise by parents/guardians), and water is provided for children as a drink between meals.

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. If other forms of reward are used, they support and do not conflict healthy eating principles. Celebration of birthdays and other special occasions, e.g. Easter, Chinese New Year etc., focus on the sense of occasion rather than simply the provision of rich, sugary food and drinks.

Parents/guardians will be required to send in a list of ingredients for homemade cakes as under legislation childcare providers are required to advise parents/guardians of allergens contained in food stuffs including homemade cakes.

Activities:

Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, outings, cookery etc.

The service participates 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 Pyramid:

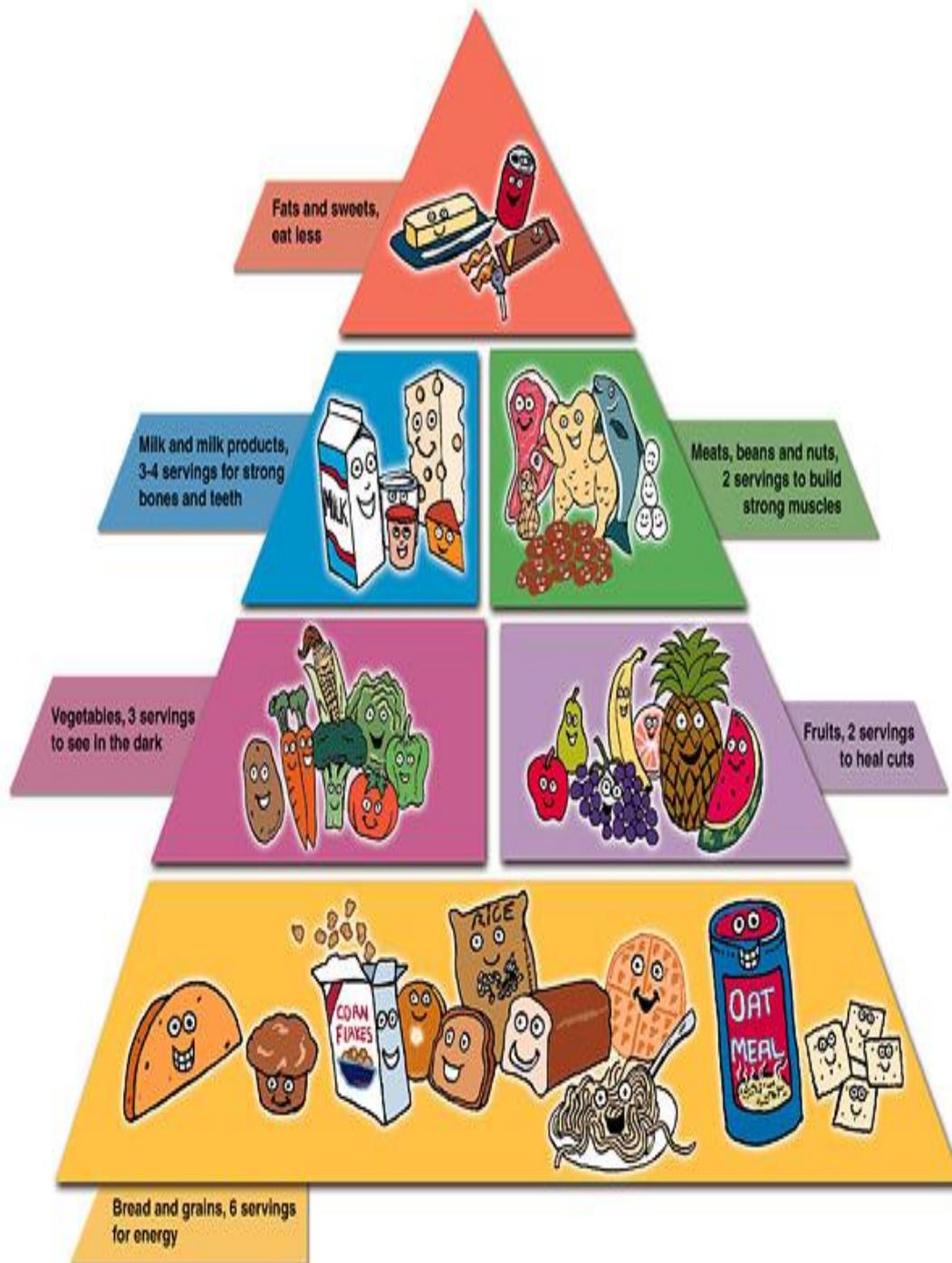
At our service we use the food pyramid as a fun and simple approach to healthy eating. The pyramid is divided into different sections or shelves, each representing a different food group. Children should eat more foods from the bottom 2 shelves and smaller amounts from the rest. This food pyramid is displayed on the parents/guardians notice board. A copy of the food pyramid may be found in Appendix G.

The Food Pyramid is made up of five food shelves:

- The wide bottom shelf contains foods that form the basis of all meals - the bread, cereals and potato group. These foods provide energy for the child to grow and play. Children need 4-6 or more servings of food from the bread, cereals and potato shelf each day.
- The next widest shelf is the fruit and vegetable shelf. These foods give vitamins and minerals for good health. 2-4 or more servings each day is the target for this shelf. Frozen fruit or vegetables are just as good as fresh. Remember, potatoes are not on this shelf.
- The next shelf is the milk, cheese and yogurt shelf. The foods on this shelf provide calcium for strong bones and teeth. Milk and milk products also give protein and energy. Children need 3 servings each day from this shelf. Butter and cream are not on this shelf while these foods do come from milk, they are very poor sources of protein and calcium. Butter and cream belong to the small top shelf of the Food Pyramid.
- The fourth shelf has meat, fish and alternatives such as beans. These foods provide protein for growth and iron to help the body function well. 2 servings from this shelf is the target each day.
- The small top shelf of the Food Pyramid contains foods such as sweets, chocolate, biscuits, cakes, fizzy drinks and savoury snacks, like crisps. This shelf is small to show these foods should only be eaten in small amounts, occasionally. Filling up on top shelf foods spoils the child's appetite for more nutritious foods. This shelf also includes butter, oils and fats. While young children are growing very fast and need some fat in their diet to provide energy for their growth and development, too much fat can cause health problems. It is important that the foods in this shelf are used in moderation in the pre-school.

APPENDIX G: FOOD PYRAMID

Source: Food Pyramid – Food Safety Authority



APPENDIX H: 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)

ALLERGEN:	CONTAINED IN: (this list is not exhaustive and is meant to be a guide)
Cereals containing gluten:	Flour and products made with wheat (such as spelt and khorasan wheat), rye, barley, oats or their hybridised strains, and products thereof, except: (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
Crustaceans and products thereof:	<u>Lobsters</u> , <u>crabs</u> , shrimp, prawns etc.
Eggs and products thereof:	Mayonnaise, cakes, biscuits
Fish and products thereof :	Fish cakes, fish fingers except: a) fish gelatine used as carrier for vitamin or carotenoid preparations (b) fish gelatine or Isinglass used as fining agent in beer and wine
Peanuts and products thereof:	Peanut butter, Arachis oil Arachis, some cakes, biscuits and chocolate
Soybeans and products thereof:	Soy sauce, Tofu, soya milk, meat substitute products, except: (a) fully refined soybean oil and fat (b) natural mixed tocopherols (E306), natural D-alpha tocopherol, natural D-alpha tocopherol acetate, and natural D-alpha tocopherol succinate from soybean sources (c) vegetable oils derived phytosterols and phytosterol esters from soybean sources (d) plant stanol ester produced from vegetable oil sterols from soybean sources

Milk and products thereof (including lactose):	Yogurt, cheese, fromage frais, except: a) whey used for making alcoholic distillates including ethyl alcohol of agricultural origin (b) lactitol
Nuts:	Cakes, biscuits, 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, except for nuts used for making alcoholic distillates including ethyl alcohol of agricultural origin
Celery and products thereof:	Soups, stews, stocks, bouillons and seasonings.
Mustard and products thereof:	Mayonnaise, soups, stews, stocks, bouillons and seasonings.
Sesame seeds and products thereof:	Cakes, biscuits
Sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO₂ which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers:	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.
Lupin and products thereof:	A legume belonging to the same plant family as peanuts used in gluten-free products
Molluscs and products thereof:	Shell fish e.g. clams, scallops, oysters, octopus, squid

46. ILLNESS and EXCLUSIONS

Principle:

The service has been entrusted by parents/guardians to care for their children. The service aims to provide as healthy an environment as possible for children and Staff. We will endeavour to minimise your child's exposure to infection by excluding sick children/adults. We will encourage parent's uptake of vaccinations. We will inform parents/guardians and the Health service Executive where necessary of any infections in the service.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 17: Premises, National Standard 20: Safety)

Statement of Intent:

It is the policy at the service that our children's welfare is the first and most important consideration. In the event of sudden illness we will contact our parents/guardians immediately about our concerns regarding their child's health and well-being.

Policy and Procedure:

- Parents/guardians will be informed of our concerns and procedures we are taking.
- If a parent cannot be reached the next name on the emergency list will be contacted.
- The child's temperature will be monitored and recorded.
- If staff feel that a child needs medical attention, the parents/guardians will be notified and with their permission, we will contact the doctor on call. Parents/guardians will be responsible for the doctor's fees.
- If a child requires "one to one" attention and we cannot facilitate this at the time, parents/guardians will be asked to collect their child.
- Parents/guardians will be required to take their child home immediately in the case of vomiting or diarrhoea.
- We request that parents/guardians inform the service if their child is unable to attend due to illness, stating details.
- We advise that sick children must be kept at home (see exclusions list).
- Children attending the service suffering from any contagious infections must have a doctor's clearance certificate before returning to the service.
- In the event of an outbreak of any infectious disease, all parents/guardians will be verbally informed. A dated notice informing all parents/guardians of any infectious disease outbreak will be displayed on the notice board.

- We advise all persons who enter the service to inform the manager if they have come in contact with an infectious or contagious disease.
- The HSE recommends that all children in preschool receive the appropriate vaccinations. This acts as a safeguard for your child as well as protecting other children in the service. See Appendix 2: Signs and Symptoms of Abuse.

Exclusion:

In order 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 oral temperature over 37.5 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).
- Lice or nits - see Head Lice Policy and Procedure.
- An infectious /contagious condition.
- A child who is on an antibiotic for less than 48 hours.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.

Infectious Disease Control:

- Children/adults with infectious diseases should not attend the service.
- Employees suffering from a contagious illness should not work with children, i.e. gastro-enteritis, etc. and must inform the Management immediately.
- All children must provide up to date record of immunisations (see immunisation programme).
- Should there be an outbreak of any infectious disease or incident, a dated notice clearly stating the situation must be posted on the Parents/guardians Notice Board. Parents/guardians should also be informed verbally and in writing. This notice should be updated when relevant.
- Any children of staff who are ill should not accompany their parents/guardians to work in the service.

- Head lice are a contagious condition and if a case is noticed it should be brought to the attention of Parents/guardians immediately. A child is not permitted to attend the service until the condition has been successfully treated.
- Observation of children following immunisation is essential, parents/guardians should inform staff of immunisation. It is good practice to encourage two-way communication on all health issues.
- Staff in the service will be immunised against infectious diseases.

Head Lice Policy:

Head lice can be a common problem in preschool 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 primary responsibility for the detection and treatment of head lice.
- Parents/guardians must check their child's head regularly, even if they don't suspect their child has head lice.
- All cases must be reported to the person in charge. Parents/guardians must state when appropriate treatment was commenced.
- Parents/guardians will be informed and advised on the correct procedures to take.
- Notification will be displayed on the parent's notice board and information given if required.
- Confidentiality will be adhered to in every case reported.
- Children will not be accepted into the service with untreated head lice.
- We suggest children with long hair should have it tied back.
- There are a variety of effective preparations, shampoos and lotions available. It is vital that parents/guardians follow instructions accurately.

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, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). 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 good 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 (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may 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

Babies and Toddlers

Children and Adults

Meningitis and Septicaemia often occur Together

Meningitis and Septicaemia often occur Together

 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

HOW TO DO THE TUMBLER TEST



- 1 If there is a rash, press the side of a clear tumbler against it.
- 2 If, through the glass, the rash does NOT change colour, contact a doctor.
- 3 If the rash DOES fade and loses colour under pressure it's unlikely to be meningitis
- 4 Do the test every hour as, in rare cases, the rash can change.

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 the 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. A member of staff will escort the child to hospital if the parent is unavailable.

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 Childcare service.
- There is **no need** to disinfect or destroy any equipment or toys that the child has touched.

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 childcare 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 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 (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. 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. Also, 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 Hand Washing and Infection control policies)
- 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.

Swine Flu:

Policy and Procedure:

The service is committed to ensuring the wellbeing of employees and the children in our care. We follow these guidelines and the procedures in the event of an outbreak of swine flu (H1N1) that may be serious enough to effect the running and business of the service.

The service are aware that children are very susceptible to getting this new virus and the service may serve as a central point for the spread of the virus. We will endeavour to ensure that procedures are in place so that we can work towards minimising the spread of Pandemic (H1N1) 2009. The service will ensure that by implementing good health practices and having in place protocols to ensure that we can deal with such an outbreak should it occur. The service will develop contingency plans to manage flu and ensure that staff, children and parents/guardians are familiar with those plans.

All employees are expected to take personal responsibility for following the policies and procedures of the service and in the event of a flu pandemic to act in accordance with any instructions given to them which are designed to protect the health and safety of themselves and the children in their care. The service will keep parents/guardians briefed and will also request that they follow any instructions issued by the service in order to ensure the health and safety of all children and employees.

Swine Flu and the Symptoms:

The symptoms of swine flu are broadly the same as those of ordinary flu, but may be more severe and cause more serious complications. The typical symptoms are:

- sudden fever, and

- sudden cough

Other symptoms may include:

- runny nose
- sneezing
- loss of appetite
- diarrhoea or stomach upset
- headache
- tiredness
- chills
- aching muscles
- limb or joint pain, and
- sore throat

Employees must constantly be aware and they must pay particular attention to the observation of all children for symptoms as listed above. If a child does fall ill, then the employee should immediately follow the illness policy and procedure and parents/guardians should be notified immediately to take the child home.

It is most likely that nearly all persons with H1N1 flu will have at least two of these symptoms. There are a number of categories of people at higher risk of serious complications from seasonal flu these include children younger than 5 years old and pregnant women

Good Hygiene Practices:

Managing the spread of illness is possible with proper hand washing and effective nappy changing procedures, by cleaning toys properly and through education.

Vigilance by all employees in relation to hygiene is critical in order to prevent children and staff becoming sick. The service will continue to operate rigorous hygiene practices. Employees, parents/guardians and visitors will be required to strictly adhere to protocols in relation to hygiene and good practice which will be displayed throughout the building and may be found at the end of this policy and procedure.

Effective Hand Washing:

All employees, volunteers, and children must follow the procedure for hand washing at the following times:

1. Upon arrival for the day or when moving from one childcare group to another
2. Before and after:
 - Eating
 - Handling food
 - Feeding a child
 - Giving medication
 - Playing in water that is used by more than one person
3. After:
 - Nappy Changing

- Using the toilet or helping a child use the toilet
- Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores
- Handling uncooked food, especially raw meat and poultry
- Handling pets and other animals
- Playing in sandboxes
- Cleaning or handling the rubbish

NOTE: Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands.

Hand washing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infections. It must be noted that wearing gloves is NOT protection against bacteria or the H1N1 Virus (Swine Flu).

Children and employees should wash their hands using the following method:

- Check to be sure a clean, disposable paper (or single-use cloth) towel or electric hand drier is available.
- Turn on warm water, to a comfortable temperature (in line with Childcare Act 1991 (Early Years Services) Regulations 2016).
- Moisten hands with water and apply liquid soap/gel to hands.
- Rub hands together vigorously until a soapy lather appears, and continue for at least 20 seconds (as long as it takes to sing happy birthday twice). Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands.
- Rinse hands under running water, no less than 15 degrees C and no more than 43 degrees C, until they are free of soap and dirt. Leave the water running while drying hands.
- Dry hands with the clean, disposable paper or single use cloth towel or electric hand drier.
- If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel.
- Throw the disposable paper towel into a lined bin with a secure lid
- Hand washing signs will be displayed.

Staff should provide assistance with hand washing at a sink children who cannot 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 staff should wash his or her own hands.

Safe Nose Blowing:

Staff and children should blow or wipe their noses with disposable, one-use tissues and then discard them in a plastic-lined, covered, hands-free bin. After blowing the nose, hands should be washed. Every room in the service will have a supply of tissues.

Toys and Activities:

The following steps should be taken bearing in mind the need to continue to be sensitive to children's needs and preferences and not removing favourite or comfort toys.

- Sand play and water play can be continued but children should always wash hands after these activities.
- If possible, provide separate sets of toys that children regularly put in their mouths, e.g. crayons and pencils.
 - An individual set of crayons, clearly marked with the child's name should be made available.
- Other communal toys that are hard to sterilise should be removed, e.g. soft toys.
- Sharing of wind instruments, e.g. tin whistles should be avoided and should be sterilised after use.
- It is vital that children do not share soothers. While this is always the case, extra vigilance at the moment is advised. A rigorous sterilisation policy is place for soothers.

Shoes in Infant Play Rooms:

Children under two years of age are in the very high risk category for contracting Swine Flu or other illnesses. Blue shoe covers are provided for employees, parents/guardians in Baby Rooms, or employees are required to use indoor shoes, which are not worn outdoors.

As infants play, they touch the surfaces on which they play with their hands, and then put their hands in their mouths. Shoes may be conduits of infectious material when people walk on surfaces that are contaminated with disease-causing organisms.

Additional Cleaning Practices in the Event of Outbreak of Swine Flu:

The routine frequency of cleaning and sanitation in the service will be increased whenever there are outbreaks of illness or when recommended by the health department to control certain infectious diseases. All surfaces, furnishings, and equipment that are not in good repair or that have been contaminated by body fluids

should be taken out of service until they are repaired, cleaned, and, if contaminated, sanitised effectively.

All cleaning schedules will state item/area to be cleaned, frequency of cleaning, method/procedure, and person responsible, in line with the Childcare Act 1991 (Early Years Services) Regulations 2016.

Since children will touch any surface they can reach (including floors), all surfaces in a child care facility may be contaminated and can spread infectious disease agents. Therefore, all surfaces must be properly sanitised.

Mops should be assumed to be contaminated since they are used to remove contamination from other surfaces.

The bleach solution used for sanitising the child care environment is also appropriate for sanitising mops and rags. Detachable mop heads and reusable rags may be cleaned in a washing machine and dried in a mechanical dryer or hung to dry.

Communicating with Parents/Guardians:

Concerned and informed parents/guardians are the first line of defense against the spread of Swine Flu. The service acknowledges that parents/guardians have the power to prevent our service from infection, simply by keeping their child home when they do not feel well or exhibit symptoms. We will keep parents/guardians informed on a regular basis on information pertaining to swine flu. We will request parents/guardians to ensure that all details provided to the service are up-to-date. Emergency contact details must also be up-to date.

Procedure in the event of Swine Flu:

Early recognition of influenza like symptoms and subsequent actions

- All staff should be able to recognise symptoms of pandemic (H1N1) 2009 influenza.
- The symptoms of pandemic influenza are like those of seasonal flu. There is usually sudden onset of fever (greater than 38°C/100°F) and cough or sore throat. Other symptoms are as outlined above.

Actions for caring for a child who becomes ill with symptoms suggestive of Pandemic (H1N1) 2009 influenza while in the service:

- Parents/guardians should be contacted to bring the child with influenza like illness (ILI) home as soon as possible.
- The service will encourage parents/guardians to seek early medical assessment for all children less than 5 years of age and for children with flu-like symptoms at higher risk of complications from flu. Staff with flu-like symptoms at higher risk of complications from flu should do the same
- The service will have prior permission from parents/guardians to enable urgent medical assessment if required.

- We will ensure there is appropriate space (a separate sick room where possible) which can be used for the care of children who feel ill, before their parents/guardians can collect them. Ideally this space should be away from other children to help prevent spread of the infection. We will ensure that the space is well stocked with appropriate medical supplies and is prepared for children with the symptoms of flu. An employee will be nominated to look after the child in an isolated area, if possible, apart from the remainder of the children. When providing care for the child, the staff member will observe good hand hygiene practices.
- When the child has gone home, the isolation area will be thoroughly cleaned.
- Staff at risk of complications if infected will not care for symptomatic children
 - Employee should clean their hands thoroughly with soap and water or alcohol hand rub before and after any contact with symptomatic children or other staff and their environment.
 - Employee and children should be encouraged to avoid touching their eyes, nose and mouth.

In the event that cases of influenza due to Pandemic (H1N1) 2009 occurs in the service the following actions will be implemented:

- The child/staff member with H1N1 2009 influenza will be advised to stay at home for at least seven days from the onset of symptoms. The Department of Public Health will be contacted and advised of the diagnosis. The Department may consider closure of the service, or individual room, if there is concern about the potential for spread of the virus, particularly if there is more than one person confirmed with Pandemic (H1N1) 2009 influenza. If closure is advised, alternative arrangements will be needed for care of children.

Actions in the event of an unusual number of people presenting with influenza like illness or unusual severity of illness (e.g. child requiring admission to ICU)

The Department of Public Health will be contacted by phone.

HSE North West Tel 071-9852900

Closure:

In the event that cases of influenza due to pandemic (H1N1) 2009 virus occur in the service and that the circumstances are such that Public Health advises closure, it will be essential to have a communications plan which will include:

- Up to date contact details of the children's parents/guardians.
- An estimate of the number of children who may need to remain in the service e.g. parents/guardians working and unable to collect until specified time – these children may need to be isolated and cared for until collected.

Staff Required to Stay at Home in the Event of Family Illness:

Employees who are well but who have an ill family member at home with H1N1 flu should come to work as usual. There is no need for any staff member or child (including those at risk of complications and those who are pregnant) to stay at home from the service if they are well. An employee should monitor their health every day and follow the service's sick leave policy and procedure in the event they become ill. Employees must ensure that they inform the proprietor in the event they are diagnosed with H1N1 flu. Employees must take more than usual precautions in terms of contact with co-workers and personal hygiene. Employees who have an underlying medical condition or who are pregnant should call their doctor for advice, because they may need to receive influenza antiviral drugs to prevent illness.

Exclusion Policy:

The service will operate an exclusion policy for seven (7) days

We will remind parents/guardians that children displaying flu-like symptoms while at home (weekends and holidays) should stay at home and not return to the service for seven days from onset of symptoms.

Keep Up-to-Date:

The service will review and update this policy as information is updated through the World Health Organisation.

Helpline :

The HSE has launched a new information service for the public on the swine flu virus-influenza A(H1N1).

The Flu Information Line, a 24-hour Freephone information service, provides recorded information on the A(H1N1) flu, its symptoms, what to do if you are worried, and travel advice from the Department of Health.

The information line number is 1800 94 1100

EXCLUSIONS

Antibiotics Prescribed:	First 48 hours at home
Chickenpox:	Until scabs are dry; this is usually 5-7 days after the appearance of the rash.
Conjunctivitis:	Exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
Diarrhoea:	48 hours from last episode.
Diphtheria:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Food poisoning:	Until authorised by GP.
Glandular Fever:	Exclusion is not necessary.
Haemophilus Influenzae Type B: (Hib)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Hand, Foot and Mouth Disease:	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.
Head Lice:	Exclusion is not necessary.
Hepatitis A: (Yellow Jaundice, Infectious Hepatitis):	Recommended while the child feels unwell, or until 7 days after onset of jaundice, whichever is later.
Hepatitis 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.
Impetigo:	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
Influenza and Influenza-like Illness: (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.
Living with HIV/AIDS:	Exclusion is not necessary.
Measles:	Exclude the child while infectious i.e. up to 4 days after the rash appears.
Meningitis:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.

Meningococcal Disease:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Molluscum Contagiosum:	Exclusion is not necessary.
MRSA: (Meticillin-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 childcare setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a childcare setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
Mumps:	The child should be excluded for 5 days after the onset of swelling.
Pediculosis (lice):	Until appropriate treatment has been given
Pharyngitis/Tonsillitis:	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.
Polio:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Poliomyelitis:	Until declared free from infection by GP
Pneumococcus:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Respiratory Syncytial Virus:	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.
Ringworm:	Children need not be excluded from service once they commence treatment.
Rubella: (German Measles)	For 7 days after onset of the rash, and whilst unwell.

Scabies:	Not necessary once treatment has commenced.
Scarlet fever:	Once a patient has been on antibiotic treatment for 24 hours they can return to the service, provided they feel well enough..
Shingles:	Until scabs are dry.
Slapped Cheek Syndrome:	An affected child need not be excluded because he/she is no longer infectious by the time the rash occurs.
Temperature:	Over 38 degrees
Tetanus: (Lockjaw)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Tuberculosis (TB):	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.
Typhoid and Paratyphoid:	Very specific exclusion criteria apply; your local Department of Public Health will advise.
Viral Meningitis:	Children with the disease will usually be too ill to attend the service. Contacts do not need to be exclude.
Vomiting:	48 hours from last episode of vomiting
Whooping Cough: (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.
Worms:	Exclusion is not necessary.
Verrucae:	Exclusion is not necessary.

VACCINATION SCHEDULE:

Preschool immunisation schedule for children born since July 2008

Age to Vaccinate:	Type of Vaccination:
At birth	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B PCV (Pneumococcal Conjugate Vaccine)
At 4 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C)
At 6 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C) PCV (Pneumococcal Conjugate Vaccine)
At 12 months Free from your GP	MMR (Measles, Mumps, Rubella) PCV (Pneumococcal Conjugate Vaccine)
At 13 months Free from your GP	Men C (Meningococcal C) Hib (Haemophilus influenzae B)
At 4 - 5 years Free in school or from your GP	4 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Polio (Inactivated poliomyelitis) MMR (Measles, Mumps, Rubella)
At 11 - 14 years Free in school	Td <ul style="list-style-type: none"> • Diphtheria • Tetanus
At 12 years (1st year second level school) Girls only Free in school	HPV (Human Papillomavirus)

47. INFECTION CONTROL

Principle:

We aim to promote and maintain the health of children and staff through the control of infectious illnesses. We aim to control infection by providing on-going infection control training for staff (see also Toileting, Hand Washing and Nose Blowing, Nappy Changing, Food Hygiene, Cleanliness and Hygiene, Illness and Exclusions Policies).

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 12: Health Care, National Standard 18: Facilities)

(with references from: Health Protection Surveillance Centre, Preschool and Childcare Facility Subcommittee, Management of Infectious Disease in Childcare Facilities and Other Childcare Settings)

Statement of Intent:

It is our aim to minimise the spread of infection for staff and children 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.

Policy and Procedure:

- Exclusion guidelines as recommended by the Preschool Environmental Health Officer apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and displayed in the service.
- Parents/guardians will be informed should staff, children or visitors to the service report the presence of any contagious condition to the manager.

Any child or adult with symptoms of an infectious illness will be asked not to attend the service until they are no longer infectious. The management of the service will ensure all areas of the premises are thoroughly disinfected, including play areas, toilets, toys and all equipment.

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, or similar, to the manager.
- Unwell children will be excluded from the service until the appropriate exclusion period for that illness is finished. (See Illness and Exclusions Policy).
- All staff are aware of the procedures for dealing with appropriate daily and weekly cleaning routines and bodily fluid spillages. All cleaning is checked by management.

A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined.

- Manager will report an outbreak of any infectious disease to the Tusla Preschool 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, dates and duration of illness.

Exclusion from the Service:

- Children will be excluded from the service based on the time frames outlined in the exclusion criteria (see Illness and Exclusions Policy).
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children return to the service.
- Children and Staff should remain at home if they are suffering from general diarrhoea or vomiting until 48 hours after being symptom free.

Hand Hygiene: (See our full Hand Washing and Nose Blowing Policy)

Handwashing is the single most effective way of preventing the spread of infection; its purpose is to remove or destroy germs that are picked up on the hands. Germs can be picked up in lots of ways. They can be transferred onto our hands when we touch other people, animals, contaminated surfaces, food and body fluids. These germs can then enter our body and make us ill or they can be passed to other people or to the things that we touch. Germs picked up onto the hands can be effectively removed by thorough handwashing with soap and running water. Handwashing protects both children and staff.

Toilets and Potties:

- Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Particular attention paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.
- Each child is assigned their own potty.
- 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 are 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.

Nappy Changing: (See our full Nappy Changing Policy)

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, cooking or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.
- Ensure you have all the equipment at hand and that your hands are clean before you start.
- Single use disposable gloves must be worn, i.e. powder free synthetic vinyl or latex gloves.
- Ensure creams and lotions are not shared between children. Creams and lotions for each child should be individually labelled
- Dispose of nappies and gloves by placing in a leak proof, cleanable and sealable/airtight 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 because the risk of splashing may cause germs to spread to staff or children.
- Clean and dry the changing mat after each use.
- If soiled, clean, then disinfect using a chlorine based disinfectant, (according to manufacturer's instructions), rinse and dry after use.
- All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).
- Staff must always wash their hands after every nappy change using warm water and liquid soap.
- Hands should be dried by means of single use disposable paper towels.
- The changing mats must be checked on a regular basis and discarded if cover is torn or cracked.

Spillages of Body Fluids: (e.g. urine, faeces or vomit)

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Clean the area using warm water and a general purpose neutral detergent, use a disposable cloth.
- Apply a chlorine based disinfectant (diluted to a concentration of 1000 ppm available chlorine) to the affected surface.
- Dry the surface thoroughly using disposable paper towels.

- Dispose of soiled/sodden paper towels, gloves, apron and cloths in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Blood Spillages:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Apply a chlorine based disinfectant (at a concentration of 10,000 ppm available chlorine) to the affected surface. It should be left in contact with the surface for at least two minutes (check the manufacturer's instructions). Alternatively, chlorine granules which are supplied in commercial spillage kits may be used as directed by the manufacturers.
- Wash the area thoroughly with warm water and a general purpose neutral detergent and dry using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron and cloth in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Dealing with Cuts and Nose Bleeds:

When dealing with cuts and nose bleeds, childcare staff should follow the preschool's first aid procedure. They should:

- Put on disposable gloves and apron.
- Stop the bleeding by applying pressure to the wound with a dry 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, i.e. bag separately prior to disposing into general domestic waste bag.
- Wash and dry hands.

Children who are known to be HIV positive or hepatitis B positive should not be treated any differently from those who are not known to be positive. Intact skin provides a good barrier to infection, and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood even if they have worn gloves or they cannot see any blood on their hands.

Respiratory Hygiene and Cough Etiquette:

Everyone should cover their mouth and nose when coughing and sneezing to prevent germs spreading. In addition:

- A plentiful supply of disposable paper tissues should be readily available for nose wiping.
- Foot operated pedal bins that are lined with a plastic bag should be provided for disposal of used/soiled tissues.
- Cloth handkerchiefs should not be used.
- A different tissue should be used on each child, 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.
- Everyone (staff and children) should put their used tissues in a bin and wash their hands after contact with respiratory secretions.
- Outdoor activities should be encouraged when weather permits.
- Cots or sleeping mats should be spaced at least a half metre apart.

Gloves:

Wear disposable gloves when dealing with blood, body fluids, broken/grazed 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.

Gloves should be single use and well fitting.

Change gloves:

- After caring for each child.
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

Remember gloves are not a substitute for handwashing.

Types of Gloves:

- Disposable non-powdered latex or nitrile gloves are recommended. Synthetic vinyl gloves may also be used but users should be aware that gloves made of natural rubber latex or nitrile have better barrier properties and are more suitable for dealing with spillages of blood or body fluids.
- Gloves should conform with the European Community Standard (CE marked).
- Polythene gloves are not recommended as these gloves tear easily and do not have good barrier properties.
- Latex free gloves should be provided for staff or children who have latex allergy.

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.
- Handwashing should be performed following glove removal.



Source: US Centers for Disease Control and Prevention

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. Cloth aprons or gowns are not recommended. 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.
- Feeding equipment is sterilised using a sterilising solution (which is changed daily and mixed according to manufacturers' instructions) or steam steriliser.

Food and Kitchen Hygiene:

Germs can be spread in many ways while working with foods in the kitchen. In order to prepare food hygienically, it is important to ensure that a high standard of personal 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.

Unless unavoidable, those staff involved in toileting children or nappy changing should not be involved in food handling. Where this situation is inescapable, care workers should change their outer clothing and 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 household 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” policy is currently in place:**

- Play surfaces are cleaned, rinsed and dried before use or when visibly soiled.
- Routine cleaning is accomplished using warm water and a general purpose neutral pH detergent.
- Manufacturer’s instructions are always followed when using detergents and disinfectants with regard to the use of personal protective clothing and dilution recommendations.
- We do not guess measurements and always use a measure. Extra measures will not kill more bacteria or clean better – it will damage work surfaces, make floors slippery and give off unpleasant odours.
- Water is changed frequently as dirty water is ineffective for cleaning.
- Disinfecting surfaces are then rinsed.
- Toilets, sinks, wash hand basins and surrounding areas re cleaned when required at least twice daily.

Toys and Equipment:

In order to reduce the risk of cross infection, all toys are cleaned on a regular basis (i.e. as part of a routine cleaning schedule) and toys that are shared are cleaned between uses by different children.

Laundry:

- Linen used for cots and sleep mats are washed at the end of each week. Each child has their own linen.
- Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are washed separately.

Animals:

- Children must wash their hands after playing with any animals.
- The play area is inspected before use daily and cleaned of any pet droppings or soil.

Outings to Farms or Zoos:**Before the visit:**

- Contact the farm or zoo being visited to discuss visit arrangements and ensure that adequate infection control measures are in place.
- Be satisfied that the pet farm/zoo is well managed and precautions taken to reduce the risk of infection to visitors.
- Ensure that handwashing facilities are adequate, accessible to small children, with running hot and cold water, liquid soap, disposable paper towels, clean towels, or air dryers and waste containers.
- Ensure that all supervisors understand the need to make sure the children wash, or are helped to, wash their hands after contact with animals.

During the visit:

- Children are well supervised at all times.
- Any cuts and grazes are covered with a waterproof plaster.
- Hands are washed with warm running water and dried thoroughly after contact with animals/animal's feed, before eating and drinking, using the toilet and leaving the farm. Children will require supervised handwashing.
- Children do not eat or drink anything while touring the farm.
- Children only eat in the designated areas.
- Children do not put fingers in their mouths or the mouths of animals.
- Children wear appropriate clothing, including sturdy shoes or Wellingtons but not sandals.
- Visitors do not drink from taps unless specifically labelled as drinking water.
- Visitors do not touch compost, animal waste and, after any accidental contact, should wash their hands thoroughly.
- Since boots and clothes can become contaminated during the visit, children will wash their hands after removing the clothes and boots and before doing anything else (e.g. eating). Dirty boots will be cleaned with hot water and detergent. Footwear will be changed or cleaned before leaving and then hands washed.
- Pregnant staff members will not handle sheep or new-born lambs after the visit.
- If a member of the group shows signs of illness (e.g. vomiting and/or diarrhoea) after a farm/zoo visit, they are advised to visit their GP and explain that they have had recent contact with farm animals.
- If two or more members are ill please follow the above action. The Manager will also contact their local Department of Public Health, as further action may be necessary.

48. HAND WASHING AND NOSE BLOWING

Principle:

Hand washing is the single most effective way of preventing the spread of infection.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 12: Health Care, National Standard 18: Facilities)

(with references from: Health Protection Surveillance Centre, Preschool and Childcare Facility Subcommittee, Management of Infectious Disease in Childcare Facilities and Other Childcare Settings)

Statement of Intent:

To reduce the spread of infection in the service by ensuring rigorous hand washing and hygiene procedures.

Hand Hygiene:

Hand Washing is the single most effective way of preventing the spread of infection; its purpose is to remove or destroy germs that are picked up on the hands. Germs can be picked up in lots of ways. They can be transferred onto our hands when we touch other people, animals, contaminated surfaces, food and body fluids. These germs can then enter our body and make us ill or they can be passed to other people or to the things that we touch. Germs picked up onto the hands can be effectively removed by thorough handwashing with soap and running water. Handwashing protects both children and staff.

The Dos and Don'ts of Hand Washing:

Do:

- Keep nails short, clean and free of nail varnish, nail extensions and false nails.
- Care for your hands; moisturise hands regularly to keep the skin in good condition.
- Use warm running water and liquid soap and pat hands dry with disposable paper towels rather than rubbing them, to prevent skin irritation.
- Cover any cuts or abrasions with a waterproof dressing and change as necessary. Supervise children's handwashing and assist where necessary.

Don't:

- Wear jewellery - one ring e.g. a plain gold or silver band is permitted.
- Use nailbrushes as germs multiply on wet nailbrushes.
- Carry out direct care if you have moist lesions on your hands e.g. weeping dermatitis - seek medical/ occupational advice.
- Assume children know how to wash their hands – show them.
- Use a single cloth or a bowl of water to clean a group of children's hands.
- Allow children to eat without washing their hands.

Staff must 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).

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.

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 (see posters on handwashing technique in the resources section).
- 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.
- Use the disposable paper towel that has been used to dry the hands to turn off taps.
- Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.
- Staff should provide assistance 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.



Facilities for Hand Washing:

Provide liquid soap and wall mounted disposable paper towel dispensers, and wash hand basins with hot and cold mixer taps in:

- Nappy changing areas.
- Playrooms and baby rooms (especially for adults).
- Food preparation areas.
- Toilets (staff and children).
- Laundry.

Ensure wash hand basins have hot and cold mixer taps that are thermostatically controlled to deliver hot water at a maximum temperature of 43°C, to avoid scalding. Wash hand basins should be readily accessible at all times. One toilet and one wash hand basin should be provided for every 10 toilet trained children, preferably en suite to the play area. Basins should be at an appropriate height for staff and children. A waste bin should be located next to each basin for paper towel disposal. Waste bins should be foot pedal operated.

Soaps:

Handwashing with liquid soap and warm running water is recommended. Anti-bacterial soap is not necessary or recommended. An anti-bacterial soap may be required in food preparation areas. Ideally, liquid soap dispensers should be wall mounted and have individual replacement cartridges that are discarded when empty. Bar soap is

not recommended due to the increased risk of contamination. Refillable soap dispensers are not recommended. A mild unscented liquid soap is recommended for staff/children with sensitive skin.

Drying:

Good quality disposable paper towels are recommended for drying hands. Hot air driers, cloth towels and cloth roller towels are not recommended. Childminders looking after children in their own home may use kitchen towel/roll or a designated hand towel which should be washed every day or more often if physically dirty.

Alcohol-based Hand Rub/Gels:

When soap and running water are not readily available, for example on a field trip or excursion, an alcohol based hand rub/gel may be used (the alcohol content should be at least 60%). The alcohol based hand rub must be applied vigorously over all hand surfaces. Alcohol based 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 alcohol based 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 an alcohol rub/gel. **Alcohol based hand rubs/gels are not a substitute for handwashing with soap and running water.**

Method:

Apply the required volume of the product to the palm of one hand and rub the hands together. The amount of gel used should be sufficient to keep the hands wet for at least 15 seconds. Ensure all surfaces of the hands and fingers are covered with the gel and keep rubbing until the hands are dry. As with any other household product or chemical, care should be taken to ensure that children do not accidentally ingest handwashing products. Children should not have independent use of containers of alcohol gel. Avoid touching the area around a child's eyes just after using an alcohol gel as the child may experience a stinging sensation

Skin Care:

Childcare staff must care for their hands to prevent dry, cracked skin. Prolonged contact with water softens the skin of the hands and may lead to skin irritation. Damaged skin is more likely to allow germs to grow. Hand creams should be applied regularly. Water based hand creams (non-oily) are suitable for use during the day as these do not interfere with the protective properties of latex gloves. Hand cream should only be available in tubes or a pump dispenser – communal pots are not recommended as these are likely to get contaminated with germs. Children with eczema may need to use special skincare products to prevent skin irritation – discuss this with the child's parents/guardians.

Hand Washing and Young Children:

Good handwashing habits should be taught to children as early as possible. This can be done by:

- Showing children a good handwashing technique (see posters on handwashing in resources section).
- Supervising and assisting children to wash their hands.
- Always leading by good example.

Remember, babies also need their hands washed as often and as thoroughly as older children.

Nose Blowing Procedure:

Tissues are available at all times and children will be taught the following etiquette for nose blowing.

1. Get a tissue
2. Fold it in half
3. Blow nose gently
4. Wipe nose clean
5. Throw tissue away in bin
6. Wash hands
7. Staff supporting children to clean their nose must wash their hands before and after helping them.

	
Get a tissue.	Fold the tissue in half.
	
Blow nose gently.	Wipe nose clean.
	
Throw tissue away.	Wash hands.

49. INTIMATE and PERSONAL CARE

Principle:

The service believes that the intimate care of children cannot be separated from other aspects of their learning and development. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in the service and provide appropriate support for each on an individual basis.

Childcare 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, the sexual 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 and toileting.

Procedure

- Staff will work with parents/guardians and children to establish a preferred procedure for supporting the children in our care with their personal and intimate care.
- Where possible the child's key person is responsible for undertaking the care of an individual child. When this is not possible a staff member who is 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.
- Children will be cared for with dignity and respect for their privacy.
- Children will be encouraged to wash their own hands, brush their teeth and comb hair where relevant.
- Clean aprons and bibs are available for the children to use as required

Bottle Feeding Guide:

- Wash Hands.
- Warm the bottle by standing it in a jug of warm water or use a bottle warmer.
- **Do not** use a microwave to warm as this can cause 'hot spots' and burn a baby's mouth.
- Cool a bottle by standing it in a jug of cold water.
- Change the baby's nappy if necessary - following correct procedure.
- Collect together everything you may need, tissues, bib etc.
- Check the flow and temperature of the milk by testing it on your wrist.
- Sit comfortably in a chair- you may need to support a small baby on a cushion. (if you find you are getting back or shoulder ache adjust your position and relax your shoulders).
- Gently touch the baby's lips with the bottle teat, and place it in the open mouth. (Never force a baby to open their mouth).
- Angle the bottle so the milk fills the teat.
- Allow a baby to feed at their own pace.
- A baby will often need frequent breaks for winding, an older baby will probably only need one break. Hold the baby on your shoulder or support in a sitting position with your hand under the chin and gently rub the back. Babies often are a little sick so putting a cloth on your shoulder or hand is a good precaution.
- Throw away unfinished milk.
- Change nappy again as necessary.

Nose Blowing Procedure:

Tissues are available at all times and children will be taught the following etiquette for nose blowing.

1. Get a tissue
2. Fold it in half
3. Blow nose gently
4. Wipe nose clean
5. Throw tissue away in bin
6. Wash hands
7. Staff supporting children to clean their nose must wash their hands before and after helping them.

50. MANUAL HANDLING

Principle:

To assess and reduce the risks associated with manual handling.

Childcare 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.

Duties:

- Assess risks to the health and safety of their employees and others who may be affected in order to identify the measures needed to comply with relevant Health and safety law.
- Make arrangements to implement the measures identified as being required by the risk assessment.
- Appoint competent people to help with implementation.
- Provide information to employees that can be understood, as well as adequate training and instruction.
- Set up emergency procedures.
- Staff should complete Manual handling training.
- Avoid hazardous Manual Handling operations as far as is reasonable 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, remember that whatever you pick up must be put down at some point (*and vice versa*).
- Position yourself correctly.
- 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.

51. MEDICINES

Principle:

Our aim at the service is to promote the health, safety and wellbeing of each child in our care. At the service we encourage open communication with our parents/guardians to share their concerns regarding their child's health

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 10: Organisation) (National Standard 2: Contract, National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 4: Records, National Standard 12: Health Care)

Statement of Intent:

We do not routinely administer 'Calpol' or other non-prescription/prescription medications. We only administer medicines with the correct signed permission.

Medicines must only be brought into the service for administration by the staff when it is essential. This means where it would be detrimental to the child's health if it were not to be administered.

Policy and Procedure:

- The person in charge must be informed if your child is taking antibiotics or any other prescription or non-prescription medication.
- A record of the child's medical history will be required on the registration form
- We advise that children must be taking antibiotics for two days prior to returning to the service.
- 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 doctor.
- 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.
- 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 then stored in the fridge or the medicine cabinet. Any form of medication must never be left in a child's bag, including inhalers.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage plus the name of the health care provider that recommended the medication.

Storage of Medicines

- All medication is stored out of reach of the children.
- The person in charge is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept at the service. The person in charge 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 back to the parent.
- Unused medicines should be returned 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.
- Check parents/guardians have completed and signed 'Administration of Medicines' Consent form and Anti Febrile Medication form if relevant.
- Staff are aware of any potential adverse reactions to the medication, and of how to deal with them.
- Staff are aware of how the medication reacts with food, fluids or other medications. e.g. some medications cannot be given with milk, or when taking another medication.
- Staff will maintain a record of 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:

Anti-febrile medication is medication used to reduce a raised body temperature. The most common anti-febrile medications used are: Paracetamol (Paralink, Calpol) and Ibuprofen (Nurofen). 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 in the event that the child develops a temperature over 38 degrees. This medication should not be used unless indicated for high temperature or pain as overdose can cause significant medical problems.

Parents must provide a new bottle of anti-febrile medication for each child.

Parents/guardians will always be notified, by telephone, prior to the administration of an un-prescribed anti-febrile medication and parents/guardians will be requested to collect child within 30 minutes.

If the consent form is not signed then the parent must be contacted immediately BEFORE any administration of Anti Febrile Medication' to the child to confirm that it is permissible. Parents/guardians upon returning to the service must then be required to sign the correct permission forms.

If a child has a temperature and permission for 'Anti Febrile Medication' has not been granted medical advice should be remedied immediately.

Staff must ask for a person in charge or 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 dosage and route in the medicines record and give a copy to the parent.
- 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. Administering medication is a responsibility which must be undertaken with due caution. If staff are not sure how to administer it or have difficulty doing so, please inform the person in charge. **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 clear written instructions on how to administer such medication.
- The service must have the parents/guardians' or guardians' prior written consent. This consent must be kept on file.

Medication and Invasive Treatments:

Adrenaline injections (Epipens) 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.
- Proof of training in the administration of such medication
- A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.

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 sealed plastic box clearly labelled with the child's name and the name of the medication. 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 stapled to the medicine record book and the parent signs it.

Sunscreen:

- We will send letters home asking for parents/guardians to apply sun cream to their child before bringing them to school each morning.
- We will also ask parents/guardians for permission for staff to apply sun cream onto their child when appropriate.
- Parents/guardians should bring in sun cream in a named bottle.

All records kept by the service are kept secure and confidential.

Medication Errors:

All medication errors will be recorded and we will seek medical advice immediately/ This includes medication is 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.

52. MISSING CHILD

Principle:

To minimise the likelihood of children going missing while in the care of the service and to provide the correct procedure to follow should that happen.

Childcare 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:

All children attending the service are of equal importance and are cared for equally. Staff are vigilant and the building is used in such a way as to minimise the chance of children removing themselves from the main group without being noticed, whilst allowing them a free choice of activities. In this way staff can be made immediately aware of a child needing help or support, and react accordingly.

Procedure:

- Children are welcomed into the setting by a designated member of staff, who marks their presence in the daily register.
- A member of staff remains on duty by the door throughout the arrival and departure period of the service and until all parents/guardians have left the premises.
- The main door is kept secure at all times when a member of staff is not on duty at the entrance.
- Children's times of arrival and departure are noted on the register, and a note is made in the register if a child is to leave early or with another adult.
- The outdoor area is securely fenced and the gate secure at all times.
- Visitors are viewed through a window before the door is unlatched to allow them access to the building.
- Staff are deployed throughout the setting during the session, ensuring that no child is left alone for any period of time without an adult being aware of their location.
- The outdoor area is supervised.
- The rooms in which the children play are never left unsupervised/out of vision of staff.
- Staff remains on duty within the main room at all times, unless all the children and staff are in the outdoor area together

- 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 register will be called to determine which child(ren) are missing.
- The grounds surrounding the service will be searched.
- Staff will call the local Garda.
- Staff will inform the parents/guardians.
- 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 and appropriately signed

In the Event of a Child going missing on an outing:

- 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 and appropriately signed

53. NAPPY CHANGING

Principle:

In line with Child Protection Guidelines, health and safety and best practice the service will adopt the following procedure in relation to nappy changing.

Childcare 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/guardians 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 Childcare Facility Subcommittee, Management of Infectious Disease in Childcare Facilities and Other Childcare Settings)

Statement of Intent:

The service aims to ensure that nappies are changed in a caring and hygienic manner in a way agreed with the parents/guardians.

Policy and Procedure:

- In the interests of health and safety and best practice staff should ensure that when this procedure is taking place there are always two adults or at least another adult in full view of the procedure.
- Separate nappy changing facilities are provided.
- Rooms are equipped with plastic gloves/aprons for the staff and they must use a fresh pair of gloves for every nappy change.
- There is no cross use of any of the creams, in the event that a spare nappy is borrowed it is documented on the nappy changing record and a replacement is given as soon as it is available. In the event that any supplies run out, parents/guardians are notified immediately or ideally in advance to say that supplies are running low. Parents/guardians are asked to replace or replenish these supplies as quickly as possible.
- A record of all nappy changes is kept on a daily basis for each child on the nappy changing record sheet and recorded in the child's communication book (daily diary).
- 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 should follow the nappy changing rota and ensure that adequate staff ratios are adhered to.
- 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. These procedures are on display in the nappy changing area.
- All Staff will be trained in hygienic nappy changing procedures.
- Staff undertaking nappy changes must not be involved in food preparation.
- Changing mats will be checked weekly for tears and replaced as necessary.
- The changing mat area will be cleaned **before** and **after** each nappy change with anti-bacterial cleaner and dried with a paper towel.
- The nappy changing room is cleaned and checked at regular intervals throughout the day and this is documented on the cleaning chart.
- Nappy bins will be emptied at regular intervals. Bins will always be emptied at the end of every day.
- Staff will report to the Manager 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 hall, corridor, ventilated lobby or ventilated space.
- The facility is provided with adequate ventilation either naturally via openable windows or by means of mechanical ventilation.
- The surfaces of the area (i.e. worktop surfaces, walls, floor and ceiling) are smooth, durable and easy to clean.
- There is one nappy changing unit (wash hand basin and changing mat) provided for every ten children in nappies.
- Each wash hand basin has running cold and hot water, disposable liquid soap (ideally wall mounted) and paper towel dispensers. A pedal bin is provided for the disposal of paper towels.
- Mixer taps are hands free such as wrist, elbow, knee-operated or automatic sensor taps.
- Changing mats are waterproof, have an easily cleanable cover and in a good state of repair, i.e. no breaks or tears.
- Single use disposable gloves are available at the unit i.e. powder free synthetic vinyl or latex gloves.
- Appropriate shelving/safe storage is provided to accommodate all necessary nappy changing equipment, i.e. gloves, individual children's nappy supplies and creams/lotions.
- Nappies and gloves are disposed of by placing in a leak proof, cleanable and sealable/airtight 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, cooking or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.
- Ensure you have all the equipment at hand and that your hands are clean before you start.
- Single use disposable gloves must be worn, i.e. powder free synthetic vinyl or latex gloves.
- Ensure creams and lotions are not shared between children. Creams and lotions for each child should be individually labelled.
- 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 because the risk of splashing may cause germs to spread to staff or children.

- Clean and dry the changing mat after each use. If soiled, clean, then disinfect using a chlorine based disinfectant, (according to manufacturer's instructions), rinse and dry after use. All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).
- Staff must always wash their hands after every nappy change using warm water and liquid soap. Hands should be dried by means of single use disposable paper towels.
- The changing mats are checked on a regular basis 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 in opening the bowels or produces stools which are small and hard.
- Baby cries when opening the bowels.
- Nappy rash.

54. PEST CONTROL

Principle:

At the service we work hard to keep a clean and hygienic environment for children staff and parents/guardians. The service will ensure children and staff are not exposed to pests (insects, cockroaches, rats, mice, etc.) pest residue, and the chemicals used to control them.

Childcare 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 the person designated to act as a liaison between the service and a pest control company if required.

Procedure:

- Regular inspections will be performed by the person in charge or a pest management professional (who is knowledgeable about pest control) or another person who is knowledgeable about pest biology and habits.
- Staff should report to the person in charge 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 pest proof 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 whenever possible.
- 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.
- If a pesticide is needed, the least hazardous pesticide is selected that will effectively control the pest problem.
- 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 (e.g. wasps) 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).
- 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.
- Access to bait boxes and other forms of pest control will never be accessible to children at the service.
- A record of pest control measures will be kept

Individual Pests:

Houseflies

Significance:

Houseflies can transmit intestinal worms or their eggs and are potential vectors of disease such as food poisoning and gastro-enteritis. They will frequent and feed indiscriminately on any liquefiable solid food, putrefying material or food stored for human consumption.

Control:

Flies have rapid, prolific breeding habits and high mobility. In order to break the life-cycle, control measures should be directed against larval and adult flies.

Hygiene/Management:

Satisfactory hygiene is necessary to limit potential breeding sites and food sources. Entry of flies into buildings can be prevented by 1.12mm mesh fly screen, air curtains, bead screens or self-closing door equipment with rubber seals.

Cockroaches

Distribution:

Cockroaches are common in premises associated with the production or handling of food. Gregarious and nocturnal they spend the day hiding in cracks and crevices around areas such as sinks, drains, cookers, the backs of cupboards and in refrigerator motor compartments. They favour buildings with service ducts and complex plumbing installations which allow them to travel freely.

Significance:

Cockroaches are potential vectors of diseases such as food poisoning and gastroenteritis and can spread antibiotic resistant bacteria of many types. Their diet is omnivorous and includes fermenting substances, soiled dressings, hair, leather, parchment, wallpaper, faeces and food for human consumption.

Control:

Monitoring and control is essential although successful control of cockroaches is a complex subject, and depends very much upon tailoring control measures to the species concerned. Infestations can be difficult to control as cockroach eggs are poorly penetrated by insecticides. Consequently surveillance of the area by the pest control contractor may need to be prolonged.

Hygiene/Management:

A high standard of hygiene will deny sources of food and hiding places.

Ants

Black Ants: Foraging worker ants cause a nuisance as they travel widely in search of food, following well-defined trails and clustering around the food source. Sweet foods are preferred. They are obviously an unpleasant sight and may damage food for human consumption.

Pharaoh's Ants: These 2mm omnivorous light brown ants are half the size of the black ants. They cannot breed without artificial heat, are very persistent and pose a serious cross infection risk. The ants may be found in wall cavities, heating pipes, behind sinks and ovens and therefore in laundry, linen rooms or kitchens. They are particularly attracted to sweet or light protein.

Wasps

Wasp stings cause pain and distress. Some individuals are particularly sensitive. Wasp nests are only used for one season, so it may be possible to put up with the problem temporarily. They are often found in cavities in brickwork, in air bricks and roof vents. The nest can be treated by the Trust's pest control contractor; such work may be best carried out in the evening or weekend as poisoned stupefied wasps can cause problems. Particular attention should be paid to areas around rubbish bins that should be kept in a hygienic condition.

Other Insect Pests

There are many other insect pests. The most common of these being flies of various species, crickets, silverfish and the stored product insects and mites who can be found infesting dried foods such as flour weevils.

Mice and Rats

These are the vertebrates with greatest potential for damage. Modern rodenticides are extremely efficient in the eradication of mice and rats.

Rodents have been known to gnaw through electric cables and cause fires. All sightings and other evidence of their presence should be reported to the Management. All food and organic waste shall be kept in rodent proof containers.

Squirrels

The most serious damage in urban areas arises where the squirrel enters the roof spaces of houses by climbing the walls or jumping from nearby trees. Once inside, they chew woodwork, ceilings, and insulation on electrical wiring or tear up the loft insulation to form a dray. The best method of control is to proof the building/loft. Prevention is better than cure.

If a cure is required the best form of control is trapping with the use of a squirrel trap.

Foxes

Foxes may occasionally spread disease such as toxocara and leptospirosis but the risk is believed to be small. More significantly, foxes do cause nuisance in a number of ways. There may be damage to gardens caused when digging for food, and of course the indiscriminate depositing of faeces.

Killing foxes is both unnecessary and unlikely to provide a long-term solution as other foxes move in to vacant territories.

Birds

The nuisance of birds can be controlled in the first instance by preventative measures, e.g. blocking of nesting holes and the application of devices to discourage perching. Netting and trapping can also be considered with the aim of immediate release away from the area/location of capture. Whatever method is employed it should take into account whether the birds are currently in a nesting season or whether they are protected by law.

Advice should be sought from the Irish Society for the Protection of Birds (ISPB).

55. SAFETY and SECURITY

Principle:

The service will ensure that it takes all reasonable procedures in relation to the security of the service, employees and children in attendance.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 17: Premises, National Standard 20: Safety)

Statement of Intent:

The security practices are applicable to all staff working in the service.

Policy and Procedure:

- It is crucial in the provision of an early years' service to provide a service that is safe for the children and the staff

Our service is most likely to be safe when:

- Every reasonable precaution is taken in terms of the provision of the premises and equipment.
- Every reasonable precaution is taken in terms of the upkeep of premises and equipment.
- There is an adequate ratio of staff to children.
- All staff are aware of the Department of Health and Children - ***Children First National Guidance for the Protection and Welfare of Children*** and the Child Protection Policy of the service.
- The entrances and exits are clearly marked and kept clear of furniture and equipment.
- Any person gaining admission to the building either to collect children or on any other business have limited access and are monitored.
- There is a clear policy on procedures to be undertaken in the event of an accident / fire and this is known to staff and children.
- An effective fire drill routine is established and practised monthly.
- At least one member of staff trained in First Aid procedures is on duty at all times.
- A suitably equipped first-aid box is on the premises.
- The materials contained in any bedding and the internal furnishing of the premises have adequate fire retardant properties and have low levels of toxicity when on fire.
- All heat emitting surfaces are protected by a fixed guard or are thermostatically controlled to ensure safe surface temperatures.

- The hot water provided for use by preschool children is thermostatically controlled to ensure a safe temperature. It should not exceed 43°.
- Adequate arrangements are in place to summon medical assistance promptly in an emergency.
- Records up to date on staff and children
- Parents/guardians are requested not to admit anyone else into the premises whilst entering or leaving unless they know them.
- We ask all parents/guardians and staff to check that all doors are securely closed behind them, at all times.
- Staff will know what children are present at all times and they will be adequately supervised in accordance with the recommended ratios.
- Safety checks are done regularly to ensure that no child can leave the premises undetected.
- We ask that all potential collectors be introduced to staff and the person in charge in advance.
- If a child is being collected by anyone other than the parents/guardians or usual designated person, a staff member must be informed, the parent will be asked to sign a daily record book and give a brief description of the person.
- Please inform the person collecting your child that they will be required to provide identification, to confirm who they are. This is to ensure our children's safety.
- In the event of a parent collecting other fellow child prior arrangements must be made. The parent will be asked to sign the record book.
- Regular exchange of information with parents/guardians is important, parents/guardians must inform the service of change of personal details (e.g.) new house, job, phone number.
- Any TV's, DVD players, cameras, computers and laptops are stored securely when not in use and marked with a security pen.
- The main entrance door is locked and can only be opened by a member of staff after they have identified who the visitor is.
- Visitors are required to sign in and out.
- Staff have access to a telephone on the premises. Emergency numbers are displayed beside the phone.
- Parents/guardians emergency numbers are easily accessible to staff.

56. SLEEP and REST POLICY

Principle:

The Childcare Act 1991 (Early Years Services) Regulations 2016 recommend that all children should have access to proper rest facilities.

Childcare 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. Early Years Practitioners 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 Early Years Practitioners working in this service, will receive training on our **Safe Sleep Practices**. Our safe sleep practices will be regularly reviewed and all new staff will be made aware of this policy at their induction.

Policy and Procedure:

The following procedures will be carried out to ensure safe sleep and rest practices.

Safe Sleep Practices:

- The Safe Sleep Checklist will be displayed in the sleep room (Appendix I).
- Infants will always 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 you discover that they have turned onto their tummy, you should gently re-turn them 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 cot to sleep. While travel cots and prams with a firm base and mattress are also suitable for sleeping the Childcare Act 1991 (Early Years Services) Regulations 2016 **does not permit this.** Beanbags, chairs, and sofas should never be used as a sleep surface as all increase the risks of cot death.
- 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 or over-wrapping the infant.

- 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 can be facilitated. The following is a general guide to help estimate the number of cots needed:

- At 6 months, children need approximately 10-11 hours' night-time sleep and 2 day time naps of 2-3 hours each. Therefore, a separate cot for each child at, or under this age is recommended.
- At 9 months, children need approximately 10-12 hours' night-time sleep and 2 day time naps of 1-2 hours each. Therefore, cots for 2/3(2/3rds) of children in this age bracket is recommended.
- At 18 months-2 years of age, children need approximately 10-12 hours' night-time sleep and 1 day time nap of 1-2 hours. Therefore, cots for half the number of children catered for, in that age group, is recommended.
- At 2 years, children need approximately 11-12 hours' night-time sleep and 1 day time nap of 1 hour. 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:

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 color 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 color, body temperature by touch and restlessness.

The sleep information will be recorded on a Sleep Chart including:

- The sleeping position
- Colour/pallor
- Breathing pattern

Note: We have procedures in place for dealing with cot death (Appendix J).

Safe Sleep Environment:

- Room temperature will be kept between 16^o and 20^o Celsius and a thermometer kept in the sleep room. Recording and documenting room temperature during infant sleeps helps ensure babies are being cared for within recommended limits.
- 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 covered in a waterproof fabric such as PVC. All mattresses should be regularly inspected for signs of damage to the waterproof fabric and if punctured, cracked, or torn, should be replaced immediately.
- Ensure that the gaps between the bars of the cot are less than 6.5 cm and that the space between the mattress and the cot is no more than 4cm.
- All cots/beds are marked with the child's name and will be covered by a sheet.
- Infants under 1 year old should not have pillows, duvets, soft toys, or comforter blankets in their cot. Instead use one or more layers of light blankets (depending on the room temperature). Remember that one blanket doubled over counts as two blankets.
- Infant/child's heads will not be covered with blankets or bedding.
- Parents are advised to have a new mattress for each child within their own home; however, this is not practical within the early years setting. Therefore, each child will have their own bedding and the mattress should be checked, inspected, and disinfected between each infant sleep.
- Bedding is laundered at least weekly or more often if required. A record will be kept.
- No bottles will be permitted in cots.
- 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.
- Smoking is not permitted on the premises or the surrounding areas adjacent to the premises.
- Infants/children are always supervised when sleeping/resting.
- Sometimes Early Years Practitioners find it difficult to get some infants/children to sleep because they do not have an established routine at home. We appreciate parents/carers/guardians' cooperation in this area and ask that a child's routine includes sleeping in a cot. If parent's/carers/ guardians are having trouble with this then they should talk to the child's key worker.
- Early Years Practitioners 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 dummy 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 dummy in anything sweet.
- It is recommended that soother use is introduced only after breastfeeding is well established (usually around 4 weeks) and that soother use is stopped between 6 and 12 months.
- 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.

Early Years Practitioners 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/growbags 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 putting the infant/child down to sleep and again on waking.
- Early Years Practitioners should check if older children need to wear a nappy while sleeping.
- Children should be encouraged to go to the toilet prior to sleeping and again upon waking.

Further information on safe sleep practices may be found at:

National Sudden Infant Death Register

George's Hall

The Childrens' University Hospital

Temple Street, Dublin 1

Tel: 01 878 8455

Helpline: 1850 391 391

www.sidsireland.ie

The Irish Sudden Infant Death Association

Carmichael House

4 North Brunswick Street

Dublin 7

Tel: 01 873 2711

www.isida.ie

APPENDIX I: SAFE SLEEP CHECKLIST

- Infants will always be placed on their backs to sleep with their 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 color, body temperature by touch and restlessness.
- Room temperature will be kept between 16⁰ and 20⁰ Celsius and a thermometer kept in the sleep room.
- 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.
- No bottles will be permitted in cots.
- 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.
- No smoking is permitted on the premises or the surrounding areas adjacent to the premises.
- We have procedures in place for dealing with cot death.

APPENDIX J: 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.
- There is a clear gender difference in cot death with boys being almost twice as likely to suffer a cot death as girls. The reason for this is uncertain.
- 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. Twins are also more vulnerable.
- 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:

No one would ever wish to have to deal with an incident of 'Cot Death', however the risk of cot death is a very real one, therefore to ensure that if ever an incident of cot death should ever occur in this service procedures to deal appropriately, effectively, and compassionately have been put in place.

Procedures:

- 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.
 - Try to remain calm.

What happens next?

- The Gardaí will probably arrive.
- Under the Coroner's Act, 1962, the Gardaí 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 member of staff 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, and contact the hospital to let them know of the parents intended arrival.

If the parents arrive at the service:

- When the parents arrive at the service, immediately bring them to where the child is.
- 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 Gardaí will call to visit them, and that you as the carer will be asked some questions.

- The GP or a member of the Gardaí, will have the task of officially informing the parents of the death of their child.
- Parents usually want to know the details there and then surround the death of their child.
- Let them 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 Gardaí 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:

- Gently explain to the children that the infant/child is not well and that the doctor is coming to take care of him/her.
- Try to continue the children's daily routine as normally as possible.
- Answer the children's questions honestly and simply reassure them that their familiar staff member will be staying with them until their parents arrive to collect to them.
- The older children may ask direct questions e.g. 'is he dead?', you must answer them truthfully, but be sure that you 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 the Irish Sudden Infant Death Association for support and advice.

- Organise counselling for the children, staff, and parents by contacting the District Health Nurse or the Hospital.
- Discuss and seek permission from parents if they wish their child to avail of professional counselling.
- Call a parent/staff meeting and invited 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 infant/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.
- A tree could be planted, or a garden created in memory of the infant/child, which may add the grieving process.

These guidelines are recommended by the:

Irish Sudden Infant Death Association

4 North Brunswick Street

Dublin 7

Tele: 01) 8732711

Helpline Call Save: 1850 391391

57. SUN SAFETY

Principle:

We want staff and children to enjoy the sun safely.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 8: Care, Play and Learning, National Standard 20: Safety)

Statement of Intent:

We will work with staff and parents/guardians to achieve sun safety

Policy:

The service requests that parents/guardians:

- Apply sun cream to their child/children before they attend school. As in the first instance it is the responsibility of the parent to apply sun cream to their child/children.
- If necessary put named sun cream in the child's bag and request the staff member to apply the sun cream, every effort will be made by the staff member to do this.
- Provide a sunhat for children.

The service will ensure that:

- On very hot days children will have reduced exposure to sunlight.
- Where possible, children can seek shade when outside in the sun.
- Ensure that children will wear a sunhat if provided by the parent.

We will work towards Sun safety through the following:

Education:

- Discussion with the older children about the sun and the need for protection.
- Letter to be sent to parents/guardians and guardians with regard to sun cream and protection.
- Time spent in discussion at staff meetings about sun safety in the garden.

Protection:**Shade:**

- Large sun canopies/umbrellas may be used for shade around the garden.

Timetabling:

- Children will spend more time playing outside before 11am and after 3pm, and less time over lunchtime.

Clothing:

- We will actively encourage all children to wear a hat when playing outside – for any length of time.
- A small supply of hats will be available for those children who have forgotten their own.

Sunscreen:

- We will send letters home asking for parents/guardians to apply sun cream to their child before bringing them to school each morning.
- We will also ask parents/guardians for permission for staff to apply sun cream onto their child when appropriate.
- Parents/guardians should bring in sun cream in a named bottle.

Drinks:

- Water will be available at all times in the classroom.
- Water will also be available in the garden while children are playing.

58. TOILETING:

Principle:

In line with Child Protection Guidelines, health and safety and best practice, the service will adopt the following procedures in relation to toileting.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 9: Nurture and Well-Being, National Standard 12: Health Care, National Standard 18: Facilities)

Statement of Intent:

All staff who work with children in the service must follow this policy.

Policy and Procedure:

It is our policy that all children should be potty trained at home. There is no magic age at which a child is ready to start but most child will develop the necessary physical and cognitive skills around 2 onwards. Parents/guardians should assess their readiness before introducing them to toilet training.

- We advise that parents spend initial stage (at least one week) training your child at home as accidents can cause distress to your child.
- If by age 2yrs 10mts children are not toilet trained and ready to move to the play school parents will be required to keep the child at home until potty training is completed.
- We advise that you wait until your child has sufficient language to tell you/career verbally or with actions that they need to go.
- Make training fun for your child.
- Too much pressure on your child when he/she is not ready can upset and put your child off the idea completely and create distress to both you and your child.
- Seeing other children use the toilet will help your child understand the process.
- Buy a potty long before you are going to use it so your child is familiar with it. They can sit on it and use it in play before they are actually trained.
- Training is easier in the warmer weather when children can run around without nappies.
- Shower facilities are available in the centre and when children will be washed and changed in line with hygiene practice.
- Please feel free to speak to the staff member if you are thinking of potty training your child and we will work closely with you to complete successful training.

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 ask the child if she wants the toilet door left open or closed.
- Reassure the child that you will wait outside the door where they can call if they need you.
- If the child asks you to help undo buttons or zippers where possible have another staff member in the same vicinity for both the child's and staff members protection.
- 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.

Toileting Accidents:

A full set 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 recorded in the Incident Book or form and the parent/carer informed.

STAFF

59. ABSENCE COVER

Childcare Act 1991 (Early Years Services) Regulations 2016.

Principle:

We will ensure that there is always staff cover and that the service is maintained according to the child/staff ratios as set down by the Childcare Act 1991 (Early Years Services) Regulations 2016.

Childcare 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:

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 childcare workers 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 the person in charge on the day of absenteeism before 7am.
- If an employee knows that they will be absent on the day before you should telephone and speak to the person in charge by 4pm.
- 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 or 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 are unable to return to work due to this fact.
- Emails, voice mails 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 3 or more days, the employee will need to present a doctor's certificate to Management.
- 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 appropriate cover by contacting relief staff and staff from recruitment agency.
- Ensure that all relief/temporary staff are suitably qualified and Garda vetted.
- Ensure that the service sick policy is adhered to.
- Ensure that appropriate adult child ratios are met according to the Childcare Act 1991 (Early Years Services) Regulations 2016 at all times.

PERSON IN CHARGE:

The Manager is the person in charge of the service. In their absence the deputy will be in charge.

60. EMPLOYEE INFECTION CONTROL

Principle:

Employers, owners and managers of childcare and early years' services have a legal duty to protect employees at work as laid out in the Health and Safety Act (2005).

Statement of Intent:

It is our aim to minimise the spread of infection for staff and children 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.
- We aim to control infection by providing on-going infection control training for staff (see also Hand-washing, Toileting, Nappy Changing, Food Hygiene, Cleanliness and Hygiene, Illness and Infection Control Policies).
- All staff should be made aware at induction (and regularly thereafter) of the need for exclusion if they develop symptoms of gastrointestinal illness, fever or skin rashes any one of which may pose a risk of infection to children (and others).
- Staff and children are required to have up to date immunisations.
- All new staff including temporary and part time staff will undergo induction training including training in infection prevention and control.

Childcare Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 12: Health Care, National Standard 18: Facilities)

Disease control is most likely to be successful when the following three principles are followed:

1. Hand washing should be used at every opportunity.
2. Immunisation: **ALL** children **AND** staff should be appropriately immunised.
3. Exclusion - Any un-well **staff member** or **child** should be excluded.

Immunisations:

Staff that are appropriately immunised pose a significantly smaller risk to the children in their care and, are in turn, protected against the dangers that certain vaccine preventable infectious diseases pose to themselves and to their unborn children. Immunisation is an important public health preventive measure and it is the responsibility of all citizens to ensure they avail of the immunisation services provided by the State. Staff should ensure that they are adequately immunised prior to commencement of employment.

- All staff should have up-to-date rubella and tetanus vaccinations as a minimum. Additional checks/vaccinations such as TB, polio or Hepatitis A should be maintained as good practise.

Pregnant Staff:

It is important that staff who are pregnant or planning a pregnancy should ensure that they are appropriately immunised and compliant with infection control precautions.

If a pregnant woman* develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- Rubella (German measles). If a pregnant woman comes into contact with rubella she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Disclaimer:

New employees who do provide evidence of vaccinations or who have not had vaccinations will be asked to sign a disclaimer indicating that they have been fully informed of the risks inherent in this choice of action. Whilst they may choose to incur such risk themselves, they must be made fully aware of their particular responsibility to minimise risk to others (e.g. children in their care and colleagues) and to report exposures to relevant infections should they arise. Work exclusion on a temporary basis may then be necessary.

Compliance with infection control requirements are considered an essential contractual pre-requisite for all employees.

Exclusions and Notification of Exposure to Infectious Conditions:

As outlined in your contract of employment, you are expected to report for work each business day unless you are incapacitated by illness, absent with the prior permission

of Management or otherwise unavoidably absent. In our business it is essential that we have an adequate number of workers to care for the children. It is in your interest, your colleagues and the child's that you are of full health and well-being.

If you are suffering from a contagious illness you should not work with children, i.e. gastro-enteritis, etc. and must inform the person in charge immediately.

Exclusion guidelines as recommended by the Preschool Environmental Health Officer apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and displayed in the service and extend to both children and staff.

Staff and Parents/guardians will be informed should staff, children or visitors to the service report the presence of any contagious condition to the person in charge

An exclusion policy applies for all persons suffering from an infectious disease in the service for both staff and children. Any person suffering from diarrhoea or vomiting, infectious cough/upper respiratory tract infection, communicable parasitic infection on hands/arms (scabies etc.) shall be excluded from the service until symptoms subside and the person has been medically cleared to return.

Employees who are well but who have an ill family member at home with an infectious condition or if they have been in contact with any infectious conditions must inform the person in charge. This information will remain confidential.

Any person returning to work following an absence which could have health and safety implications (infectious disease, back complaint) must provide Fitness to Work Cert from their doctor.

Unwell children will be excluded from the service until the appropriate exclusion period for that illness is finished. (See Illness Policy)

Children and Staff should remain at home if they are suffering from general diarrhoea or vomiting until 48 hours after being symptom free.

Reporting:

Staff will report to Management any exposures to infections should they arise as soon as possible. This may be through visits to other childcare services, family members, friends or any other persons. This will allow the person in charge to inform any staff who this disclosure may impact upon. If an employee has an infectious disease they should not come to work in the first instance without consulting with the person in charge and confirming that the particular infectious disease has passed its incubation period. Work exclusion on a temporary basis may then be necessary.

Management Responsibilities:

- The person in charge will keep records of staff and children's immunisations.
- The person in charge 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, dates and duration of illness.
- The person in charge will report an outbreak of any infectious disease to the Preschool Environmental Health Officer and the Public Health Department.
- A worker specific risk assessment shall be completed, when Management is notified of the pregnancy of an employee. Suitable controls shall be introduced in to the workplace to ensure the work completed by the employee in question does not pose a risk of injury or ill health to mother/baby, so far as is reasonably practicable. In particular issues around, lifting / carrying children / furniture / equipment / materials, seating provisions and notification of any infectious conditions that have been reported.
- The person in charge will notify the staff and parents/guardians if a member of staff has been in contact with an infectious condition. The member of staff involved will remain strictly confidential.
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff member return to the service.

Controlling Infection:

The purpose of employing infection control procedures is to reduce the number of germs to a level where there is no longer a threat to public health.

This is done by on-going infection control training for staff i.e. – importance of hand washing, food hygiene, cleaning routines etc. thus ensuring hygiene is applied correctly and the risk of infection is minimised.

Any child or adult with symptoms of an infectious illness will be asked not to attend the service until they are no longer infectious. The management of the service will ensure all areas of the premises are thoroughly disinfected, including play areas, toilets, toys and all equipment.

All Staff are aware of the procedures for dealing with appropriate daily and weekly cleaning routines and bodily fluid spillages. All cleaning is checked by management. 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, tabletops etc.
- By direct – person to person.

See our full Hand Washing and Nose Blowing Policy.

Infectious Diseases Relevant to Childcare Staff:

The following are diseases relevant to childcare staff. Many are vaccine preventable (i.e. they can be prevented by appropriate immunisation). Staff should be fully immunised, i.e. they should have completed their own childhood immunisation schedules. They should make available to the Occupational Health service or doctor carrying out their PEHA (Pre-Employment Health Assessment) all details of their immunisation records to date. All staff working with children should have evidence of immunity to mumps, measles and rubella (MMR). Immunisation should be in accordance with National Immunisation Guidelines.

(Source: Health Protection Surveillance Centre, Preschool and Childcare Facility Subcommittee, Management of Infectious Disease in Childcare Facilities and Other Childcare Settings)

Chickenpox/Shingles:

Chickenpox infection in pregnancy may cause more severe illness and poses a risk to the foetus. All female staff of childbearing age should discuss testing for Chickenpox immunity with their GP (or occupational health provider). Those with negative serology should be offered vaccination. All other non-immune staff should also be offered vaccination.

Hepatitis A:

Hepatitis A infection in young children is usually sub-clinical (very mild illness, with little or no symptoms or signs). However, children with sub-clinical illness may still be a source of infection to others. Therefore, those working in day-care centres and other settings with children who are not yet toilet trained may be at increased risk. Under normal circumstances, the risk of transmission to staff and children can be minimised by careful attention to personal hygiene. There is no indication for routine vaccination of childcare staff against hepatitis A. However, if a case of hepatitis A is identified in a childcare facility, staff and children should be offered passive immunoprophylaxis and/or active immunisation in accordance with National Immunisation Guidelines.

Hepatitis B:

Hepatitis B has been reported to occur more frequently in institutions for those with intellectual disability, including day care facilities. Childcare staff in these institutions should receive hepatitis B vaccine. There is no indication for childcare staff elsewhere to receive hepatitis B vaccine routinely since good implementation of standard precautions should provide adequate protection against blood and body fluid exposure. Furthermore, now that hepatitis B vaccine has been included in the routine childhood immunisation schedule, infants and young children will not pose a risk in the future. There is no need for staff with chronic hepatitis B infection to be excluded from working in a childcare setting.

Influenza:

Influenza has a tendency to spread readily through congregate settings such as schools and long stay residential institutions. Outbreaks of influenza also occur in childcare facilities and childcare workers are likely to have a risk of infection similar to healthcare workers in paediatric settings. As a result, childcare workers who are in recognised risk groups for influenza should ensure that they are fully immunised against influenza (risk groups for seasonal influenza can be found on the website of the National Immunisation Office at:

<http://www.immunisation.ie/en/AdultImmunisation/FluVaccination/>).

Measles:

All staff working with children should have evidence of immunity to measles. Infection with measles during pregnancy can result in early delivery or even loss of the baby. Therefore, if a non-immune pregnant woman is exposed to measles, her GP or antenatal care provider should be informed immediately to ensure appropriate management.

Mumps:

All staff working with children should have evidence of immunity to mumps.

Rubella (German Measles):

All staff working with children should have evidence of immunity to rubella. Rubella may have devastating consequences on the developing baby if a non-immune mother is exposed in early pregnancy. If a pregnant woman comes in contact with rubella and is unaware of her immune status, she should contact her GP or antenatal care provider immediately to ensure appropriate investigation.

Slapped Cheek Disease (Parvovirus B19):

Simple hygiene measures including scrupulous handwashing provide the most effective method of prevention and control of this viral disease. There is no vaccine available. Parvovirus B19 can occasionally affect an unborn child. Therefore, women exposed early in pregnancy (before 20 weeks) should inform their GP or antenatal care provider to ensure appropriate investigation and follow-up.

Tuberculosis (TB):

The pre-employment health assessment (PEHA) should include a risk assessment for tuberculosis (screening questions for active TB, previous history of TB, the possibility of recent exposure to active TB and the individual's BCG immune status). Those undertaking such assessments should be familiar with the national 'Guidelines on the Prevention and Control of Tuberculosis in Ireland 2010' found at <http://www.hpsc.ie/hpsc/A-Z/VaccinePreventable/TuberculosisTB/Guidance/>.

Childcare workers can be considered to be high priority (if they come from countries with annual TB notification rates of $\geq 40/100,000$ TB cases per year) or low priority if not. All staff should be aware of the classic symptoms of TB (persistent cough of at least three weeks duration, night sweats, anorexia and weight loss) and should be encouraged to report such symptoms should they arise. They should be made aware (e.g. at induction) of the particular vulnerability of young children to infectious TB.

61. GARDA VETTING

Purpose:

It is the purpose of this policy to ensure that appropriate vetting of all staff, students and volunteers who have access to children is carried out. This requires getting references from past employers and completing Garda vetting through the National Vetting Bureau (NVB).

Under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (no 47 of 2012), it is a criminal offence not to have Garda vetting disclosure when working with children and vulnerable adults. Garda vetting carried out through the national vetting bureau covers the Republic and Northern Ireland

Scope:

All employees, volunteers and students working in the service must be Garda vetted. This includes relief staff. The Early Years Inspectors will require that all employees are Garda vetted before they commence employment with the service. Applicants that work unsupervised with children may not take up a post until a satisfactory outcome of the Garda vetting process in accordance with these guidelines is obtained.

Policy:

The Child Care Act 1991(Early Years services) Regulations 2016 require any person carrying on a pre-school service must ensure appropriate vetting of all owners, directors, 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, directors, staff, students, and volunteers who have lived abroad, for more than six continuous months, ensuring that these persons provide the necessary police vetting from other 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, address, 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-The Child and Family Agency 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 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 do not need Garda Vetting but should not have unsupervised access to children. Persons making once off visits do not require 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/

If vetting, references, or qualifications are in another language (not English) these will be translated. This is our responsibility as employer.

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 Gardaí, 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 Gardaí 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 Gardaí to resolve the matter.

Management may also convene a meeting together 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 to Garda Vetting Forms should be restricted to a maximum of two individuals within the service.
- 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.
- Premises will be secured when unoccupied.

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 indefinitely.

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.

EMPLOYEE DECLARATION FORM

Providing false information on this form could lead to the termination of your employment.

Regulations and best practice from a child protection perspective require that services complete vetting prior to any person being appointed or being allowed access to children. Allowing someone to start work before Garda vetting has been received is regarded as non-compliant under the Childcare Act 1991 (Early Years Services) Regulations 2016.

Our policy is that Garda vetting will be completed at three year intervals, however vetting may be done at any time during the contract of employment.

Name of Applicant: _____

Date: _____

Please tick one of the following:

I do not have any criminal convictions recorded against me

Yes I do have a criminal conviction(s) recorded against me

If yes please give details:

I do not know of any reason why I may not be suitable to work with children.

I declare that if my circumstances change with regard to any criminal convictions or my suitability to work with children I will notify the service management immediately.

Signed: _____

Date: _____

Office Use:

Signed: _____

Name: _____

Position _____

Date: _____

62. RECRUITMENT and SELECTION POLICY

See Garda Vetting policy for policy on disclosures.

Purpose:

To ensure the service follows best practice in the recruitment and selection of employees.

Scope:

This policy applies to all recruitment in the service

Policy and Procedure:

It is the policy of the service to recruit and select the best candidate for any vacant position within our childcare 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.

[Childcare Act 1991 \(Early Years Services\) Regulations 2016 \(National Standard 5: Organisation and Management, National Standard 11: Child Protection\)](#)

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 cover letter, CV, 2 written references and a completed Garda Vetting Form.
- Every job applicant will be replied to without unreasonable delay.

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 scored according to an interview selection form that has been designed to ascertain 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. The interview sheet is then signed off by the interviewers.

Records of all applications, screening criteria and interview notes will be kept for a minimum period of 12 months by the Management, before being discarded.

Feedback will be given to unsuccessful internal candidates to support them in their future development.

Selection and Reference Checking:

- 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 and 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 and should not be provided by family members. References will be held on the 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, address, 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.

Garda Vetting:

In accordance with Childcare Act 1991 (Early Years Services) Regulations 2016 we will ensure that all employees are Garda vetted.

We will not engage any employee / relief worker / student / volunteer who is in receipt of satisfactory Garda vetting but is still waiting for International Police Vetting Certificates. This is to ensure that the service is compliant with Childcare Act 1991 (Early Years Services) Regulations 2016 We will not allow any employee/relief worker/student or volunteer to commence work with the service if we do not have Garda vetting and where appropriate International Police Check as we understand this is regarded as non-compliant under the Childcare Regulations.

Tusla inspection standards require Garda Vetting forms to be held on site by childcare providers to ensure the service is compliant under childcare regulations and the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The service will comply with Tusla guidance for students/employees/volunteers aged between 16 to 18 years. The guidance is that they should be subject to Garda vetting only when they have substantial unsupervised access to children. A Garda vetting parental consent form must be signed in relation to applicants in the 16 to 18 age bracket.

Our policy is that Garda vetting will be completed at three year intervals.

Probation:

Once all the pre-employment assessments have been completed, a written offer of employment will be extended to the successful candidate, with full details of his or her conditions of employment. 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 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 two 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.
- Copy of Advertisement
- Job Description
- Person/Job Specification (selection criteria)
- Questions for Interview
- Proof of identity (passport, driving license)

- Score Sheet & Interview Notes
- Medical Results
- Two validated References (Verbal and Written)
- Processed Garda Vetting Form
- Copies of letters sent to the candidate
- Contract signed by employee and employer
- Confirmation of Hire Form
- Sign Off sheet on all policies and Procedures
- Copies of validated Qualifications
- Completed Induction Form
- Letter confirming successful probation completed
- Employee Training Record
- Copies of any other correspondence with the employee during the tenure of their employment
- Garda Vetting Declaration Form

63. EMPLOYEE TRAINING/QUALIFICATIONS and CPD

Childcare Act 1991 (Early Years Services) Regulations 2016. Developed according to Tusla-The Child and Family Agency Procedure: Garda Vetting, Employee References [and recorded validations] & Qualifications

Principle:

The service is committed to providing excellent service to all our children. We are also committed to training and developing of staff in order to meet and exceed our customers' expectations.

Statement of Intent:

Staff are expected to engage in ongoing education & training programmes and adhere to the Childcare Act 1991 (Early Years Services) Regulations 2016. All staff are expected to hold qualifications required by law or required by any funding scheme (e.g. ECCE Free Preschool Year)

Policy:

We expect staff to have the following minimum qualifications:

Manager (Fetac Level 7)

Leaders and Assistants: (Fetac Level 6)

Kitchen Staff: (HACCP: Manual Handling: Fire Safety)

Domestic Staff: (Manual Handling: Fire Safety)

All qualifications will be validated. Employees are expected to submit original copies of qualifications for validation.

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 programme 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 organised 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 organised 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.

All training will be recorded on the staff member's individual training record

Legislative Responsibilities:

Training is organised as required by legislation (Manual Handling, First Aid, Fire Safety etc....)

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, the business benefits, 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.
- Recognise and meet their full potential.
- Perceive training and development as a continuous process.
- Understand that development means more than just attending training courses.
- Realise the importance of ensuring that training and development is aligned with the needs of the business

The service recognises that the continuous development of the knowledge and skills of all employees is key to the success of the business. Therefore all employees regardless of age, disability, gender, marital or family status, race, religion, sexual orientation, or a member of a travelling community will be given the opportunity and will be expected to undertake training in any field of learning which is pertinent to the achievement of corporate and operational goals.

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).

64. STUDENTS and VOLUNTEERS

Childcare Act 1991 (Early Years Services) Regulations 2016. Developed according to Tusla-The Child and Family Agency Procedure: Garda Vetting, Employee References [and recorded validations] & Qualifications

Principle:

The service will offer students a variety of learning opportunities in the area of early education.

Childcare 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 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 policies and procedures of the service as part of their induction.
- Students/volunteers will be required to '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. Students/volunteers should have a clear defined role, 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.
- All students must attend an interview with the person in charge and the placement supervisor from school or college as well.
- 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, tutor 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 ongoing support to make the placement as useful and beneficial as possible for students.
- Providing the information and support necessary for students to carry out any written assignments and prepare for assessment visits by the placement supervisor.

Dress Code:

- Dress must be neat, clean and tidy.
- Staff must present for work in the correct uniform consisting of red tunic with service logo and black trousers. For outdoor wear there is a red polo t-shirt and black jacket.
- Any tattoos should not be on view.
- Hair should be clean, washed, 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 in light of the dangers these can present to staff and children.
- Chewing gum is not permitted.

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 the service in consultation with

Management. There will be no minimum or maximum hours or any guarantee of voluntary work.

- Working as a Volunteer in the service does not preclude you from employment elsewhere.
- All voluntary work is unpaid. Volunteers may be reimbursed for agreed expenses in consultation with Management.
- Volunteers should be present in the 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.

65. SUPERVISION and APPRAISAL POLICY

Childcare Act 1991 (Early Years Services) Regulations 2016.

Principle:

To provide a clear and focused supportive framework for employees to work within

Statement of Intent:

To provide development opportunities to all staff supporting them through their career progression and promote reflective practice.

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 at this service.

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, with a review at 3 (three) 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 using the 3 (three) month Probation Review.

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.

Management will notify the employee in writing of his or her satisfactory completion of the period of probation.

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 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.
- Be briefed about service changes.
- 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.
- Clear performance targets.
- Be allocated an appropriate and manageable workload.
- Clarity about the basis of decisions.
- Regular and uninterrupted supervision.
- Regular formal appraisal.

The supervision programme will be reviewed at least annually to ensure that it is effective.

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 good practice and legislation.

Practice Reviews:

Management of this service, through observation, consultation and meetings, will identify the training needs of the staff team and ensure any weaknesses in performance are addressed and remedied by an appropriate action.

See *Practice Review Form*. This form will be used by management to identify on-the-job training needs based on observation of practice in the rooms.

These will be addressed by:

- One to one meetings
- Appraisal meetings
- Monthly reports
- All such meetings are recorded
- Room meetings

All meetings (group and individual) will 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.

INFORMATION

NATIONAL STANDARDS FOR PRESCHOOLS:

These Standards have been developed to encourage providers to deliver a higher level of quality than is strictly required under the Childcare Act 1991 (Early Years Services) Regulations 2016. Tusla-The Child and Family Agency will determine the precise manner in which these Standards will be taken into account in the course of preschool inspections. The Standards and the associated criteria will be kept under review, with a view to amending, adding to or subtracting from the document if experience demonstrates this to be necessary or appropriate. The outcomes for the standards are as follows:

Standard 1: Information

Parents/guardians or guardians have sufficient information in order to make an informed choice about the childcare service that they require.

Standard 2: Contract

Parents/guardians or guardians have a written contract with the service provider that has been agreed by both parties.

Standard 3: Working in Partnership with Parents/guardians or Guardians

Parents/guardians or guardians are kept fully informed and involved as partners in their children's activities, achievements and progress.

Standard 4: Records

A register containing particulars of each child attending the service, as well as a full range of records containing particulars relating to the service, is maintained in accordance with the Regulations.

Standard 5: Organisation and Management

Parents/guardians or guardians and children benefit from a well-organised and well-planned service.

Standard 6: Evaluation

An on-going system of reflection and evaluation is in place to continually enhance outcomes for children.

Standard 7: Complaints

Parents/guardians or guardians are satisfied that their complaints will be listened to, taken seriously and acted upon.

Standard 8: Care, Play and Learning

Children have the opportunity to engage in a range of activities and experiences that promote their learning and well-being and contribute to the Whole Child Perspective, which places the child at the centre and recognises that the child is an active participant in his or her development.

Standard 9: Nurture and Well-Being

Each child is secure, happy and comfortable with his or her carers and in the environment.

Standard 10: Behaviour

Children receive positive guidance and encouragement towards acceptable behaviour, and are supported in finding positive solutions to problems.

Standard 11: Child Protection

Children are safely cared for within the service. Any concerns coming to the attention of the service which relate to the safety and welfare of those children, either within or outside the service, are responded to in accordance with Children First: National Guidelines for the Protection and Welfare of Children.

Standard 12: Health Care

The health care needs of each child are identified and addressed as appropriate.

Standard 13: Food and Drink

Children are provided with regular drinks and food in adequate quantities for their needs. Food and drink is properly prepared, nutritious and complies with dietary and religious requirements. Meal times are social occasions where children are relaxed and comfortable.

Standard 14: Sleep

Each individual child's need for sleep or rest is facilitated.

Standard 15: Children with Disabilities

The welfare and development of children with disabilities who are attending the service is promoted in partnership with the parents/guardians or guardians and other relevant parties.

Standard 16: Equal Opportunities

All children attending the service are treated with equal concern and respect.

Standard 17: Premises

The premises in which the facility is located are of sound and stable structure, are safe, secure and suitable for their purpose, and are welcoming to children and their families.

Standard 18: Facilities

The facilities provided ensure the welfare and comfort of both children and staff.

Standard 19: Equipment and Materials

Children have access to furniture, equipment and toys that are developmentally appropriate, safe, and suitable for their needs.

Standard 20: Safety

Children have their needs met in a safe environment.

For further information and the full criteria for each standard go to www.dohc.ie/publications/national_standards_preschool2010.html

SÍOLTA, the National Quality Framework for Early Childhood Education:

STANDARDS

Standard 1: Rights of the Child

Ensuring that each child's rights are met requires that she/he is enabled to exercise choice and to use initiative as an active participant and partner in her/his own development and learning.

Standard 2: Environments

Enriching environments, both indoor and outdoor (including materials and equipment) are well maintained, safe, available, accessible, adaptable, developmentally appropriate, and offer a variety of challenging and stimulating experiences.

Standard 3: Parents/guardians and Families

Valuing and involving parents/guardians and families requires a proactive partnership approach evidenced by a range of clearly stated, accessible and implemented processes, policies and procedures.

Standard 4: Consultation

Ensuring inclusive decision-making requires consultation that promotes participation and seeks out, listens to and acts upon the views and opinions of children, parents/guardians and staff, and other stakeholders, as appropriate.

Standard 5: Interactions

Fostering constructive interactions (child/child, child/adult and adult/adult) requires explicit policies, procedures and practice that emphasise the value of process and are based on mutual respect, equal partnership and sensitivity.

Standard 6: Play

Promoting play requires that each child has ample time to engage in freely available and accessible, developmentally appropriate and well-resourced opportunities for exploration, creativity and 'meaning making' in the company of other children, with participating and supportive adults and alone, where appropriate.

Standard 7: Curriculum

Encouraging each child's holistic development and learning requires the implementation of a verifiable, broad-based, documented and flexible curriculum or programme.

Standard 8: Planning and Evaluation

Enriching and informing all aspects of practice within the setting requires cycles of observation, planning, action and evaluation, undertaken on a regular basis.

Standard 9: Health and Welfare

Promoting the health and welfare of the child requires protection from harm, provision of nutritious food, appropriate opportunities for rest, and secure relationships characterised by trust and respect.

Standard 10: Organisation

Organising and managing resources effectively requires an agreed written philosophy, supported by clearly communicated policies and procedures to guide and determine practice.

Standard 11: Professional Practice

Practising in a professional manner requires that individuals have skills, knowledge, values and attitudes appropriate to their role and responsibility within the setting. In addition, it requires regular reflection upon practice and engagement in supported, ongoing professional development.

Standard 12: Communication

Communicating effectively in the best interests of the child requires policies, procedures and actions that promote the proactive sharing of knowledge and information among appropriate stakeholders, with respect and confidentiality.

Standard 13: Transitions

Ensuring continuity of experiences for children requires policies, procedures and practice that promote sensitive management of transitions, consistency in key relationships, liaison within and between settings, the keeping and transfer of relevant information (with parental consent), and the close involvement of parents/guardians and, where appropriate, relevant professionals.

Standard 14: Identity and Belonging

Promoting positive identities and a strong sense of belonging requires clearly defined policies, procedures and practice that empower every child and adult to develop a confident self- and group identity, and to have a positive understanding and regard for the identity and rights of others.

Standard 15: Legislation and Regulation

Being compliant requires that all relevant regulations and legislative requirements are met or exceeded.

Standard 16: Community Involvement

Promoting community involvement requires the establishment of networks and connections evidenced by policies, procedures and actions which extend and support all adult's and children's engagement with the wider community.

For further information see www.siolta.ie

