

## Actions to be Followed if any Policy is not Implemented

Please note that all of the policies of our services are related to each other and as such operate as a body of related policies and not in isolation. Any person not seen to be following policy will in the first instance be retrained in the use of the policy. Should they be seen not to follow policy on a second occasion, we will then implement the staff supervision policy and/ or staff misconduct procedures as outlined in each contract.

### Statement of Purpose and Function of An Naionra Chill Mhantain:

The purpose of our preschool is to provide quality early education through Irish to children aged 2.5 to 5 years in the local community. It is a private service and is classified as a part time service under the Child Care Act 1991 (Early Years Services) Regulations 2016. It is open for 38 weeks per year. We can cater for 42 children at any one time between two classrooms. We operate a ratio of 1:11 during sessional hours and 1:8 outside of sessional hours.

We are a Naionra (Irish Language based). Parents are asked to support this with their children.

### Curriculum Statement:

Naionra Chill Mhantáin is a Naionra (Irish Language Preschool), where children are encouraged through the medium of Irish. Children learn through a fun environment and we believe that little by little children come to understand everything that is said to them (passive language learning) and develop some active language while they are with us. We also believe in flexibility of thought and how learning language should not just be about what words we are learning, but also about how other cultures do things. We bring this into our curriculum and thus teach flexibility of thought. We strongly believe that all learning must be fun and our activities must always be child – centred. Our curriculum cherry picks from all approaches to early-years education, including Montessori, High- Scope, Steiner and Play.

Name of Setting	Naionra Chill Mhantain
Address	100 Graham's Court, Ballynerrin Upper, Wicklow Town.
Contact Person: Owner	Ciara Watson: 087 9261318, ciara@naionra.org
General Manager	Kara Gargolinski Mc Alister: 086 3454004
Manager	Emma Keenan
Description of Setting	Part time
Age range of children	2.5 years to 5 years
Opening hours	8.30 – 1.30 Monday to Friday

### Admissions policy:

The Preschool is open to all families in the community and surrounding areas. Children are offered a place on a first come first served basis,

As we have changing facilities in our preschool, we can accept a limited number of children who have not yet been toilet trained. Any child who is not trained should enrol in the Seomra Bóin Dé (ladybird room) as the changing facilities are closer to this room.

A full enrolment form and permissions document must be completed before beginning in the preschool. For children availing of their free year (ECCE) an ECCE fees policy and letter must be signed prior to commencement.

Children with additional needs are welcomed in the preschool and staff are trained to cater for their needs as part of their QQI qualifications. Where the preschool does not have facilities to offer exceptional service to cater for a child's additional needs, we will seek advice from Early Childhood Ireland and AIM to see what we can do to facilitate that child. If it occurs that a parent is not willing to avail of the supports that we need to access for their child, we may need to discuss what service we can offer, whilst maintaining a safe space for their child and other children in the service. All efforts will be made to offer an outstanding environment and enriching experience to each child in our care.

To reserve a space in the preschool, a deposit will be required. This money will then be refunded at end October once POBAL (administrators of the ECCE Scheme) clarify that all children are entitled to

their ECCE place. For those not yet availing of the ECCE scheme, the deposit is refundable once your child has been moved on to the ECCE scheme and POBAL have ratified you child's place on the scheme.

### Settling In Policy

Our services are committed to the smooth transitions of the children and parents/ guardians/carers into the childcare service. Settling in should be a positive experience as it influences children's self-confidence, attitude to relationships and socialising and lays the foundation for lifelong learning. Settling-in is a collaborative process between parents/ guardians/carers. Staff and children. Family involvement will be encouraged to assist all children to develop secure relationships as we recognise that children's most important educators are their families.

#### Principle

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016.

#### Pre-Admission

- The service provides the parents with the parent handbook, which outlines some useful information for them before they start.
- The team will learn from parent or guardian about child's routines and preferences, and will create close links with home, bringing familiar items/photos.
- Parents/guardians/carers must have completed a Registration Form with all the relevant details about the child, especially contact and collection information in accordance with the Childcare Act 1991 (Early Years Services) Regulations 2016.
- Where possible in the term before a child starts, parents and guardians will be encouraged to drop-in during opening hours with their children to familiarise the children and themselves with the routine, the setting and staff.
- An information session for parents and guardians will be held to discuss issues and concerns around the process of settling-in (i.e. different stages - clinging, crying, not talking, needing security blanket, are all a normal part of separation anxiety). This takes place during private settling in visits by parents with their children. This visit gives parents and children an opportunity to see our approach. You will see other children in the preschool and how we interact with them and how they are having fun in a learning environment. We will also work with the parents in the first two weeks to understand each child's needs and preferences and get to know their little personalities in every way we can.
- Parents and guardians will be advised to make work arrangements to facilitate the settling-in process. Should we feel it appropriate, your child will be allocated a key person, to develop strong links with your child and help them feel supported.
- Staggered starting days and times for new children will be introduced to facilitate the integration of the child into the group for those starting after the beginning of the school year.

#### Settling in policy: guidance for parents

We aim to work closely with parents to support your child in the move from home, family and familiar people, into the new community of the childcare service. We seek to help your child make a strong attachment to her or his key person and to help your child feel secure and confident in our childcare service. We will work with you to help your child with any difficulties that might arise. Before a child starts to attend our service we will provide his/her parents with written information (including our parent handbook and policies) and displays about activities available within the childcare service.

- We provide opportunities for the child and his/her parents to visit the setting.
- We use pre-start visits and the first few sessions at which a child attends to explain and complete with his/her parents the child's registration records.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the childcare service.

We establish a family wall as quickly as we can to ensure the link between home and school is evident asap. We also establish a goodbye ritual as early as possible so the child knows what is coming next (ie. Hanging up coat, hug to parent/ carer etc). A child is welcome to bring a comforter or another item from home that helps them to feel secure in their new environment.

We use a mixture of Irish and English at the beginning of each child's time with us, until we feel they are confident and happy in their new environment. Should a child be with us who has a different first language to English, we will learn some of their language to help them transition and feel heard in the classroom.

- Verbal and written communication channels are established between families and educators to update you on our work with your children.

- Families are asked to share information about their child's interests and experiences outside of the setting. The more you tell us about how their day has been going, the more we can do to help your child.
- Informal and formal meetings between families and educators can be arranged to discuss children's learning and development, and to express any concerns that may arise at home or at the setting.
- When families from diverse cultural and linguistic backgrounds are enrolled at the setting, the manager will make every effort to provide translations of work carried out in the service.
- Any family involvement is welcome and appreciated. We encourage families to get involved in the curriculum and share their knowledge and/or skills where appropriate. Families also have the option of not being involved (beyond a minimum level of communication with educators each day) if that is their preference.
- Educators create a welcoming environment where the diversity of families and communities, and the aspirations they hold for their children, are respected.
- Family photos and other aspects of children's home life are incorporated into the environment and the curriculum.
- Staff will ensure that all transitions and progressions within the setting adhere to the settling in procedure. Links are made with the local primary schools to ensure smooth transitions for all children.
- It should be noted that Garda Vetting is not required for parents/guardians/ carers who are settling in their children.

### Policy on Managing Behaviour

We inform parents/guardians about this policy on enrolment and seek information from families about the behaviour guidance strategies they use at home.

We recognise that it is important to understand the expectations of parents/guardians regarding our approach to behaviour guidance in the service before children first come to our service. We do our utmost to keep open lines of communication with families on an ongoing basis.

Our approach to supporting and promoting children's positive social, emotional and behavioural wellbeing is reflective of up-to-date professional practice.

Our approach to supporting children with their social, emotional and behaviour skills is to ensure as far as possible that children are kept comfortable, relaxed, happy and engaged in play and other activities while the adults model positive ways of relating to them and each other. We recognise the need to understand children's behaviour as a form of communication and to consider what might be triggering the behaviour and what the child is communicating. Children will be supported to learn how to express their feelings in appropriate ways and helped to learn how to deal positively with conflict.

The methods of dealing with challenging, unsafe or disruptive behaviour in this service will be only those that help children to develop self-regulation and are developmentally appropriate. When we work to promote positive behaviour with children, we are aware of the theory of child development. Only positive approaches to guidance are used, including logical or natural consequences applied in problem situations, redirection, anticipation of and elimination of potential problems and encouragement of appropriate behaviour.

Corporal punishment is prohibited as are any practices or the threat of any practices that are disrespectful, degrading, exploitative, intimidating, emotionally or physically harmful or neglectful. Children are never humiliated, segregated or have food withheld.

Staff interactions with children are aimed at promoting their well-being and development. This includes their social and emotional development. Adequate and appropriate stimulation is provided for each child and any inappropriate or challenging behaviour is dealt with sensitively and appropriately without threats or punishment.

While staff are aware of and respect individual children's and families' backgrounds and beliefs, it may sometimes be necessary to balance these with our knowledge of developmentally appropriate practices and current best practice recommendations from recognised appropriate authorities, in the best interests of the child.

#### 4. Procedures & Practices

It is essential for all staff to understand that there are many influences on a child's behaviour – these include:

- Age and development
- General health and well-being
- Relationships with and within their family

Play and learning environments, which includes the physical indoor/outdoor settings, the weather, the time of year, the time of day  
Early years staff practice and interactions  
Relationships with other children and others

- Factors, such as family, home life or peer group experiences.
- The role that families play, especially parents/guardians, is crucial to the success of the behaviour guidance approach here at preschool. Parents/guardians will be provided with regular opportunities to contribute to the service's general approaches to promoting positive outcomes for children as well as the development and review of their own child's individual care and education plan.

## **CREATING AN ENVIRONMENT THAT SUPPORTS AND PROMOTES CHILDREN'S SOCIAL, EMOTIONAL AND BEHAVIOURAL WELLBEING**

### **The role of the adult**

Adults who are loving, patient, and firm help children to learn that it makes sense to act in certain ways. Behaviour guidance based on trust, respect, love and consistency helps children to build self-esteem and self-discipline. Adults can help children to avoid inappropriate behaviour by helping them to understand rules and guidelines. When a child does something inappropriate, adults can help them look at the consequences of their actions and think about what they can do to make things better. Adults always need to consider whether a child may have some unmet need that is leading to the inappropriate behaviour or is experiencing some distress, and look at ways to address this in addition to helping the child with managing their behaviour.

### **In daily interactions**

Staff interact frequently with the children in a calm, friendly, positive, respectful manner.

Staff are available and responsive to the children.

All children regardless of race, religion, family background, culture, gender or ability are treated with respect and consideration.

Independence in children is encouraged and scaffolded, as they are ready. Children's efforts, achievements and feelings are acknowledged and given sincere encouragement leading to growth in self-esteem and self-regulation. Children are generally kept comfortable, relaxed, happy and involved in play and other activities.

Pro-social behaviours among children are recognised and encouraged. Staff expectations for children's social behaviour are developmentally appropriate – children's level of understanding and maturity are taken into account.

Children are encouraged to verbalise feelings, ideas and interests.

Staff plan activities and tell stories that help children learn about right and wrong.

Children are distracted from unwanted behaviour.

When behaviour is unacceptable, staff explain to the child/children why it is unacceptable in a way they can understand.

Children need movement for their learning and development and are allowed to move freely for a significant part of the day.

Soft, quiet spaces are provided for children to withdraw comfortably when they are feeling tired or overwhelmed or just want to be alone.

Strategies recommended in Aistear that we use include:

Anticipating conflict and supporting children in resolving it, coming to the assistance of frustrated children and helping them find solutions.

Modelling social behaviour when interacting with adults and children, thus helping children to learn from others' social skills such as taking turns, listening, sharing, asking for something, and saying excuse me, sorry, please, and thank you.

Encouraging children to help each other during their activities, play and routines.

Helping children share skills and knowledge with each other.

Encouraging and acknowledging spontaneous co-operative efforts made by the children.

Talking to children about the time they spend together.

Encouraging children to play co-operative games.

Interacting with (play and converse with) children rather than managing (giving instructions and warnings).

### **Boundary/limit setting and rules**

Any limits are clearly related to the safety, welfare and protection of the child themselves and others around them.

Limits are communicated in a way that is respectful of all.

Rules are as few as possible, consistently upheld and within the children's understanding.

Staff consult with the children in an age appropriate way, regarding the codes of behaviour and rules. Clear, reasonable boundaries on behaviour are provided and explained. Rules are written positively, e.g. 'we walk inside' rather than 'no running'. Children are allowed enough time to respond to requests for them to behave within the rules or codes of behaviour, according to their needs and understanding – young children may take more time than adults to think through what is being asked of them.

### **Provide choice**

Negotiating choices between the adult and child can help children take appropriate responsibility and prepares them with positive life skills such as listening and reasoning.

Whenever there is an opportunity for a real choice to be made, children are given the chance to exercise choice and then follow through on it.

Younger children are given choices within limits, as appropriate to their level of development, e.g. 'would you like me to put your coat on or will you do it yourself?'

### **Positive reinforcement and encouragement**

Positive behaviour, however small, is encouraged and affirmed with both words and body language (e.g. nods, smiles).

When a child is behaving well and when they are trying to stop themselves engaging in negative activities, this is noticed and acknowledged. This builds self-confidence and encourages children to repeat positive behaviour. Negative behaviour is ignored when it is judged safe and appropriate to do so.

Children are encouraged in their activities.

Encouragement is demonstrated by adults participating with children in their activities, at the children's invitation, taking care not to 'take over'.

### **Schedules, routines and transitions**

Schedules, routines and transitions serve as a framework from which children gain trust, security and order. These are always flexible, with as few transitions as possible, but they provide clear guidelines about what is expected.

Any changes to the scheduling within the timetable will be clearly communicated to the children (and their families where necessary), along with clear reasons for the change (see Transitions Policy).

### **The physical environment**

The way in which physical space is arranged and used can either encourage or discourage desired behaviour. Space is aesthetically pleasing, planned and well organised to diminish the potential for problems.

Space is sufficient so children can play and work creatively in a relaxed setting. Providing, or allowing for, insufficient space for an activity will limit and is likely to influence children's behaviour negatively.

The outdoor space provides opportunities for children to move more freely, be louder without restrictions and become calmer.

Active, loud and energetic play spaces are balanced with soft, passive, quiet and peaceful areas both indoors and outdoors.

### **Toys, materials and resources**

Resources for working with children are developmentally appropriate and in good condition.

Open-ended materials allow for children to use them in whatever way they choose and support engagement in play.

There are enough easily accessible materials and equipment with enough complexity to keep children engaged for long enough without having to share too much or wait too long.

### **Responding to challenging behaviour**

We recognise that some of the ways children tell us they are stressed and overwhelmed are when they show the following behaviours on a regular basis. For example, they:

- are overactive
- have difficulty focusing on or completing a task
- become easily frustrated
- have difficulty making decisions
- have difficulty following directions

solve problems by hitting, biting, grabbing or pushing have tantrums  
cling to adults  
avoid new tasks  
do not play with other children  
cry frequently and cannot be soothed easily  
do not eat

Adults always respond supportively to children's distress.

### **Guidance for conflict management and resolving an incident**

- Approach the situation calmly, stopping any hurtful actions.  
Remain neutral rather than taking sides.  
Focus on the behaviour, rather than the child.  
Acknowledge the children's feelings with open statements, e.g. 'You seem upset...' and ask them if they agree with the observation and if so, do they want to talk about it? Start the negotiations with them by reflecting back their behaviour and involving them in checking out the details.
- Restate the problem, e.g. 'So you both want to play with the train at the same time ...'  
Ask for ideas for solutions and decide on them together, e.g. 'What can we do to solve this problem?' Encourage the children to think of a solution and check to make sure that the solution is acceptable to the children involved and realistically achievable. Clarify all the feelings with the children involved so that you are aware of anything that remains unresolved for them.  
If a child uses positive problem solving behaviour, reinforce this, for example by saying 'You solved the problem...' then state what they did.
- Stay near the child/children so that you are prepared to give follow up support and clarification.  
Follow through with your decisions but be prepared to change them if they prove inappropriate for the individual needs of the child/children.
- Explain the reasons behind why something cannot happen or why some behaviour is inappropriate.

### **Losing control**

When a child becomes so angry, anxious or frustrated to the extent that they themselves and others have been unsettled, it is important that staff remain calm and settles the situation for this child and the others around.

Staff will stop a child's aggressive or destructive behaviour such as biting, kicking or hitting and give a reason for their action such as 'biting must stop, biting hurts'.

Staff model positive behaviour to the child and will never mirror the child's behaviour by raising their tone of voice or acting inappropriately.

When the situation has been diffused, it is important that staff offer support, time and further discussion with the child, to reflect on what happened and to plan an alternative coping strategy in case a similar issue arises again.

A positive approach that the child may use in the future is reinforced such as walking away and playing elsewhere or by stating clearly that they don't like what is happening and/or it hurts.

### **Holding or restraining a child to prevent harm**

Physical holding as prevention must only be used:

To prevent an accident such as a child running across a road. ○ To prevent injury, e.g. if a child is having a temper tantrum.

No matter what age the child is, physical restraint must only ever be used for immediate safety reasons, with the minimum force and for the minimum amount of time. The purpose of this intervention can only be to prevent injury to the child, another child or to an adult, or to prevent serious damage to property.

Where a child is expressing feelings of anger, anxiety or frustration, in a way which is unsafe for themselves and others and where reasoning has not stopped the behaviour, a staff member may assist the child in re-establishing control by holding them, to contain their feelings safely, as a last resort and for the minimum length of time. This intervention will only be used in an age appropriate way, e.g. it may be appropriate to pick a very young child up. Great care will be taken when holding a child with particular attention paid to their individual needs.

The intent of this action is to keep the child and others safe until their self-control is regained and they feel contained, but it will only be used in exceptional and rare circumstances. A calm and caring attitude on the part of the adult is critical in ensuring that this is supportive and in no way a punishment.

Note: Staff giving comfort by holding a child when they are distressed is not physical restraint. This should only take place when it is acceptable to all persons concerned.

### **Time to one side with support of an adult**

In some very rare situations, it may be appropriate to use time to one side with the support of an adult, for short periods of time, to enable a child to calm down. This may follow an incident in which the child may have felt very angry, anxious or frustrated to the extent that they themselves and others have been unsettled.

Adult support is needed throughout this time and the child can decide when they feel able to continue to participate in the activities.

A child must never be isolated in any space or room without adult support. The use of the 'naughty step' or similar is never used as this can lead to feelings of isolation and stigmatisation of the child.

Outdoor time will never be taken away as a form of punishment.

### **Staff behaviour**

It is important to promote only limits that guide children's safety and security rather than any that might curb their play experiences, curiosity or creativity. Staff are aware of and understand that their own dispositions, values, attitudes, temperaments, expertise, reactions and responses to children impact on the behaviours that the children learn.

Staff acknowledge that the emotions experienced by children are significant, e.g. an adult who is not scared of thunder will support a child not to overreact but will not trivialise the fear or anxiety the child expresses.

Staff respond to and acknowledge children's feelings and emotions such as happiness, anger, pleasure, fear, anxiety, frustration, sadness, and pride and help children to learn to name their feelings and emotions.

Staff understand that children may not yet have developed the appropriate ways to express emotions due to their age and/or stage of development. Staff attitudes and practice demonstrate an understanding and empathy towards children who display behaviours that are not always consistent with their level of development and/or general disposition.

Staff are committed to nurturing and supporting children by suggesting alternative ways of responding and where possible giving children choice, rather than telling them how to behave.

An atmosphere which fosters trust, security and comfort is created by giving children time and attention to enable them to talk and express their feelings. Children are in an environment that encourages caring and co-operative relationships, which supports them to relate with each other in more positive ways by learning through example from the adults and positive behaviour from their peers

Staff model appropriate behaviour, so that children can see what to do and learn from positive examples, rather than simply instructing them to do things. An example of this is joining in and encouraging children to clear up toys or paints after a session and making this fun, ending the session in a positive way

Any limitations to a child's behaviour are phrased in a positive way, focusing on 'what to do' rather than 'what not to do'. By using these positive statements, staff reinforce for children appropriate and desirable ways of communication. It also decreases the likelihood of children responding with resistance or defensiveness.

Explaining to children the 'why' of behaviour guidance and the limits which help them to internalise and learn the rules of positive social interaction. Minor incidents are best ignored. As long as their behaviour is not impacting negatively on others, adults sometimes need to step back, take a breath and decide not to speak or intervene.

Staff listen to children and respond in a fair and supportive way, this gives them a greater sense of adult as a reliable source of advice by demonstrating that what they say is valued.

### **Prohibited practices**

It is important to note the following:

Children are never ignored, spoken to sarcastically, humiliated, segregated, or have food withheld. Corporal punishment - Any physical force which is used with intent to cause some degree of pain or discomfort, such as hitting, spanking (refers to striking a child with an open hand on the buttocks or extremities with the intention of modifying behaviour without causing physical injury), shaking, slapping, twisting, pulling, pinching, squeezing, or biting is prohibited. Practices or the threat of any practices that are disrespectful, degrading, exploitative, intimidating, emotionally or physically harmful or neglectful will not be carried out on any child while attending this service.

### **SERIOUS BEHAVIOUR ISSUES**

Serious behaviour issues may include:

Any repeated pattern of behaviour that interferes with the child's learning or engagement in social interactions with peers and adults such as withdrawal Behaviours that are not responsive to the guidance procedures/approaches described above

Prolonged tantrums, physical and verbal aggression, disruptive behaviour (e.g. screaming, property destruction, self-injury, persistent non-compliance).

When a child's serious behaviour issues are causing disruption and problems for the other children in the group, the following approaches will be considered:

Reviewing the programme to ensure that it is meeting the child's care ,learning and development needs

Reviewing the service's approaches to addressing the child's behaviour Discussing with the child's parents/guardians to help to develop a specific plan for that child. The purpose of the plan will be to help ensure that the reason the child is having difficulty with regulating their behaviour, is identified if possible and addressed. It is also to provide whatever support they need to be able to relate well to other children and adults, make friends, feel secure and valued, explore and learn confidently and feel good about themselves.

An individualised plan that takes a positive, learning approach, will be developed. This plan may include:

Observing and recording the behaviour

Identifying the triggers for the challenging behaviour (best guesses about why and when the behaviour happens)

Considering ways to make the events/interactions that the child seems to find difficult, easier to manage (e.g. less difficult, less confusing, more engaging) Skills to teach the child to be able to deal with the situation without resorting to the problem behaviour

Ways in which the adults will respond when the problem behaviour occurs - to ensure a consistent response

Ways that parents can help the child at home

Ways to review and evaluate the plan.

Recurring problems are dealt with in an inclusive manner following observations and involving the child's parents/guardians and, where necessary, other appropriate adults (with parents'/guardians' consent).

Discussing a child's behaviour with staff or parents/guardians in front of the child or other children is to be avoided.

Parents/guardians are encouraged to maintain on-going communication with staff on the approaches being implemented.

When all reasonable attempts to support the child whose challenging behaviour is causing the difficulties have failed, it may be necessary to suggest to parents/guardians to seek professional advice, such as a psychologist or play therapist. The parent/ guardian may then seek the advice or request referral to other professionals.

In partnership with parents, any programme designed for a child by an appropriately qualified specialist will be fully implemented as far as the resources of the service allow.

In exceptional circumstances and following specialised advice and guidance, it may be considered necessary for the child to leave the service to move to a service that can better meet their particular needs.

All staff team members will be provided with support to deal with stressful situations arising from dealing with challenging behaviour. (See Staff Supervision Policy.)

### **Recording incidents**



Records are kept of significant incidents to include:

1. a) The child's name
2. b) Time and location of the incident
3. c) Events leading up to the incident
4. d) The nature of the incident
5. e) Others involved
6. f) Witnesses
7. g) How the situation was handled
8. h) Whether restraint was used, what form of restraint and the reason for it
9. i) Consequences
10. j) Parents/guardians signature/s.

(See Accidents and Incidents Policy)

### **5. Communication Plan**

Expectations and agreed codes of behaviour are accessible and communicated to all, using a variety of media, e.g. handbooks, posters and pictures. They are communicated in a way that ensures that they are understood according to the levels of literacy and understanding of every child.

All parents/guardians are informed of the Policy on Managing Behaviour on enrolment. Staff members check with parents/guardians that they have read and understood the policy and provide any assistance needed.

A summary of this policy is included in the Parents'/Guardians' Handbook. This policy will also be included in staff induction and annual staff training.

A copy of all policies will be available during all hours of operation to all staff and to parents/guardians in the Policy Folder located in ..... Parents/guardians may receive a copy of the full policy at any time upon request. Parents/guardians and staff will receive written notification of any updates.

If you, as a staff member or a parent, consider that this policy is not being implemented, you can follow the Complaints Policy and Procedure to make a complaint.

### **Administration of Medication Policy & Procedure.**

Parents have the prime responsibility for their child's health and should provide the service with information about their child's medical needs including information on medicines their child needs as well as contact information for their child's GP. In general we advise parents/guardians to ensure medicines are administered to children before arrival at the centre and after they have left.

The service manager will discuss and agree with the parents/guardians on what is to be the service's role in relation to meeting the child's medication needs, in accordance with this policy.

The **written** consent of the parent(s)/guardian(s) must be obtained in all cases using only our administration of medications form. The consent form must be completed in full.

Both prescription and non-prescription medicines (such as Paracetamol) can only be administered where specific written consent has been obtained from the child's parent/ guardian. Only medications suitable for children will be given to a child. Where a parent requests any other medication, the service will seek written confirmation from a registered medical practitioner.

All medications will be administered by a staff member competent and authorised to do so. All medications will be stored safely away from children's reach and according to manufacturer's instructions including refrigeration if required. All medication received from parents/guardians, administered to children and/or returned to parents/guardians will be fully and accurately recorded (see Appendix B for a Medication Administration Record Form).

In respect of those children who have long-term medical needs such as chronic conditions (e.g. asthma, epilepsy, diabetes, severe allergic reactions), written consent of parents/guardians must be renewed when any change to the administration of the medication is made.

Any child who may require emergency medication will always be in the care of a staff member who has received the required specific training.

Parents remain responsible for ensuring that the service has adequate supplies of the medication their child needs (prescription and non-prescription) and renewing any medication for chronic conditions.

In some cases an **Individual Care Plan** may have been developed and the service ensures that the medication required in the plan is given as detailed. The Individual Care Plan may be drawn up by the

relevant health care professional in conjunction with the service if appropriate. Such a plan will include details of any chronic diseases or health issues the child is currently receiving treatment and care.

The plan documents current medications, medical treatments and other therapeutic interventions and specifies how the service will meet the child's needs.

The service will only accept prescribed medicines that have been provided in the original container marked with the date, name of the dispensing pharmacist, expiry date and clear directions. The service will only administer medications as prescribed and will not change this at the request of parents without a registered medical practitioner's written direction. The service reserves the right to contact a health care professional if authorised staff members are unsure about administering medication to a child, even if the parent/ guardian has requested the medication to be administered.

### **Procedures & Practices**

#### **Parents'/Guardians' role and responsibilities**

The parent/guardian must provide the following details on the child's enrolment to the service:

- Details of any medical condition
- Emergency contact numbers
- GP details – name, address and phone number
- Written details of any medication required (instructions on dosage and

times and written consent for staff to administer the medication – see

below for further details)

- Information on any allergies
- Special dietary needs

#### **Staff members' responsibilities**

Parents must be informed of the policy and procedures on the administration of medications in the service.

Where informed consent has been obtained for the administration of medicines from at least one of the child's parents/guardians then the following will apply:

The child must have received the medication for at least 24 hours prior to it being given in the service. All medications will be administered by a staff member competent to do so.

Parents/guardians must make every possible effort to ensure that the child's medication needs are met before arriving at the service and after returning home. Parents/guardians must complete in full the Consent Form for Administration of Medication and provide all of the information the service will need to:

- safely store medicines
- administer the necessary medication to their child
- deal with any issues or incidents arising relating to their child's condition

or the administration of the medication

Medication must be provided by parents/guardians in its original labelled container as dispensed by a pharmacist including the child's full name, prescriber's instructions for administration, clear storage instructions, the date it was dispensed and the expiry date.

Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration. Where a recipient needs two or more prescribed medicines, each should be in its own separate container and clearly labelled as above. Parents must sign the completed medication administration form to acknowledge notification for each day that medication is required.

All medications will be stored safely away from children's reach and according to manufacturer's instructions.

Staff members can only administer medication to a child that has been prescribed for that particular child.

A list of those staff members authorised to administer medications is kept in.....

#### **Administering Medication General points of note:**

Only staff members authorised by the manager to do so, and appropriately trained for the specific medications, are to administer medication. **Medication must not be added to the child's bottle or food unless the registered prescriber has directed that this is how it should be administered.**

The staff members may administer non-prescription medicines (including non-prescription ointments for rashes) according to the written directions but only with prior written informed parental/guardian consent, and supply of the medication. No anti-febrile medications are given without the daily approval and notification of the child's parent/guardian unless not doing so would put the child's health at risk. When a child's body temperature rises beyond a safe limit it is important that an anti-febrile agent is administered quickly. (See Appendix C for Guidance on the use of Anti-febrile Medication.) Staff members involved must keep records each time they administer medication using the Record of Medication Administration Form – see Appendix B.

Prescription ointments for nappy rash are not applied unless for specific treatment purposes and where a health care professional has directed their use for the child on whom they are being used. The ointment must be supplied by the parent.

Instructions which state that a prescribed medication may be used whenever needed must be reviewed with the parent at least at the beginning of each term. 'As needed' medications for example an inhaler must be labelled with the child's name and in their original container labelled with the required information (see below for Storage of Medications). Prescription or non-prescription medications are accepted for use only when they are within date.

Medication must not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the health care professional.

All staff members should follow hygiene procedures for example hand washing and drying.

### **Before administration of medication**

A second staff member must be present when medications are administered. *[This will not be possible in the case of sole providers or childminders but is best practice in settings where there are two or more adults.]*

Both staff members must confirm:

- That appropriate consent has been given
- That the child's identification is in accordance with the medication to be

administered

- The date and time the medication was last given
- Recipient's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label/container as dispensed by the pharmacist
- Any possible side effects

If there is any doubt about any of the procedures, the authorised member of staff should check with parents/guardians and/or a health professional before taking further action.

It must be checked that the medicine has previously been administered without adverse effect to the child and that parents have confirmed this is the case – a note to this effect should be recorded in the written parental agreement for the setting to administer medicine.

### **On administration of medication**

Both staff members must confirm:

- The correct medication
- Medication is given to the correct child.
- The medication is given at the correct time and date.
- The correct dose is given.
- The correct route of administration.
- Appropriate equipment is used to administer the medication dose – for

liquids the correct measuring tool provided with the medication.

- The dignity and privacy of the child is ensured as appropriate – for example when medication is required to be administered by a route other than the oral route.

### **After administration of medication**

Observe child for any possible side effects.

Where appropriate observe their response to medication – for example where an anti-febrile agent is administered.

Medication returned to appropriate storage.  
Appropriate management or disposal of any equipment used in administration.

### **Accidents and Incidents Involving Medications**

Where a child refuses to take the medication prescribed for them, they must not be forced to do so but parents/guardians must be informed as a matter of urgency. If the child not taking the medication leads to an emergency situation, the emergency services and the parents must be called.

Failure to administer medication at the time prescribed as requested by a health care professional or parent/guardian should be noted on the Medication Administration Form (Appendix B) with a written explanation of why the medication was not given.

If a child is mistakenly given another child's medication, a doctor must be called immediately and the advice given must be followed. The parents of the child who mistakenly received the medication must be called as soon as possible.

The poisons information line number, GP, Pharmacist and other emergency numbers must be readily available at all times.

### **Dealing with Emergencies**

*Set out here the emergency procedure you have been taught in your most recent First Aid training or in accordance with the child's individual care plan. Also the following:*

Where medication is administered in the case of an anaphylaxis or asthma emergency, both the emergency services and the child's parents/guardians must be notified as soon as possible. All relevant staff members need to know where to obtain First Aid and how to summon the emergency services.

Where a child is taken to hospital by ambulance they must be accompanied by a member of staff who is to remain with them until a parent/guardian arrives (See Accidents and Incidents Policy and Procedures).

All required information is shared with the emergency services and the child's parents/guardians. Staff support is essential following any such incident.

### **Medications Records**

Staff members involved must keep records each time they administer medication using the Record of Medication Administration Form – *see below*.

A medication record must be created and kept for each child to whom medication is, or is to be, administered.

The record for both prescription and non-prescription medications must include: <sup>o</sup> The name of the child

<sup>o</sup> A consent signed by the parent(s)/guardian(s) to administer each medication

<sup>o</sup> A medication administration log detailing the checks completed prior to administration of medication to the child including:

- - Check of the child's identification
- - Whether consent was received
- - When the medication was last administered (either at home or in the service)
- - Check of the administration instructions, including the name of the medication, the method and times for administration and the required dose
- - Check to ensure the medication is within expiry date
- - The time and date the medication was administered
- - The route and dose of medication administered
- - The signature of the person who administered the medication and the signature of the witness
- - The time and date, or the circumstances under which, the

medication is scheduled to be next administered

- - Any side-effects noted after the medication was given or if the dose was not retained because of the child vomiting or spitting out the medication.
- - The number of attempts to give medications that were refused by the child is also documented

### **Storage of Medications**

All medications brought into the setting are stored according to the manufacturers' instructions paying particular note to temperature, sources of moisture, light and sources of contamination and safely out of the reach of children.

Medicines are stored safely in a secure container, accessible to authorised persons.

Emergency medication such as asthma inhalers and adrenaline pens, must be readily accessible to authorised staff members in case of an emergency when time is of the essence. A copy of the consent form for administration of medication and clear, precise details of the action to be taken should be immediately accessible.

Sunscreen, special soaps, lotion and nappy creams do not need to be in a locked container but must not be accessible to children.

Medications requiring refrigeration should be clearly marked and separated from food in an airtight container marked 'Medications'. Access to the fridge should be restricted.

Medications that are applied to skin should be kept separate from medications that are injected into the body or taken by mouth.

Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration. Non-prescription medications should be labelled with the child's full name and the expiry date must be visible and monitored.

Staff members should only bring their own medication to work when it is absolutely necessary (either prescribed or over the counter). They must ensure that these medications are stored securely so that others (including children and adult service users) do not have access to these medications. This includes for example medications held on the person, held at desks, in their bags, coats or in vehicles.

### **Disposal of Medications**

Medication should be returned to the child's parents whenever:

- The course of treatment is complete

- Labels become detached or unreadable

- Instructions are changed by a health care professional
- The expiry date has been reached

- When the child ceases to attend in the service

### **Sunscreen Application**

The time and frequency of application of sunscreen is to be recorded.

Written consent is not required to apply sun protection creams supplied by the parent/ guardians for their own child as the supplying of the sunscreen gives implied consent for that specific cream.

Written consent is required from parents/guardians to apply sun protection creams supplied by the service in order that the parent can advise if a previous adverse reaction may have occurred with the cream supplied by the service.

As part of the planning process and risk assessment for outings, the medication needs of children are taken into account. Specific measures may be necessary to support those who need to take medication and to ensure sufficient medical supplies are available.

All staff members participating in the outing must be aware of the medication needs of the children and any agreed medical emergency procedures. A member of staff who has been trained to administer the required medication must be present. All staff must know their role in the event of a medical emergency. A copy of any individual care plans should be taken on outings as the information may be needed in the event of an emergency.

To ensure a complete record all medication returned, even empty bottles, should be recorded.

If a parent has not picked up unused medication by 14 days after the required use or it is not possible to return a medicine to the parent, then it should be taken to a community pharmacy for disposal. No medicine should be disposed of into the sewerage system or in the refuse.

### **Communication Plan**

All parents/guardians are to be informed of the policy and procedures regarding the administration of medication on enrolment. Staff members will check with parents that they have read and understood the policy and provide any assistance needed.

This policy will be reviewed with staff members at induction and annual staff training.

A copy of all policies will be available during all hours of operation to staff members and parents in the Policy Folder located in the filing cabinet.

Parents/guardians may receive a copy of the full policy and procedures at any time upon request.

These are available on the website.

Parents/guardians and all relevant staff members will receive written notification of any updates to this policy.

### Signatures

### SAMPLE MEDICATION CONSENT FORM<sup>1</sup>

Child's Full Name:	
Child's Address:	
Date of Birth:	
Details of Medical Condition i.e. what medicine is for.	
Name of Medicine:	
Name and contact details of prescriber:	
Dosage of Medicine:	
Route for administration of medicine (circle correct one)	Oral (by mouth) Topical (rub in) Inhale Injection Rectal
Frequency of dosage <i>or</i> times to be given:	
Effective from: Effective to:	Date: Date:
Any other information e.g. side effects, potential adverse reaction or special precautions:	
How the medication is to be stored (as on directions given on medication label)	
Printed name of parent:	
**Signature of parent or guardian authorising medicine:	
**Date:	

<sup>1</sup> Developed by Tusla

### Appendix B

Staff members are required to record medication administered as follows:

<p>Form MEDICATION ADMINISTRATION RECORD</p> <p><b>**Each time medication is to be administered, you must first:</b></p> <p>Confirm the child's identity  Check that parent's/guardian's written consent has been given  Check when medicine was last given  Check the administration instructions, including the name of the medication, the method and times for administration and the required dose  Check whether medication is within date</p> <p>Child' Child's Name:</p>
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Date	Time	Name of Medication (state whether prescribed or non-prescribed)	Dose Given	Route of administration*	Signature of person administering.	Signature of witness	Comments
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\*Route of administration: by mouth, topical (rub in), inhale, injection, rectal.

### Appendix C

## Guidance on Use of Anti-Febrile Medication within Services<sup>2</sup>

### Recording a temperature

In children aged 4 weeks to 5 years, body temperature is measured by staff trained in use of forehead thermometers.

The indication for using an anti-febrile medication on a child is based on a tympanic membrane (ear) temperature of 38°C or higher.

### Temperature raised (38°C or higher)

The potential requirement for the administration of an anti-febrile medication should be anticipated and the service's medication policy should be agreed with parents and consent previously sought. When the body temperature in a child rises beyond a safe limit it is important that an anti-febrile agent is administered quickly.

The staff treat a child's fever, under parent(s)/guardian(s) consent, with an anti-febrile medication such as paracetamol, or ibuprofen, but **not** aspirin.

Paracetamol or ibuprofen are not administered simultaneously. Alternating the agents is only considered if the distress persists or recurs before the next dose is due. Anti-febrile medication is only administered by staff as required and discontinued once symptoms have resolved.

A registered provider can provide an anti-febrile agent within the service, example: paracetamol. Children with fever are offered fluids frequently.

The child is encouraged to rest while their temperature is high. The Service provides a quiet and clean resting area for the child under close staff supervision. Supervision continues until the unwell child is collected at the earliest possible opportunity by the parent/guardian.

Staff assess children with feverish illness for the presence or absence of symptoms and signs that can be used to predict the risk of serious illness. Where there are signs of serious illness, staff immediately contact the child's parent and registered medical practitioner. The emergency services/ child's registered medical practitioner is called immediately by staff where any of the following signs occur:

- The child does not respond to staff, has trouble waking up, or is limp; ○ The child has trouble breathing;
- The child has blue lips, tongue, or nails;
- The child starts to lean forward and drool;
- The child is an infant and the soft spot on his or her head seems to be bulging or caving in;
- The child has a stiff neck;
- The child has a severe headache;
- The child has severe stomach pain;
- The child has a rash or purple spots that look like bruises on the chin (that were not there before he or she got sick);
- The child refuses to drink anything or seems too sick to drink anything; ○ The child will not stop crying;
- The child is very cranky or irritable.

The child's parent(s)/guardian(s) are immediately notified if a child develops a fever

### Authorisation to Collect Children

On enrolment, information must be obtained by the service about:

Who the child's guardians are and their contact details.

Names, addresses and telephone numbers of anyone, other than a guardian, who is authorised by the legal parent/guardian to take the child from the service.

This information is updated as often as necessary. Parents/guardians must inform the service in person and/or in writing of any changes to the planned arrangements for their child/ren leaving the service. See Appendix B for a Sample Form.

All persons authorised/ by parents/guardians to take a child from the care of the service must be over the age of 16 years, be fit to care for the child and be authorised in writing or in person by the child's parent/guardian.

Parents/guardians must inform the service if a child will not be attending on a given day by 9am and also inform us when their child is expected to return.

To ensure that children transition safely into the service, parents/ guardians or their nominated carers must ensure that they make direct contact with an appropriate member of staff on arrival, and share any information that is relevant to the child's care, wellbeing and development for the day/session.

### **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 and, where appropriate, relevant professionals'*

Persons who have not been named in the enrolment form by the parent/guardian must:

Have a dated note from the parent/guardian allowing the child to leave with them; and  
Present photo identification **or** an agreed password/code given to them by the child's parent/guardian.

The parent/guardian must also have confirmed this arrangement with the service by phone or in person beforehand.

Adequate supervision is provided to ensure that no one can remove a child from the service without at least one staff member's knowledge and a record being kept. Any person, including a parent/guardian, who comes to take a child out of the service, must be over 16 and must make contact directly with an appropriate member of staff before doing so.

These rules are clearly set out for parents/guardians at enrolment.

On returning daily to take their child out of the service, parents/guardians or their nominated carers are encouraged to meet with their child's Key Person to be given information on how the child has got on during the session/day and any on significant events, experiences or incidents involving or relevant to the child. If parents cannot attend in person and wish to be given the information directly, this can be arranged with their child's Key Person. We are also conscious of overload of information and so might just say "s/he had a great day" should everything be positive on any given day. This way we focus on children who might need more feedback on any particular day, noting that each child will have feedback on a regular basis.

**The safety and welfare of the children will always be our first consideration.** This includes where parents/guardians or their nominated carers fail to come for their child on time, or arrive for a child in what appears to be an unfit state. All appropriate measures will be taken to protect children in keeping with our Child Safeguarding Statement and Policy and we will do our best to support parents.

A custodial parent has the right to request that the service does not allow another parent to visit or call for the child, provided that the custodial parent makes the request in writing and shows the provider a dated letter from a solicitor confirming the existence of a certified copy of the relevant Court Order. Only a Court can limit the guardianship rights of parents even where they have separated or divorced.

### **Authorised persons to collect a child**

Parents must provide information on who the child's legal guardians are and provide their contact details on enrolment.

Parents must inform the service directly if the child will not be attending by 9am and also when they expect that their child will be returning. The staff member who receives this notification is to record it in the *[insert the name used for the service's daily communication book]*.

Parents/guardians must notify the service personally (either verbally or in writing) if any person other than those already authorised, is to collect their child/ren on any given day. Any such person is required to produce photo identification on arrival or the agreed password/code.

Details about any changes to persons collecting child/ren for any given day must be recorded in the daily log book.



If there is no written record by a staff member or a parent/guardian as to alternative arrangements for the child leaving the service, **nobody but the parent/guardian or a previously authorised person known to the service** will be given access to the child.

### **Routine for drop off and pick up**

On daily arrival at the service, parents/guardians/carers must ensure that they make direct contact with an appropriate member of staff. This is for the child's safety and is also an important opportunity to share any information that is relevant to their child's care, wellbeing and development for the day (see Settling-In Policy).

Parents/guardians must have stated on the *Registration/Enrolment Form* the names of persons (over the age of 16 years) who they authorise to come to the service for their child/ren.

Parents/guardians/authorised carers are to present to an appropriate staff member when arriving to take their child/ren from the service.

Parents/guardians/carers are encouraged to meet with their child's Key Person to be given information on how their child has got on during the day and any on significant events, experiences or incidents involving or relevant to their child.

### **Supervision during collection times and drop off**

During collection and drop off times, each child is under the direct supervision of a competent staff member, until it is ensured that the child leaves the premises in the care of their parent/guardian or a person nominated by their parent/guardian.

### **When a non-authorized person arrives to collect**

If a discrepancy arises about who the child is to leave the service with, a staff member (*usually the Key Person*) must consult the manager and contact a parent/guardian. In these situations all children must remain on the premises until parents/guardians have been notified.

### **When the person who is to take the child out of the service does not arrive**

Parents/guardians are informed that if they are not able to collect their child as planned, they must inform the appropriate staff member. Parents are provided with our contact number to phone.

Parents/guardians are informed of our procedures so that, if they or their nominated carer are unavoidably delayed, they will be reassured that their child will be properly cared for.

Parents are also informed that in the event that they or the person they have nominated do not arrive and we can no longer supervise the child on our premises, we will apply our Procedures as set out in our Child Safeguarding Statement and Policy.

In this event we will ensure that the child receives a high standard of care in order to help avoid their becoming distressed.

Where we have not been contacted before the assigned time by a parent/guardian:

A staff member will contact a parent/guardian as soon as possible.

The manager will be notified.

Staff members will ensure that the child is cared for appropriately until the situation is resolved.

In a situation where a parent or carer has not arrived for the child at close to normal time, the following is the procedure:

1. *Two staff members are to remain at service with the child/ren until the situation has been resolved.*
2. A parent/guardian is to be contacted via information on the *enrolment* form to establish a time for them to get to the service.
3. If unsuccessful in contacting a parent/guardian, notify the manager.
4. After 10 *minutes*, staff members are to choose the best-suited option:

○ Remain at the Service– continuing to try to contact a parent/guardian.

○ Ring *Ciara Watson* and after consultation with them, arrange for the child/ren to become the responsibility of *Ciara Watson* or *Kara Gargolinski Mc Alister*. Do **not** allow the child to leave with any person not nominated by parent/ guardian except *Ciara Watson* or *Kara Gargolinski Mc Alister*  
Under no circumstances are staff members to go to look for the parent/guardian or to take the child home with them.

A full written report of the incident is to be recorded. Any parent more than 20 minutes late for collection will incur a charge of 5 Euro for every 15 minutes thereafter that you are late. This is payable on collection. Failure to pay this could impact the terms of your enrolment in the service.

### **When parents/carers arrive late**

Ensure that the parents are aware of session ending times and ask them for their co-operation. Consistent lateness of parents/guardians/carers may require care arrangements to be reviewed.

### **Habitual lateness in arriving for a child/children**

Ensure that the child's parents/guardians are clear about session ending times and ask them for their co-operation.

If the problem continues:

1. Discuss with the parents/guardians whether they are experiencing particular difficulties in arriving on time.
2. Enforce the €5 Euro per 15 minutes Late Fee, to help cover cost of staff cover and to encourage parents/guardians to come for their children on time.

### **Parents/guardians/carers who arrive for children in an 'unfit state'**

It may happen that a person arrives for a child in an 'unfit state' due to illness, drugs or alcohol. Where the condition is severe, it may be quite distressing for staff members who have concerns for the child's safety and/or wellbeing.

The [Children First Act 2015](#), Article 10 requires that a provider of a relevant service shall ensure, as far as practicable, that each child availing of the service from the provider is safe from harm while availing of that service. In this regard **we will always act in the child's best interests**. In the case of a nominated carer who is not a guardian, the parent/guardian should be contacted immediately.

In the case of a parent/guardian being in an unfit state, the following measures may be adopted where appropriate:

1. Attempt to get the parent/guardian to take some time before they leave with the child, for example invite them to sit down for a cup of tea/coffee and talk with a staff member.
2. Offer to contact a family member or friend, or the person(s) listed as the child's emergency contact person on their enrolment form.
3. Offer to call a taxi.

If the parent/guardian rejects the above suggestions and insists on taking the child, the service will follow their Child Safeguarding Procedures by contacting an Garda Síochána where there is a perceived risk to the child for example through negligent driving or the person's inability to appropriately supervise the child on the way home.

### **Procedure if an unauthorised or unknown person attempts to remove a child from the service**

If an unauthorised or unknown person tries to take a child from the service, stay calm, and ask for the person's identification with a photograph. Emphasise the rules and procedures you are obliged to follow whenever you allow a child to leave the service.

If possible, give the person a copy of your policies to show that these rules apply to everyone, including grandparents, siblings, other relatives, neighbours and family friends. Explain that because you are legally bound to follow the instructions of the person with legal guardianship and you cannot allow the child to leave unless you have that person's personal or written authorisation.

If a person (even a child's parent or parent's partner) is **not** a guardian and does **not** have legal custody and is **not otherwise authorised** by the person who has legal custody, a child should not be released to the unauthorised person.

If the unauthorised or unknown person insists, telephone the parent/guardian who has legal custody and inform them of the situation.

If you feel that the situation is getting out of control or if the person threatens you or the children in your care in any way, do not hesitate to call An Garda Síochána.

### **Record keeping**

All records relating to arrangements for collecting children will be kept for two years following the date that the child leaves the service for good.

### **GUARDIANSHIP 3**

Guardianship means the rights and responsibilities of parents in respect of the upbringing of their children. The rights and responsibilities encompassed by conferring guardianship on a person include the responsibility to:

- Make decisions on the child's place of residence
- Make decisions regarding the child's religious, spiritual, cultural and linguistic upbringing
- Decide with whom the child should live
- Consent to medical, dental and other health related treatment for the child, in respect of which the guardians consent is required
- Consent to the issuing of a passport together with other further
- Place the child for adoption and consent to said adoption

The married mother and father of a child are the most common guardians. For the father to have automatic guardianship status, the parties must be married at the time of the birth of the child. Alternatively there are a number of other situations where automatic guardianship can be granted. A father can acquire guardianship status if the parties marry after the birth of the child or if he has been cohabiting with the child's mother for no less than 12 consecutive months, which must include three consecutive months after the birth of the child or if he has obtained equivalent guardianship rights in another State he can have those rights and responsibilities recognised in this jurisdiction by way of guardianship.

A father who is not married to the mother of his child can also become a guardian either by agreement with the mother (in which case a statutory declaration must be completed) or by

<sup>3</sup> *Information is from The Courts Service of Ireland [www.courts.ie](http://www.courts.ie)*

Under the [Children and Family Relationships Act 2015](#) persons may be deemed eligible by the court to become guardians if they are over the age of 18 and they are married to or in a civil partnership with or have cohabited with a parent of the child and have had shared parental responsibility for the child's day to day care for a period of 2 or more years.

A person who has provided for the child's day-to-day care for a continuous period of more than a year may apply for guardianship if the child has no parent or guardian who is willing or able to exercise the rights and responsibilities or guardianship.

The expansion of guardianship rights under the [Children and Family Relationships Act 2015](#) to step-parents and cohabittees where they have been acting effectively in loco parentis for a period of two years will apply to a large variety of family structures.

#### **Custody**

Custody is the right of a parent to exercise physical care and control in respect of the upbringing of his or her child on a day-to-day basis. The married parents of a child are automatically joint guardians and custodians of their child.

#### **When married parents separate**

Where married parents have separated or divorced, they can decide between themselves on custody arrangements for their children. If they cannot agree, they may try to work out an arrangement through mediation but if that fails they must apply to the court for a final decision.

#### **Persons Nominated by a Parent/Guardian to take Child from the Service in Exceptional Circumstances or Emergencies**

In the interests of safety, children can only be taken from the service by a person authorised in writing by a parent or a guardian and for whom the service has seen photographic identification (such as Driver Licence or Passport). Please supply contact information for these persons when enrolling your child. In the case of short notice changes, the use of a password provided by the parent/guardian may be used in place of photo ID and until this can be provided.

Agreed parent/guardian password:..... Please nominate two local people who can come for your child in an emergency if you are not able to come – they will need to be able reach us within one hour – and give their contact details below.

Please note: Children will only be given into the care of a responsible adult over 16 years old who is authorised by the child's parent/guardian.

*Please also specify a password for each of your authorised emergency contacts:*

Please inform us of any court order which disallows any person to have contact with your child as the service does not have the right to refuse access to a child by a parent who is a legal guardian or any other person who is a legal guardian, without evidence of such an order.

If there is such an order please give us the name of the person who is currently disallowed by a court to have contact with your child:

It is essential to also enclose a signed, headed letter from your solicitor confirming the existence of the court order.

### **Policy on the use of Internet, Photographic and Recording Devices**

Our services use the internet, photographic and recording devices to support the provision of a quality service for children and families.

Parents/guardians are fully informed where technology is used as part of the curriculum or programme and how the internet is used as a learning tool within the service. Parent/Guardian Consent is included in enrolment forms for the following two areas: Use of parent's phone number for the parent's Whatsapp group

Inclusion of the child in photographs shared on the parent's Whatsapp group.

*These are* completed and signed before any child has their photo or moving images taken or posted anywhere.

Photography and recording of children will only take place when at least one other adult is present and when the child or group of children agrees to be photographed.

Digital equipment remains in the service at all times and is stored securely when not in use. Images are deleted from digital records when children leave the service after 2 years unless the management feels the need to retain (i.e. for inspection in a dispute of any kind) in accordance with GDPR requirements

Photography and recording of children while they are in the service by any parent must only be with the consent of management and other parents.

All use of the internet, photographic and recording devices will be considered within our risk assessment process.

We do our best to ensure that all parents have the same level of access to information shared about their child's learning and development while in the service.

Images and recordings are stored safely and appropriately returned to parents and/or disposed of/ deleted when no longer needed for the purpose for which they were taken. We request that photos or images taken of children while attending the setting are not posted elsewhere by others without the consent of parents/guardians.

Non-staff photographers are never allowed to have unsupervised access to children.

### **Access to the internet by children**

*We do not allow the children access to the internet, whilst in our preschool. Teachers can use the internet on the preschool phone to research art or other curriculum ideas. These ideas can be shown to the children (i.e. look today we are going to make a volcano like this one), however the phone will remain in the care of the teacher at all times.*

### **Use of photographic and recording devices in the service**

*We use WhatsApp to communicate with parents and to generate a sense of community in our preschools.*

*Images of the children are shared on the Whatsapp to show parents about our day. Pre-consent is sought for this in the enrolment form.*

The purposes for which photos and/or recordings may be used in the service:

*the possible uses include (but are not be limited to):*

- o To document children's learning and development.*
- o To communicate with families.*
- o To record evidence in the event of an accident/incident involving a child.*
- o For security, for example, closed circuit television monitoring of the service (CCTV).*
- o For safety, for example, group photograph on outings for speedy identification of individuals in the case of any incident.*
- o To support quality assurance, for example, in the Siolta Quality Assurance Programme.*

### **Who can view, listen, or retain photographs or recordings of a child.**

Photographs can be viewed by team and parents. They will be stored for 2 years unless in the case of a dispute, where they will be stored for as long as the dispute lasts. They will be deleted electronically once this time has elapsed.

Personal 'smart' devices, such as phones or tablets, will not be used in the presence of children and will be switched off during working hours, except at break time in designated areas.

Staff members will not take any images, video/audio recording of children or families at the service, on their personal devices.

Children are not allowed to bring personal 'smart' devices, such as phones or tablets to the service. When visiting the service, parents or other visitors may not use personal 'smart' devices, such as phones or tablets, to take photos or videos or engage with children other than their own child.

### **Additional safeguards**

Appropriate filters are applied to all equipment used by children.

Children's names must not be used in photograph captions.

Photography and recording including, closed circuit television is not undertaken in areas where children change their clothes, toilet, or have their clothes and/or nappy changed.

Only images of children in suitable clothing are to be taken to reduce the risk of inappropriate use.

### **Storing images and recordings securely**

Images or video recordings of children must be kept securely. Hard copies of images must be kept either on the walls of the rooms or in the filing cabinet and electronic images stored in a protected folder with restricted/password protected access.

Images and recordings will be retained with the child's individual file.

Images must not be stored on unencrypted portable equipment such as laptops, memory sticks and mobile phones.

Personal equipment must not be used to store photos and recordings of children, and only cameras or devices belonging to the service should be used.

Digital equipment must remain within the service at all times (this includes appropriate use on outings) and be stored securely when not in use.

When staff are considering their own social media profiles:

They have considered the information given about them and images displayed of them available on their sites and are confident that these represent them in a light acceptable to their role in working with children and parents.

They do not have children in the service as 'friends' on their personal/private sites.

Comments on their site about the service, work colleagues or children, if published, would not cause hurt or embarrassment to others, risk claims of libel, or harm the children, the reputation of the service or their colleagues.

This policy must be observed by all managers and all staff members.

Where any employee, contractor, volunteer, student or member of a committee/group becomes aware of an act of non-compliance with this policy, they have a responsibility to bring it to the attention of the *[owner/manager]*.

All staff members will complete and sign a Sample Staff e-Safety Acceptable Use Agreement (see sample in Appendix 1).

### **19. Actions to be followed if the Policy is not implemented**

If you, as a staff member or a parent, consider that this policy is not being implemented, you can follow the Complaints Policy and Procedure to make a complaint.

### **Risk Management Policy**

In all our services, we are committed to safeguarding children, staff, parents and all visitors to our centre. We have policies, procedures and practices in place to ensure that we are providing a safe place for children, staff, parents and visitors to be.

Principle

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016 and

the Safety, Health & Welfare at Work Act (2005).  
Rationale

Risk is a part of everyday life in the early childhood setting and is something our members are well accustomed to responding to. For example, all members ensure they have considered all potential hazards that may occur on an outing or during children's play activities. Undertaking a risk assessment leads to a safer environment for children, staff and parents. All service providers should adopt a structured approach to managing the risks they are exposed to.

Who is responsible?

All staff members have a role to play in dealing with risk. However, risk is ultimately the responsibility of the management. Each centre manager is responsible for ensuring a proper risk management policy is in place. All staff and volunteers are responsible for complying with the strategy. Communication of the strategy is the responsibility of the managing team. At least one management staff member must have defined responsibilities for managing risk in your organisation.

Process for assessing and managing risk:

Risk Management Policy Statement

In our services we are committed to complying with our legal obligations as well as the measures taken to protect against risk. Equally, we understand that children at this age can fall and can hurt themselves but that normal tumbles and scrapes are part of their learning journey through the preschool years.

In our services we have developed a risk Management checklist that we carry out every day. This assesses the physical environment for the children.

Our aim is as follows:

To ensure all our children are able to carry out their day in a safe environment.

That the children are presented with a challenging environment so as to enable learning, but not so challenging as to create too much risk.

Any incident that takes place in the Preschool is recorded in the accident and incident book. Parent will be asked to sign the incident form and keep a copy for their records. All staff will follow procedure if a child is injured:

- 1 Antiseptic wipes will always be used on cuts and grazes and plasters administered
- 2 In the case of any head injury of any sort, the preschool manager will check for concussion, contusion, place the child on 5 minute observations and ring the parents. The parents will always be asked to come collect the child, where they can be observed by the parent or guardian.
- 3 If a more critical incident occurs, please refer to our accident/ emergency policy.

2. Identifying potential risks

Furniture and toys are checked every day both inside and outside to ensure safety. Windows and doors are locked every day before the manager leaves.

Risk assessment is always in place and reviewed once a term for each room.

If a risk is identified, this is raised through the manager to Ciara Watson immediately, who will assess the severity of the risk. She will decide which strategy is best at that time (i.e. Avoidance, Prevention, Minimisation, Acceptance and Transferral)

Spills are mopped up immediately within the service at all times.

Rooms are left clean including furniture cleaned, mopped, and ready for the next day. New staff are supervised at all times to ensure best practice is maintained throughout the service at all times.

All staff carry out regular upskilling and training to ensure they are meeting their requirement for personal development at all times and keeping in touch with new thinking within their industry.

4. Controlling risk

- Avoid the risk – this means you decide not to go ahead with the activity for which the risk has been identified. This may mean stopping an activity completely or not starting with it because the risks associated with it are too great to warrant continuing it.

- Prevent the risk – this involves taking action to reduce the likelihood of the risk. Having effective internal policies and procedures will prevent many potential risks. For example, a policy on administration of medication will prevent a child receiving the wrong dose of medication, which could lead to illness or death.

- Minimise the risk – this involves taking steps to reduce the consequences of a risk should it occur.

- Accept the risk – Your service might be prepared to accept some risks. If the cost of prevention is greater than the likelihood of the risk, you may decide to accept the risk.

- Transfer the risk – you may decide to transfer the liability of the risk to another body. For example, having an adequate insurance policy reduces liability to the service provider.

All risk assessments are held for 2 years after creation or longer if there is a dispute.



## Communication Plan

All parents are to be informed of the policy and procedures regarding Risk Management on registration and made aware that all have a role to play in protecting others from risks. Staff members will check with parents that they have read and understood the policy and provide any assistance needed. This policy will also be reviewed with staff at induction and annual staff training.

A copy of all policies will be available during all hours of operation to staff members and parents online through the website.

This policy must be observed by all managers and all staff members.

### Fire Safety Policy:

Our services place the highest priority on the health, safety and protection of all children, staff and families using our service. All reasonable measures are undertaken to guard against the outbreak of fire. In the case of fire outbreak, staff are trained to implement the evacuation procedures according to the Fire Safety in Preschools Guidelines 1999. All staff are familiar with location of any firefighting equipment and trained in the use of such equipment.

### Principle

This policy is underpinned by the Child Care Act 1991 (Early Years Services) Regulations 2016, the Fire Services Act 1981 and 2003, the Health, Safety and Welfare at Work Act 2005, the Building Control Act 1990 and the Fire Safety in Pre-Schools Guidelines 1999.

Early childhood settings are required by law to produce and put into practice a Fire Register and an Emergency Evacuation Plan. Every person working with children should be equipped with the knowledge and skills to respond effectively where there is concern in relation to fire hazards within the building. Adults must supervise children at all times during the day. All equipment, fixtures and fittings must comply with the most recent European safety standard. All settings will have procedures detailing the frequency and timing of fire drills to be carried out in the service and will maintain a written record of any fire drill that takes place in the premises as well as a record of firefighting equipment and smoke alarms in the premises. These records will be available for inspection to a parent/ guardian, an employee or an authorised person and retained for a period of five years after its creation. Procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.

### Procedure

The guidelines for a fire safety programme as presented in Fire Safety in Pre-schools (1999) are adhered to:

- preventing outbreaks of fire (see Section 2.3)
- instruction and training of staff on fire prevention and fire safety procedures (Section 2.4) • emergency procedures and evacuation drills (Section 2.5)
- maintenance of fire protection equipment (Section 2.6)
- maintenance of building services (Section 2.7)
- providing appropriate furnishings and fittings including bedding (Section 2.8)
- availability of escape routes (Section 2.9)
- keeping of fire safety records (Section 2.10).
- Fire drills will be carried out monthly while changing the time and day to ensure all children experience a fire drill.
- All fire drill practices will be recorded in the Fire Register.

### Fire Register

- Staff assigned specific responsibilities will be listed in the register along with the training they have received. Copies of training certificates will be retained.
- All fire appliances including fire extinguishers, fire reels and fire blankets and their location will be listed along with their most recent service date.
- Evacuation procedures will be drawn up for each room with due consideration to the age range/ mobility of the children. A Record of Means of Escape Route Inspection will be completed daily to ensure all emergency escape routes are free from obstructions and open freely.
- A Record of Fire Door Inspection will be maintained monthly to ensure that all Fire Doors are working correctly.
- A Fire Detection & Alarm System General Register will be used to record any incidents or activation in relation to the fire detection system..
- A Record of Emergency Lighting Equipment Inspection will be used to record dates of service and ensure that all lighting is maintained in line with the required standards.
- Firefighting equipment including fire extinguishers, smoke detectors and fire blankets are supplied

and serviced each year. The Fire Safety Warden will ensure that the annual maintenance is carried out by a competent service provider.

- On completion of the work, a Certificate of Servicing/Testing should be issued by the service provider to the Fire Safety Manager and a copy should be kept with this register for inspection by an authorized person of the local fire authority.

#### Fire Drill

Fire evacuation drills will be carried out to simulate fire conditions. No advance warning should be given, other than to specific staff or an alarm monitoring centre for the purposes of safety and the avoidance of a false call being made to the Fire Service.

- A whistle will raise the alarm.
- The staff and children will make their way to the assembly point location.
- Staff will bring the child attendance record.
- The fire officer will collect the staff/ guest sign in book.
- The fire officer will check each room to ensure no person is left in the building.
- At the assembly point all children and staff will be accounted for using the Attendance Records.
- A record of the fire drill will be maintained including the date, person/section taking part,

#### Training

the evacuation time, any details of deficiencies and actions to be taken.

- A staff member will be appointed Fire Warden and will receive training from a registered provider every year.
- All staff will receive training in Fire Safety and evacuation procedures and will sign a declaration that they are aware of and trained in the procedures to be followed in case of fire in the service.
- All staff will be familiar with the location of any firefighting equipment and trained in the use of such equipment.
- Staff will support children understand the procedures to follow when they hear the fire alarm.

A Fire Warden has been appointed and is displayed at the door of the preschool. An assembly point location has been identified. The location is at the front of the Preschool.

#### **Calling the Fire Brigade**

*The Fire Brigade should be called immediately in the event of fire, however small. When calling the Fire Brigade give clear information including:*

- *Name of the building*
- *Address of the building*
- *Eircode*
- *Directions to the building*
- *Type of fire situation (if available), for example, fire location, fire size, materials involved, persons missing.*

#### **An evacuation procedure**

*The evacuation procedure is known to all staff and is recorded in the evacuation diagrams and in the fire register.*

#### **An assembly point and roll call procedure**

*Roll call in the event of fire should not be like roll call during circle time. Every second counts. The room leader should call out each name clearly and the room assistant clearly identify that the child is present. Do not wait for the child to clarify they are there. A visual clarification from the room assistant is appropriate.*

*Assembly points are identified on the evacuation diagrams, located in every room of the preschool.*

*Evacuation procedures are also displayed in each preschool room.*

#### **A procedure for fighting the fire**

*Should the fire be very small indeed, fire extinguishing equipment can be used. However the safety of the children and the staff is the primary priority.*

#### **Assisting the Fire Brigade**

*When the Fire Brigade arrives they need to be given as much information as possible in order to take the best course of action. The type of information required includes:*



*The location of the fire; materials involved; details of missing persons; location of nearest fire hydrants; location of all access doors to the building; location of any special risks.*

*Keys for access into any locked areas.*

### **Fire evacuation drills**

*Drills should be carried out at regular intervals to test the effectiveness of the predetermined arrangements. The aims of a fire evacuation drill are:*

*To ensure safe, orderly and efficient evacuation of all occupants of the building to use all exit facilities available in order that occupants are familiar with them.*

*To test all aspects of the emergency procedures.*

*To achieve an attitude of mind that helps everyone to respond appropriately in the event of a fire or other emergency situation.*

*Drills must be held at frequent intervals. Fire Safety in Preschools and the Tusla Quality and Regulatory Framework states that a drill should take place once a month and at the start of the new school year. These drills are undertaken at different times of the day and on different days of the week. The drill should be initiated by activating the fire alarm and all stages of the drill should be observed and a review of the drill should be held. Any deficiencies can then be noted and remedied. (Where the fire alarm system is connected to a remote monitoring centre, this centre should be notified of the proposed drill.)*

*The procedure should then expand as necessary - consider the following points when writing your own procedure:*

*What the people with particular responsibilities should do.*

*How you are going to evacuate children (including sleeping children, children not yet walking) or adults with additional needs or disabilities.*

- *Should a fire or emergency occur on your premises, all occupants must be able to evacuate the building safely and quickly.*
- *On hearing the fire alarm, children must be instructed to leave the building in single file and in a calm, orderly manner.  
The person in charge of each room must indicate the exit route to be used and everyone must be directed to a predetermined assembly point.*
- *An area outside the building must be designated as an assembly point.  
It must be clearly marked and easily identified.  
The assembly point must be far enough away from the premises to afford protection from the heat and smoke in a fire situation.*
- *The assembly point must be in a position that does not put children or adults at risk from emergency vehicles responding to the incident.  
Attendance registers and visitors book should be held at a central point and must be brought to the assembly point when the alarm sounds.*
- *One person should be nominated to have overall responsibility to ensure that a roll call is conducted in the event of evacuation of the premises.*
- *When all have assembled at the assembly point, a roll or count must be made immediately to ascertain that no one has remained in the premises.  
Any visitors or contractors in the premises at that time must be included.  
The count at the assembly point must be checked using the attendance registers and visitors book to verify that everyone is out of the building.*
- *Each room leader must report to the nominated person in charge of the evacuation procedure to verify that everyone in their charge is accounted for or to inform him/ her of any persons missing.  
The person in charge of the roll call must identify themselves to the Fire Brigade on their arrival. In doing so, vital information can be relayed to the Fire Safety Officer, which will dictate the necessary actions to be carried out by the Fire Brigade.]*

### **Procedure for informing parents/guardians**

*The manager will bring roll book and phone with her should there be a fire. All parents will be contacted using the staff WhatsApp and individually if required and children should be collected as soon as possible.*

## **Monitoring, reviewing and recording all activities relating to fire prevention and fire safety**

- *Fire drills take place once a month and more frequently in September*
- *All fire extinguishers, boilers etc. are serviced once a year.*
- *Fire detection system (Wicklow) is serviced every three months.*
- *Fire register is stored in the filing cabinet and fire drill records are stored in the roll book*
- *Records are retained for 5 years after creation and can be accessed by the management team.*

## **Fire Risk Assessment**

Under the [Safety, Health and Welfare at Work Act 2005](#), a Fire Risk Assessment is carried out regularly to identify any hazards present, assess the risks arising from such hazards and identify the steps to be taken to deal with any risks.

A safety statement is prepared which is based on the Risk Assessment. The statement contains the details of staff members who are responsible for Fire Safety issues.

The Fire Risk Assessment and Fire Safety Statement can be viewed in:

The filing cabinet

The Fire Safety Statement is reviewed by the management on a regular basis.

*[The Health and Safety Authority has published guidelines on risk assessments and safety statements. See [www.hsa.ie](http://www.hsa.ie)]*

*Within our fire risk assessments we have outlined the following:*

**Step 1 Identify the fire hazard**

**Step 2 Identify people at risk**

**Step 3 Evaluate, remove or reduce and protect from risk Step 4 Record, plan, inform, instruct and train**

**Step 5 Review**

## **References/Supporting Documents/Related Legislation**

[Tusla Quality and Regulatory Framework](#)

[Child Care Act 1991 \(Early Years Services\) Regulations 2016](#)

[Safety Health and Welfare at Work Acts 2005 and 2010](#) and the [Safety, Health and Welfare at Work \(General Application\) Regulations 2007](#)

[Fire Safety in Pre-Schools](#) Department of the Environment, Heritage and Local Government, 1999

[Fire safety procedure Early Years and Childcare Service](#) Surrey County Council, UK

[Fire Safety for Preschools and Childcare Facilities: General Guidance](#) County Limerick Childcare Committee and Limerick County Fire and Rescue Service, 2015, contains some useful templates.

[Fire Safety Information](#) from The Health and Safety Authority

[Síolta: The National Quality Framework for Early Childhood Education Keeping Communities Safe – A Framework for Fire Safety in Ireland](#) Guidance from Cork City Fire brigade

## **Inclusion Policy**

Our services recognise and respects the rights of all adults and children in our service. We value the ability, individuality and cultural background of all children by providing each child with the opportunities they need to reach their full potential as active learner within an inclusive ethos/culture. We aim to actively promote equality of access and participation and eliminate discrimination on grounds of, gender, civil status, family status, sexual orientation, religion, age, disability, race and membership of the Travelling Community. This policy represents the agreed principles and commitment for inclusion, in line with Early Childhood Care and Education National Inclusion Charter.

### **Rationale**

Our services are committed to working in partnership with parents to support children's ability, identity, cultural background and sense of belonging. We will support families in their parenting role and respecting their values and beliefs about childrearing. We will support children to become respectful of difference and foster each child's critical thinking in order to confront bias and discrimination. We will implement a curriculum that meets the individual needs and emerging interests of the child under Síolta, The National Quality Framework (2006) and Aistear: The National Curriculum Framework (2009) and respond to children's diverse and individual learning needs and styles through an emerging curriculum.

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016, the Employment Equality Acts 1998 to 2011, the Equal Status Acts 2000 – 2012, UN Convention on the Rights of the Child (Articles 29 & 30), the Disability Act 2005 and the Additional needs Legislation – EPSEN Act 2004.

We will respond appropriately and sensitively to any additional needs a child may experience.

Additional needs may include any change introduced into the child's life, such as a new sibling, moving house, absent parent/s, or a situation that may call for a long-term care plan, such as asthma, allergies, disability, development delay and medical conditions.

We will support continual development for all early childhood practitioners so as to ensure they are trained in an equality and diversity approach to providing care and education to all.

We will ensure fair and equal opportunities for all potential and existing employees in line with our Recruitment Policy.

#### Procedure

All children attending the Naíonra are supported to:

- Feel secure and know that their contributions are valued
- Know they belong and are valued as
- Know their cultural backgrounds are respected and valued
- Learn in groups that allow them all to experience success
- Engage with materials and experiences that reflect a range of social and cultural backgrounds, gender and ability (visitors, books, music, musical instrument, cooking activities, craft, clothing, multicultural dolls, multicultural jigsaws, games, play equipment, posters and other props.
- Have a common curriculum experience that allows for a range of different learning styles
- Participate fully, having particular regard for and being cognisant of children with a variety of disabilities
- Respect the purpose for which other children's aids or assistive technology are intended.

Families attending the centre are supported to

- Consult with the service about the care of each child to minimise conflict between the service's philosophy and family values.
- Be involved in policy and procedure development to ensure cultural sensitivities are included.
- Participate in the service's programme and to introduce their culture's food, art, music, language, celebrations and dress to the other children in the service.

Early years educators will promote equality, diversity and inclusion. They will:

- Remove assumptions, judgements and expectations about the cultural and linguistic backgrounds of all families and the team.
- Regard all individuals equally, showing sensitivity and providing equal opportunities for all children of all background.
- Actively intervene in situations when bias is shown and encourage children to challenge bias
- Demonstrate positive attitudes when making changes to accommodate all children. Work as a team with parents and other professionals to develop, carry out and review plans for children with additional support needs.
- Adhere to the National Diversity, Equality and Inclusion Charter.

Dealing with Discriminatory Incidents:

- The first step in handling incidents involving discrimination is to recognise and acknowledge what is happening.
- All children will be informed that name-calling or physically hurting someone is unacceptable.
- When an incident occurs (hurtful remark made by one child to another) both children learn from the incident. The response to the incident will reference the rules of the service as appropriate.
- Staff will endeavour to determine the real reason for incidents involving exclusion or conflict. It may not be a discriminatory incident, so staff will be careful not to make assumptions.
- Some issues may be brought into the service by the child, arising from comments made by adults outside the service. Staff will recognise when it is an adult issue, and identify appropriate actions for addressing the issue with the child's parents or guardians.
- An incident should be considered from the perspective of all individuals involved as well as those who witnessed it. Appropriate actions need to be taken, at circle time or in group discussions, in order to address incidents witnessed by children who were not involved. This does not mean singling children out in the group.
- By showing empathy and expressing our feelings, we help children to express their feelings. • It is important to be aware of how our own attitudes can shape how we respond to a given situation. All staff will be mindful that early childhood practitioners are role models for the children and the early childhood service. Children will do as we do. (The éist manual- Ar an mBealach, 2010, Pavee Point)

The Inclusion Co-ordinator within our service is Ciara Watson. More information on Diversity, Equality and Inclusion is included in the Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education (Department of Children and Youth Affairs, 2016).

If you, as a staff member or a parent, feel that this policy is not being implemented, you can follow the Naíonra's Complaints Policy.

### **Who Must Observe This Policy**

#### **a) Owners**

Ensuring the service complies with all relevant legislation, guidelines and the Diversity, Equality and Inclusion National Charter.

Ensuring the policy and its related procedures and practices are implemented.

#### **b) Service Manager**

Implementing the policy and its related procedures and practices.

Ensuring that all staff members are aware of their responsibilities and given appropriate training and support.

Taking appropriate action in any cases of discrimination.

Having a member of staff designated and trained as Inclusion Coordinator<sup>4</sup>.

#### **c) The Inclusion Coordinator (if a team member has completed LINC training) otherwise this role reverts to owner who has a Post Grad Cert in inclusion.**

Supporting the Service Management in providing a leadership role on inclusion in the setting and ensuring the appropriate implementation of this policy

*This specific nature of this role and the responsibilities associated may need to be clearly outlined here*

#### **d) All Staff Team Members**

Knowing how to identify and challenge bias and stereotyping and dealing with any related incidents. Promoting equality and good relations and not discriminating on grounds of gender, ethnicity, culture, religion, language, sexual orientation, age, ability, disability or social circumstances.

Keeping up to date on diversity, equality and inclusion issues by attending training and information opportunities.

#### **e) Parents/Guardians**

Being aware of and complying with the service's Diversity, Equality and Inclusion Policy and understanding that it applies to all children and all those involved in and with the service.

Supporting staff team members in developing a shared understanding and an appreciation of the benefits of an anti-bias/anti-discriminatory approach.

#### **f) Relevant Agencies (such as Tusla, HSE, Pobal)**

Supporting the service in the development and implementation of the policy. Being aware of and complying with the service's Diversity, Equality and Inclusion Policy.

#### **g) Visitors**

Being aware of and complying with the service's Diversity, Equality and Inclusion Policy.

<sup>4</sup> Ref: The **Early Childhood Care and Education National Inclusion Charter and Guidelines for Early Childhood Care and Education Early Childhood Care (2016)** The Leadership for Inclusion (LINC) programme supports those taking on the role of Inclusion Coordinator within their own settings.

Actions to be Followed if the Policy is not Implemented

Victims of bullying, harassment and/or discrimination will be given every support. Those responsible will also be supported by appropriately challenging the behaviour, by providing accurate information on the issue, by giving the person an opportunity to think about the effects of their actions and by being clear that such behaviour is not accepted in this service.

### **Complaints Policy**

Our service is committed to providing a high quality service to everyone that comes in contact with our service and welcome children's and parent's views of the service. We understand that at times families may have a concern or feedback about the service and we are committed to giving careful attention and a courteous, timely response to your suggestions, comments or complaints so that we can learn from them and continuously improve our service.

Principle:

This policy is underpinned by the Child Care Act 1991 (Early Years Services) Regulations 2016.

Our service is committed to providing a high quality service to everyone we deal with. If you have any comments or complaints about our service, we would like to hear from you. We are committed to listening to your complaints and to treating them seriously so that we can learn from them and continuously improve our service. From time to time, small concerns can be raised that can easily be explained verbally between parents and the service manager. The Service Manager will always document these concerns and they will be raised at regular management meetings, where we can self-evaluate and see how we can improve our service to you.

We aim to ensure making a complaint is as easy as possible and to deal with it promptly, politely and, when appropriate, confidentially. We endeavour to learn from complaints, use them to improve our service, and review annually our complaints policy and procedures.

If you should have a larger complaint against any staff member or against the preschool, I would ask that you put your complaint in writing to Ciara Watson [ciara@naionra.org](mailto:ciara@naionra.org) Your complaint should include the following:

Your name, address and a daytime telephone number Full details of the complaint o Names of those involved (including any staff)  
o Copies of any relevant documentation

Ciara Watson will consult with the management team to ascertain the facts. The complaint will be dealt with in an open and impartial manner.

Ciara Watson will revert to the complainant within ten working days in writing with findings and actions going forward. We can also then schedule a meeting to go through any details and discuss a way forward.

- If the complaint has been made against a staff member, the staff member involved will be informed that a formal complaint has been made and given full details. The staff member will be given the right to reply.
- If necessary, a request may be made in writing to the owner/manager

to have the complaint heard by a wider group. This group could comprise of the owner/ manager plus external mediator. Membership of this panel should not comprise of any person directly involved in the complaint or related to the complainant or staff member. • The person making the request should be advised that they are free to bring another person with them to a meeting to hear the complaint and to record minutes.

- If the complaint involves a child protection concern, a separate reporting procedure will be followed in line with the child protection policy.
- An agreed written record of the meeting will be kept by the external mediator and, where appropriate, a formal letter of the outcome will be issued, within a reasonable period following the meeting.
- Records in writing of any complaints, including any outcomes, must be retained for a period of two years and should be available for inspection.

### ***Procedures & Practices***

#### **How a complaint is received**

Our service is committed to open and regular communication with parents/guardians. We welcome all comments on our services, whether they are positive or negative.

Complaints will be accepted irrespective of the nature of the complaint or who the person making the complaint is.

#### **How to make a complaint**

A complaint can come to the attention of the service in a number of different ways:

Contact, by phone or in person, with a staff member or by letter, email, and/or text. The complaint may be made by the person directly affected or by a person acting on their behalf.

#### **To whom a complaint can be made**

If a person has a complaint about some aspect of the service's activity, or about the conduct of an individual member of staff, it will often be possible to resolve the problem by simply speaking to the individual concerned and/or to Ciara Watson.

Some complaints may fall more into the category of disagreements or differences of opinion, and may

be resolved through discussion and compromise on the part of both the person making the complaint and the staff member concerned.

### **How a complaint will be managed Stage One: Informal Process**

In the first instance, those who wish to make a complaint are encouraged to speak directly to the relevant member of staff. If they do not want to do this, they can speak with Ciara Watson who will try to resolve the problem.

The details of the complaint and the response will be recorded by Ciara Watson.

If Ciara Watson has a direct or indirect involvement in the matter being complained of, the complaint will be passed to Kara Gargolinski Mc Alister. (or, if necessary, another person who has had no involvement in the matter).

If a satisfactory resolution cannot be found, then Stage Two of the procedure will formally come into operation.

### **Stage Two: Formal Process**

If informal discussions of a complaint or problem have not produced a satisfactory resolution to the situation, those making the complaint should be encouraged to put their complaint in writing to Ciara Watson using the form attached to this policy [see *sample form attached*]. All necessary support will be provided. Relevant names, dates and any other important information on the nature of the complaint should be included.

*Ciara Watson* will acknowledge receipt of the complaint in writing as soon as possible – usually within 3 working days – and fully investigate the matter within 10 working days. If there is any delay, those who made the complaint will be advised of this and offered an explanation. Ciara Watson will be responsible for sending them a full and formal written response to their complaint.

Ciara Watson, with the assistance of appropriate staff members, will carry out a full investigation. This may involve:

Interviews with all relevant individuals

Minute taking of all meetings

Individuals being informed that they may have an appropriate individual present with them during the investigation.

Where no grounds for the complaint are found, the person making the complaint will be notified and information detailing the next stage will be provided.

Where *Ciara Watson* (or other appropriate person) investigating, finds grounds for the complaint, they will ensure that all of the required details are available from the person making the complaint (using the Complaints Form, see Appendix A).

Staff members must participate and support the investigation of any complaint, where requested. Any staff member involved in the complaint will be supported throughout the process.

**Any complaints not within the scope of the service to investigate, will be referred appropriately. For example:**

If Ciara Watson has good reason to believe that the situation has Child Protection implications, they must inform the local Tusla Duty Social Worker, according to the procedure set out in the Child Protection Policy.

If any person involved in the complaint has good reason to believe that a criminal offence has been committed they should contact An Garda Síochána.

**Where a complaint relates to Health and Safety it may be appropriate to notify the Health and Safety Authority.**

### **Communication of the Response/Outcome**

The formal response to the complaint will be sent from *Ciara Watson* to the person who made the complaint and copied to all relevant members of staff if appropriate. The response will include recommendations for dealing with the complaint and any necessary amendments to the service's policies and/or procedures and/or risk management procedures, arising from the investigation.

The *owner/manager* may arrange a time to meet the person who made the complaint and any other relevant individuals, such as members of staff, to discuss the complaint and the service's response to it. Ciara Watson will judge if it is best for all parties to meet together or if separate meetings are more appropriate.

The person making the complaint will be notified of the progress of an investigation on an ongoing and regular basis by the manager in writing, by email or letter.

The person making the complaint will be immediately informed of the outcome of the complaint once it has been completed.

### Stage 3: Review

If, at the conclusion of the above process, those who made a complaint are dissatisfied with the response they have received, the original complaint along with the service's response will be passed to the *Ciara Watson* who will ensure that there is a complete review of the complaint. This review will be undertaken by a person not previously involved.

Ciara Watson will communicate a detailed response, including any actions to be taken, to *both the Manager and* the person who made the complaint, within 10 working days<sup>5</sup>.

### Recording of Complaints and Confidentiality

Records of complaints must be kept in the Complaints Records File, separate from children's files. All information relating to complaints is to be shared only on a need-to-know basis.

Where a complaint involves a child protection concern the Child Protection Policy will apply.

Where a complaint involves an allegation of a breach of a person's rights (child or adult) and/or a criminal action or behaviour the appropriate authorities must be informed.

<sup>5</sup> Please note: This timeframe may be different depending on the severity of the complaint, the urgency of the complaint, its complexity, and the availability of all those people who need to be involved.

The record of the complaint must be kept for at least two years from the date on which the complaint has been dealt with. *[This period may vary depending on other legal requirements.]*

The record is to include:

- The name of the complainant  
The nature and details of the complaint  
The date and time the complaint was received  
The manner in which the complaint was received  
The name of the person who received the complaint  
The level of risk to the child or children arising from the subject of the complaint  
The manner in which the complaint was dealt with, including:
- Any local resolution implemented
  - Any specific meetings held with the person making the complaint and
- minutes of any such meetings
  - Timelines for investigation of the complaint and notification of the outcome

All records of complaints must be kept in full compliance with the [Child Care Act 1991 \(Early Years Services\) Regulations 2016](#), [Data Protection Act 2018](#) and [Freedom of Information Act 2014](#).

Only members of staff authorised by the *Ciara Watson* can access the Complaints Records File.

### Role of Tusla

If a person making a complaint is dissatisfied with the service's response or feels for any reason that they cannot bring the concern directly to the manager/registered provider, they can contact Tusla's Early Years Inspectorate.

Tusla's Early Years Inspectorate does not investigate individual concerns or complaints. All information received is assessed to determine if any concerns relating to the health and welfare of children exists within the remit of the 2016 Regulations. The information determines the focus and timing of Tusla's inspections.

Where Tusla Early Years Inspectorate considers that there is a potential risk to the health, safety and welfare of children in an Early Years Service, Tusla Early Years Inspectorate will take appropriate actions with the service provider to ensure that the risk is addressed. To contact Tusla regarding a concern about this or any early years service you can contact in the following ways:

Email: [early.yearsui@tusla.ie](mailto:early.yearsui@tusla.ie)

Call: 061 461700

Or download a complaints form at: [www.tusla.ie/services/preschool-services/concerned-about-the-operation-of-a-eyis/](http://www.tusla.ie/services/preschool-services/concerned-about-the-operation-of-a-eyis/)

Send it to: Tusla Early Years Inspectorate, Unsolicited Information Office, 2<sup>nd</sup> Floor, Estuary House, Henry Street, Limerick.

- to the person making the complaint  
 Details of the investigation carried out  
 The outcome of the investigation  
 Details of any corrective or preventive actions to resolve the complaint  
 Information given to the person making the complaint about the progress and the outcome of the complaint of the investigation and whether the action taken to resolve the complaint was accepted  
 Details of any plan implemented for the child's care as a result of the complaint as agreed with the child's parents/guardians  
 Details of any review to the risk management process in light of the complaint. Details of any changes to practice or policy.

The Tusla form can also be posted on request.

**Communication Plan [For staff & families]**

All parents/guardians are to be informed of the policy and procedures regarding Comments and Complaints on enrolment. Staff members will check with parents/ guardians that they have read and understood the policy and provide any assistance needed.

A summary of this policy will be included in the Parent/Guardian Handbook. This policy will also be reviewed with staff at induction and annual staff training. When a complaint is received, the person making the complaint will be given a copy of this Policy and Procedures.

A copy of all policies will be available during all hours of operation to staff members and parents/guardians in the Policy Folder located in ..... Parents/guardians may receive a copy of the policy at any time upon request. Parents/guardians and the staff team will receive written notification of any updates.

This policy must be observed by all managers and all staff members.

**34. Actions to be Followed if the Policy is not Implemented**

*Ciara Watson to review events and retrain any staff in the use of the policy. Date: .....*

**10. Contact Information [Who to contact for more information]** If you need more information about this policy, contact:

**Appendix A**

**Complaints Form**

Please complete all sections of this form using block letters.

**Name of person making complaint:** .....

**Address:** .....  
 .....

**Phone number:** .....

**Date & time complaint was first made:**

**Date & time of incident:** .....

**Name of person to whom complaint was first made:** .....

**Name of Registered Provider:** .....

**Details of Complaint:**

.....  
 .....  
 .....  
 .....  
 .....

Please continue on an additional sheet if required

**Signature:** ..... **Date:** ..... **Please return to:** Ciara Watson

**Signature:** .....



## Student and Volunteer Policy

### Principle:

This policy is underwritten by the Child Care (Pre-School Service) Regulations 2006

### Meeting before start date

Each student or volunteer will meet with a member of management before they begin in the service. This is an opportunity to talk about the needs of the student/ volunteer and how the service may be able to accommodate them.

### Agreement of role

A description of the role of the student/ volunteer will be developed, helping all staff and others understand the expectations of the student/ volunteer. This may also be used as a reference when giving support and supervision

### Garda Vetting

Garda vetting is carried out by the service for all staff, students and volunteers. This is a requirement under the Pre-school Regulations 2006. Students under 18 years of age are not subject to Garda vetting. Transition students are not required to be vetted as they are under 16 years of age.

### Reference

Two verified references from reputable sources are required for all students and volunteers.

### Induction

Each student/ volunteer will be provided with a mentor/colleague for the induction period, who will provide on- site support for them. A Student/ volunteer Induction Record Card will be completed for each person and placed on file.

\*Garda Vetting is required where a student is over 18. Some schools separately insure their students while on placement. All students need two verified references.

## Safe Sleep Policy

All children are provided with clean, safe and comfortable rest and/or sleep facilities as individually needed. We work in partnership with parents/guardians in relation to their child's sleep needs and patterns as much as possible.

Children aged 2–3 years are provided with *mats or stackable bed as required* and each child's individual need for sleep or rest is facilitated appropriately. All cots and beds for children conform to recognised safety standards.

The sleep area is kept clean, calm, quiet and comfortable so that babies can relax, rest and sleep.

The recommended best practice guidance from [First Light](#) (formerly Irish Sudden Infant Death Association (ISIDA)) and [Safe Sleep for your Baby – Reduce the Risk of Cot Death](#) (HSE 2017) is followed at all times. Staff members follow first aid procedures they have been taught, in the event a child/baby is found unresponsive and/or not breathing.

Where a parent/guardian requests a sleep routine for their child that does not meet with good practice guidelines (for example, requesting that their child be denied sleep for the day; that they be put to sleep with a feeding bottle; requesting that the baby/child be put to sleep in a buggy or travel seat), the service remains responsible for our own practice

and we will be happy to discuss with parents/guardians why any such practice cannot be implemented. In all decision-making the child's best interests come first.

As well as safe sleep provision, all children will be provided with opportunities to have quiet or rest periods, within the daily curriculum/programme, that meet their individual needs throughout the session/day.

### **4. Procedures & Practices**

When a parent/guardian requests a specific sleep routine for their child, two key questions must be considered:

- **Is it safe?**
- **Would it cause distress to the child?**

If these questions cannot be answered satisfactorily, then a parent/guardian must be informed that the service cannot comply with their request and an explanation given or guidance must be sought from a qualified professional such as a public health nurse.

### **Sleeping position Ventilation**

Ensure that the sleep area is adequately ventilated (either naturally or mechanically) but do not position a cot below a window or adjacent to a radiator.

### **Lighting and visibility**

Control lighting in the sleep room with curtains/blinds and the dimmer switch so that the atmosphere is conducive to sleep but there is adequate visibility for supervision.

A viewing panel to the sleep room must never be covered.

### **Sleep area temperature**

The sleep area must be maintained at between 16oC and 20oC. A wall-mounted thermometer is provided to monitor the temperature.

Bedding depends on the room temperature. If a baby seems hot, take some of the blankets off, if they seem cold, add an extra layer. Use lightweight blankets that you can add to and take away. Babies should not have their heads covered indoors.

### **Soothers**

Soothers must not have any string, cord or clips attached.

They must be stored in separate clean containers labelled with each child's name when not in use.

Always ensure that soothers used are the right size for the age of the child and in good condition.

Soothers decorated with beads, gems or other such decorations are prohibited.

### **Supervision whilst sleeping:**

The sleep area light should be dimmed to create a calm atmosphere while allowing enough light for adequate supervision.

**Children in the sleep area must be within sight or hearing of at least one staff member at all times, especially when staff members are actively engaged with children who are awake.**

The Manager is responsible for the sleep monitoring rota.

The rota must clearly identify:

which staff member is responsible for the sleep area

who will check the sleep area to ensure all risk controls are implemented who will check the children

how often they will be checked

who is responsible for completing the sleep log for each child who is responsible for bed linen changes and recording changes.

**Checks must be made of each sleeping child in the room, in person, at least every 10 minutes.**

A sleep log for each child is maintained.

This records when physical checks are made of each of the sleeping children.

It must record:

- the time of the check
- the child's position
- any change in the child's normal breathing pattern
- any change in the child's normal skin colour
- ensuring the child's head is uncovered
- the room temperature
- the name of the person who checked the child.

A separate sleep log is maintained for each child and is retained by the service in each child's own file.

This procedure for monitoring will be displayed beside the sleep area.

Each child's Key Person is responsible for sharing information with the child's parents or guardians.

At all times, the relevant adult /child ratio outlined in the Early Years Regulations 2016 will be adhered to.

### **Cots/beds/sleep mats**

An adequate number of safe child beds are provided to ensure that all children have access to a suitable cot or bed as appropriate for their needs.

Children over 2 years may be offered a pillow for use at sleep time.

### **Hygiene (See Health and Safety Policy)**

Individual bed linen is provided for each child – it is hygienic, easily accessed, labelled for each child and must be reserved for that child's sole use.

Each child's bed linen is laundered weekly and when soiled.

Separate storage is provided for clean linen and linen that is due for washing. Clean and dirty linen must be kept separate.

### **Safety of child beds**

All beds must be used in the intended manner. Bed guards are prohibited.

### **Dealing with emergencies**

**In the event of finding a baby or child who appears to be unresponsive and breathing or not breathing the staff member trained in emergency First Aid Response will respond immediately and appropriately.**

1. The Manager or the person who is in charge at that time notifies the child's parents/guardians as soon as possible of the current situation.
2. The person who found the child and has been resuscitating the child gives a detailed account of events to the paramedics on their arrival.
3. Staff follow the direction of the paramedical staff.
4. The Manager or person in charge ensures that parents have been informed.
5. The scene is to be left as it is. An Garda Síochána may need to investigate.
6. Families of the other children may need to be notified of the incident by the Manager.
7. Staff support is essential following any such incident.

### **Record and record keeping**

All records relating to safe sleep and any incidents are stored safely.

This policy must be observed by all managers and all staff members.

### **Outdoor play policy:**

In our services a strong emphasis is placed on the importance of children's play, for its own sake and as a critical factor in children's wellbeing, learning and development. We believe that outdoor play has much to offer children so rather than it being a short interval in the 'real curriculum' of the day, we see it as an essential part of the curriculum every day.

Outdoor play activities are a vital part of childhood experience and an important complement to our indoor activities. We consider that outdoor play is just as important as the indoor programme.

We aim to provide a safe, stimulating outdoor environment where space is used effectively to enable children to explore a broad and balanced curriculum using a range of interesting and engaging resources suitable to both their individual and group needs.

The outdoor environment is an invaluable place of learning and engagement and has a positive impact on children's physical and mental wellbeing. It provides opportunities for children to explore, discover and develop an understanding of the natural environment around them with unique opportunities for: sensory experiences; physical activities; observations; constructive play with sand, water and mud; socio-dramatic play; art; early science, mathematics, environmental learning and many others. Therefore the outdoor play environment in our services is planned with the same care and attention as the indoor environment.

The outdoor space is designed to provide:

Varied, multisensory, challenging, creative and enriching experiences. Opportunities for noisy, boisterous, vigorous, physically active play. Opportunities for appropriate physical challenge and risk-taking that are inherent in the value of play.

Different surfaces and opportunities for the development of physical strength, balance and coordination.

Natural elements and loose materials that children can combine, manipulate, use and adapt in their own way, for their own purposes (open-ended materials).

Opportunities to develop language and social skills Opportunities for exploration, observation and experimentation.

### **Safety**

Safety is a primary consideration in planning all activities. Appropriate supervision of children while playing outside is paramount.

*[See page 70 of Supporting Quality: Guidelines for Professional Practice in Early Childhood Services (3rd edition) Book 1 by Geraldine French. Barnardos' Training and Resource Service, 2008 for further details on safety measures].*

We aim to ensure that the risk of injury is minimised while allowing children appropriate challenges. This is important for their learning and development. Children are given the chance to stretch themselves, and to test and develop their abilities, without exposing them to unacceptable hazards.

## **4. Procedures & Practices**

Outdoor play is a natural enhancement and extension of indoor environments and children should ideally be able to choose to play outside at any time. In some settings access to the outdoor play area is restricted due to its location not being directly accessible from the room where the children are based and/or due to the outdoor space not being large enough to accommodate all of the children in the setting at the same time. However we have fully risk assessed each outdoor play space and set in place procedures around each garden area to ensure the safe use of the garden at all times.

There are many ways to provide enriching outdoor experiences as an extension and enhancement of indoor play. All areas of the curriculum can be provided for successfully outdoors.

### **Planning for learning**

The outdoor play area is included in all planning for learning.

It is important to ensure that:

- Children are enabled to access the outdoors on a daily basis taking appropriate measures to deal with the weather conditions for example wellies, warm clothing and hats or long sleeves and sun protection, are provided.
- The outdoor play area is used as a context and a natural resource for learning and development.

- Children are consulted about their interests, needs and wishes for outdoor play and the outdoor environment.
- Children are given the opportunity to plan and have ownership of their learning in the outdoors.
- The particular strengths and needs of each child is considered.
- A wide variety of challenging, diverse, creative and enriching experiences are planned for to ensure that children's learning and development needs are met under all four themes of Aistear:
  - o Wellbeing
  - o Communicating
  - o Exploring and Thinking
  - o Identity and Belonging
- The opportunities for appropriate challenge and risk-taking in play are considered in planning.
- The learning that happens in the outdoor play area is observed, assessed and recorded in the same way as learning indoors.

### **Play opportunities**

- The outdoor play area offers children the opportunity to investigate and explore, problem solve, use their imagination and creativity.
- Children experience social interactions – being able to choose whether and when to play alone or with others, to negotiate, co-operate, compete and resolve conflicts.
- Long, uninterrupted periods of time are provided for spontaneous free play.
- A variety of materials is provided to stimulate different kinds of play including:
  - o sand, mud, water, clay, paint, and other open-ended materials for sensory and exploratory play
  - o a large supply of blocks and construction toys and materials for cognitive and physical development
  - o dress-up clothes and props for pretend play
  - o balls, hoops, balancing and climbing places
  - o materials for building dens, making concoctions, using tools
  - o small world play
  - o art, writing, modelling and other creative activities
  - o natural materials for matching, sequencing, measuring, weighing, pouring for learning maths concepts.
- Open space is available for running, cycling and general free movement.
- Children are encouraged to manipulate the environment and the materials in their own way, to support their play.
- Activities which test the limits of capabilities such as lifting, balancing and climbing and chase games are included.
- All children, including those with physical impairments/disabilities, have access to play opportunities and are included in play – for children with limited motor abilities and/or health impairments this means that activities may need to be positioned to allow children to relax, to focus attention on the activity and have sufficient controlled movement for independent play.
- The value of messy play, rough-and-tumble play, and nonsense play is recognised.
- Children can enjoy energetic activity and have opportunities to run, jump, scoot, crawl, climb, swing and ride on wheeled toys.

- The outdoors offers the children opportunities for manipulative play and to develop their fine motor skills.
- Children are helped to care for the outdoor environment through the context of their outdoor play area.
- Children are given opportunities to care for living things (animals and gardening with non-toxic plants).
- Children learn how to use tools safely and effectively and to follow safety rules.

### **Play values**

- Play is valued both for its own sake and as a critical factor in children's wellbeing, learning and development.
- All children have the right to engage in play experiences.
- Children are capable and active learners.
- Children learn through active hands-on experience – playing, exploring, experimenting and discovering.
- Children are enabled to develop an appreciation of natural beauty and a sense of wonder about the world.
- Children can play for their own purposes.
- Children are played with on their terms.
- Children are allowed to manage and use the space and freedom afforded by the outdoor play area.
- Children are given the opportunity to relax, enjoy and have fun outdoors.
- Both boys and girls can be competent in all areas.

### **Supervision**

All staff members must be vigilant in their supervision of the children. Appropriate staff ratios must be maintained in the play area at all times.

It must be ensured that an adult directly supervises the use of each large play structure.

Staff members should place themselves strategically around the play area so that all children can be observed and heard and reached quickly, especially when engaging in activities that have a level of challenge/risk, for example:

### **Safety**

○ In all areas with access to water in tubs, buckets, water tables ○ When children are building and/or climbing high structures

○ When children are using sharp items such as sticks or tools.

All staff members must be diligent in the inspection of the play areas.

Each child is assigned to a key person who is responsible for their safety while they are outdoors.

All equipment must be maintained to ensure the children's safety.

New equipment must be installed to the most up to date Safety Standards. Where equipment is installed that has a recommendation for a shock absorbing surface this must be rated and installed as recommended by the manufacturer. Visual inspections of the playground and equipment must be carried out on a daily basis before the children go outside to ensure safety is maintained.

A monthly and seasonal inspection of the playground and equipment must be carried out to determine the need for repairs.

The use of wheeled toys must be carefully monitored.

Emergency/first aid kits must be easily accessible.

It must be ensured that all of the children are clear about the safety rules.

### **Playground and equipment maintenance**

Ensure that the route the children take from the indoor to the outdoor area is free of hazards – this must be checked daily.

Ensure that the play area boundary (fence and gate/s) is secure, that no adult can access the area without the knowledge of the staff members in charge and no child can leave the area without supervision.

Ensure that children cannot access the bins, oil tank/gas supply, boiler or pest control bait boxes. Check the area for hazards such as catch points, sharp points, protruding hardware or possible entrapment (bars on equipment must be no less than 6cm apart (round) /7.5cm apart (flat)).

Check daily for broken glass, plastic, animal droppings.

Check for choking hazards where children under three are present.

Sweep hard play surfaces clean of stones, sand and gravel.

Check sand for contamination. Ensure the sand is cleaned and disinfected regularly.

Always remove cords, string or skipping ropes tied to slides, or other playground equipment.

Ensure climbing equipment is not placed near clothes lines or overhead wire. Restrict the use of climbing structures if they cannot be kept dry.

Check structures for frost and/or ice build-up.

Though the presence of ice provides a learning opportunity, ice poses an extreme fall risk. Ice underfoot must be broken, sanded or salted where appropriate before children are allowed to play in the area.

Conduct daily checks on equipment. Watch for signs of decay, rust, splinters, sharp protrusions, protruding nuts, rivets or nails.

Take whatever action is necessary to ensure children's safety such as removing broken equipment or erecting temporary barriers. Record any problems that require specific maintenance or repair skills that staff members cannot provide and/or removal of equipment and bring them to the attention of the manager. Check for any toxic plants [*these can sometimes be present through self-seeding from neighbouring property*].

### **Communication Plan**

All parents/guardians are informed of the policy and procedures regarding Outdoor Play on enrolment. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed.

A copy of all policies is available during all hours of operation to staff members and parents/guardians in the Policy Manual located in the filing cabinet. Parents/guardians may receive a copy of the policy at any time upon request. Parents/guardians and the staff team will receive written notification of any updates.

### **Infection Control Policy**

There are three basic principles of infection prevention outlined in the HPSC guidance:

1. Handwashing is the single most effective way of preventing the spread of infection and should be used at every opportunity

2. Immunisation. All children and staff should be appropriately immunised

3. Exclusion. Any unwell staff member or child should be excluded

*[The HPSC guide outlines the most effective ways to prevent infection and can be summarised as follows:*

*To protect staff and children from the spread of infections, [early years] staff need to understand how diseases are spread and which measures interrupt their spread.*

*The spread of germs can be greatly reduced if standard precautions (see below) are used consistently and regularly.*

*It is vital that staff receive training in the use of Standard Precautions. This is particularly important because some diseases are contagious before symptoms appear and because the disease status of a child may not be known.*

*The single most important way to prevent the spread of germs is by handwashing.*

*Maintaining a good standard of environmental hygiene, coupled with appropriate cleaning of toys, personal care items, utensils and bed linen as well as appropriate disposal of items soiled with body fluids are other important precautions.]*

Standard precautions are applied when anyone has contact with:

Blood

All body fluids, secretions (nasal secretions) and excretions (urine, faeces, vomit) except sweat,

regardless of whether or not they contain visible blood Non-intact skin (broken skin, sores)  
Mucous membranes (eyes and mouth).

The key elements of standard precautions taken in the service include:

Handwashing and skin care

Use of protective clothing, e.g. gloves and plastic apron Management of spillages, i.e. blood or other body fluids Management of cuts, bites and needle-stick injuries Coughing and sneezing etiquette

Environmental hygiene

Safe handling of laundry

Safe handling and disposal of waste including sharps Food hygiene.

Children are excluded only if they are actually ill, present a danger or a risk to others (children or adults) or are unable to benefit from the service's normal activities. Details of how long a child needs to remain home are available on the parent handbook, which is on our website at all times.

There are some particular illnesses where exclusion is necessary. In general, parents/ guardians are asked to keep their child away from the service, and staff members are required to stay away until they have seen their GP if any of the following are evident:

Diarrhoea<sup>6</sup> and vomiting.

A temperature of 101°F / 38°C or above. Eye discharge.

Rash or skin disorder.

Strep throat.

An earache or a bad cough.

This list applies to symptoms seen before any GP visit or diagnosis. Specific exclusion periods are necessary, and are applied, for particular diagnosed illnesses as outlined in [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) Preschool and Childcare Facility Subcommittee Health Protection Surveillance Centre (HPSC).

*[This guide must be made available for easy consultation by all staff members in the service – it can be downloaded and printed from <http://www.hpsc.ie/a-z/lifestages/childcare/> ]*

**Any ill child in the service who becomes ill with fever, headache and vomiting will be sent home as soon as their parents/guardians can be contacted.** Parents will immediately be made aware of the staff's concerns for the child's wellbeing. In this situation, if there is any significant delay in contacting the child's parents/guardians the child will be brought directly to the local hospital Emergency Department. **A child with fever, headache and vomiting must not be allowed to wait indefinitely in the service.**

Parents/guardians are included in the team approach to infection control. A co-operative approach between parents and the service will help to ensure a healthy environment for the children.

Parents/guardians who feel their child is too ill or unwell to participate in indoor or outdoor activity, are advised to keep them home to ensure a complete recovery.

Keeping immunisation records for all children attending the service is a legal requirement. Prior to enrolment parents/guardians are asked for a copy of their child's immunisation passport or record card. Parents/guardians are encouraged to ensure that their child is fully up to date with their immunisations and are required to inform the service if their child has not received any of the standard vaccinations.

Parents/guardians must inform the service of any known infectious illness in their child. This is of particular importance if the illness might affect others in the service, for example, if a child develops chickenpox or measles or other such contagious illnesses. Parents/guardians are informed if there are any outbreaks of infection in the service. *[The service should have a standard notification letter for some of the common conditions (see [www.hpsc.ie/az/lifestages/childcare/File,13445,en.pdf](http://www.hpsc.ie/az/lifestages/childcare/File,13445,en.pdf) for templates)]*

Parents/guardians of children with any chronic (persistent or long-term) infectious conditions will be encouraged to share this information with the service.

All female staff members need to know if they are immune to Rubella. (A simple blood test can tell if someone is susceptible to infection.) All parents/guardians/carers and staff members will be notified of any known incidence of Rubella in the service.

### Prevention of Spread of Infection

<sup>6</sup> Note: Diarrhoea can be due to infectious and non-infectious causes. Common non-infectious causes include antibiotic use or food intolerance. Other diseases such as coeliac disease and cystic fibrosis can have diarrhoea as a symptom. With these situations the diarrhoea is not usually



associated with symptoms such as vomiting and fever. This type of diarrhoea is not contagious and will not spread to other people.

### **Handwashing**

Posters of correct hand washing procedures are available at wash hand basins for adults and children. (See Appendix A.)

Warm running water is available for hand washing at a temperature no greater than 43°C at children's wash hand basins.

A cleaning agent such as soap is used when hand washing.

Hand drying facilities are available (state here what hand drying facilities are used e.g. disposable paper towels, single use cloth towels).

Children's hand washing and hand drying is supervised at all times.

Hands are washed and dried after using the toilet, after handling animals, after sneezing, blowing nose, coughing, or touching a cut or sore and before eating or handling food.

### **Respiratory hygiene (coughing and sneezing)**

All adults and children cover their mouths and nose with a tissue when coughing or sneezing. (See Appendix B.)

As required, we will notify the Tusla Early Years Inspectorate when the department of Public Health has confirmed to us that there is a diagnosis of a 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 Diseases Regulations 1981](#) (SI No 390 of 1981) and amendments. [www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/](http://www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/)

We will contact the local Department of Public Health:

If we have a concern about a communicable disease or infection, or if we need advice on infection control.

If we are concerned that the number of children who have developed similar symptoms is higher than normal / if we think that we may have an outbreak of infectious disease in the service.

If we are not sure whether to exclude a child or member of staff.

Before sending letters to parents/guardians about an infectious disease.

### **Other Standard Precautions**

#### ***Cleaning the environment***

A cleaning programme is in place

Detergents and disinfectants are used correctly

Detergents and disinfectants are used according to the manufacturers' instructions.

*Cleaning rotas are in place for daily, weekly and monthly cleaning of all toys, rooms, communal areas and walls. These are displayed in every room.*

#### ***Personal protective clothing***

Protective clothing is used when required (gloves and aprons).

#### ***Blood and body fluid spillages***

Standard Precautions as outlined in [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) are used when any member of staff has contact with:

All body fluids, secretions (nasal secretions) and excretions (urine, faeces, vomit) except sweat, regardless of whether or not they contain visible blood Non-intact skin (broken skin, sores)  
Mucous membranes (eyes and mouth)

Spillages of blood, faeces, urine and vomit are cleaned immediately using disposable cloths and disposed of in closed bin. Mops are never used for cleaning blood, urine, vomit or faeces.

Extreme care must be taken in cleaning up bodily fluids using Standard Precautions.

It should be assumed that blood is infectious, regardless of its source.

The procedure used for dealing with blood and body fluid spillages is as outlined in [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) on Page 13.

*[This procedure should be attached as an appendix to this policy and printed and displayed close to the cleaning sink.]*

First Aid should not be withheld if gloves are not available. While due care and caution is important in handling potentially infectious fluids, fear of infection should never prevent First Aid being given.

Avoid direct contact with blood or bloody fluids. Should blood come in contact with skin the likelihood of transmission of infection through intact skin is very remote. DO NOT PANIC. Wash the area with

soap and water. If blood splashes into the eye or mouth, rinse with water.

### **Laundry**

Soiled linen is washed separately at the hottest wash the fabric will tolerate. Gloves and aprons are used when handling soiled linen.

Children's soiled clothing is placed in a plastic bag sealed and sent home with parents/guardians.

### **Animals, pets including poultry and fish**

Handwashing and drying procedures are adhered to before and after handling animals, pets, poultry and fish.

All animals, pets, poultry and fish are managed in accordance with required and appropriate instructions for their care.

Children are not allowed unsupervised access to animals, pets, poultry and fish. Animal, pet, poultry vaccination and health care are in accordance with veterinary advice.

*[For guidance to develop specific procedures relating to Pets and Farm/Zoo Visits see [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) pages 30-32.]*

### **Sterilising babies' bottles**

Sterilisation procedures (infants' feeding equipment and soothers). *[If there are babies in the service you will need to outline specific sterilisation procedures see [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) page 30.]* **Infection control on outings**

*[For guidance to develop specific procedures, see [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) page 33.]*

### **Perishable food**

Waste is recycled in accordance with local authority policy where possible. Nappies are stored in a leak proof airtight container which is easy to clean. Foot operated pedal bins are used to dispose of gloves, aprons and soiled dressings.

External bins are stored away from children's access.

All perishable food is kept in a refrigerator at temperatures of 0°– 5°C. Perishable food is not left at room temperature for more than two hours. Perishable food left at room temperature for two hours or longer is discarded.

### **Other precautions**

Cots, sleeping mats and beds are at least 50cm apart.

Toys and other play materials are not allowed into the toilet area.

Individual combs, hairbrushes, toothbrushes, personal clothing, bedding and towels are labelled and not shared.

At least once a day, even in winter, the children's playrooms and staff-rooms are aired and the windows opened.

A box of tissues is always readily available to all children and adults.

### **Nappy Changing and Toileting**

*[For guidance on specific nappy changing procedures, see [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) page 25 & 75.]* **Immunisation**

On enrolment, parents/guardians are asked for their child's immunisation record.

*[Full information on the schedule of immunisation is available at:*

*National Primary Childhood Immunisation Schedule*

[www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/](http://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/)

*Health Service Executive: Immunisation Guidelines for Ireland [www.hse.ie/eng/health/immunisation/hcpinfo/guidelines](http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines)*

Parents/guardians of children who are **not** immunised are made aware of the dangers of infectious diseases. Parents are encouraged to keep to up to date with current vaccination requirements and to ensure that the service is kept informed and the child's record updated when required.

Parents/guardians are not required to have their children immunised to gain admission to the service but where a child's immunisation record is not up-to-date parents/guardians are encouraged to have their child vaccinated.

If a child is not immunised, parents/guardians must be advised that their children will be excluded from the service during outbreaks of some vaccine preventable diseases such as Measles, Whooping

Cough etc., even if their child is well. This is to protect their non- immunised child.  
*[Some reasons why a child may not be immunised:*

*The child's young age*

*Medical contra-indications*

*Conscientious or religious objection*

*Natural immunity*

*The appropriate vaccine is currently unavailable]*

## **Illness**

When a child is unwell, parents/guardians are asked to keep them at home if they are unable to participate in all of the activities of the day and/or if there may be a risk of passing the illness to another child or adult in the service.

This is likely if the child has any of the following symptoms:

Diarrhoea and vomiting

A temperature of 101°F / 38°C or above Eye discharge

Rash or skin disorder

Strep throat

An earache or a bad cough.

If a child is ill or becomes ill in the service, we will expect the parent/guardian or a nominated carer to come for their child within 30 minutes.

We will do our best to keep a sick child separate from well children.

Children who are ill are welcome to avail of the sleep area while they wait.

If all attempts at contacting a parent/guardian/carers or authorised person are unsuccessful, the next action may have to be to transfer the child to hospital by ambulance.

**Any child ill with fever, headache and vomiting must be sent home as soon as their parents/guardians can be contacted.** Parents will be advised to contact their doctor immediately.

**If there is any significant delay in contacting parents/guardians of the child with fever, headache and vomiting, CALL AN AMBULANCE and then continue to try to contact the child's parents/guardians. A child with fever, headache and vomiting must not be allowed to wait indefinitely in the service.**

**In addition to these symptoms, children with meningococcal infection often develop a rash that starts as red spots but will progress to purple freckles and blotches, and even bruising (see Appendix C). If this occurs CALL AN AMBULANCE, GET MEDICAL ATTENTION first and then contact the parents/ guardians.**

## **Exclusion periods for infectious illnesses**

All children and staff should only return when they have recovered. See exclusion notes for the different diseases outlined in Chapter 9 of [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) page 33. We also have this information in our parents handbooks, which should be checked regularly for any new information.

## **Procedure for notifying infectious diseases**

When the service is informed by the Department of Public Health of a diagnosis of a child attending the service or 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 – See: [www.hpsc.ie/ NotifiableDiseases/ListofNotifiableDiseases/](http://www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/) – this will be notified to Tusla Early Years Inspectorate by *[the owner/manager]* using the Child Care Act (Early Years Services) Regulations 2016 Part VIII, Article 31, [Notification of Incident Form](#) available at:

## **Outbreak of an infectious disease**

*Please see our contingency plan displayed in each service for details of how we proceed in the event of an emergency.*

*See [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) for guidance.]*

## **When to contact the local Department of Public Health:**

If there is a concern about a communicable disease or infection, or advice is needed on controlling them.

If there is a concern that the number of children who have developed similar symptoms is higher than normal.

If there is an outbreak of infectious disease in the service.  
 To check whether to exclude a child or member of staff  
 Before sending letters to parents/guardians about an infectious disease.

*[Although the child's doctor is legally responsible for reporting serious illness, you should phone your local Department of Public Health if you become aware that a child or member of staff has a serious or unusual illness, (for example meningitis), or if a number of children or staff have the same symptoms suggesting an outbreak.]*

**47. Communication Plan**

All parents/guardians are to be informed of the policy and procedures regarding Infection Control on enrolment and made aware that it is applied equally to all children, aimed at maintaining a healthy environment for all children and adults. Policies/ parent handbook are available online at all times. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed. Parents sign this as part of their entry forms. A summary of this policy will be included in the parent handbook. This policy will also be reviewed with staff at induction and annual staff training.

The composite image consists of three panels:

- Washing your hands:** A detailed infographic with illustrations showing the correct technique for handwashing, including scrubbing for 20 seconds, covering all surfaces, and drying hands. It includes a 'Remember' box: 'Clean hands like this and you'll stop the spread of many viruses'.
- Coughing and Sneezing:** A green panel with four bullet points and illustrations:
  - Turn your head away from others and use a tissue to cover your nose and mouth.
  - Drop your tissue into a waste bin.
  - No tissues? Use your sleeve.
  - Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds.
- Meningitis and septicaemia Know the symptoms:** A red and white panel with a child's image. It lists symptoms for Meningitis and Septicaemia.
 

MENINGITIS	SEPTICAEMIA
Fever and/or vomiting	Fever and/or vomiting
Severe headache	Limb/joint/muscle pain
Rash	Cold hands and feet/shivering
Stiff neck	Pale or mottled skin
Dislike of bright lights	Breathing fast/breathless
Very sleepy/vacant/difficult to wake	Rash
Confused/delirious	Very sleepy/vacant/difficult to wake
Seizures (fits)	Confused/delirious

**Nappy changing policy**

Our services are committed to safeguarding and promoting the wellbeing of all of the children in our care. We are committed to ensuring that all staff members responsible for the personal care of children undertake their duties in a professional manner at all times. All hygiene and safety practices used in the service are consistent with recommendations from the Health Protection Surveillance Centre (HPSC) and the HSE. We respond to children's individual personalities, sensitivities and needs in relation to nappy changing, toileting and toilet training. We work in close partnership with parents/ guardians to share information and provide continuity of care. This includes asking for information from parents about the words and practices used at home for nappy changing or toileting and supporting toilet training.

Nappy changing is carried out with utmost care following best practice guidelines on safety, hygiene and positive interactions during daily routines. A clear nappy changing procedure is outlined and displayed in the changing area/room to be followed by all staff members who are changing children's nappies. [An example of such a procedure is detailed below and a shorter version is also available on page 75 of Management of Infectious Disease in Childcare Facilities and Other Childcare Settings.]

Parents must bring in nappies and lotions (should lotions be required)

Only creams and lotions provided by parents for their child, or specifically prescribed for an individual child, will be used for that child. They will not be used on a child for whom they have not been specifically provided or prescribed. (See Policy on Administration of Medication.)

Our intention is that no child will ever be left in wet or soiled clothing. As soon as a member of staff responsible for a child is aware of the child having wet or soiled themselves they will clean them. The wet or soiled clothing will be wrapped in a plastic bag and sealed for parents to take home. At all times the member of staff will pay attention to the level of distress and comfort of the child and will only help them to change with their agreement. We will do our best to provide reassurance and encouragement to the child. In the event a child is reluctant and then refuses, their parent/guardian

will be contacted immediately. If the child is ill the staff member will phone their parent/guardian. We will do our best to avoid drawing attention to such events and to positively support and encourage children in their efforts to become as independent as they are able. Where there is a decision made in partnership with parents to devise an individualised toilet training plan – based on the child's developmental level and their readiness to learn – this is co-ordinated with the parents/guardians and records are kept in the child's individual record.

At all times interactions are warm and positive and children's cues are responded to quickly. Children who are out of nappies or who are training have unrestricted access to the toilet.

We work with parents to support toilet training, when a child shows readiness - unless there are medical or other developmental reasons why it may not be appropriate for toilet training to begin. Where specialist equipment and facilities, above what is currently available in the service, are required, every effort will be made through accessing the support of AIM (Access and Inclusion Model) to provide appropriate facilities in a timely fashion. This will be done following agreement with parents/guardians and with the support of a Physiotherapist and/or an Occupational Therapist if necessary.

*[Issues can sometimes cause toilet training to be delayed and up to about the age of 4 years some young children may not be ready for training. Also it may not always be apparent if a delay in a child's independent toileting is due to a medical need or delayed development. It is important to make reasonable adjustments for all children, given that later identification of impairment/disability may occur.]*

One child will be cared for by one adult unless there is a sound reason for having more than one adult present. In such a case, the reasons are documented. Personal care arrangements are discussed with parents/guardians on a regular basis and recorded on the child's individual care plan. The needs and wishes of the child and their parents are taken into account wherever possible, within the constraints of staffing and in accordance with equality legislation.

In the event of their child having an unexpected need for help with personal care (for example in the case of a toilet 'accident' or wet clothing), parents/guardians are always informed on the day. This information is communicated to the parent discreetly in person, by phone or by text.

All children are treated with respect at all times and in particular in relation to toileting and when personal care is given. No child will be attended to in a way that causes distress, embarrassment or discomfort. The privacy and dignity of each child is maintained and respected at all times.

#### **4. Procedures & Practices**

##### **Interactions**

Nappies are changed as necessary, in a timely manner and in response to a child's cues indicating discomfort or a child exhibiting behaviour that suggests a soiled or wet nappy. Explanations are given to children (including to young babies) about what is happening when they need a nappy change, in a straightforward and reassuring way.

Strong signs are given that enable the child to anticipate and prepare for the events, for example a baby can be shown a clean nappy to indicate the intention to change their nappy.

Children are always approached gently and with consideration, and always from in front, when they are being taken for a nappy change.

The words used for parts of the body and bodily functions are agreed with parents to help ensure continuity.

It is important there is consistency in practice and communication between and with all staff regarding nappy changing and toileting practices.

Children are encouraged to be as independent as they are able to be and to undertake as much of their own personal care as is practicable.

Children who are toilet trained or training are prompted by asking or reminding them about using the toilet to help avoid 'accidents'. (If a child is encouraged to 'hold on' too long on a regular basis it may cause problems in the future with poor bladder emptying. On the other hand, bringing a child to the toilet too often can lead to reduced bladder capacity and also the child will not get the opportunity to experience 'full bladder' messages which they would learn to recognise as signals to go to the toilet.)

Staff members are always positive about toilet training so that encouragement is communicated in their language and behaviour.

Children don't have to wait to use the toilet when one is available and are allowed to take their time during toileting.

Parents and the child are reassured that, if the child has an accident, it is not a problem and children will not be made to feel that it is an issue.

## **Child Protection**

### **Please see Child Protection Policy and Procedures**

When assistance is required in relation to personal care for a child, the staff member ensures that another appropriate adult is in the vicinity and is aware of the activities to be undertaken.

Cameras and smartphones are **never** to be taken into the changing area or the toilet area/s.

### **Partnership with parents**

All toilet training and toileting related decisions and plans are made in partnership with parents. Parents are consulted about the words and the practices used at home for nappy changing and toileting, to help ensure consistency and continuity of care for the child as far as possible.

Families are encouraged to provide older children who are toilet trained or training with clothes that make it easier for them to toilet independently, for example, elasticated pants that are easy to pull up and down.

### **Toileting mishaps:**

When a child who is not using nappies wets or soils themselves accidentally, they are cleaned immediately.

This may involve the member of the staff taking the child to an appropriate place in the toilet area or the changing *area/room* (**always** with the knowledge of at least one other member of staff); helping the child to remove their soiled clothes; cleaning their skin (this may include bottom, genitalia, legs, feet); helping the child to dress in the child's own spare clothes; and wrapping soiled clothes in plastic bags (double wrapping if necessary) to give to parents to take home.

The member of staff responsible checks the child regularly to ensure that they are clean and dry before leaving to go home.

It is essential to balance the child's privacy with their safety and the safety of the staff member. A staff member taking a child into the changing room informs another staff member and records the time of the nappy change.

### **Hand washing**

Both adults' and children's hands are washed after nappy changing and toileting. Children never share water in communal basins or bowls for hand washing.

Hand sanitisers or alcohol-based hand rubs are not a substitute for hand washing. Gloves are not a substitute for handwashing – hands must always be washed before leaving the changing *room/area*.

### **Guidelines for use of potties**

Potties must be used in the toilet area only. After a child has used a potty:

Put on disposable gloves and apron and put contents of the potty into a toilet. Remove residue with toilet roll and flush down the toilet.

Clean the potty with detergent and hot water or paper towel with detergent and hot water.

Dry with paper towel.

Remove gloves and apron.

Wash your hands.

Then help the child to wash their hands.

Put potty in a clean, dry area — do not store potties one inside the other. Potties must never be washed in the designated hand washing sink. Potties must be stored out of reach of children when not in use.

### **Guidelines for nappy changing**

Staff members undertaking nappy changes should not be involved in the preparation, cooking or serving of food. If this is unavoidable, the staff member should wear a disposable apron as well as gloves and wash their hands. Please note: The apron for food preparation must be a new apron separate from any used for nappy changing. Nappies must be changed in the designated changing *room/area*.

The door to the changing *room/area* should be closed when the *room/area* is in use and after leaving the *room/area*.

### **Procedure for changing a nappy**

Ensure you have all equipment needed (including cleaning wipes, any required lotion or cream, a clean nappy) **within easy reach** of the change mat; that your hands are clean and you can reach the nappy bin **before** you start.

Wear a disposable plastic apron when there is a risk of getting urine or faeces onto skin or clothing.

Two [*powder free vinyl or latex 'single use'*] disposable gloves must be worn.

Let the child know that you are going to change their nappy. Always approach them from in front and pick them up or lead them to the change table gently.

Close the change area door.

Place/assist the child onto the change table. **Never move away from the child while they are on the change table even for an instant.** Always keep one hand on them to prevent them rolling or climbing off the change table. [*Safety straps are not recommended as they are not reliable to restrain a child and are likely to become contaminated. Cleaning and disinfecting a strap would be required after every change.*].

Keep everything that could be a safety hazard out of the child's reach.

Interact positively with the child throughout the process. Remove the nappy and dispose of it by placing it directly in the appropriate bin. [*This could be a foot operated, lined, lidded bin that is leak proof, sealable, easily cleanable or a specific bin designed for used disposable nappies.*]

Any 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.

Remove any clothes with urine or faeces on them.

Clean the child with the appropriate wipes – always ensure that girls are cleaned from front to back to prevent infection of the urethra.

Check for, and plan to record, any skin problems the child may have.

Apply cream/lotion, if required, with clean cotton wool or a clean tissue. Ensure creams and lotions are not shared between children. [*Creams and lotions for each child should be individually labelled.*]

Put on the new/clean nappy.

Remove gloves and apron. First remove one glove by folding it down from the wrist and hold it in a ball in the other gloved hand. Still holding it, remove the second glove by folding it down from the wrist, turning it inside out and wrapping it over the first glove as you go. Put the gloves directly into the bin.

Dress the child.

Take the child away from the change table and wash their hands or allow them to wash their own hands and dry them using a paper towel.

Take the child back to the play area.

Clean the change mat with detergent and warm water and dry it after each use. If soiled, clean then disinfect using a chlorine-based disinfectant (according to manufacturer's instructions), rinse and dry after use.

Always wash hands after every nappy change using warm water and liquid soap. Wearing gloves is not a substitute for washing hands.

Dry hands with a disposable paper towel.

Ensure the door to the changing area is closed as you leave.

Keep changing area clean:

All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).

The changing mat/s must be checked on a regular basis and discarded if the cover is torn or cracked.

Ensure the nappy changing area is well ventilated and bins are emptied frequently.

Change gloves:

After caring for each child.

After doing different care activities on the same child. Wash hands after gloves are removed.

Encourage older children in nappies to be as independent as possible:

In accessing the changing area/table.

Dressing themselves.



Washing and drying their hands.  
In decisions around when nappies are changed.

### **Guidance for toileting**

For children who are toilet trained or training:

Always inspect the toilet area (including toilet seats) before they are used by the children and during the day to make sure they are visibly clean.

If needed, help children use the toilet and wash their hands afterwards. Wash your hands after helping the children use the toilet.

### **Guidance for nappy changing and toileting on outings**

Advance consideration must be given to arrangements for offsite activities.

Every child's right to privacy must be respected and children should be changed only in an appropriate place where their privacy and dignity can be maintained.

This area should be clean, warm and safe.

Appropriate facilities must be available – such as a changing mat, child's toilet seat or potty.

Parents are asked to provide all necessary consumables which could include: nappies, baby wipes, nappy sacks, and plastic bags for soiled clothing.

Changes of clothing must also be made available by parents.

### **Communication Plan**

All parents/guardians are to be informed of the policy and procedures regarding Nappy Changing and Toileting on enrolment. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed. Familiarity with this policy will be included in staff induction and annual staff training.

### **Appendix A**

#### **Children's Handwashing Technique Poster**

<http://www.safefood.eu/Education/Pre-school/Pre-school-handwashing-poster.aspx>



#### **Healthy Eating Policy & Procedure**

Our services believe that good health and good food in the early years helps to safeguard children's well-being throughout their lives. In our setting it is important that children develop healthy eating habits from a young age for both the pleasure of having a wide variety in their diets and gaining knowledge about nutrition. Our meal times are treated as an opportunity for social interaction as well as laying the foundations about making healthy choices.

Principle:

This policy is underpinned by the Child Care Act 1991 (Early Years Services) Regulations 2016 and the Department of Health Food and Nutrition Guidelines for Pre-School Services 2006.

All our meal and snack times are treated as a social occasion. We create a nice relaxed atmosphere, plenty of time is given to each child to finish or decide when they have enough eaten. We talk to the children about what is healthy and what is nice for our bodies to eat. We speak to the parents about what we deem to be appropriate foods for their lunchboxes and we speak to the children about what food we love to eat at preschool, therefore encouraging healthy eating practices. We encourage children to be independent at meal/snack times, feeding themselves, taking their own food portions, pouring their own drinks and helping with the cleaning up afterwards. All adults working with their particular group of children sit with them at meal/snack times and listen, chat and make this an enjoyable social occasion.

Our policy and procedure is based on the following:



Children bring in their own lunches in each day. We ask parents that the lunches they are given are appropriate for your child's age and stage. If food is wrapped etc. make sure it is wrapped in a way that your child can access it themselves.

Whilst we always love to help out, it is amazing to see the glee on your child's face when they manage it themselves. So please help us to create these moments by giving your child appropriate, healthy food that they can get to themselves.

We do have a lunch break, however all children can have a little snack any time they choose. We have additional fresh fruit available to them at any time in their school day.

Children can access water any time in their school day if they are thirsty. Please do speak to your children about this at home too as we don't want anyone to be too shy to ask.

Parents bringing Birthday party food will be discussed in advance with the staff and parents.

All food in the pre-school will be stored, prepared and served using good food safety practices.

Children will be encouraged to play outside every day, weather permitting, to ensure they receive sunlight which helps their bodies to make vitamin D.

Parents will be advised if their child is not eating well and a plan put in place in co-operation with the parent. We always return any uneaten items to your child's lunch box so you can see what has been eaten and what has not. If we see a pattern of non-eating, we'll have a chat with you as parent and we can mutually agree a strategy to support your child. Equally if your child is not eating at home, please do let us know so we can support you with this.

Parents will be consulted around the dietary or religious requirements of their child and plans put in place to meet these.

Parents are asked not to send sweets, crisps and other snack foods to the pre-school. Parents of children on special diets will be asked to provide as much information as possible about suitable foods.

Food allergies and food intolerances (including coeliac disease):

Staff will be made aware if any of the children in our setting have any allergies or intolerances including, but not limited to:

- Peanuts and tree nuts
- Wheat (gluten)
  - Sesame seeds
  - Fish and shellfish
  - Dairy products
  - Eggs
  - Soya
  - Wasp or bee stings
  - Natural latex rubber
  - Penicillin and other drugs

- - **PARENTS ARE ASKED NOT TO BRING THE FOLLOWING FOODS INTO THE PRESCHOOL:**
- - **Peanuts**
- - **Eggs**
- - **Sesame (including hummus)**
- - **Kiwi**
- - **Popcorn.** -

Prevention measures:

- We encourage the children to try a wide variety of **age appropriate** foods
- We accommodate special food needs of individual children where possible. **We discuss how the body works and how good food gives us energy and makes our bodies work well.**
- We help children learn to eat
- We foster good dental health

We start with healthy eating as a concept from day one in the Preschool. Care will be taken to prevent accidental consumption of foods to which a child may be allergic or intolerant. • A child-specific written allergy/intolerance management plan will be available. A chart will be kept in each room with the name/photo of the child and the allergy type.

• When preparing food for the food allergic/intolerant child, great care will be taken to prevent any contamination with the food allergen they have to avoid.

- Parents/guardians will be asked to provide up-to-date emergency (e.g. adrenaline auto injectors such as EpiPen/Anapen/Jext) and relieving medication that will be appropriately stored and always available.
  - Staff will be trained in their use and what to do in the event of a severe allergic reaction. Note: Food & Nutrition Guidelines for Pre-School Services are available from the Health Promotion Unit of each local Health Service Executive which offers guidance on this topic.
- For more information on food allergies and intolerances please see: Food Safety Authority of Ireland Allergies and Intolerance safefood Little Bites website

### Accidents and Incidents Policy.

In all our services, we are committed to safeguarding children, staff, parents and all visitors to our centre. We have policies, procedures and practices in place to ensure that we are providing a safe place for children, staff, parents and visitors to be.

#### Principle

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016 and the Safety, Health & Welfare at Work Act (2005).

Measures to be taken to prevent accidents and incidents:

In our services, we have taken the following measures to prevent accidents and incidents.

- We have appointed a First Aid Officer and a Health & Safety Officer.
- We have a Health & Safety Policy & procedure, a Risk Management policy and we carry out regular risk assessments both indoors and outdoors.
- All staff receive regular Support and Supervision and reflect on their practice.
- A Training schedule is provided for all staff to maintain their levels of qualifications and renew training when it falls due as per regulations and legislation.
- Our building, equipment and materials are well maintained, and there is a policy and procedure in place to ensure any defects are dealt with immediately.
- All staff are familiar with the policies and procedures in our service and there are detailed induction policies and procedures for new staff.
- A fully stocked first aid box is provided with a contents checklist, easily identifiable and in a location, which is known to all adults.

The box and all medications will be checked once per month to ensure they are all in date and suitable for use.

- At least one member of staff who holds an up to date First Aid Certificate is on the premises at all times
- Adult child ratios are maintained at all times.
- All staff have appropriate qualifications to ensure that they provide the required level of care and attention to safeguard all children in our setting.
- Records are accessible to all relevant staff in case of an emergency
- The service has an arrangement with the local surgery in case of an accident or sudden illness
- The Manager and or First Aid Officer has a properly installed child car seat (suitable from 2.5 - 5, in the event that a child has to be transported to hospital or a doctor.
- Both vehicles are roadworthy, insured, taxed and NCTd.
- Drivers hold full driving licences.
- If staff have to leave the premises to accompany a child to hospital or a doctor, we revert to our policy on staff absences.

#### **References/Supporting Documents/Related Legislation**

[Tusla: Quality and Regulatory Framework](#)

[Child Care Act 1991 \(Early Years Services\) Regulations 2016](#)

#### **Food and Nutrition Guidelines for Preschool Services**

[health.gov.ie/wp-content/uploads/2014/03/Food-and-Nutrition-Guidelines-for-Pre-School-Services.pdf](http://health.gov.ie/wp-content/uploads/2014/03/Food-and-Nutrition-Guidelines-for-Pre-School-Services.pdf)

**Little Bites** [www.safefood.eu/Education/Pre-school/Little-Bites-\(ROI\)/Healthy-eating.aspx](http://www.safefood.eu/Education/Pre-school/Little-Bites-(ROI)/Healthy-eating.aspx)

#### **3 Week Menu Plan**

[www.ncn.ie/images/3week\\_menu\\_plan\\_available\\_on\\_web.pdf](http://www.ncn.ie/images/3week_menu_plan_available_on_web.pdf)

**Serving Size** [www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications\\_1/G6101-Safefood-App-Port-Control-Guide\\_single-pages.pdf](http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications_1/G6101-Safefood-App-Port-Control-Guide_single-pages.pdf)

#### **Infant Feeding**

[A Practical Infant Feeding Guide for Healthcare Professionals](#)

[Best Practice for Infant Feeding in Ireland](#)

**Breastfeeding** <http://thespoke.earlychildhoodaustralia.org.au/wp-content/uploads/2015/11/>

[EncouragingSupportingBreastfeedingInChildcareResourceKit.pdf](https://www.cdc.gov/breastfeeding/pdf/strategy6-support-breastfeeding-early-care.pdf) <https://www.cdc.gov/breastfeeding/pdf/strategy6-support-breastfeeding-early-care.pdf>

**Bottle Feeding** [www.indi.ie/images/public\\_docs/1620\\_New\\_Guide\\_to\\_Bottle\\_Feeding.pdf](http://www.indi.ie/images/public_docs/1620_New_Guide_to_Bottle_Feeding.pdf) **Weaning** [www.safefood.eu/Healthy-Eating/Food-Diet/Life-Stages/Weaning.aspx](http://www.safefood.eu/Healthy-Eating/Food-Diet/Life-Stages/Weaning.aspx) [www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Healthy%20Eating/HPM00971.pdf](http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Healthy%20Eating/HPM00971.pdf)

**Irish Nutrition and Dietetic Institute** [www.indi.ie/fact-sheets/fact-sheets-on-nutrition-for-babies-children/365-links-to-useful-resources-on-childhood-nutrition-a-guide-for-parents-and-teachers.html](http://www.indi.ie/fact-sheets/fact-sheets-on-nutrition-for-babies-children/365-links-to-useful-resources-on-childhood-nutrition-a-guide-for-parents-and-teachers.html)

**Safe Food – Make a Start** Promotes healthy eating and food safety. Provides free to download resources on a range of childhood nutrition topics, including healthy lunchbox ideas. [www.safefood.eu/Start/Welcome.aspx](http://www.safefood.eu/Start/Welcome.aspx)

**Bord Bia nutrition for two to fives** [www.bordbia.ie/consumer/aboutfood/nutrition/pages/nutritionfortwotofives.aspx](http://www.bordbia.ie/consumer/aboutfood/nutrition/pages/nutritionfortwotofives.aspx) **Irish Food Allergy Network** provides a guide to assist those who, through their work, encounter children and families affected by food allergy [www.ifan.ie](http://www.ifan.ie)

### **My Child**

[www.mychild.ie](http://www.mychild.ie)

**Early Childhood Ireland – Nutrition and Regulation** [www.earlychildhoodireland.ie/work/operating-childcare-service/nutrition/nutrition-and-regulation/](http://www.earlychildhoodireland.ie/work/operating-childcare-service/nutrition/nutrition-and-regulation/)

**NCN Healthy Ireland Smart Start** [www.ncn.ie/index.php/contact-us/2-ncn/201-healthy-ireland-smart-start-nutrition](http://www.ncn.ie/index.php/contact-us/2-ncn/201-healthy-ireland-smart-start-nutrition) 'Feeding Behaviour of Infants and Young Children and Its Impact on Child Psychosocial and Emotional Development', Liu YH, Stein MT., 2013. In: Tremblay RE, Boivin M, Peters RDeV, eds. Faith MS, topic ed. Encyclopedia on Early Childhood Development [online]. [www.child-encyclopedia.com/child-nutrition/according-experts/feeding-behaviour-infants-and-young-children-and-its-impact-child](http://www.child-encyclopedia.com/child-nutrition/according-experts/feeding-behaviour-infants-and-young-children-and-its-impact-child)

Zero to Three The Feeding Relationship [www.zerotothree.org/resources/1071-the-feeding-relationship](http://www.zerotothree.org/resources/1071-the-feeding-relationship)

## **56. Who Must Observe This Policy**

### **a) The Owner/Management Committee will:**

Ensure the service complies with all relevant Healthy Eating legislation and guidelines.  
Ensure the policy and its related procedures and practices are implemented and regularly reviewed. (Regulations 10, 14 and 22)

### **b) Service Manager will:**

Implement the policy and its related procedures and practices.  
Ensure that all staff members are aware of their roles and responsibilities and given appropriate training and support.  
Take appropriate action in any cases of additional needs.  
Lead the annual review of the policy.

### **c) All Staff Team Members will:**

Ensure that they are aware of their responsibilities to ensure children's nutrition and healthy eating needs are met according to this policy.  
Implement the policy and its related procedures and practices.  
Contribute to reviews of the policy.

### **d) Parents/Guardians will:**

Be aware of and understanding their role in the implementation of the service's Healthy Eating Policy and understanding that it applies to all of the children attending the service.

## **Policy on staff absences**

### **Principle**

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016 and the Workplace Relations Act 2015, Organisation of Working Time Act 1997, Maternity Protection Act 1994, Adoptive Leave Act 1995, Parental Leave Act 1998, Carer's Leave Act 2001.

### **Rationale:**

I refer all staff to their contract, stating that they will take their annual leave during preschool holidays. As we are only open 183 days per year, it is important for the welfare and development of each child that the same preschool educators are there each day to greet them and help them. Notwithstanding this, it is important to have arrangements in place in the service to ensure that the required adult/child ratios specified in Regulation 11 can be met when an employee working directly with children

attending the service is absent from the service. Staff with a communicable illness should not attend for work. Arrangements will be put in place to provide relief cover while staff are on sick leave.

#### Procedure

- In the event of the designated person in charge being absent a named person will deputise and a relief worker will be brought in to cover the assistant's place.
- Adult/child ratios for each room and age range will be maintained.
- Daily and weekly staff rosters will be documented and recorded, and include the area and time each member of staff is required to work.
- Staff (including relief staff) must record their arrival/departure times and lunch breaks.
- There will be agreement between staff and management on how much notice is required in advance of leave requested. Leave requests will be approved subject to maintaining staff ratios (e.g. leave requests cannot overlap with another staff member or no more than 2 staff members can be on annual leave at the same time. This is throughout all services and not just the service in which you currently work).
- Staff must notify the owner/s by phone before 6.30am on the day of absence in the event of illness. It can be very difficult to get replacement staff at short notice and so the earlier or on the previous day would be ideal to allow time to contact replacement staff.
- On second day of absence a medical cert is required by a GP.
- Any unauthorised absences will be addressed through the disciplinary procedure.
- On return to work after an absence, the Line Manager will meet with the employee to understand the nature of the absence, its implications and update the employee on their job priorities. • All staff will sign off on the policy and procedure.
- Records must be kept for Relief staff who are available to cover planned staff absences and emergencies, which includes Qualifications, Garda vetting and two written references, which must be followed up by a telephone call (this must be recorded), name, address and contact telephone numbers and photographic ID.
- Relief staff will be texted in the first instance and then phoned. Relief staff consist of Ciara Watson and Kara Gargolinski McAllister. Both have a strong relationship with the children and the children's wellbeing is at the centre of this policy. All relief staff are fully vetted and have gone through all appropriate recruitment processes. Ciara and Kara have 1<sup>st</sup> Aid FAR. Should Ciara or Kara not be available, another member of the wider team will fill in for short term illness cover.

The Management understands that from time to time staff will be absent from work. It is our priority to have arrangements in place to ensure that the service is adequately staffed at all times and that adult/child ratios are maintained. Absences include annual leave and/ or unpaid leave, illness or emergencies.

All parents/guardians are to be informed of the policy and procedures regarding Staff Absences on enrolment. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed.

A summary of this policy will be included in the parent handbook. This policy will also be reviewed with staff at induction and annual staff training.

#### **62. Related Policies, Procedures and Forms**

**Policy on Infection Control Risk Management Policy Recruitment Policy  
Staff Training Policy Supervision Policy**

Child Protection Policy  
Key Person Policy  
Partnership with Parents Policy Staff Leave Policy

#### **References/Supporting Documents/Related Legislation**

[Child Care Act 1991\(Early Years Services\) Regulations 2016 Tusla: Quality Regulatory Framework](#)

This policy must be observed by all managers and all staff members.

#### **64. Actions to be Followed if the Policy is not Implemented**

*Investigation will follow by Ciara Watson and Kara Gargolinski McAlister. If required, sanctions may have to be imposed as per contract of employment.*

**Recruitment Policy**

All recruitment, selection and promotion carried out in this service is in compliance with employment and equality legislation, and is informed by quality evidence-based human resource practices. The aim is always to ensure the selection of the best candidate possible for whichever post is to be filled.

All processes are fair and transparent and all appointments are made on merit and in an open and accountable manner.

All necessary steps are taken to ensure that children are protected, as far as possible, in the recruitment and selection processes, and that Management fulfils its duty of care in relation to the safe recruitment and selection of all those who will have access to the children. This includes requiring appropriate Garda/Police Vetting and written references in accordance with Children First.

Successful recruitment depends on finding people with the necessary skills, attributes, experience and appropriately recognised qualifications to carry out their roles competently, and the ability to make a positive contribution to upholding the service's operating principles and values and meeting its goals.

#### Equal Opportunities

Selection of applicants is based on the applicants having the relevant qualifications, skills, competencies and experience to meet the requirements of the post, without bias on grounds of gender, marital or family status, age, disability, religion, sexual orientation, race or membership of the Traveller community (Employment Equality Acts 1998 and 2004).

Positions are open to all suitably qualified applicants who satisfy the educational and experience selection criteria relevant to each specific post. Applicants who meet the selection criteria have equal access to the selection process.

#### **Garda/Police Vetting**

The Registered Owner, Management, and all employees of this service will each have two references taken up and will also be appropriately Garda/Police Vetted. Garda Vetting is renewed every three years. All other persons who work in the service such as contractors, students and volunteers will be appropriately vetted to ensure that children are protected at all times. Parents/ guardians who go on occasional outings and/or who work in a supportive role with the service are not required to be vetted as they will not have unsupervised access to children other than their own.

All posts have a standard job description (*see information in Appendix C*) outlining the functions and objectives of the role, responsibilities and expectations, and minimum qualifications; A person specification of desirable attributes, skills and competencies associated with the job; and Details of terms and conditions of employment.

#### **Advertising**

Recruitment advertisements will contain nothing of a discriminatory nature and will aim to encourage applications from the broadest possible base. They will comply with all relevant legislation including the Equal Status legislation.

#### **The application process**

All applicants must be given a comprehensive job description, person specification, information on the terms and conditions of employment, a Garda Vetting form and appropriate background information on the post, at application stage.

All candidates will be required to submit a fully completed standard application form **or** an up-to-date curriculum vitae detailing their education, training and employment history. (The advertisement for the post will specify which is required.)

Any identified gaps in an applicant's education/ training/employment history will be investigated.

False or misleading information given on the application, Garda Vetting form or medical form may be considered a breach of trust and may lead to non-appointment, disciplinary procedures or may prevent the employee being confirmed in post.

#### **Shortlisting for interview**

Candidates are selected for interview based on the objective requirements of the post and those with relevant qualifications and experience at the level of the post, based on the job description and person specification, will normally be selected for interview.

All applicants are screened and replied to within 2 weeks. Candidates who clearly best meet the requirements of the position, based on their application, are brought forward to the next stage of the recruitment process.

Should the number of applicants who meet the basic requirements of the post be too large to interview all of the candidates, then further shortlisting may be required giving preference to those candidates who, on the basis of the quality of their application, are most likely to succeed at interview stage.

### **Methods of assessment**

All those who apply for a position are assessed on the following:

- Application Form/Curriculum Vitae
- Interview
- 3. Satisfactory identity confirmation
- Satisfactory reference checks
- Satisfactory Garda/Police Vetting

#### **1. Application form / Curriculum Vitae**

Applications/ CVs are assessed at the shortlisting stage to determine whether the applicant meets the essential requirements for the position. The quality of the application may also form part of this assessment.

#### **2. Interview**

Prior to interviews, an interview team is convened to agree the interview format and core areas of questioning. This panel normally comprises two people. A competency-based, weighted marking scheme in line with the Job Description and Person Specification will be drafted and agreed. A member of the interview team who has a personal or professional relationship to an applicant must declare that relationship to other members of the team and a decision will be taken by the *registered provider/owner* as to whether their participation as an interviewer is appropriate.

Candidates invited for interview are informed of the time, date and venue for interview in writing as early as possible.

Before the interview is completed the candidate is informed of the next step in the process.

The shortlisted candidate from the interview process is informed of *the interview team's* interest but also informed that a formal offer will only be made when satisfactory reference and Garda/Police Vetting information are obtained.

All candidates are informed of the outcome in writing within two weeks.

#### **3. Confirmation of identity**

Prior to an appointee taking up any post their identity must be confirmed against some statutory documentation (such as a passport, driver's licence, public services card or ID card), which gives their full name, address, signature and photograph. A copy of the ID will be kept on file.

#### **4. Reference checks**

An applicant must submit names of two referees who will be contacted by Ciara Watson in confidence, one of whom must be a current employer if the person is employed or the most recent employer if not.

Where the applicant has been employed in the early years sector, a reference will be sought where practicable.

In the case of internal applicants who have been employed in this service for five years or more the registered provider of this service, as their employer, can provide a reference. Where a reference from a previous employer is not available, references will be sought from other reputable persons<sup>8</sup>.

Character references will not be obtained instead of appropriate employer references.

It is the responsibility of Ciara Watson to check references and to ensure that they are satisfied as to the character and suitability and relevant experience of the candidate prior to any person being appointed or allowed access to a child in the service.

All referees must be contacted in person/by phone in order to:

Either obtain a verbal reference, which must be documented on a verbal reference form, signed and dated by Ciara Watson and recorded confidentially on the employee's file; or



Verify a written reference from the referee. The referee is asked to confirm that they authored the written reference. The reference, once verified, is signed and dated by the registered provider.

References will only be obtained from a current employer with the candidate's permission and after all other references have been taken up.

### **5. Qualifications**

Each person appointed to work directly with children must either hold the appropriate minimum qualifications for the post or a confirmed exemption under the Grandfathering Clause or the Access and Inclusion Model (AIM).

*A list of acceptable qualifications can be found on the following link: [www.dcy.gov.ie/documents/earlyyears/20171018DCYAEarlyYearsRecognisedQualifications.pdf](http://www.dcy.gov.ie/documents/earlyyears/20171018DCYAEarlyYearsRecognisedQualifications.pdf).*

Qualifications are verified by viewing the original certificate, a certified copy of the certificate, the original transcript or certified copy of the transcript. Ciara Watson will document that the appropriate document has been verified. [See the explanatory notes in the [Tusla: Quality and Regulatory Framework](#) for further information on 'certified copy'.

### **6. Garda Vetting**

All applicants must submit a properly completed Garda Vetting Form when an offer of position has been made.

*[Police vetting must be submitted when an offer of a position has been made and where a person has worked in a state or country outside of Ireland for 6 consecutive months where it is practicable to do so.]*

The Management team reserves the right not to appoint an applicant if any unacceptable<sup>9</sup> previous criminal conviction/s record, prosecution/s (successful or not, pending or completed), or a query related to their identity comes to light and/or was not disclosed at application stage.

The management reserves the right to decide whether the information on the Garda Vetting Disclosure makes the record 'unacceptable' having considered all the circumstances and the available information.

### **Canvassing**

Canvassing – that is, making an approach to secure advantage – is an unacceptable practice and may lead to disqualification. However, it is entirely reasonable for a candidate to seek information about any role. This contact is not part of the interview process and candidates will not be advantaged or disadvantaged by such contact.

### **Following selection**

All employees will be given a written statement of their terms and conditions of employment on application where possible and at least within two months of commencement of employment. All employees are given an information pack and a copy of the Staff Handbook on commencement of employment.

### **Probation**

All new employees are on probation for the first 6 months of employment.

The Management team reserves the right to extend the probation period if appropriate or terminate employment during this period should the employee prove unsuitable for the post. Probation periods may be extended to compensate for extended absences during the probation period.

No employee will be confirmed in post until Ciara Watson receives a satisfactory report in writing from the management team on their performance at the end of the probation period. The employee will be informed in writing as to the outcome at the end of the probation period. **Induction, supervision, support and training during probation period (see Staff Training Policy).**

All new employees must be given induction training on commencement of employment. The employee is required to sign the induction documentation confirming they are happy that all areas listed were appropriately covered. During the induction period, new staff members will be required to familiarise themselves with all of the service's policies, procedures and statements. All staff members will receive regular support and supervision to enable them to perform their role effectively.

### **Contract of Employment**

The Contract of Employment will include the following:

The employee's name, address and telephone number.  
Their date of birth, photographic proof of identity confirming that they are over 18 years of age.  
The name and telephone number of the employee's next of kin to be notified in an emergency.  
The date of commencement in the service.  
The job description to include role and responsibility. Terms and conditions of employment.

### **Record keeping**

A Personnel Records file must be opened and maintained for each employee. (Organisation of Working Time Act 1997). Staff members may have access to their own personnel files.

*The organisation will keep:*

○ References, Garda vetting and police vetting for a period of 5 years after the person starts working in the service. This includes current staff and staff who are no longer working in the service

○ All other records on ex-employees for at least three years. After three years the files are reduced and only essential information is retained in accordance with GDPR requirements.

Paperwork on candidates who were unsuccessful at interview is kept in accordance with GDPR requirements.

Personnel records are stored in a confidential folder at *[state where]* in accordance with GDPR requirements.

All confidential personnel information is disposed of safely by *the registered provider* following required retention periods, by shredding.

### **Appendix A**

#### **ESSENTIAL COMPETENCIES OF EARLY YEARS CARE AND EDUCATION STAFF**

A crucial element in providing quality early years care and education services is the knowledge, skills and competencies of the staff team members.

The quality of the early years care and education service and the programme is directly linked to the skills and competencies of the staff members.

[Skills & Competencies Framework for Early Years' Professionals \(Crann & NCN, 2016\)](#)

[CORE, Competence Requirements in Early Childhood Education and Care](#)

#### **Staff Training Policy**

*Our services* aim to be a learning environment, which supports both individual and team development. Access to quality induction and ongoing training and development opportunities prepares staff members for both existing and future roles and responsibilities, and helps them to reach their full potential thereby enhancing the quality of their practice.

A structured approach is taken to induction for new staff team members to ensure consistent and accurate communication about the service's policies, procedures, statements, regulatory requirements. Students and volunteers are also inducted to the service's policies, procedures, statements and operations. Students who work with the children will be under the supervision of appropriately qualified and experienced staff members at all times.

All staff members regardless of age, grade, gender, ability/disability or ethnic background or the nature of their contract of employment are expected to undertake staff development and training, which is viewed as a continuous process throughout their time in the service.

Where specific policies are updated or amended, or a new policy is added, all staff members will be provided with training to ensure familiarity with the most up to date service policies.

This policy demonstrates our commitment to the development of staff members' awareness, knowledge and competencies through allowing time off for, and/or meeting the expenses of, relevant training courses, conferences, external meetings, participation in the local provider network or other such relevant educational events.

This policy applies to all staff and has been developed to ensure that there is equality of access and opportunity to attend learning and development events for all staff.

We encourage our staff members to undertake any other training or activities which aid their personal or professional development. Due to funding limitations it may not always be possible for the service to provide funding to staff members to undertake such training.



All staff members also have regular supervision meetings and an annual appraisal within which to formally review their practice and training needs (see Staff Supervision Policy).

Records are kept on each staff member's personnel file of all training events attended and courses completed while employed in this service.

#### **4. Procedures & Practices**

##### **Induction for new staff members**

The main purposes of the induction process for new staff members are:

To introduce them to children, families and colleagues prior to commencing work.

To make them aware of any specific needs of any child who will be in their care.

To clarify our Statement of Purpose and Function.

The legislative requirements and guidance documentation applicable to the service, including:

- [Part 12 of the Child and Family Agency Act 2013 \(No. 40 of 2013\)](#).
- [The Child Care Act 1991 \(Early Years Services\) Regulations 2016](#).
- Child welfare and protection legislation and national policies, including

[Children First Act \(2015\)](#) and [Our Duty to Care \(2002\)](#).

To familiarise them with the service's Safety Statement.

To familiarise them with the service's Child Safeguarding Statement and Child Protection Policy.

To familiarise them with the service's essential policies, procedures, routines and approach to quality and to the service's organisational structure.

To explain the curriculum/programme approach used in the service and how play and learning experiences at *[name the service]* are planned, implemented and evaluated.

To clarify their roles and responsibilities (including record management) and those of others in the service.

The induction process is tailored to the needs of each individual new staff member, student or volunteer and the length of an induction period will depend on the experience, qualifications and role of the new staff member.

Inductions are carried out by the manager, room leader, owner or General Manager as required.

Most of the induction will take place on site and will involve formal induction and on the job mentoring by the room leader/ manager

The General Manager, owner/s and area managers are responsible for assessing each new staff member's learning outcomes from the induction process through observation, feedback and reflection.

The induction programme will be reviewed on a regular basis to ensure it is still meeting the needs of new staff members and the service overall and will be amended if needed.

Appendix B gives guidance for induction for new staff members.

##### **Ongoing training and professional development for staff members**

On an ongoing basis all staff members, including the person in charge/manager, are required to undertake certain training which is considered necessary for the efficient and effective operation of the service.

All staff members are also required to assume responsibility for their own development and training, which includes both participation in planned activities and making use of opportunities to learn when they are presented.

Staff development and training is an obligation for the owner who is responsible for identifying individual training and development needs and supporting and encouraging the staff team members.

Formal processes – induction, supervision, appraisal and training needs analyses – are used at the individual level and planning for staff development and training is carried out by the management in consultation with staff members at both individual and team levels. Informal training and mentoring will also take place. This can be done on both a company-wide basis and one an individual basis.

Overall accountability for staff development and training rests with management at every level.

Staff development and training provision will be regularly reviewed and evaluated to ensure that it is of good quality, relevant, effective and provides value for money.

It is the responsibility of management to ensure that trainers are competent (have the knowledge, skills, abilities and relevant qualifications where required) to give the training required and external trainers have the appropriate accreditation/certification to provide the required training.

### **Supervision of students**

Students/Trainees who work with the children are at all times under the supervision of an appropriately qualified staff member. They are supported and supervised by appropriately experienced members of staff to assist them to carry out their duties to promote and protect the wellbeing, learning and development of the children (see Supervision Policy).

### **Access to training for staff members**

Staff development and training priorities will be reviewed by the management who has responsibility for staff development and training policy and practice. Training and development plans will be reviewed and approved annually by Ciara Watson and Kara Gargolinski McAlister

Training priorities will be decided on the basis of the current and evolving needs of the children and families who use the service, the agreed plans and aims of the service, and ongoing developments in the early years sector related to legislation and quality practice.

Existing qualifications, skills and competencies of the staff members and planned developments at the service will also be considered when prioritising training needs.

### **Finance for training and staff development**

The budget for staff development and training is administered by Ciara Watson and Kara Gargolinski McAlister. These funds are allocated to support the service in the achievement of its agreed objectives.

### **Types of training and development opportunities provided**

#### **• Induction Process**

- ▪ Team Meetings
- ▪ Monthly Supervision
- ▪ Annual Appraisals
- ▪ Individual and Group Training Events/Continuing Professional Development
- Mentoring by General and Area managers/ owners  
(CPD) (Seminars, Workshops, Conferences, Tailor-made and Accredited Courses)
- ▪ Mentoring/Coaching
- ▪ Participation in a local Providers Network

#### **Follow up to training**

Staff members may be requested to complete a short report on any training event which they have attended. The purpose of this is to highlight key benefits and knowledge gained and to provide any further useful information.

The Manager is responsible for evaluating the impact of learning and development provided for staff members throughout the year, that is, to discuss the learning, assess improvements to performance as a result of the training and ensure that learning is shared with colleagues. This is to ensure that opportunities are being identified appropriately and the added value of the training that staff have participated in can be assessed.

#### **Study leave**

When regular, trained staff members are away during hours of operation, appropriately qualified staff must be available to cover their work.

In all cases consideration must be given in advance to the identified training priorities, the time required, the cost and availability of relief staff, the available training budget and equal opportunities.

Members of staff may not take study leave without obtaining Ciara Watson's written approval prior to the leave required.

Learning priorities should be discussed between the manager and the staff member and specific learning objectives agreed. Priority will be given to learning activities (including

courses) which are relevant to the objectives of the applicant's current role. Where the request is for a long-term course (e.g. to gain a professional qualification), requests for time off will be negotiated on an individual basis. All requests for time off must be discussed with Ciara Watson. Line managers must give due consideration to issues of equity and consistency when agreeing to release any member of staff. A post course evaluation form should be completed.

### **Records and record keeping**

Training records for all staff members will be maintained by the service subject to General Data Protection (GDPR) requirements.

Records of Certified/Accredited training are held on each staff members file.

## **76. Communication Plan**

All policies are available at all times on our website.

### **Supervision Policy**

#### **Policy Statement**

All staff members must have a regular, consistent and uninterrupted supervision meeting with their manager/ senior manager based on a negotiated agreement to: Support them in their work. Ensure that they are clear about their role and responsibilities. Ensure competent and accountable performance.

Ensure that, in their respective roles, they meet the organisation's standards and objectives. Ensure a positive atmosphere for practice. Support their professional development.

Help keep stress to a minimum.

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. Ensure the quality of service provided to children and families.

Staff members are encouraged to reflect on the quality of their practice, continually update their knowledge base and raise any safeguarding concerns.

Staff members will be supported appropriately in the case of child protection concerns and outside support will be sought if it is needed.

All staff members and managers/ owners are entitled to:

- Respect as a person and in their role.
- Clarity in relation to their role and responsibilities.
- Clarity about the boundaries of confidentiality – where it is necessary to inform others of something that arises during supervision, the supervisor and supervisee should discuss how this can be done.
- Clarity about expectations.
- Have their experience and contribution acknowledged.
- Be briefed about changes in the service.
- Participate in planning and problem solving and not just be told what to do.
- Access to continuing professional development/training relevant to their job.
- Clarification about the service's policies and procedures.
- Clear performance targets.
- Be allocated an appropriate and manageable workload.
- Clarity about the basis of decisions that impact on them either directly or indirectly.
- Regular and uninterrupted supervision.
- 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.

#### **4. Procedures & Practices**

##### **Supervision**

In our services, we feel the best supervision is on the job. Therefore each person will receive mentoring. Room Assistant will be mentored by room leader, who in turn is mentored by Manager, who in turn is mentored by senior management. We believe in a culture of openness and communication, so that issues can be brought up as they arise, rather than waiting for formal meetings.

However, should a staff member feel more comfortable with supervision, they can request in writing to have regular supervision meetings with their manager. Should this be requested, the following process will be adopted. Before the first Supervision Meeting, an initial discussion takes place between supervisor and supervisee to discuss what supervision is and also what it is not, and to outline the frequency, duration and format of supervision meetings. Both participants' expectations are discussed, clarified and agreed at the beginning of the supervision relationship.

A Supervision Meeting will be scheduled every 8 weeks at least 1 month in advance, with each staff member (paid or unpaid). The meeting will generally take place during working hours. Support staff will be brought in to enable ratios to continue as supervision takes place.

There will be an agreed agenda for the meeting. For example:

- *Care and welfare of the group.*
- *Care and welfare of individual children.*
- *Contact and work with parents/guardians and families/key person role.*
- *Any new ideas/reflections on quality practice.*
- *Any concerns including, but not limited to, child safeguarding concerns.*
- *Networking with other agencies and organisations.*
- *Training needs.*
- *Teamwork.*
- *Staff welfare and support.*
- *Health and safety issues.*
- *Communication*
- *Any issues*

##### **Records and record keeping**

The supervision session is recorded by the supervisor and the record kept in accordance with good practice, legislation and regulation in the filing cabinet (staff records) (see Record Keeping Policy). Both supervisor and supervisee sign the record to ensure that it is an accurate and fair reflection of the discussion and decisions. Decisions made at one session will be followed up at the next session to ensure they were acted upon.

##### **Supervision of students**

Students/Trainees who work with the children are at all times under the supervision of an appropriately qualified staff member. They are supported and supervised by appropriately experienced members of staff to assist them to carry out their duties to promote and protect the wellbeing, learning and development of the children.

##### **Team meetings**

Regular and consistent team meetings are an integral part of team, individual and service development as well as being core to communication within the team. Team meetings can have a number of different functions including:

- Information sharing
- Decision making
- Developing the team/teamwork
- Review, reflection, evaluation and planning
- Debriefing and support
- Skills development/sharing knowledge from training attended.

All team meetings and decisions made should be in the interests of the children and families who use the service. Meetings need to have a clear purpose and direction and a clear recorded outcome. There needs to be an agreed agenda, a timeframe, minutes, a chairperson and open discussion and reflection.

### **Mentoring and/or coaching**

The service strongly believes in daily on the job mentoring. This takes place as issues arise and we feel it enables us to manage issues before they become bigger and more formal concerns. Mentoring and Coaching do not involve line management responsibility but are supportive of people and practice. The role of mentor is to provide an opportunity for reflection on work and learn from this. The mentor shares their experience and provides encouragement and support. The mentoring relationship can be formal or informal. The coaching relationship is more directive whereby the coach suggests ways of improving practice and skills.

### **Appraisals**

All new staff members have an appraisal carried out before the end of their probationary period and thereafter annually.

All staff members' appraisals take the same approach using the service's standard Appraisal Form. Appraisals relate to the individual's job description and focus on areas of performance relevant to their role.

Appraisals are recorded and records kept in each staff member's own personnel file in accordance with good practice and legislation and regulation (see Records and Record Keeping Policy).

Where there is disagreement between the parties, they must, in the first instance, try to resolve issues between them in a respectful manner with each listening to the other's point of view. Should this fail and agreement not be reached the issues should be escalated to Ciara Watson, who will endeavor to resolve the issue to every group's satisfaction. Sometimes, disagreement can however arise if any issues with performance need to be raised. This does not necessarily constitute disagreement and unnecessary conflict should not be created. Constructive criticism should always be received in a professional manner and should be viewed as an attempt to resolve conflict that may have been brought up by other staff members.

### **82. Communication Plan**

Staff members are informed of the policy and procedures regarding Staff Support and Supervision on commencing in the service. The registered provider/person in charge will check with staff members that they have read and understood the policy and provide any assistance needed.

Familiarity with this policy will be included in staff induction and annual staff training. A copy of all relevant policies will be available during all hours of operation to all staff team members in the Policy Folder located in the filing cabinet.

All staff members will receive written notification of any updates.

Parents and guardians are informed that there is a Supervision Policy and may see it and/or receive a copy of the policy at any time upon request.

### **References/Supporting Documents/Related Legislation**

[Tusla: Quality and Regulatory Framework](#)

[Child Care Act 1991\(Early Years Services\) Regulations 2016 Freedom of Information \(FOI\) Act, 2014](#)

[Data Protection Act, 1988 and 2003](#)

Reflective Practice for Early Childhood Professionals, Barnardos, 2015

Human Resource Management in Early Years Services, Barnardos, 2010

Supporting Quality: guidelines for professional practice in early childhood services (3rd edition) Book 1 Policy and Governance, Barnardos, 2008

### **Who Must Observe This Policy**

This policy must be observed by all managers and all staff members

### **84. Actions to be Followed if the Policy is not Implemented**

Issues to be escalated to Ciara Watson.

**10. Contact Information** [*Who to contact for more information*] If you need more information about this policy, contact:

**85. Policy Created**

**86. Signatures**

**87. Review Date**

### **Garda Vetting Policy:**

All staff must be vetted by the appropriate authorities at all times, whilst working with the children in our care.

Vetting must be renewed every three years in line with TUSLA best practice guidelines.

All additional personnel of our service, who have access to the children of our service should also be vetted.

Any staff who have lived outside Ireland for a period of 6 months or more since they turned 18, will have to be vetted in the country in which they lived.

This vetting does not need to be reviewed every 6 months. Once it is in place, it does not need to be refreshed.

The responsibility of obtaining this vetting is on the staff member. The responsibility for professional translation of these documents is on the preschool service.

If in the case of our services where staff interact with others in communal settings, there is regular contact with the children of our service, then vetting is also required by those individuals.

Any recruitment of new staff will be subject to Garda Vetting. It is our policy that if any disclosures/ findings are brought to our attention, by any of the above processes, whether they be related to children or not, will result in an offer of employment being rescinded.

### **Child Protection and Welfare Policy Statement**

Our services are committed to safeguarding the children in our care and to providing a safe environment in which they can play, learn and develop. We are committed to child centred practice in all our work with children and full compliance with Children First and Our Duty to Care. We recognise the right of children to be protected from harm, treated with respect, listened to and have their views taken into consideration in matters that affect them.

Management, staff, volunteers and students in this service recognise that the welfare of children is paramount and our service will endeavour to safeguard children by:

Having procedures to recognise, respond to and report concerns about children's protection and welfare

Having a confidentiality policy

Having a code of behaviour for management, employees, students and volunteers Having a safe recruitment procedure

Having procedures for managing/supervising employees, students and volunteers Having a procedure to respond to accidents and incidents

Having a procedure to respond to complaints

Having procedures to respond to allegations of abuse and neglect against staff members.

As part of the policy this service will:-

Appoint both a Designated Liaison Person for dealing with child protection concerns and a Deputy  
Provide induction training on the Child Protection and Welfare Policy to all staff, volunteers, students and members of the board of management

Ensure that staff attend child protection training as appropriate

Provide supervision and support for staff and volunteers in contact with children Share information about the Child Protection and Welfare Policy with families and children

This policy will be shared with parents on enrolment with our service

This policy will be reviewed each time an incident is reported or every 2 years if that is sooner. This review will be conducted by Ciara Watson and her management team.  
Work and cooperate with the relevant statutory agencies as required.

1.2 Overall Responsibility of all Employees, Board Members, Volunteers and Students Although the Designated Liaison Person (see section 2) 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 volunteers are required to read, understand and sign off on the Child Protection and Welfare Policy. It is expected that if staff, or volunteers have any questions about the policy or its implementation they speak with the Designated Liaison Person.

We will ensure that all personnel:

Are aware of their responsibilities and their obligations under Children First  
Are aware of their responsibilities for reporting concerns and/or incidents regarding the safety or well-being of children to the Designated Liaison Person  
Attend child protection training as appropriate

This policy is applicable at all times when children are in the care of the service, including on day trips and outings.

This policy must be observed by all employees, student volunteers, parent volunteers, visitors to the service and management of our services.

### 1.3 Definition of a Child

For the purpose of this policy, a 'child' means anyone who is under 18 years of age.

## 1. Role of the Designated Liaison Person

2.1 Children First requires that every organisation providing services to children appoint a Designated Liaison Person (DLP) for reporting neglect or abuse. The DLP is responsible for dealing with child protection and welfare concerns in accordance with Children First and Our Duty to Care.

The Deputy DLP will be appointed by the board of management/manager to undertake the below duties when the DLP is on leave or is unavailable for a long period of time.

The Role of the DLP is to:

Provide information and advice on child protection and welfare concerns and issues to the staff of the service

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 that 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 & Family Agency or to An Garda Síochána

Ensure that appropriate information is included in the report to the Child & Family Agency and that the reported is submitted in writing (under confidential cover) using the Standard Report form (see Appendix (i))

Liaise with the Child & Family Agency, An Garda Síochána and other agencies as appropriate

Keep relevant people within the organisation informed of relevant issues, whilst maintaining confidentiality

Ensure that an individual case record is maintained of the action taken by the service, the liaison with other agencies and the outcome

Advise the organisation of child protection training needs

Maintain a central log or record of all child protection and welfare concerns in the service

### 3.1 Recognising Concerns

Service:	DLP	Deputy DLP
Naíonra Chill Mhantáin:085 7284248	Ciara Watson, (owner), Kara Gargolinski McAlister (Deputy) Emma Keenan (Manager)	Rachel Kendrick (Room leader)



### 3. Recognizing, Responding and Reporting Concerns about a Child's Welfare or Possible Abuse

Staff and/or volunteers 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/or Designated Liaison Person at any time.

All staff and volunteers should be familiar with the definitions of abuse as outlined in Children First (see Appendix (ii)) and the signs and symptoms of abuse (see Appendix (iii)).

In accordance with Children First:

Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect.

The Children and Family Agency should always be informed when a person has reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected. Child protection concerns 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 intentionally or recklessly endangers a child by – (a) causing or permitting any child to be placed or left in a situation which creates a 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 an offence.'

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.

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

A child tells you or indicates that she/he is being abused. This is called a disclosure (see Appendix (iv)) for guidance on responding to a disclosure from a child)

An admission or indication from the 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 emotional or physical 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 & Welfare Practice Handbook for detailed information on the signs and symptoms of abuse.

### 3.3 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 & Family Agency intervention. In the event of an emergency and 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 (see Appendix (V)) 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 (See below for contact details).

Duty Social Work Team, Tusla – Child & Family Agency	An Garda Síochána
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Duty Social Work Team, Port Road, Wicklow Town.076  
6958400

Global Garden Preschool:  
Maria Willis, Community Garda,  
6665800.  
Naíonra Chill Mhantáin: 0404 60140

If the concern is urgent and the child is in immediate danger, the report to the Child & 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 worker to discuss the response to a child protection & welfare concern and whether or not it warrants reasonable grounds for 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 were informed. NBL Ciara Watson must be consulted before any steps are taken and an appropriate path for the best and most thorough child protection will be worked through with the DLP in question.

Procedure when a referral is not made to the Child & Family Agency

#### **Duty Social Work**

A list of all the duty social work teams can be accessed here: <http://www.tusla.ie/services/child-protection-welfare/contact-a-social-worker>

Not all concerns will meet the reasonable grounds for concern. In this case, the concern and any informal consultation will be documented and kept confidentially and securely.

The DLP will inform the member of staff, volunteer 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<sup>10</sup>.

#### **3.4 Informing Parents about Child Protection and Welfare Concerns**

Good communication with parents is very important in ensuring best outcomes for children and any concerns about the health and well-being of a child will always be discussed with parents from the outset.

When a child protection concern is being reported to the Child & Family Agency, good practice indicates that parents should be informed about the report unless doing so may put the child at further risk. The DLP may seek advice from the Child and Family Agency Social Work Department in relation to this.

#### **3.5 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.

Information about relevant support services may be provided to the adult if appropriate.

#### **4. Confidentiality Statement**

The effective protection of a child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

All information regarding concern or assessment of child abuse or neglect should be shared on 'a need to know' basis in the interests of the child with the relevant statutory authorities.

No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements.

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.

It must be clearly understood that information gathered for one purpose must not be used for another without consulting the person who provided that information.

<sup>10</sup> The Protection for Persons Reporting Child Abuse Act, 1998 provides protection from civil liability and penalisation by an employer where reports are made to designated officers in the HSE or to An Garda Síochána reasonably and in good

## 5. Allegations of Abuse or Neglect against Employees<sup>11</sup>

### 5.1 Allegations of Abuse or Neglect against Employees, Students or Volunteers

When developing procedures for dealing with allegation of abuse or neglect against employees it is recommended that services seek legal advice and/or Human Resource Management advice.

The following should be considered when developing this section of the policy:

The protection and welfare of the children in the service are paramount and their safety and well-being is the priority. However, the service also has a duty and responsibility, as an employer, in respect of its employees. It is important to note that there are two procedures to be followed when an allegation of abuse or neglect is made against an employee:

1. Reporting procedure in respect of any child protection and welfare concern
2. The procedure in respect to the allegation against the employee

It is recommended that two different people are nominated to manage each procedure. In small staff teams it may be necessary to call on external people who are independent to the parties.

In general, it is the Designated Liaison Person who is responsible for reporting the matter to the Child & Family Agency (as per the reporting procedure) while the employer is responsible for addressing the employment issues.

If the concern meets the reasonable grounds for reporting then it should be referred without delay to the Child & Family Agency.

To be reported to the Child and Family Agency the allegation must meet the reasonable grounds for reporting of a concern, informal consultation with the Child & Family Agency may be used to determine if reasonable grounds are present.

All staff and volunteers in the service should be aware of who to contact should they become aware of an allegation of abuse or neglect against any employee in the service.

Written records are very important: If a disclosure is made by a child, a written record of the disclosure should be made as soon as possible by the person receiving it. Where an allegation of abuse or neglect is made by an adult, a written record of the allegation should be made and a written statement should be sought from this person.

Where an employer becomes aware of an allegation of abuse by an employee while executing their duties, an employer should privately inform the employee of the following:

(i) The fact that an allegation has been made against him/her

(ii) The nature of the allegation.

The employee should be afforded the opportunity to respond; the response should be noted and passed onto the Child & Family Agency with the formal report.

All stages of the process should be recorded.

An investigation may be required and the policy should note who will carry this out, the time involved and any appeal process. In small staff teams, independent, external parties may be called upon.

Whether or not the matter is being reported to the Child & Family Agency, the employer is always informed of an allegation of abuse or neglect against an employee.

<sup>11</sup> Note that Employee includes all ancillary staff, students and volunteers

Confidentiality: It is essential that at all times the matter is treated in the strictest confidence and that the identity of the employee is not disclosed, other than as required under the procedures within the policy.

Protective measures may be required while the allegation is being investigated. The principles of natural justice, the presumption of innocence and fair procedures should be adhered to. It is very important to note protective measures are intended to be precautionary and not disciplinary.

The employer should maintain regular and close liaison with the Child & Family Agency and or An Garda Síochána and ensure that no action by the service frustrates or undermines any investigation. Further action will be guided by employment legislation, the contract of employment, the other policies and procedures of the service (including the disciplinary policy) and the advice of the investigating agencies.

It is recommended that services always seek legal advice when dealing with allegations of abuse or neglect against an employee.

Parents and allegation of abuse or neglect against employees

Parents have the right to contact the Child & Family Agency to report an allegation of abuse or neglect about the employee or service.

Parents 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 will be informed immediately.

### Record Keeping

The following should be considered when developing this section of your policy:

Under the Child Care (Pre-school Services) Regulations 2006, accurate and up to date records in relation to children, staff and service provision must be kept. The Early Years (Preschool) Inspectorate will have access to files for inspection purposes.

Parents 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.

Records are stored in compliance with 2006 Child Care Regulations.

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. It is important to note where these will be recorded and stored.

Procedures are in place for archiving records.

All records should be managed in line with the service Data Protection Policy

### 7. Code of Behaviour

Our Code of Behaviour can be used to:

- Explain to new staff how we work with children and what is acceptable
- Explain to parents what they and their child can expect from employees in the service
- Create a shared understanding of best practice
- Challenge an employee when practice is not at an acceptable standard
- Challenge parents when behaviour in the service is not acceptable
- As a Training tool

#### Record Keeping

We recognise the importance of a Code of Behaviour between staff and children as recommended in Our Duty to Care. Our Code of Behaviour is kept under regular review. The Code of Behaviour supports all staff and volunteers to have a clear understanding of what is acceptable with respect to their behaviour with children.

We recognise that children have an equal right to our service provision in line with the Equal Status Acts and the National Disability Strategy.

We will always have at least 1:11 adult to child ratio in each room in our services.

The Code of Behaviour is given to all staff and volunteers at induction and it is expected that all staff and volunteers are familiar with the code and that they will raise any questions arising with their line manager.

All employees have a duty to adhere to the Code of the Behaviour and to bring breaches of the code to the attention of their line manager. Breaches of the Code of Behaviour are dealt with through the disciplinary procedure. (please see contract and employee handbook)

Please also be aware of our policy for managing behaviour. This is a cornerstone of our code of conduct and should be adhered to at all times.

The Code of Behaviour relates both to interactions with children and to what is acceptable between adults while children are present; it applies to all adults in the service including parents.

We are committed to -

Valuing and respecting all children as individuals

- Listening to children
  - Involving children in decision making as appropriate
  - Encouraging children to express themselves
  - Working in partnership with parents
  - Promoting positive behaviour
  - Valuing difference
  - Implementing and adhering to all relevant policies to keep children safe

#### Managing/Supervising Activities:

Our children are at the core of everything we do in our preschools and Preschool. Children should be given plenty of scope to undertake an activity autonomously and yet have adult scaffolding should they require assistance. Activities should be planned and tailored to stretch each individual child in our services. With each new piece of equipment that the children are introduced to, we should first show how each piece of equipment is used so that the child can gain learning through using it in the right way. This is particularly true of the Montessori equipment.

#### One-to-One work:

Working one to one with the children in our services is a very important part of

their day Children love having individual attention and we want an environment where children can interact on a one to one basis with all staff. However, please note that an adult should never be left alone with one child in our services. Therefore one to one work should be confined to the room setting. If an adult leaves the room for toileting, handwashing or any other reason, he or she should always have at least 2 children or another adult with them.

- Touch and Physical Contact:
  - Children need human contact at preschool age and they should not be denied
- this. However staff and other adults attending the Preschool should abide by the following instructions in relation to touch and physical contact with children in our service:
  - Touch should always be confined to the head or shoulder.
  - If aiding a child in toileting, the child should be encouraged to put on items of
- clothing themselves and adults should only help if this is too tricky for the child.
  - The child's dignity and self respect is the most important thing to consider in all
- interactions with our children.
  - Hugs should be initiated by the child. We can give a child a hug if they request it
- and a child should not be denied a requested hug.
  - A child should not be kissed. Hugs are plenty to offer reassurance and caring
- while at preschool.
  - Handholding is a way for a child to establish connection and so can be given if a
- child requests it.