



**Maynooth
University**

National University
of Ireland Maynooth

Maynooth University Creche

Registered With Tusla Under Certificate No.TU2015KE058

Full Day Care Policies and Procedure

(COVID-10 - SEE OUR ENHANCED INFECTION CONTROL POLICY)

Address: North Campus, Maynooth University, Maynooth, Co Kildare

Phone number: 01 7083319

Email: creche.care@mu.ie

Website: www.maynoothuniversity.ie/creche

Manager: Mary Coleman

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

CONTEXT:

These policies have been developed with reference to:

The Child Care Act 1991 (Early Years Services Regulations) 2016

SI 195/2022 – Childcare Act 1991 (Early Years Services) (Amendment Regulations) 2022

The Quality and Regulatory Framework (September 2018) (Early Years Inspectorate)

Children First: National Guidance for the Protection and Welfare of Children 2017 (Department of children and Youth Affairs)

Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education

Aistear: The Early Childhood Curriculum Framework

Síolta is the National Quality Framework for Early Childhood Care and Education

A wide range of other sources of information and guidelines as referenced in the above

Roles and Responsibilities Regarding Policies:

Relevant staff have a clear understanding of their roles and responsibilities in relation to developing, approving, distributing and reviewing policies

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INFORMATION:

SÍOLTA, the National Quality Framework for Early Childhood Education

GOVERNANCE

1. STATEMENT OF PURPOSE AND FUNCTION

Document Title:	Statement of Purpose and Function
Unique Reference Number:	001
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Method of communication of policies to Stakeholders (full policies via email, hard copy)	Email
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	7

This policy is available to and has been communicated to parents/guardians and stakeholders.

This Statement is available to parents, staff and relevant stakeholders

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy. Relevant staff have been trained on this policy.

Purpose and Function:

The purpose of these Policies is to set out the Service's policies and procedures.

Mission Statement and Ethos:

The Maynooth University Crèche was established in 1977 to support the students and staff of the University. Its inception was to enable students to continue their education and for staff to provide said education.

The aim of the crèche is to provide a safe, secure, stimulating environment which embraces children;

- to value all children as individuals and appreciate their uniqueness;
- to support the learning and development of each individual child by providing an intergraded, balanced, broad, stimulating and differentiated curriculum.

To achieve this, we work in partnership with parents, carers and children as a multidisciplinary team. We want to provide a secure learning environment, which enables children to be

- ✓ Respectful of themselves and others
- ✓ Happy and confident
- ✓ Independent and inter-dependant
- ✓ Compassionate and caring
- ✓ Tolerant and patient
- ✓ Curious and creative
- ✓ Appreciative and appreciated.

We endeavour to ensure that all staff receive appropriate training and maintain high levels of practice.

KEY INFORMATION:

Opening Hours:	8:30 a.m. to 5:15 p.m.
No of Weeks per year opened:	50
Capacity:	57
No. of Children attending the Service:	25
Age Range:	1 Year to 5 Years and 6 Months

Ratios:	1 – 2 Years 1:5 2 – 3 Years 1:6 3 – 6 Years 1:8 ECCE 1:11
Curriculum:	Play Based
Address:	North Campus, Maynooth University, Maynooth, Co Kildare
Phone Number:	01 7083319
Email:	creche.care@mu.ie

Key Personnel: In-House

Manager (Person in charge):	Mary Coleman
Deputy in the absence of Manager:	Deborah Lawlor
Health and Safety Officer:	Mary Coleman
Fire Officer:	Karen Tracey
First Aid Co-ordinator:	Mary Coleman
Designated Liaison Officer:	Marianne Dunne
Deputy Designated Liaison Officer:	Mary Kelly
Data Controller:	Mary Coleman

Key Personnel: External

TUSLA Early Years Inspection Team:	Poplar House, Poplar Square, Naas, Co Kildare, 045 907841
TUSLA Social Work Department:	Child and Family Agency, Social Work Department, St. Marys, Craddockstown Road, Naas, Co. Kildare, 045 882400
Garda:	Maynooth Garda Station, 01 6291444
Doctor:	Dr Gaffney, 01 6291169
Pharmacist:	McCormack's Pharmacy, 01 686274
Hospital:	Our Lady's, Crumlin, 01 4096100 Tallaght Hospital, 01 4142000

Fire Brigade:	999 / 112
Fire Maintenance:	Masterfire
Pest Control:	Ecolab, 046 9050854
Garda Vetting:	Maynooth University, 01 7086000
Water Leaks:	1850 278778
Electricity Emergency:	1850 372999 (24-hours)
Gas Emergency:	1850 205050 (24-hours)

Type/ Class of Service:

Full Day Care as defined under the Child Care Act 1991 (Early Years Services) Regulations 2016.

The purpose of this Service is to provide a full day care facility for children aged 1 year to 5 years and 6 months. We open 50 weeks per year and daily from 8:45 a.m. to 6:15 p.m. Monday to Friday. We have capacity to cater for 57 children at any one time and our ratios are listed in the Key Information box.

The aim of our full day care service is to provide quality early education to children and to prepare them for primary school.

Our full day care service is registered with Tusla under Certificate No.TU2015KE058.

Our certificate of registration for our full day care service is displayed in a prominent position within the service where it is visible to parents and members of the public.

This Service is a community-based facility operated by a Board of Directors.

Curriculum:

We deliver the following a play based curriculum.

Range of Services and Facilities:

Our Service:

- We are open 50 weeks per year
- We will close for two weeks at Christmas.
- We are offering the following funding schemes:
 - NCS and ECCE.

Our Facilities include:

- Large fully fenced, well-equipped outdoor.
- Playground with safety surface.
- Large, bright, spacious rooms.
- Safety-fencing, safe set-down area.
- Trained and qualified staff.

Fees:

The Fee Schedule is on display

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

- Fees must be paid monthly in advance for staff and weekly in advance for full time students attending the university .
- Fees must be paid through salary deduction for staff and My Card or bank transfer for full time students attending the university.
- A receipt will be issued upon request.

Reviewing Fees:

- Fees are reviewed annually by the management.
- Parents/guardians will be informed by insert notice of increase in fees.

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

- Parents/guardians will be required to pay for any days/weeks that their child/children do not attend the Service.
- In the case of a long term, medically certified illness of a child, parents/guardians are advised to keep in contact with the Manager on a regular basis. Further arrangements will be discussed with the Parent/Guardian.
- There will be no fees charged when the Service is on holidays These dates will be circulated directly to parents/guardians and posted on the parent's notice board well in advance of these closure periods.
- There is no reduction in fees for Public/Bank Holidays.

Closure in Exceptional Circumstances:

In the event of the closure of the Service in exceptional circumstances, that is beyond the control of the Management e.g. adverse weather conditions full fees for the closure period will be payable unless the situation continues beyond a reasonable time.

Where the Service is required to close in exceptional circumstances we will be guided by the Pobal Guidelines in relation to fees and force majeure leave

Late Collection of Child/Children from the Preschool:

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

- Parents/guardians are advised to keep within their agreed time for collection of their child/children for the above reasons. We require that all children should be collected by the designated time in order that the Service may follow health and safety practices to ensure that the Service may close safely.

- Please see the Dropping Off and Collection of Children Policy and Procedure.
- **There is a Late Collection Fee of €5.00** for every 15 minutes or part.

Withdrawal of Children:

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

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

Non-Payment of Fees:

- Non-payment of fees may result in loss of placement.
- A repeated failure to pay fees may result in suspension or withdrawal of child's place until the matter is resolved.
- Any delays in payments must be discussed in advance and agreed with management.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

2. CHILDREN'S CHARTER

Document Title:	Children's Charter
Unique Reference Number:	002
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	2

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

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

Policy and Procedure:

This Code of Ethics is underpinned by the following principles.

- The well-being of the individual child is of fundamental importance.
- We acknowledge the uniqueness of each child attending our Service.
- We consider the needs of the child within the context of the family and culture, as the family has a major influence on the young child.

- We take into account the critical impact of self-esteem on the individual child's development.
- We base practice on sound knowledge, research and theories, while at the same time recognising the limitations and uncertainties of these.
- We work to fulfil the right of all children and their families for access to services of high quality.

Procedure:

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

Children's Charter:

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

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

3. COMPLAINTS

Document Title:	Complaints
Unique Reference Number:	003
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	6

This policy is available and has been communicated to parents/guardians and staff.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

We are committed to giving careful attention and a courteous, timely response to suggestions, comments or complaints so that we can learn from them and continuously improve our Service. All complaints are dealt with in a confidential manner without fear, favour or prejudice.

The Service has a consistent and unbiased approach used to manage all complaints within the Service.

All complaints are investigated promptly, taken seriously and handled appropriately and sensitively. Complaints are managed and reported in line with the Service's Complaints policies and procedures.

The written record of a complaint is available on the premises for inspection by the Early Years Inspectorate.

Where a Child in the Service Makes a Complaint or Expresses a Concern to his/her parent or guardian:

Where a parent notifies the Service that a child has made a complaint to them or expressed a concern about the Service or a staff member, contractor, unpaid worker, student or volunteer at the Service it is the policy of this Service to treat such notification by a parent/guardian as a complaint and the complaints procedure contained in this policy will immediately come into force.

Where a Child Makes a Complaint or Expresses a Concern to a Staff Member, Contractor, Unpaid Worker, Student or Volunteer at the Service

Where a child makes a complaint or expresses a concern to a staff member, contractor, unpaid worker, student or volunteer at the Service about a staff member, contractor, unpaid worker, student or volunteer at the Service, the person to whom the complaint or concern is made must immediately report the matter to the Manager who will contact a child's parents/guardian to arrange to meet with them at the earliest possible opportunity and the Service's complaints procedure will immediately come into force.

Where a Child is Overheard Making a Complaint or Expressing a Concern to a Peer in the Service:

Where a child is overheard making a complaint or expressing a concern to a peer in the Service the person hearing the conversation shall immediately report the matter to the Manager Mary Coleman or the Deputy Manager Deborah Lawlor.

The Manager should immediately contact the child's parents/guardian and to arrange to speak with the child in compliance with the Service's Child Safeguarding Statement.

Parental Complaints:

Where a parent/guardian wishes to make a complaint about the Service, management, a staff member, contractor, unpaid worker, student or volunteer at the Service, the complaints procedure set out in this policy should be followed.

How to Make a Complaint:

- All complaints must be made to the Manager Mary Coleman in person or at the Service phone number 01 7083319.
- Where the complaint is made about the Manager the complaint should be referred to Marianne Dunne, Head of Department at the Service phone number 01 7083319 who can refer the matter an outside agency such as Tusla, Pobal or an Garda Síochána depending on the nature of the complaint.
- Complaints will be dealt with in an open and impartial manner.
- The complaint [if made verbally] will be made to the Manager Mary Coleman in person or at the Service phone number 01 7083319, will be documented and remain confidential.
- A complaint may be made in writing by letter addressed to the Manager Mary Coleman at the Service.
- A complaint may also be made by email addressed to Manager Mary Coleman at the Service email address: creche.care@mu.ie

When A Complaint Is Received:

- The complaint will be investigated to assess if the service has breached our policy and procedures.
- This investigation may be carried out by an independent third party if deemed necessary and appropriate
- Staff may be consulted during the investigation process

- If a complaint is made against a staff member the HR policies may be invoked, including the discipline policy
- Every attempt will be made to resolve the matter as quickly and amicably as possible, and to the parents/guardians' satisfaction.
- If agreement cannot be reached informally, the parents/guardians must make a formal complaint in writing to the Manager (or to the Board of Management if the complaint is made about the Manager).
- The parent will be sent an acknowledgement that the complaint has been received and told how it will be dealt with, by whom and within a time frame specified by the Manager (or to the Board of Management if the complaint is made about the Manager) If the complaint is made about the Manager, the Manager can acknowledge receipt of the complaint but may defer to a third party to manage the process
- The Manager will keep dated records summarising what was said and by whom.
- In the case of a complaint made against a member of staff, the staff member involved will be informed that a formal complaint has been made and given full details. The HR policies may be invoked including discipline
- The Manager will arrange to meet with the staff member and discuss the lodged complaint.
- The Manager will record and keep an accurate and detailed document of what was discussed.
- The Manager will review the complaint and consider all the relevant information as discussed and a decision will be made and recommendations if necessary.
- If a parent is not satisfied with the outcome, they may make a further written request to the Board of Directors Details are available on the Parent Notice Board.
- If a complaint involves a child safeguarding concern, (child abuse, neglect) this is passed to the Designated Liaison Person in the Service and a separate reporting procedure will be followed in line with our Child Safeguarding Policy and Children First 2017.

Appeals

- If the complainant is not satisfied with the outcome of the complaint or a satisfactory resolution is not found within 28 days of the Manager's investigation and report, Management will offer (a) the opportunity to appeal the complaint to an external consultant with experience in dealing with complaints or (b) offer mediation. The Board of directors will be involved in setting up the appeals process

If the complainant is not satisfied with the outcome of the above interventions, they will be advised that the service is closing off the complaint and if appropriate will refer the complainant elsewhere.

- The agency to which a complaint may be referred may include such organisations as Tusla, HSE, DCEDIY, HSA depending on the nature of the complaint. We will cooperate fully in any investigation carried out by these agencies
- Upon closure of a complaint, the outcome is recorded with
 - details of any recommendations
 - details of any changes to practice, policy or statement
 - Information about the appeals process
- Complaints will be kept on file for 2 years
- Complaints are kept stored confidentially on file in the office.
- Only the Manager, Mary Coleman, the Deputy Manager Deborah Lawlor and the Head of Department Marianne Dunne have access to complaints

Management of Unsolicited Information to Tusla:

The Early Years Inspectorate (EYI) may receive information volunteered by parents, staff or members of the public about our Service. This is known as unsolicited information, and it can include comments, complaints or concerns.

- Unsolicited information which is deemed not to fall under the scope of the 2016 Regulations may be referred to another agency for action as appropriate by Tusla. We will cooperate fully if a complaint is referred to another agency and follow our policy in investigating the complaint ourselves.

- Unsolicited information which is deemed to fall under the remit of the Regulations is then risk rated by the inspectorate to determine if there is a risk to the health, safety and welfare of child in the service. Again, we will fully cooperate with any review/risk assessment carried out by Tusla.
- If the risk to children is assessed as low by Tusla it may not investigate but our Service will be required to investigate the matter in line with this complaints policy.
- When investigating the complaint, we may need to refer to other policies and procedures or follow our employment/staffing policies and procedures
- If there is an unsolicited complaint, we will act promptly to endeavour to resolve the issue as quickly as possible.
- Like all other complaints we will log unsolicited information and retain for inspection for 2 years.
- We will keep all parties informed of the progress of a complaint.
- We will record each step of the process and keep detailed notes.
- We will give the complainant a full explanation in writing of the outcome and the rationale for the decision.
- We will always give the option of appeal the decision as outlined in this policy.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

4. RECRUITMENT (INCLUDING GARDA VETTING AND REFERENCES)

Document Title:	Recruitment (Including Garda Vetting and Reference)
Unique Reference Number:	04
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	14

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent

To recruit the highest standard of personnel and ensure everyone working in the Service is suitable to work with children, to prevent any risk to children attending.

Policy and Procedure:

It is the policy of the Service to recruit and select the best candidate for any vacant position within our Child Care service. Our employees are one of the key resources we have in achieving our aims and objectives of providing good quality care to the children in our service. Our primary concern is selecting the right candidate that will cherish the children in our care and help each one of them to reach their potential.

The following is how our Service operates its recruitment process to ensure the best candidate is chosen for every position, with particular reference to the suitability to work with young children.

It is our policy to:

- Deal with all applications with courtesy and efficiency.
- Select candidates on the basis of their qualifications and/or experience for the vacancy concerned; and
- To give every person interviewed a fair and thorough hearing.

The Service will not:

- Discriminate unfairly against potential applicants on grounds of gender, civil status, family status, disability, sexual orientation, age, religion, race or membership of the Traveller community; or trade union membership / activity.
- Discriminate unfairly against persons with a criminal record; or make any false statements in recruitment literature of job advertisements.

Job Descriptions and Personal Specifications:

We will use updated job specifications and job descriptions for each position. Further information is available from the Management.

Advertisement:

The avenues we use to advertise positions will depend on the vacancy and the budgets available.

- Advertisements and the selection process will not discriminate on any of the nine grounds protected by the Employment Equality Acts 1998 to 2008. These are gender, marital status, family status, sexual orientation, religion, age, disability, race, and membership of the Traveller community.
- It is essential that advertisements for all vacancies are impartial and objective.
- All employees on protective leave (such as maternity or parental leave) will be informed of each vacancy.
- All vacancies will be advertised both internally and externally, as may be appropriate.

- All vacancies will be advertised at a minimum through the Human Resources Department of the University, Canavan Byrne and Early Childhood Ireland.
- Advertisements will set out the qualification requirements for the vacancy. Qualifications will depend on the position and all qualifications will be verified by having sight of original certificated
- Applicants will be asked to submit a CV and Application Form.
- Every job applicant will be replied to without unreasonable delay.

Application Forms:

Application forms will be freely available to any person who wishes to apply for a vacancy. All advertisements will include instructions on the application procedure and how interested parties may apply. All application forms will be checked thoroughly, and any gaps or inconsistent information will be queried at the interview stage if the candidate is successful.

Interview:

Our aim is to draw out as much relevant information from each candidate as possible to enable us to make an accurate assessment of their suitability for the job.

Not all applicants will be called for interview. The Service aims to ensure an interview process that is free from discrimination. A gender-balanced interview panel will be provided where possible, but this may not always be feasible. The selection of persons who sit on the interview panel is at the discretion of the Management. All questions posed to the candidates will be consistent and will relate directly to the person's ability to do the job.

Candidates will be scored according to an interview selection form that has been designed to ascertaining the competencies and skills of the candidate to carry out the position. The job description and essential and desired criteria in the person specification are also utilised in the selection assessment. Fair and proper procedures will be followed.

After each interview is held, every candidate is assessed against the criteria set out in the job description, personal specification and their own qualifications. The interview sheet is then signed off by the interviewers.

Records of all applications, screening criteria and interview notes will be kept for a minimum period of 12 months by the Management, before being discarded.

Feedback will be given to unsuccessful internal candidates to support them in their future development.

Risk Management:

- The Service will also validate any necessary documentation relating to visas and work permits, where applicable.
- Candidates will be required to sign and declare that the information they have provided is true.
- Candidates will be required to provide details of two previous employers for reference-checking. Successful candidates will have their references checked before an offer of employment is made. References will be checked by telephone and in writing to validate and verify the candidate's identity and to check their employment history, qualifications, experience and suitability for the role. References should be recent, relevant to the post and should not be provided by family members. References will be held on the employee's personnel file.
- Written references from at least two past employers.
- A reference, if practicable, from the childcare employer if the candidate was previously employed in childcare.
- References will be validated.
- Reference should be from a reputable source, be in writing, be dated and signed by referee, give details of the referee's position, contain the address, phone number, logo or headed paper of the referee and the organisation's stamp where applicable.
- The identity of the applicant will be confirmed against an original (not a photocopy) official documentation (such as a driving licence or passport), which includes the applicant's name, address, date of birth and a photograph. This should be

compared with the written application. A copy of the candidates' driving licence or passport is required to be held on the employees' personnel file.

- CVs will be examined, and explanations sought for any gaps identified.
- Candidate's qualifications submitted with an application for a position with the Service will be checked and verified.
- All staff will be Garda Vetted see detailed procedure later in this policy.

Qualifications for Staff Working Directly with Children:

The Service requires that each employee hold a minimum qualification as follows:

- a. A minimum of a major award in Early Childhood Care and Education at Level 5 on the National Framework of Qualifications or a qualification deemed by the Minister to be equivalent.
- b. An exemption from the qualification requirement and confirmation that this exemption is accepted by the Minister.
- c. The qualification requirement or relevant specialist training and the basis on which the capitation may be used for a person employed under the Access and Inclusion (AIM), detailed in an exemption letter from Pobal.

Probation:

Once all the pre-employment assessments have been completed, a written offer of employment will be extended to the successful candidate, with full details of his or her conditions of employment.

It is the policy of the Service that all such offers will include a probationary period, of six (6) months and not longer than eleven months even when the successful candidate has been previously employed within the Service. Reviews will be carried out throughout the probation period and at a minimum after the initial two weeks, mid-way and at the end of the probation period. This gives the Service an opportunity to assess the suitability of a new worker to work with children and to implement the Service's policies on safe practices.

The Service will comply with Data Protection Acts, 1988 to 2003 and the 2016 General Data Protection Regulation ("GDPR") including:

- Obtaining and processing information fairly.
- Keeping it for explicit lawful purposes.
- Using it and disclosing it only in ways compatible with those purposes.
- Keeping it safe and secure.
- Retaining it for no longer than is necessary for that purpose.
- Giving a person a copy of his or her personal data on request.

Employment/Personnel Files:

Legislation requires that we keep certain records on our staff members. It is our policy to keep the following records for each staff member:

- C.V. and completed Application Form
- Copy of advertisement
- Job description
- Person/job specification (selection criteria)
- Questions for interview
- Proof of identity (passport, driving license)
- Score sheet and interview notes
- Two validated references (Verbal and Written)
- Processed Garda Vetting Form
- Copies of letters sent to the candidate
- Contract signed by employee and employer
- Sign off sheet on all policies and procedures
- Copies of validated qualifications
- Completed Induction Form
- Letter confirming successful probation completed (confirm the Service does this)
- Employee Training Record

- Copies of any other correspondence with the employee during the tenure of their employment

Records in respect of employees will be held for 6 years. Records in respect of the recruitment process will be held for 12 months.

Garda Vetting Disclosure Risk Assessment:

The Child Care Act 1991 (Early Years Services) Regulations 2016 require any person carrying on a preschool service must ensure appropriate vetting of all owners. Directors, BOM members, emergency contact person, contractors (e.g., who carry out workshops with the children staff, students, and volunteers. Vetting must be available in English.

1. Checking employer and other reputable references in respect of owners, directors, staff and students.
2. Seeking Garda vetting from An Garda Síochána.
3. In respect of owners, directors, BOM members, staff and students who have lived abroad, for more than six continuous months, ensuring that these persons provide the necessary police vetting from other police authorities.

The Child Care Act 1991 (Early Years Services) Regulations 2016 require that services complete vetting prior to any person being appointed or being allowed access to children. Employment with the Service is subject to a satisfactory outcome of the Garda Vetting Process. Where an employee is successful for a position with the Service, they will be required to complete a Garda Vetting Application Form **before** they commence employment.

Management will ensure that the identity of the applicant is confirmed against an original (not a photocopy) of official documentation (such as a driving licence or passport), which includes the applicant's name, address, date of birth and a photograph. This should be compared with their written application.

Board of Directors and Management Committees:

All members of our Board of Directors and Management committee will be Garda vetted

Students and Contractors:

Any contractor (e.g., music drama etc.) or student must satisfy the Service that they are Garda vetted by providing a certified copy of the vetting disclosure from the National Vetting Bureau and will not be required to reapply. A certified copy means a hard copy/original copy. The Service will note on the “copy” that it had sight of the original copy. If it is not possible to have sight of the original hard copy the Service will require that the copy has the stamp of the supplying organisation/college. In the event of e-vetting the relevant organisation can forward via email the original disclosure (password protected). The Service will do this with the consent of the person

Transition Year Students:

Transition year students do not require Garda Vetting. Garda Vetting will be required, however, for all transition students over 18 years. Transition Year students will require 2 validated references.

Support Staff:

Support Staff that visit the Service on a regular basis should be Garda Vetted. Other precautions to safeguard children will also be put in place (e.g., not allowing support staff have unsupervised access to children).

Staff from other Agencies:

Staff from other agencies such as Enable Ireland can transfer their vetting from that agency to our Service, but we will risk assess any disclosures as we would do with other staff.

Parents:

Parents who accompany children on occasional outings do not require Garda vetting, but will not be allowed unsupervised access to children.

Visitors:

Visitors like the local fireman or a parent giving a talk about their work do not need Garda Vetting but should not have unsupervised access to children. Persons making once off visits do not require Garda Vetting but should not have unsupervised access to children.

Employees Who Have Lived Outside of Ireland:

For persons who have lived/worked outside of the State for more than six continuous months (from the age of 18 years) need to be police vetted from the countries they lived in. The person is required to provide the original Police Vetting Certificate from these countries. This applies to international applicants and to Irish applicants who have lived/worked abroad. We will make reasonable steps to verify Police Vetting and these attempts will be recorded on the person's file. It may not be possible to receive vetting from some countries.

For employees who have worked/lived in the UK they will require an International Child Protection Certificate. This is available from: ACRO Criminal Records Office (ACRO). A Basic Disclosure will not be accepted. Further details are available from: www.acro.police.uk/icpc/

If vetting, references or qualifications are in another language (not English) these will be officially translated. This is our responsibility as employer.

Police Vetting is the property of the individual and can be used in multiple services. It can be copied and held on file, once we have had sight of the original.

Dealing with Disclosures:

The report that comes back from the NVB may show:

1. No previous convictions against the named applicant whose details were supplied.

OR

2. Details of convictions that appear on Garda records. These are based on the information supplied on the application for Garda Vetting. However, they cannot be positively confirmed by the Garda, as fingerprints have not been supplied. These details must be verified with the applicant before any decision is made.

OR

3. Prosecutions successful or not, pending or completed.

There is also the option of 'possible matches' where almost all the applicant's details match but there is some difference, such as the address or date of birth. Again, these details must be verified with the applicant before any decision is made. When information is returned indicating a prosecution or possible match, it is recommended that a Garda vetting review meeting be held with the applicant.

This has two purposes:

1. To verify that the applicant is the person about whom the disclosure of convictions has been made. The information returned by the Garda may apply to the applicant and should be verified with the applicant before any decision is made.
2. To provide an opportunity for the employer and the applicant to discuss the disclosure from Garda vetting.

If the applicant disputes the information returned by the NVB, the onus is on the applicant to contact the Garda to resolve the matter.

Management may also convene a meeting together appropriate personnel such as a Development Worker from the CCC or a Consultant from an organisation with expertise in this field if required. The meeting will be convened to discuss the disclosure from the NVB in relation to the (prospective) employee and to decide what action is required.

Some points to consider are:

- Has the employee already indicated to the Service what may be disclosed by the NVB?
- Does the employee disclosure 'match' the NVB disclosure?
- Where the employee has not indicated to the Service what the NVB has disclosed then management needs to use the risk assessment below. This approach must consider the risk in terms of the individual, the offence, and the purpose of the job.
- Management may speak to the employee in relation to this matter before making a final decision.
- Management should record their decision and inform the (prospective) employee of their decision.

Risk Assessment:

Risk will be assessed in relation to the individual in terms of the risk due to the disclosed offence. In some cases, the relationship between the offence and the position the individual has applied for will be clear enough to take a decision as to whether or not the individual is suitable for employment with the Service.

Points to consider are:

- Offences concerned with larceny, fraud and theft are crimes of deception and may be a behavioural indicator.
- ChildSafeguarding or related offences.
- Breaches in trust e.g., fraud.
- Offences against property e.g., arson, armed robbery.
- Drug related charges/convictions (particularly possession for sale or supply).
- Offences against the person e.g. assault, harassment, coercion.
- Offences against the State.

The risk will be assessed by the person in charge. Assessment of the risk of the employee together with the offence:

- In carrying out this assessment, the following factors in addition to other relevant case specific concerns should be considered and documented in support of the recommendation to either stay on the current work assignment or transfer to a more suitable one.
- The seriousness of the offence and its relevance to the safety of the children.
- The length of time since the offence was occurred.
- The age of the applicant at the time.
- Whether the offence was a 'one off' or part of a history of offending.
- Whether the applicant's circumstances have changed since the offence was committed, making re-offending less likely.
- The degree of remorse or otherwise, expressed by the applicant and their motivation to change.
- The sentence imposed in relation to the offence.
- Whether the applicant has undertaken any kind of rehabilitation relating to the offence they committed e.g. anger management or drug treatment programme.
- Work history since the offence.
- Protecting the employee from situations that might cause difficulty e.g. allegations against them etc.

The risk assessment and the decision to employ or not to employ should be carried out by those nominated as outlined above.

Data Collected through Garda Vetting:

The Service will conform to the provisions of the Data Protection Act 1988 – 2018 and amending regulations in relation to the storage and of records.

Storage of Data:

The storage and security of Garda Vetting Form is a very important consideration under the Data Protection Acts. Appropriate security measures will be taken, by us, against unauthorised access to this data.

A minimum standard of security will include the following measures:

- Access to the information should be restricted to authorised staff on a “need-to-know” basis. Access to Garda Vetting Forms should be restricted to a maximum of two individuals within the Service.
- Access will also be restricted to external authorised personnel – e.g. the Early Year’s Inspector.
- The forms will be stored in a lockable filing cabinet located away from public areas.
- Any information that needs to be disposed of will be done so carefully and thoroughly when out-of-date but only if a new vetting procedure has been completed.
- Premises will be secured when unoccupied.

Retention:

We will retain a record of the decision to appoint an employee and the reasons for the decision as part of the overall recruitment records. In the event of a decision not to appoint an employee on the basis of a Garda vetting disclosure, records should be retained confidentially indefinitely.

Repeat Garda Vetting:

The Garda Vetting procedure may be carried out at any time during the employee's contract of employment and the procedure should be followed at least every three years for continuing employees and in line with any subsequent legislation.

Records:

Garda vetting records should be kept for 5 years from the date of **commencement** of work.

Note:

It is important to recognise the limitations of Garda/Police Vetting, which can only alert an employer to criminal convictions. Research indicates that very few child abusers receive criminal convictions. Garda vetting will be used as part of the overall safe recruitment practices of the service and is one component of the recruitment decision.

The Management reserves the right to use their own judgement about whether a person is suitable for a post with us.

Contract of Employment:

All successful candidates taking up employment are obliged to enter into a contract of employment with the Service to include terms and conditions.

Signed: *Mary Coleman* . Date: 30th June 2023
Name of Person responsible for approving the Policy

5. STAFF ABSENCES

Document Title:	Staff Absences
Unique Reference Number:	005
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	4

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

The Service will not operate if the appropriate number of Staff is not available. The Service will always operate within the appropriate ratios. Management and relevant staff have a clear understanding of their roles and responsibilities in relation to maintaining the minimum adult: child ratios at all times.

Rosters will clearly show staff absences and substitutions.

Procedure:

Staff are expected to report for work each day unless incapacitated by illness, absent with the prior permission of Management or otherwise unavoidably absent. It is essential that the Service has an adequate number of Early Years' Practitioners to care for the children. It is therefore essential that all employees adhere to the following in the event of personal illness.

Employees will:

- Employees suffering from a contagious illness should not work with children, i.e. gastro-enteritis, etc. and must inform the person in charge immediately.
- If unable to attend work employees must phone in and personally speak the person in charge on the day of absenteeism as soon as possible.
- If an employee knows that they will be absent on the day before they should telephone and speak to the person in charge by 9.00 p.m.
- When speaking with Management employees should indicate the nature of illness, the possible duration and when they will return to work. It is also required that employees speak with Management either on the day of absenteeism or the day before they are due to return to work before the Service closes in order to confirm that they will in fact be returning to work. This will give management sufficient time to arrange cover if an employee is not fully recovered and is unable to return to work due to this fact.
- Emails, voice mails or text messages are not an appropriate way of conveying this information and to do so may invoke the disciplinary process.
- In the event of an employee being absent for insertor more days, the employee will need to present a doctor's certificate to Management.
- In the case of long-term illness, a certificate must be provided insert unless an alternative agreement has been approved by Management.
- Management reserves the right to refer an employee to a doctor or Occupational Health Physician appointed and paid for by the Service, which may involve a medical examination. This may also be the case when an employee is returning

to work after a prolonged or serious illness or where the employer may have concerns about the employee's health and wellbeing.

Management will:

- Arrange for appropriate cover by directing "floater" staff to the appropriate area if available
- Ensure that all relief/temporary staff are suitably qualified, and Garda vetted.
- Ensure that the Service's sick policy is adhered to.
- Ensure all employees will participate in a "Return-to-work interview" on their return to work from sick leave.
- Ensure that appropriate adult child ratios are met according to the Child Care Act 1991 (Early Years Services) Regulations 2016 at all times.

SERVICE TYPE	AGE RANGE	ADULT/CHILD RATIO
FULL DAY CARE	1 – 2 YEARS 2 – 3 YEARS 3 – 6 YEARS ECCE	1:5 1:6 1:8 1:11

Where children are in mixed age group the following will apply in accordance with Tusla's QRF September 2018.

Room	Type of service	Age of Children (years)	Number of Children	Adult/child ratio	Adults required
Baby Room	Sessional	0 – 1	2	1:3	0.6
	Full Day	1 – 2	1	1:5	0.2
Total for baby room			3		0.8 = (1 adult)
Pre-School Room	Sessional	2 – 3	3	1:11	0.27
	Full Day	1 – 2	3	1:5	0.6
		2 – 3	6	1:6	1.0
		3 – 4	4	1:8	0.5
Total for Pre-School Room			16		2.37 = (3 adults)
Montessori Room	Sessional	3 – 6	11	1:11	1.0
	Full Day*	3 – 6	8	1:8	1.0
Total for Montessori Room			11		2.0 = (2 adults)
Total			30		5.17 = (6 adults)

Person in Charge:

The Manager is the person in charge of the Service. In their absence the deputy will be in charge.

Signed: *Mary Coleman* Date: 30th June 2023

Name of Person responsible for approving the Policy

6. STAFF TRAINING

Document Title:	Staff Training
Unique Reference Number:	006
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	6

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

It is our intention to ensure all staff are fully qualified to be employed in our Service. Staff are also expected to engage in on-going training programmes. Staff are expected to hold the relevant qualifications and be trained in all other mandatory training.

Policy:

In accordance with the regulations we will not employ staff to work with children directly unless they are qualified to QQI Level 5 in Early Childhood Care and Education or equivalent or have an exemption from the Minister. If in doubt we will check the DCEDIY list of approved qualifications.

Specialist staff may be appointed with approval under the AIM (Access and Inclusion Model) programme.

All qualifications will be certified. Employees are expected to submit original copies of qualifications for certification. Records are kept safely and securely.

We define Training and Development as follows:

Training is the process through which new skills knowledge and behaviour can be acquired and existing skills knowledge and behaviour can be developed to enable individual employees to work to their full potential and provide maximum benefit to the Service.

How we identify Training Needs

We identify training needs in a number of ways:

- By knowing the legal and good practice standards necessary to run a quality service and ensuring staff are trained accordingly.
- Through support and supervision where line managers give and receive feedback on staff needs.
- Through internal audits on health and safety and other practice areas
- Through external feedback such as Tusla Inspection reports.
- Through keeping up to date with any new developments and legislation changes.

The Person in Charge

The person in charge is expected to participate in on-going management training and to attend events to keep up to date with changes and developments.

Induction Training:

Every staff member will be provided with an induction training programme when they commence work to ensure they are fully trained in the first number of months of work. The Induction will be recorded on the appropriate form. *See Induction Record Form.*

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 the service's Statement of Purpose and Function.
- To familiarise them with the service's Safety Statement.
- To familiarise them with the service's Child Safeguarding Statement and Child Safeguarding 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 Maynooth University Creche 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.

The Induction Process is carried out by the Manager Mary Coleman when a new staff member commences in the Service.

The manager is 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.

On the Job Training:

The Service will identify training needs of employees and address these needs by organising training for each employee or groups of employees (to include the Manager) to fulfill identified training needs in their current positions. This enables the employees to significantly improve their effectiveness and performance in their current positions.

Resources Available to Staff for Training:

There are opportunities for staff to do training off site which the Service would pay for.

People Development Training:

Training is organised in regard to career development. The training may not be directly relevant to an employee's current position but is likely to develop in the medium-long-term future. This training is validated by Management.

All training will be recorded on the staff member's individual training record

Legislative Responsibilities:

Training is organised as required by legislation (Manual Handling, First Aid, Fire Safety etc....).

The Service pays for all staff to undertake all mandatory certification training. The training:

- Is provided to the employee free of cost.

- Count as working time
- Where possible, take place during working hours.

Our commitment to each employee is to:

- Create an environment where training and development is genuinely valued.
- To identify staff training needs and address same.
- Put in place processes to assist in conducting training and development activities, and to monitor the effectiveness of these processes.
- Invest in training and development.
- Plan and review training and development activities at all levels in the organisation.
- Share with the employees the progress of their training and development activities, what has worked, the business benefits, where improvements are needed and so on.
- Continue to improve and develop our training resources so that they actively support the employees as well as the business.

The Service wants each employee to:

- Take responsibility for their own training and development.
- Recognise and meet their full potential.
- Perceive training and development as a continuous process.
- Understand that development means more than just attending training courses.
- Realise the importance of ensuring that training and development is aligned with the needs of the business.

Staff must attend training programmes. It is also assumed that staff would participate in a number of sessions external training every year as part of their Continuous Professional Development (CPD).

Confirmation of Receipt of Policies by Staff (from Tusla (2018) Developing Policies, Procedures and Statements in Early Childhood Education and Care Services - A Practical Guide).

See also Policy No. 2, Staffing Information in respect of staff meetings and training.

Training Records will be held on the employee's staff file and are kept on file for 6 years

Name: **Person responsible for approving the Policy**

7. STAFF SUPERVISION

Document Title:	Staff Supervision
Unique Reference Number:	007
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	7

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

Our intention is to provide appropriate mechanism to give staff, unpaid workers and contractors feedback on their performance so that a high standard will be maintained. We are also committed to listening to feedback for the purposes of enhancing quality. It is our intention that all staff, unpaid workers and contractors will have opportunities of support and supervision.

Introduction:

Staff, unpaid workers and contractor's development provides chances for greater knowledge, improved skill and better understanding, not as an end in itself but as a

means to develop and improve the level of service to children and their families. Supervision and appraisals are core parts of the staff, unpaid workers and contractor's development process at this Service.

The purpose of supervision is to promote and provide accountability, decision-making, support, development of the work and development of the staff member, unpaid workers and/or contractor.

Appraisals allow for the setting of new goals and contribute to identifying training/development needs of staff, unpaid workers and contractors.

Definitions:

Supervision: A key managerial activity – it is 'a 'reflective" process about professional thinking, actions and decisions that is constant and on-going.

Supervision involves:

- a) Any communication between two or more relevant staff (one of which is a manager).
- b) the support and development of knowledge, skills and values of an individual through an evaluation process to examine professional thinking, actions and decisions.

Appraisals:

A staff appraisal is a process by which the work and development of the worker are reviewed. The process contributes to future planning and goal setting. Appraisals are about a person's previous performance as well as future development. The appraisal should consider the worker's achievements, their expectations and development needs.

Probation:

Confirmation of all appointments will be subject to satisfactory completion of a period of probation, which will normally be for 6 (six) months, with a review at 3 (three) months.

During the period of probation, the contract can be terminated by either party in accordance with the provisions of the Minimum Notice & Terms of Employment Act 1973-1991.

During the probationary period the Manager will ensure that each employee is fully assisted in understanding and becoming familiar with the demands of his or her post and that there is full discussion with the employee about any problems or difficulties.

During the probationary period the employee will be advised on his or her progress using the 3 (three) month Probation Review.

The period of probation may be extended for a specific period (generally by 3-5 months but will not exceed 11 (eleven) months), if management is not fully satisfied that the employee is suitable for the post. The employee will be informed through supervision and in writing about the reason(s) for this decision.

Management will notify the employee in writing of his or her satisfactory completion of the period of probation.

Objectives of Supervision:

All staff members must have regular and consistent supervision to:

- Support them in their work.
- Ensure the quality of service to children and families.
- Ensure that they are clear about their role and responsibilities.
- Ensure competent and accountable performance.

- Ensure that in their respective roles they meet our standards and objectives.
- Ensure a positive atmosphere for practice.
- Assist their professional development.
- Reduce stress.
- Increase awareness of new areas of professional knowledge.
- Ensure that they are given the resources to do their job.
- Provide an opportunity to voice their ideas and concerns.

All staff members are entitled to:

- Respect in their role and as a person.
- Clarity about the boundaries of confidentiality.
- Clarity about expectations.
- Have their experience and contribution acknowledged.
- Be briefed about service changes.
- Participate in problem solving and not just be told what to do.
- Access to on-going training relevant to their job.
- Clarification about the crèche policies and procedures.
- Clear performance targets.
- Be allocated an appropriate and manageable workload.
- Clarity about the basis of decisions.
- Regular and uninterrupted supervision.
- Regular formal appraisal.

The supervision programme will be reviewed at least annually to ensure that it is effective.

Staff appraisals will be carried out for each staff member within the first six months of appointment and annually thereafter.

Supervision Format

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 two months. The meeting will generally be a minimum of one hour's duration. There will be an agreed agenda for the meeting. The meeting will take place in the Service.

Resources available for supervision

We are committed to make the resources available to effectively implement staff supervision to include a quiet space, availability of the line manager etc.

How Supervision Needs are Identified

Supervision needs will be identified:

- By the employee.
- By the line manager through observation of the employee and their competencies.
- Due to a new policy or practice being implemented due to the needs of a child.

A Typical supervision agenda will include:

- 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.

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 staff member's file. 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 (not necessarily the owner/manager) and open discussion and reflection.

Appraisals:

All new staff members should have an appraisal carried out before the end of their probationary period and annually thereafter.

All staff members will be appraised using a standard Appraisal Form.

Appraisals should relate to the person's job description and focus on areas of performance relevant to the person's role.

Appraisals must be recorded, and records kept in accordance with good practice and legislation.

The following methods are used to support staff:

- One to one supervision
- Staff meetings
- Training
- Support Sessions

All meetings (group and individual) will be recorded. All instruction /direction and training of individual staff members will be recorded on the appropriate Training Form and placed on the individual staff member's file.

Records

All supervision records will be kept securely and confidentially on the staff member's file for 6 years

Signed: Mary Coleman Date:30th June 2023

Name:

Person responsible for approving the Policy

HEALTH, WELFARE AND DEVELOPMENT

8. SETTLING- IN

Document Title:	Settling-In
Unique Reference Number:	008
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	6

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

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

Policy and Procedure:

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

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

Pre-Admission:

- The Service invites the child and parents/guardians to visit at an agreed time.
- We offer phased/staggered settling-in.
- Prior to enrolment exchange of information will take place between parents/guardians and staff. In order to meet the needs of each child parents/guardians will be asked to fill out the “All About Me” form. Parents/guardians are encouraged to provide us with information on their child’s likes/dislikes, interests, achievements etc.
- Parents are encouraged to tell their child when they are going to begin at the service. An infant can be told “..... will take care of you this morning.” A toddler can be encouraged to look forward to playing with other children a few days in advance and can then be reminded on the day itself.
- Parents are encouraged to talk with their child’s Key Person about bringing items from home that are important to their child, for example, a favourite soft toy or blanket, photos of family members, or a recording of themselves reading a favourite story or singing a familiar song.

Continuity of Care:

Continuity of Care is very important for the development and security of young children. Each child that attends are service has a key person that will be his/her main carer/educator.

The key person provides an important link between the child and the parent. We aim to minimize any changes to staff to maintain a continuity of care

Staff Support:

Through supervision, training and support staff are supported to enable effective transitions. If a staff member is struggling in this regard they are encouraged to seek help and support

First Day:

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

On-going Matters:

Parents/guardians must never leave their child without saying goodbye. Parents are encouraged to keep their child's Key Person up to date with relevant information on any big changes in the child's home life or circumstances and small changes, such as when their child masters new skills or helps out with tasks and routines at home. Knowing this information, the educators can provide individualised support for the child where needed and recognise and build on the child's skills.

Soothers:

Soothers are only to be used for sleep time unless a child is upset or has just started and needs comforting.

What Staff can do

- Welcome each child and their parents by name each morning.
- Help parents to recognise a child's need to feel connected to their parents when they are apart.
- Help parents appreciate the importance of goodbye rituals
- Support both parents and child in their ritual for saying good-bye.
- Continue to make parents welcome. Encourage them to spend time when they bring their child in the morning and when they return at the end of the day.
- Give parents information about their child's experiences each day and invite them to share information about their experiences with their child at home.
- Display interesting items for people to talk about, such as photos of the previous day's/week's experiences.
- Invite parents to bring special items from home that will help their child feel connected.
- Help the child express their feelings about their parents leaving. Talk with them about their home and family later in the day. Suggest that they call their parents on a real or toy telephone.
- Invite the child to paint, dance, sing or tell a story using toys as characters.
- Give the child opportunities to use the skills they know. Sharing tasks like preparing for meals or putting toys away can also reinforce their feelings of competence.
- Play games of hiding and reappearing.
- Read stories of good-byes and returns.

Transitions within the Setting

- Children can attend to personal routines, such as going to the toilet, according to their individual body schedules.
- Children have easy access to their transitional objects when they want or need them and are given time and understanding to help them to become more able to manage longer periods without them.
- While balancing the range of activities (active/quiet, small group/large group/individual, indoors/outdoors), routines and transitions are kept to a minimum and managed consistently so that children can develop trust and a sense of security.
- Transitions within the daily routine, although managed consistently, are as flexible as possible to allow for children to follow their interests where possible.
- Transitions that must happen, involving moving from one type of activity to another, are planned so that children who are ready before others have something to do while they wait.
- Children are given advance notice visually [*for example with an interactive visual routine and or large egg timers*] of changes to routines or planned changes within the schedule of activities that will affect them.
- It is considered important to recognise that some children need to be given more time, support and assistance to cope with changes in activity levels and/or types of activities, than others.
- If the furniture is going to be changed around or major changes made to the environment, this is discussed with the children and explained in advance so that they can be involved and understand why the change is happening.
- Children can participate in helping with routines as much as they are able (for example helping to set the table or cleaning up)

Transition to Primary School:

Throughout the years before children move to school, they are supported to develop the skills and dispositions they will need to transition and settle in well to the school setting.

These skills and dispositions are developed through our quality curriculum, which is informed by Aistear the Early Childhood Curriculum Framework. The curriculum we provide supports children's learning and development under the themes of Wellbeing, Exploring and Thinking, Communication and Identity and Belonging.

We are also:

- Open to liaising with the local primary schools.
- Building a programme regarding "Starting Big School" into our curriculum.
- Focusing on practical "independence" skills.
- Keeping children's journals.

Graduation:

We organise a graduation party for the children going to Big School.

Signed: Mary Coleman Date:30th June 2023

Name:

Person responsible for approving the Policy

9. BEHAVIOUR MANAGEMENT (Including Managing Challenging Behaviour)

Document Title:	Behaviour Management (including Managing Challenging Behaviour)
Unique Reference Number:	009
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	25

This policy has been communicated to parents/guardians and staff.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

All staff have received training on this policy.

All staff are certified in relation to this policy.

Statement of Intent:

We will work with the children to ensure they receive positive guidance, support, and encouragement to finding positive solutions to manage their own behaviour. The Service sets realistic expectations of behaviour in accordance to the age and stage of development of the child. We apply rules and expectations fairly and consistently to all children. We do not use any form of physical punishment. We encourage children to respect themselves, others and the environment.

We facilitate children to make positive decisions and choices about their own learning and development to develop a positive sense of self. We aim to facilitate a happy, caring environment with stimulating activities for all children. In the case of a particular incident, or persistent unacceptable behaviour, we will *always* discuss ways forward with the parent(s)/guardian of the child.

Note: If child abuse or neglect is suspected, it is managed in line with the Service's ChildSafeguarding Policy.

The Social and Emotional Wellbeing of all Children is Fostered

- Children are supported to recognise, express and cope positively with emotions.
Examples:
 - Being supported to communicate their needs and wants, verbally and non-verbally (picture cards, hand signals) in a positive way.
 - Discussing and naming their wide range of emotions and feelings, while empathising with feelings of others (happy, sad, angry, feelings of exclusion and feeling hurt).
 - Assisting children to develop techniques that help them manage their positive and negative feelings OWL (observe, wait, listen).
 - Listening to children in a caring, gentle way when they express emotions and reassuring them that it is normal to experience positive and negative emotions at times.
 - Acknowledging and accepting children's feelings (positive and negative) and the relationships between children's actions and other responses.
- Children are supported to demonstrate self-confidence (example chose activities that foster children's feelings of competence).
- Staff respond to infants in a timely and appropriate way when they cry or become upset.
- Children who show signs of social and emotional difficulties are given the appropriate care and support within the Service.

Children Are Supported to Develop Self-Regulation and Pro-Social Behaviour

- The social and physical environment is stimulating, challenging and interesting for children and is focused on their active engagement and involvement.
- Staff help children to recognise and understand the rules for being together with others (examples: waiting their turn, listening to each other, solving problems together, sharing).
- A climate is fostered where children know the boundaries and know how they're expected to behave within the Service.
- Staff support children to enter into social groups, develop friendships with other children and to learn to help and positively engage with other children and adults.
- Staff encourage and praise children for specific, positive and appropriate behaviours.
- Children are given positive alternatives rather than just being told "no"
- Children are supported in preventing, managing and resolving conflict.

Examples:

- Creating conditions that minimise conflict between children (providing enough popular equipment and materials).
 - Acting to prevent potential conflicts and encouraging the children to resolve conflict if it exists.
 - Responding promptly to children who are giving signals or cues expressing or indicating needs.
 - Encouraging children to negotiate and resolve conflicts peacefully, with adult intervention and guidance when necessary.
 - Actively supporting children in solving their differences and problems without being "told" or "ordered" what to do; and
 - Prompting and supporting children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Children with on-going challenging behaviour are supported and helped to control their emotions and distress.

Examples:

- Reviewing the child's programme of care to ensure it is meeting the child's care, learning and developmental needs.

- Reviewing the approaches taken to address a child's on-going challenging behaviour, so that every opportunity is taken to make sure the behaviour improves.
- Engaging with the child's parents or guardians to work with them on addressing the issues relating to the child's behaviour (developing a behaviour management plan, assessing the need for help from external experts or professionals; and
- Developing a risk assessment to manage the risks associated with the behaviours to the child and to the other children and staff.

We will NEVER inflict corporal punishment on a child.

We will never use or threaten any practices that are disrespectful, degrading, exploitative, intimidating, isolating, emotionally or physically harmful to the child or neglectful of the child

Staff Support:

Management is committed to supporting staff where challenging behaviour is displayed by offering mentoring, training and on-going support.

General Procedures for Promoting and Nurturing Positive Behaviour:

- During the induction period, all new staff are introduced to the behaviour policy and are asked to sign the policy to say they have read it and agree to implement the policy.
- Staff will adopt a reciprocal and positive relationship with the child.
- Staff will act as a role model and adopt a confident approach to encourage and support positive behaviour.
- Staff will work in a respectful manner and in partnership with other practitioners, children and parents/guardians.

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

Rewarding Positive Behaviour:

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

Mild Behaviour Issues:

In anticipating occasional inappropriate behaviour, we follow these guidelines:

- Staff will provide a calm, safe and stimulating environment which is age appropriate and of interest to all children present within the group.
- Children are involved where appropriate in the planning of activities and developing the curriculum.
- A routine and rhythm which is practical and beneficial to the age range of children should be developed and sustained.
- Staff will ensure rules are applied consistently to all children within the setting and are aware expectations regarding the children's behaviour.
- Correct Child: Adult ratios will be implemented according to the Child Care Act 1991 (Early Years Services) Regulations 2016 at all times.
- Children have regular daily access to the outdoor play area.
- Children are kept informed of what is happening and what is expected of them.
- We ensure there are enough suitable age appropriate and activities and equipment for children.

Implementing Positive Steps to Supporting Positive Behaviour:

- Children should be made aware of the expectations and their responsibility.
 - *No hurting bodies*
 - *No hurting feelings*
- Positive behaviour should be supported and encouraged from all children consistently throughout the day by all staff.
- Incidents should be dealt with immediately by the staff who witnesses it.
- Staff should not speak about the child, or their behaviour in front of other parents/guardians, children or the child.
- The child should not be labelled by staff.
- Positive behaviour should be consistently encouraged to **all children**.
- Correct Child: Adult ratios should be implemented at all times.
- Positive behaviour should be implemented within the curriculum throughout various themes. Age appropriate activities prompts, and materials should be provided to children to explore their feelings and emotions throughout the year.

- The staff, where possible, should have a quiet area where children can retreat if they are experiencing negative feelings for example a quiet corner.
- At an age and developmentally appropriate level, when the child is calm, the staff should explore the behaviour with the child using prompts for example I noticed you got [feeling] when you were at the [area].....what could you do the next time you feel....Do you know what I do when I am [emotion]...

Procedures for Supporting Positive Behaviour:

ABCD: Action Behaviour Choice Decision

Minor Behaviour Problems:

In these types of situations, the child may have caused no issue and all day and suddenly their behaviour changes. Minor behaviour problems are behaviours in line with the child's age and stage of their development (See Appendix A: Children and Behaviour).

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

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

Conflict Resolution Approach (Adapted from High/Scope)		
Age of child:	Approach:	Examples of behaviour:

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

If a child has a temper tantrum, the age of the child is taken into consideration. A child **under** three years is more likely to have tantrum out of frustration. A child **over** three years is more likely to be linked to defiance.

Staff will take a gentler approach with the younger child and a firmer approach with the older child. Staff will explain to the older child in a calm clear way using simple words why they cannot have what they want. If the tantrum continues and other children are getting upset or hit the child will be moved to another area in the room until they calm down.

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

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

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

Managing Moderate Behaviour Problems:

ABCD; Action Behaviour Choice Decision

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

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

Age of child:	Approach:
1 - 1½ years 1½ - 2 years	<ol style="list-style-type: none"> 1. Approach calmly, stopping any hurtful actions 2. Acknowledge children's feelings 3. Gather information 4. Restate the problem 5. Suggest solutions and choose one together 6. Be prepared to give follow-up supports for supporting Positive Behaviour 7. Observe the child
2 - 3 years 3 - 5 years 4 - 12 years	<ol style="list-style-type: none"> 1. Approach calmly, stopping any hurtful actions 2. Acknowledge children's feelings 3. Gather information 4. Restate the problem 5. Ask for ideas for solutions and 6. Choose a decision together 7. Be prepared to give follow-up supports for Supporting Positive Behaviour 8. Observe the child

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

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

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

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

Staff will consider changing the layout of the room regularly, and perhaps changing the daily routine to ensure that there is variety and children do not become bored.

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

Managing Severe and Challenging Behaviour:

ABCD: Action Behaviour Choice Decision

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

Staff will discuss the behaviour problem with the designated person who has overall responsibility for managing children's behaviour problems to put an action plan together.

At any age:	Approach:	Examples of behaviour:
1. Approach calmly, stopping any hurtful actions. 2. Make eye contact with the child.		<ul style="list-style-type: none">• kicking,• hitting,• bad language,

<p>3. Acknowledge children's feelings.</p> <p>4. Gather information.</p> <p>5. Restate the problem and ensure the child understands.</p> <p>6. Suggest solutions and choose one together.</p> <p>7. Be prepared to give follow-up supports for supporting Positive Behaviour.</p> <p>8. Observe the child.</p>	<ul style="list-style-type: none"> • prolonged screaming, • breath holding, • head banging, • on-going biting, <p>Other behaviours may present as the child refusing to engage, being overanxious, avoiding contact with others and unusual behaviours.</p>
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Staff will ensure that instructions or corrections are given in simple words and kept short and that similar phrases are used by all staff and the child's parents/guardians so that the information been given to the child is consistent.

Where a child is receiving professional support, the Service will work with the parents/guardians and the professionals to implement the programme or approaches recommended.

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

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

Procedures Which Are Unacceptable for Supporting Positive Behaviour:

- Physical punishment (corporal punishment).
- Sending children out of the room.
- Shouting or raising of your voice

- The use of or threat of any practices that are disrespectful, degrading, exploitative, intimidating, isolating, emotionally and/or physically harmful to the child or neglectful of the child.
- Bullying in any form
- Physical restraint for example holding will not be used unless it is required to prevent injury to child, other children, adults or property. Staff must ensure that no physical pain is inflicted upon the child(ren). In cases where it is required to hold a child in such manner, it **must** be recorded in the accident and incident report. Parents/guardians **must** be informed of the incident.
- It is not the Service's policy to use any kind of restraint in managing behaviour. If restraint is considered a last resort option the Service will seek professional advice and staff will attend specialised training on evidence -based methods to ensure it is used appropriately, safely and with respect so that the child's dignity is not undermined. Staff who feel under pressure due to a child's difficult behaviour should seek support from management so a plan can be devised. No staff member is permitted to use physical restraint routinely.
- Speaking negatively about the child to other staff or in front of the child/other children.
- The child should not be labelled.
- Staff should not expect unrealistic behaviour from a child in accordance with their age and stage of development.
- Once the incident is over, the staff member should not place emphasis or keep reminding the child of their behaviour.
- The child should not be humiliated.
- Withholding food or drinks.
- Showing favouritism.
- Failing to reassure or comfort a child.

Partnership with Parents/Guardians:

- It is our policy to work in close collaboration with parents/guardians. We recognise and value the role of parent(s)/ guardians in their child's life in supporting positive behaviour, working in partnership with parent(s)/ guardians is important. It is our policy to inform parent(s)/ guardians at the enrolment stage, of the policies and procedures in relation to behaviour. The supporting positive behaviour policy will be explained, in doing this, a consistent approach can be adopted.
- Parent(s)/guardians are encouraged to share any difficulties/concerns which they may be experiencing regarding the child's behaviour for example bereavement, illness, a new baby etc.
- Where a child's behaviour is causing concern, it is our policy to do this in a consultative manner, and staff will endeavour to work in partnership with the parent(s)/ guardian to develop a strategy for dealing with the situation.
- Discussing the child's behaviour in front of the child / other children / parents / guardians will be avoided.

Where a significant incident occurs regarding a child's behaviour, the following should be documented.

- The child's full name.
- Time and location of the incident.
- Events leading up to the incident.
- What happened.
- Others involved.
- Witnesses.
- How the situation was handled (**ABCD**).
- Follow up with the children.

Anti-bullying:

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

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

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

Identifying Bullying:

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

Definition:

Bullying consists of repeated inappropriate behaviour whether by words, by physical action or otherwise, directly or indirectly applied, by one or more persons against another person or persons which undermines the individual person's right to personal dignity.

Bullying Preventative Measures

- Staff ensure all children feel safe, happy and secure within the setting.
- Staff develop positive relationships with all children and encourage children to speak about their feelings.
- Staff are encouraged to recognise that active physical aggression in the early years is a part of children's development and recognise positive opportunities should be in place for children to channel this positively.
- Children are learning about their feelings, staff will support children in identifying their feelings and actions for example happy, sad, and angry.

- At an age and stage appropriate level, children will be encouraged to resolve their problems and take responsibility for their actions.
- Staff are encouraged to adopt a policy of intervention when they think a child is not being treated in a fair or appropriate manner.
- Staff are aware when play becomes 'aggressive' and will initiate an appropriate activity with the children.
- Any instance of bullying will be discussed fully with the parents/guardians of all involved to look for a consistent resolution to the behaviour.
- If a parent(s)/ guardian has a concern regarding their child's behaviour, the staff member or Manager will be available to speak to the parent. It is through partnership with parent(s)/ guardians which we can ensure a child will feel confident and secure in their environment, at home and in the setting.

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

What causes children to be aggressive?

Sometimes, aggression takes the form of instigating fights, sometimes the child may provoke other children to fight, or may antagonise or threaten other children. Other children do not like this behaviour and will often feel intimidated and insecure in their environment. Children who display aggressive behaviours will often have low self-confidence, poor social skills and may have difficulties with their speech. However, any child regardless of their age or stage of development may experience aggression at some stage. Aggression brings power and often children who are aggressive will seek the control and position which comes with it among their peers.

How can we support positive behaviour?

- Aggressive behaviour should never be ignored.
- Staff should not get into a power struggle with the child.
- Be firm but gentle in their approach. The child should not be given mixed messages at this stage.
- The child should always feel valued, respected, cared for, and included.

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

Rough and Tumble Play/ Fantasy Aggression:

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

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

Physically Intervening to Prevent Injury

- Physical restraint is not used within our service except in circumstances where we have to intervene to prevent injury to the child or others and to prevent significant damage to equipment or property. It is only used as a last resort.
- It ensures no pain is inflicted on the child.
- The incident will be recorded.
- Parents/Guardians will be advised immediately.
- Only staff who have attended certified training are permitted to physically intervene and will have been trained and certified in the method.
- Methods of intervention will be evidence based.

If children attending our service display severe & aggressive behaviour, we will risk assess the child and staff will be trained on approved methods of physical intervention.

Biting:

Biting happens in almost all childcare settings where young children are together and dealing with biting can be challenging. Biting is a developmental stage which children may go through. All biting incidents are upsetting for children and will be dealt with in a calm and clear manner. The staff will use clear language and be consistent in their approach. Our aim is to put every effort in the first instance into our prevention procedures to help children to develop the necessary skills to reduce the risk of biting occurring. Where biting does occur, we will endeavour to establish the children's reasons for biting and to take proper measures to prevent further incidents wherever possible. We aim to support children in developing self-control; however, the safety of each child is our primary concern.

Why do children bite?

Each situation is unique because of the different personalities involved - Children bite for a variety of reasons such as:

- Children may be teething, and it may feel good to bite and chew.
- Biting is a natural part of children's development. Infants and toddlers put everything into their mouths, it's how they learn and explore the world around them.

- Toddlers and young pre-schoolers don't have the verbal skills to fully express themselves and biting brings about a quick and dramatic response.
 - Children experience many emotions (positive and negative) that are difficult to express and at times control. These emotions may be caused by a number of things; over-excitement, frustration, stress, fear of being separated from people they love etc., all of which can lead to biting.
 - Biting can be used to communicate a basic need such as hunger, fatigue, illness, discomfort, etc.
 - Exploring Cause and Effect – From about 8 months on, babies and toddlers begin to learn and discover the connection that their actions have on the world around them. Toddlers are learning to have an impact on their world and biting definitely has an impact.
- Imitation and Modelling – The biggest way young children learn is copying other's behaviours. This unfortunately includes copying and learning negative behaviours such as biting from other children.
- Attention – Toddlers and young children love all attention and tend not to discriminate between positive and negative attention. Toddlers learn very quickly that if they bite, they tend to instantly get attention from a familiar adult.
- Biting sometimes occurs for no apparent reason.

Biting Prevention:

It is our aim to ensure that all appropriate preventative measures are in place as a first step to reducing the risk of biting occurring such as:

- The correct child: adult ratios will be in place within the setting at all times.
- The layout of the room will be appropriate to the age and stage of development of the child and staff can see all children at all times from all areas of the room.
- We examine and develop our programmes so that the children are happy, stimulated and engaged in activities to prevent and reduce incidents of biting.
- Staff are vigilant to ensure there are sufficient toys/activities to allow children to release frustrations and energy based on age and stage of development.

- Staff will ensure that there are sufficient toys and materials in the room based on the number of children to avoid children competing for toys and becoming frustrated.
- Staff will be aware that a simple conflict over a toy or personal space could be enough to cause a child to bite.
- Staff are vigilant to the relationships between children and are aware of possible conflicts.
- Staff are aware of the temperaments of the children and look for any patterns of negative behaviour that may lead to biting.
- Staff will be proactive and intervene in advance if necessary to avoid incidences of biting/conflict where possible Eg separating children to avoid possible incidence of biting.
- Staff will encourage children to use language to express feelings/emotions. Staff may need to teach children words that are appropriate. Children who can verbally express themselves are less likely to bite due to frustration
- Staff are vigilant to particular times of the day that may lead to children biting Eg when tired/hungry arrival/collection times etc.
- Staff are aware when children are teething and will offer materials/foods which may soothe

Where a child does bite, staff should follow these guidelines and try to distinguish a pattern or triggers for the biting:

- Are there particular times of the day which the child bites?
- Do toys seem to be causing biting incidents?
- Does the child focus on one particular child?
- Is the child teething?
- Can something be offered to soothe the child's biting? For example, toys/food with textures or coldness.
- Do staff need to support the child to use their words or learn new strategies to use in place of biting based on age and stage of development.
- Has there been any changes in the child's life recently that may be causing them to bite Eg moving house, a new sibling etc.

Procedures to follow when biting occurs:

Usually the skin isn't broken, and the wound isn't serious. However, the appropriate first aid should be administered. Staff will always put on disposable plastic gloves prior to administering any kind of first aid

If the skin is not broken:

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

If the skin is broken:

- The human mouth is full of bacteria, and there may be a risk of infection. Serious bites to the face, hands, or genitals can be especially dangerous.
- Wash the area — but don't scrub —with mild soap and running water for three to five minutes, then cover it with a clean dressing.
- If the wound is bleeding, apply pressure with a clean, dressing and elevate the area if possible.
- If the skin is broken, the Service will advise the parents that a child may need to consult a doctor, who will clean and examine the wound. Unless the bite is very serious or on a child's face, the doctor will probably prefer not to give a \child stitches. Stitching the bite closed can increase the risk of infection. The doctor may prescribe a short course of antibiotics to prevent infection, depending on the location and severity of the bite.

Support for the child that's been bitten

- The child is comforted and reassured of their safety.
- The staff will explain to the child that was bitten that biting is wrong and the other child should not have bitten them.
- Staff will acknowledge the child's feelings Eg "I'm sorry you got hurt"
- Staff will stay with the child until they have fully recovered and are ready to re-join the daily routine or re-engage in play.
- The child who has been bitten and child who bit should not be forced to play together directly after the incident unless both parties agree.

- If a child is bitten more than once or repeatedly, staff will look to see if there are any triggers/patterns to the child being bitten and put any appropriate supports or measures in place to reduce/eliminate this risk.
- Staff will further support the child by teaching/modelling words and actions for setting limits, such as “no,” “stop,” “that’s mine” or putting their hand up to signal stop or signal to an adult for help. This will teach the child skills to help manage and cope in any future possible biting incidences and learn self-assertion and keeping safe.

Supports for the child that has bitten and procedures to follow:

- The Staff will explain to the child who has bitten using a firm but gentle approach that biting is not allowed.
- Staff will try to find out what caused the child to bite.
- Staff will acknowledge the child’s feelings by using words that describe feelings: “Jack took your ball. You felt angry. You bit Jack. I can’t let you hurt Jack. No biting.”
- Staff will help the child to think of alternatives to biting in the future and/or offer solutions if needed.
- The person in charge will be informed and details should be recorded in the Accident and Incident Report Form.
- The situation is dealt with professionally, and confidentiality is adhered to. Both sets of parents/guardians are informed separately, and the accident and incident report are signed.
- We will keep children’s identity who bite confidential. This helps avoid labelling or confrontations that may prolong the behaviour.
- The staff should explain the methods which will be adhered to, so it does not occur again and highlight the importance of partnership with parents/guardians.
- If the child bites again, the child should be observed for a period of time to try and develop a pattern of behaviour.
- In the event of a child continuing to repeatedly bite, the Manager will speak to the parent(s)/ guardian to look at putting a behaviour support plan in place for the child to address the biting in conjunction with the parents so that all parties can agree a

consistent way of supporting and responding to the child with the aim of reducing/stopping the biting behaviour.

- If all avenues have been exhausted, the person in charge may suggest seeking help/support outside the setting.

Please note that every effort will be made to support the biting child and we will work closely with the parents/guardians to find appropriate strategies. We will also support and train staff in this regard.

In rare circumstances our efforts to manage behaviour may not be successful. Sometimes as a last resort for risk management reasons and with the welfare and safety of all children in mind a child's place may need to be suspended temporarily until a solution is found. Our approach is always to find ways of retaining children in the Service rather than terminating places.

Where a Child Leaves the Service Unaccompanied and without Authorisation:*

If a child attempts to and/or leaves the Service unaccompanied and without authorisation staff will:

1. Stay calm. Reason with the child. Contact the manager.
2. Reason with the child and ask them how they can be supported to make the correct choice/return. Staff will discuss the situation and try supporting them to resolve it.
3. Offer to phone parents to let them discuss it with them.
4. If a child still insists on going staff will keep trying to contact parents. Allow the child to speak to parent/guardian if phone contact can be made with them.
5. Stand at exit door. If child leaves the Service a staff member will follow if available.
6. The Service should continue to try contact parents.
7. The two staff will walk if possible and try to keep the child calm by speaking to them.
8. If parents or guardians cannot be contacted the other emergency number given by parents can be phoned.

9. If parents cannot be contacted and staff are concerned for the child's safety, Tusla and/or An Garda Síochána will be contacted.
10. When the child comes back to school a detailed investigation will be carried out. The school Code of Behaviour will be adhered to. A support plan will be put in place and reviewed within required timeframes.
11. Written records of the incident will be kept.
12. Once a child voluntarily leaves the school, the school is no longer responsible for the child.

* This Section is age relevant to the children attending the Service.

The Service will ensure that children are supervised at all times and are protected from harm and that the premises is fully secure at all times without risk of escape.

Please also see the Service's Outings and Missing Child Policies and Dropping off and Collection of Children Policy.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

APPENDIX A: CHILDREN AND BEHAVIOUR

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

Physical behaviour: Children's physical behaviour can often be a result of tiredness, illness or medication. Night-time sleep problems (interrupted night sleep) have been found to be a common cause of behaviour problems causing chronic fatigue and a cranky, irritable child with poor coping skills.

Developmental: Behaviour will often reflect the age and stage of development of the child for example temper tantrums. Developmental delay in children's speech, mobility or other areas can lead to a child feeling frustrated and may present in challenging behaviours. Management should be informed by parents/guardians of all concerns regarding developmental delay, as it is through this the child's needs can be fully supported within the setting.

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

Environmental: An environment which supports the individual child's interests, age and stage of development, gender and background should be provided. The environment must be stimulating and offer a variety of opportunities for each child within the room. Settings must ensure the correct space requirements are in place as per the Child Care Act 1991 (Early Years Services) Regulations 2016.

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

APPENDIX B: METHODS TO SUPPORT POSITIVE BEHAVIOUR

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

- Children will be offered choice.
- Children will have an input to the curriculum.
- Children will be included in areas which affect them.
- Staff will implement fair and consistent expectations regarding behaviour.
- Staff will speak to children:
 - Clearly, using language/ a medium which the child understands
 - Appropriate tone
 - Positive body language
- Staff will offer praise and encouragement to all children.
- Children will feel valued, empowered, included and confident in the environment.
- Follow the behaviour policy (**ABCD**).
- Children will not be labelled or spoke about in front of the child/other children/ other staff.
- Sanctions are fair and linked to the behaviour for example picking up litter for dropping it.
- We do not use physical (corporal) punishment **of any kind**.
- We do not use a bold chair/step/corner or any other means to isolate or humiliating the child.

10. INCLUSION [INCORPORATING EQUALITY & DIVERSITY]

Document Title:	Inclusion (Incorporating Equality and Diversity)
Unique Reference Number:	010
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	18

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

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

Statement of Intent:

The Service aims to ensure that the needs (including the physical, emotional and intellectual needs) and the religious beliefs (if any) of all children attending the Service are addressed.

- Reflective practice, training and development opportunities are available to all staff.
- The Service's inclusion policy is available and communicated to all parents and guardians.

Relevant staff know the requirements, receive training and have a clear understanding of their roles and responsibilities in relation to this policy.

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

We will do our utmost to assist a child in integrating into a classroom environment. We endeavour to meet the needs of all children, however, if we feel a child is overwhelmed by long days in our service, we may suggest reducing the hours the child attends. This is so crèche life is a positive and happy experience. The wellbeing and health of a child are served by doing this. Please note, there will be no reduction of crèche fees in this instance.

Purpose of Policy

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

To provide guidelines for the successful celebration of diversity into the setting.

Guiding Principles:

- **Consistent:** The provision of supports and services for children with a disability should be consistent across our service
- **Effective:** Supports should make a difference and genuinely enhance inclusion.

- **Equitable:** All children should have equality of opportunity to access and participate.
- **Evidence-informed:** Supports and services for children with a disability should be evidence-informed.
- **High quality:** Supports and services for children with a disability should be of high quality.
- **Integrated:** Our approach is to work in partnership with families and other stakeholders/agencies
- **Needs-driven:** Supports will be needs driven.

A Sense of Identity

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

The Service is inclusive, recognises diversity and is accepting of other cultures:

- The Service uses a child-centred approach, creating an inclusive and diverse learning environment where each child has equal opportunity by a variety of means.
- Routines, experiences, materials and activities with the Service reflect diverse backgrounds, identities, abilities, religions, skin colour, family structures, language, cultures or additional needs in a positive way which helps children to learn, become aware of and be respectful of differences.

- Each child's critical thinking is fostered, and children are empowered to recognise and respond to or challenge bias, injustice and discrimination.
- All children, including those who have additional needs, or who are dual language learners or who are new to the community are supported to be confident about their identity and to have a strong sense of belonging each day within the Service.
- Staff adjust the level of support provided to children depending on the child's abilities, allowing for children's partial participation and participation with support.
- Staff use positive strategies to support children's including (e.g., using personal greetings, giving appropriate encouragement, accepting children's best efforts).

INCLUSION OF CHILDREN WITH ADDITIONAL NEEDS

Definitions:

Additional Needs:

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

Definition of Disability

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

Inclusion:

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

The Manager of this Service takes responsibility for:

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

- Practitioner (Specific Medical Needs)
- Appointing a Keyworker to the child with an additional need.
- Ensuring that Medical Emergency Care plans are set up for children requiring life-saving medication.
- Ensuring an Individual Education Plan is developed for the child.
- Planning and facilitating continuous professional development of staff to enhance inclusion.
- Facilitating the development of transition plans for children within and outside the setting.
- Ensuring there is purposeful learning for the child with additional needs within the setting.
- Providing support and strategies to staff in developing differentiated learning and providing accommodations/adaptations.
- Facilitating problem solving with staff to enhance inclusion.
- Being an advocate for children with additional needs within the setting.
- Modelling inclusionary practices for the entire Service.

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

The Staff are responsible for:

- Being a champion for children with additional needs.
- Reviewing enrolment applications to identify children with additional needs.
- Identifying, if additional support is required, the type of support required and consulting.
- Liaising with families and liaising with management and outside agencies to access it if possible.
- Ensuring that any support or resources available for a child are accessed in consultation with the parents/guardians.

- Ensuring that the parents/guardians are fully informed about the curriculum planned and provided for their child and have given written consent for any action, support, or intervention for their child.
- To plan and implement a programme which incorporates the individual goals for the child with additional needs.
- Ensuring the programme provides opportunities for participation and interaction with other children.
- Responding to parents/guardians needs and providing support and guidance, where appropriate.
- Encouraging a collaborative family approach.
- Ensuring that, in consultation with persons involved in the care and education of the child, any specialised medical and nutritional needs of the child are catered for in the day-to-day programme.
- Ensuring that the programme incorporates opportunities for regular review and evaluation, in consultation with all persons involved in the child's care and education.
- Providing personal and intimate care where appropriate.

The parents/guardians will:

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

EQUALITY AND DIVERSITY

The UN Convention on the Rights of the Child (1991) states: “It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights”. We provide equal opportunities by ensuring that:

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

Definitions

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

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

Favouritism:

Staff should not develop favouritism or become over involved with any one child. The children should be comfortable in the care of any of our staff as there may be different staff working each day with groups or individual children.

Children can feel resentful or isolated if staff always favour one child and a child who is always over indulged or favoured can be led to feel that he or she can do no wrong and grow up to have a feeling of entitlement which may affect future relationships and behaviour as an adult.

Meetings:

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

Access:

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

The Curriculum:

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

experiences help set the child's foundations and potentially shape the people they will become.

Resources:

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

Discriminatory Behaviour/Remarks:

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

All bias and/or discriminatory behaviour or remarks must be brought to the immediate attention of the Manager. Such occurrences will be dealt with in accordance with the Service's complaints procedure.

Festivals:

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

Language:

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

- Ensure inclusion in the group and staff will talk to the child, speaking slowly and simply, demonstrating what is meant by the words.
- Support child and parents by staff member who will try and learn some key phrases in the child's language, e.g., 'hello' 'goodbye' 'hungry' 'thirsty' 'do you need help?'

- We encourage children to use their home language whenever they are so inclined. Dual language books are helpful to encourage the use of other languages.
- Make it easy for the child to settle into the setting, we encourage other children to talk to non-English speaking children in the same way as usual.
- Parents are invited to help with key words and phrases in their home language.
- Staff will ensure that they correctly pronounce and spell children's names.

Spiritual, Cultural, Social and Moral Values:

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

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

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

Actions to be followed if the policy is not implemented

If a staff member or a parent/guardian, feel that this policy is not being implemented, we have a Complaints Policy and Procedure to make a complaint.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

APPENDIX C

PRINCIPLES OF AN INCLUSIVE CULTURE IN THE EARLY CHILDHOOD SERVICE

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

An inclusive culture involves:

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

APPENDIX D

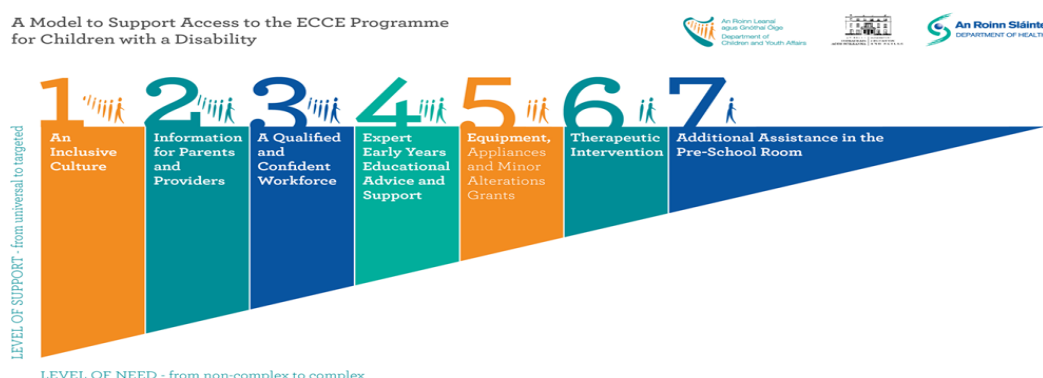
AIM-Access and Inclusion Model

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

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

What supports are provided under AIM?

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



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

Universal supports are designed to promote and support an inclusive culture within pre-school settings by means of a variety of educational and capacity-building initiatives. Specifically:

- A new **Inclusion Charter** has been developed for the early year's sector. Service providers are invited to sign-up to this Charter by producing and publishing their own Inclusion Policy. To support this process, updated Diversity, Equality and Inclusion Guidelines for Early Childhood Care and Education have been produced and a national training programme on the Inclusion Charter and the Guidelines will be delivered by the City and County Childcare Committees. The Diversity, Equality and Inclusion Charter and Guidelines can be accessed at <http://aim.gov.ie>
- A **new higher education programme**, "Leadership for Inclusion in the Early Years" (LINC), will commence in October 2016. The Department of Children and Youth Affairs will fund up to 900 places per annum on this programme. Graduates from the programme will be able to take on a new leadership role of Inclusion Co-ordinator within their pre-school setting which will attract an increase of €2 per child per week in the rate of ECCE capitation payable to that setting.
- Finally, a broad **multi-annual programme of formal and informal training** for pre-school staff in relation to disability and inclusion will be funded by the Department of Children and Youth Affairs and will be delivered by the City and County Childcare Committees, in collaboration with the HSE and other agencies.

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

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

- **Expert advice, mentoring and support** is available from a team of 50 specialists in early years care and education for children with disabilities. These experts, termed Early Years Specialists (Access and Inclusion), are based in the Better Start National Early Years Quality Development Service.
- A scheme is available for the provision of **specialised equipment, appliances and grants towards minor building alterations** which are necessary to support a child's participation in the ECCE programme.
- **Therapy services**, which are critical to a child's participation in the ECCE programme, are available through the model and will be provided by the HSE.
- Finally, where the above supports are not sufficient to meet the needs of a child, service providers, in partnership with parents or guardians, can apply for **additional capitation** to fund extra support in the classroom or to enable the reduction of the staff to child ratio.

How do I access AIM supports?

Where the Service has agreed to enroll a child in its pre-school and considers that additional support will be needed to meet the needs of the child in an inclusive way, the Service can, in partnership with the parent, apply for supports under AIM.

Applications are made via the Programmes Implementation Platform (PIP) on the Pobal website.

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

Early Years Practitioners can apply for the new higher education programme, "Leadership for Inclusion in the Early Years" or LINC, at www.lincprogramme.ie.

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

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

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

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

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

How can I find out more information?

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

To meet these diverse needs childcare practitioners should:

- Plan opportunities to build on and extend children's knowledge, experiences, interests and skills and should develop their self-esteem and confidence.
- Use a wide range of teaching practices based on the children's individual learning needs
- Provide a wide range of opportunities to motivate and support development
- Provide a safe, stimulating and supportive learning environment where all children are valued and where racial, religious, disability and gender stereotypes are challenged.
- Use materials that positively reflect diversity and are free from stereotyping and discrimination.
- Plan challenging opportunities.

- Monitor children's progress identify areas of concern and act to provide appropriate support.
- Differentiate activities for children who have additional needs to allow for full participation and integration.
- Provide opportunities for children where English is their second language, to hear and see their home language.
- What we provide and how it is presented influences children's identity. All children have the right to grow up feeling proud, self-confident and sensitive to the feelings of others.

APPENDIX E: Service Evaluation

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

11. HEALTHY EATING [INCORPORATING FOOD HYGIENE]

Document Title:	Healthy Eating (Incorporating Food Hygiene)
Unique Reference Number:	011
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	46

This policy has been developed in accordance with Healthy Ireland Nutrition Standards for Early Learning and Care Services, 2023.

This policy has been communicated to parents/guardians.

Staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Staff know the requirements and have a clear understanding of their roles and responsibilities in relation to ensuring that adequate, suitable, nutritious and varied food and drink are available for each child.

Relevant staff know the importance of risk assessing exposure of a child or children in our Service to any offending foods where a child or children have a food hypersensitivity.

Relevant staff have received training on this policy.

Statement of Intent:

The Service promotes healthy nutritional choices for our children. We feel it is important at this young age to introduce and educate our children about good nutrition

and the health benefits of eating well.

As eating habits and patterns are developed in the first few years of life our Service provides a playful and fun learning environment where we teach children the principles of healthy eating.

Nutrition is essential for growth, development and activity as well as tooth development and prevention of decay. Our Menus are planned to provide a wide variety of health foods, snacks and drinks.

Allergens in food we provide will be listed as under Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014). It is also our intention to ensure that good food hygiene practices are in place in line with relevant legislation.

General:

The amount of food a child eats changes daily and at every meal depending on their needs.

Staff are aware that taller, older children and children who are more active will eat more.

In our Service we follow the guidelines set out in the Nutrition Standards for Early Learning and Care Services for children:

Under the age of 1 year.

Children between 1 and 2 years, and

Children aged from 3 to their 5th birthday.

Children 5 Years and Older.

Policy and Procedure:

It is the policy of the Service to support parents/guardians' choices e.g., dietary restrictions/requirements.

In our Service we are guided by the Children's Pyramid in relation to providing children with healthy and nutritious meals and snacks while they are in our care.

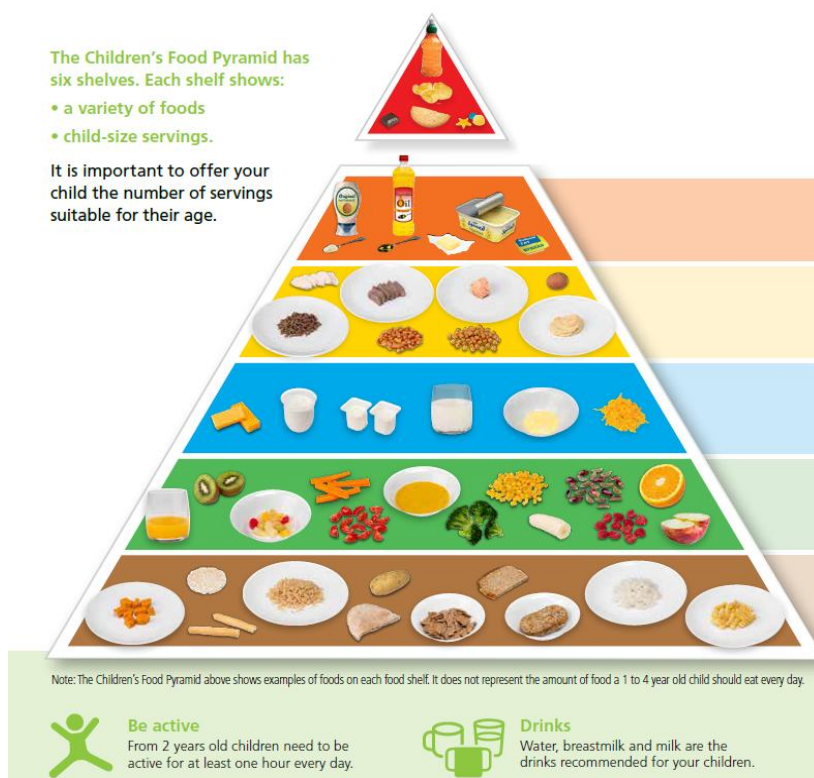
Where meals and snacks are provided by parents for their children we request that parents adhere to the recommendations in the Children's Pyramid below and the Nutrition Standards for Early Learning and Care Services. Further details are contained in Appendix HE1 to this policy.

Our Service provides meals and snacks for children that are prepared by third party companies.

Where such meals and snacks are provided we will ensure that the meals and snacks are designed in conjunction with the Nutrition Standards for Early Learning and Care Services and further details are contained in Appendix HE1 to this policy.

Children's Pyramid:

In our Service we use the Children's Pyramid as a guide for food servings.

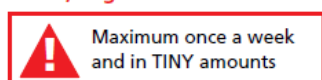


Serving Guide One serving is

Fats, spreads and oils	• 1 teaspoon spread on bread and oven-bake or grill foods instead of frying
Meat, poultry, fish, eggs, beans and nuts	• 30g cooked beef, lamb or pork, chicken, turkey or fish • 1 medium egg • 35g cooked portion tofu • 35g hummus • ¼ cup (40g) baked beans, peas, lentils or chick peas • 1 heaped teaspoon (12g) smooth peanut or nut butter • 2 fa
Milk, yogurt and cheese	• 200ml or 2x100ml milk • 200ml or 2x100ml unsweetened soya 'milk' fortified with calcium • 1 pot (125g) yogurt • 2 small pots (47g) plain fromage frais • 2 adult thumbs of cheese
Vegetables, salad and fruit	• 1 small fruit such as a plum, kiwi or mandarin • ½ medium sized fruit like an orange, an apple, a pear or a banana • 5-6 berries or grapes cut in quarters • 3-4 cooked vegetable sticks • 3-4 cucumber sticks • 100ml unsweetened oran • ½ cup cooked vegetables or tinned fruit • 100ml homemade or readymade vegetable soup • 3-4 cherry tomatoes cu
Cereals and breads, potatoes, pasta and rice	• ½ cup (30g) dry porridge • ½ cup (30g) flaked cereal • 1-1½ wheat biscuits • ½-1 slice bread • ½-1 small roll • ½ pitta pocket • ½ small wrap • ½ chapatti • 1-2 crackers • 1 plain rice cake • 1 unsalted breadstick • ½-1 small potato • 30-40g sweet potato or yam • ½ cup (30-40g) pasta, rice, noodles or couscous

Source: Department of Health/Health Service Executive 2020.

Foods and drinks high in fat, sugar and salt



Maximum once a week and in TINY amounts



	Ages one and two	Ages three and four
Fats, spreads and oils	In very small amounts	In very small amounts
Meat, poultry, fish, eggs, beans and nuts	2 Servings a day	3-4 Servings a day
Milk, yogurt and cheese	3 Servings a day	3 Servings a day
Vegetables, salad and fruit	2-3 Servings a day	4-5 Servings a day
Cereals and breads, potatoes, pasta and rice	3-4 Servings a day	4-6 Servings a day

Adults always sit with the children and supervise them when eating and drinking snacks or meals.

- We do not allow fizzy drinks, sweets, chocolate, crisps, cakes, biscuits, (p44 Nutrition Standards booklet) popcorn, nuts or nut spreads. This is communicated to parents.

- Some children may have food hypersensitivities, food allergies, food intolerances, peanuts/nuts and coeliac disease.
- The Service provides meals prepared by a third party - Little Dinners
- Children bring in their own healthy afternoon snacks. Parents should be advised how many snacks and meals to provide for their child each day and to have the all food and snacks fully labelled with the child's name in containers suitable for refrigeration.
- If a child attends the Service and has not had a breakfast (morning session) a snack may be provided in addition to the regular snack.
- Our staff keep a written record of what a child has eaten during the day. This allows us to ensure that a child's nutritional needs are being met on an on-going basis.
- Food is appropriate to the ages, development and needs of children.
- Adequate quantities of food and suitable portion sizes are available for children. The food is suitable for the age and stage of development of the child and there is enough food supplied to cover the number of hours the child is in the care of the Service.
- Meal/snack times are used as an opportunity to encourage good social habits.
 - Whenever possible children are encouraged to participate in the preparation of their food and encouraged to make health choices.
 - Whenever possible children are encouraged to take part in laying the tables for meals and snacks, serving themselves and tidying up, under the supervision of Staff.
 - Whenever possible children and staff eat together.
 - Good table manners will be encouraged.
 - Children will also be engaged in conversation if they wish.
 - Children that are slow eaters will be given time to eat and not rushed.
 - Children are encouraged to feed themselves as appropriate to their age and stage of development.
 - Children will be encouraged to sit down when eating and/or drinking.
- Age and stage appropriate feeding equipment such as feeder cups, knives, forks spoons etc. are always available and children are encouraged to master independent eating and drinking skills.

- Allergens in food we provide will be listed as under Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014)
- Children with allergies and special diets will be carefully supervised. Staff are fully aware of all allergies within the setting.
- Healthy eating is promoted through our curriculum.
- Drinking water, milk and small snacks are available throughout the day (in between scheduled meals).

Drinks:

Children require 6 to 8 drinks every day.

Water (boiled and cooled water for children under 1 year old) and milk are the only drinks to be offered to children aged 1 year to 5 years in our Service. Children will be offered a drink at mealtimes and snack times.

Children have access to clean and safe drinking water at all times.

- Full fat milk is the only milk suitable for 1 and 2 year olds.
- Full fat and low fat milk is suitable for 3 and 4 year olds.
- Skimmed or fat-free milk should not be provided to 1 to 4 year olds.
- Non-dairy soya “milks” can be offered if a child is allergic to cow’s milk. These should be unsweetened and fortified with calcium. Almond, coconut and rice plant-based alternatives to milk are not suitable for young children.

All drinks should be served from a beaker, cup or glass. Between 1 to 2 years children can move on from using a beaker with a plastic lid. Plastic cups are best for younger children.

In our Service fruit juice and any sweet flavoured drinks, whether sweetened with sugar, fruit juice or artificial sweeteners are not available to children. These include fruit juices, juice drinks, squash/cordials or minerals/fizzy drinks and parents are requested not to send these items into the Service.

Catering For Children with Special Dietary Needs:

Our Service will cater for children with a variety of different needs.

Children's needs will be discussed with parents(s) and a child's requirements and options will be identified.

Vegetarians:

We will ensure that the food provided for vegetarians is varied and in accordance with parent(s) requirements. Menus for children with vegetarian diets will be discussed with parent(s) to ascertain what a child eats eg. some vegetarians avoid red meat while others may exclude all animal products.

Vegetarian sources of protein should be provided at cold/light and hot meals and options include chickpea casserole with pasta, lentil stew with rice, hummus filling in a bread roll.

Cheese will not be served as the only vegetarian option more than twice per week and options such as eggs and beans can be used as ingredients in soups or salads.

Children From Ethnic Communities Following A Traditional Diet:

To accommodate the traditions and customs of ethnic communities we take guidance from parents to help us meet specific nutrition requirements.

Some children and their families may exclude certain foods or only eat foods prepared or cooked in a particular way according to their religious faith.

The table below is a general guide to food choices for specific religious groups. Fasting is common in many religions although younger children may be exempt and compliance with restrictions may vary.

The lists below are not exhaustive:

	Buddhist	Hindu	Jew
Main dietary custom	Many are vegetarian Some may be vegan	Many are vegetarian	Eat only kosher* beef, lamb, poultry and fish (with fins and scales) *Kosher refers to permitted foods that have been selected and prepared according to particular rules of the Jewish religion
Foods to check	Meat, poultry and fish Milk and dairy Eggs	Meat, poultry and fish Eggs	Eggs (can be eaten as long as there are no blood spots)
Foods to avoid		Beef and beef products	Pork and pork products Shellfish or seafood without fins and scales
Miscellaneous	Diet will vary depending on country of origin Garlic, onions and scallions may be forbidden	Strict Hindus also exclude animal sources of fat, onions, garlic, mushrooms, tea and coffee	May also exclude gelatine, fats, emulsifiers, stabilisers and additives from animal origin that is not kosher Meat and dairy are never eaten at the same meal Dairy foods may not be eaten until three hours after meat or poultry Meat and dairy must be prepared in separate kitchens using separate utensils

Muslim	Sikh	Rastafarian	Seventh Day Adventist
Eat only halal** beef, lamb, poultry and fish (with fins and scales) **Halal meat is from animals that have been killed according to muslim law	Many are vegetarian	Many are vegetarian or vegan	Many are vegetarian Some may be vegan
	Meat, poultry and fish Eggs	Meat, poultry and fish Milk and dairy Eggs	Meat, poultry and fish Eggs
Pork and pork products Shellfish or seafood without fins and scales	Beef and beef products Halal and kosher meats	Pork and pork products	
May also exclude gelatine, fats, emulsifiers, stabilisers and additives from animal origin that is not halal		Prefer to eat a pure and natural diet so may exclude coffee, tea, processed or canned and non-organic foods	May also exclude tea and coffee

Further information is available from:

www.halaal.org

www.kosher.org.uk

www.theismaili.org/nutrition

Provision of Food for Children with Allergies and Intolerances:

The symptoms of a mild food allergy reaction can resemble those of hay fever or an upset stomach. However, if the food allergy is severe the symptoms develop quickly and **can be very serious, even life-threatening.**

All food hypersensitivities are controlled in the same way: making sure the child does not come into contact with the foods they react to. This can be achieved in two elements:

1. Increasing the level of knowledge and awareness of food hypersensitivities, particularly food allergies, among staff members; and
2. Working with parents/guardians of children affected to draw up a Care Plan for each child to ensure their safety in our Service.

Please see more information on Food Allergies in Appendix HE1 of this policy.

Risk Assessing Exposure to Foods Where a Child has hypersensitivity:

Staff are aware of the importance of assessing the risk of exposure of the offending foods for each child with a food hypersensitivity to enable us put in place the necessary mitigation steps to prevent this from happening.

Where a child has a hypersensitivity towards any food products Management in the Service will liaise with that child's parents/guardians in advance of a child commencing in the Service, to draw up a Care Plan for each child so that our staff are confident in knowing what they are required to do and how to do it.

Relevant staff will receive training required to deal with any hypersensitivities that a child attending our service may have.

Parents/guardians are required to inform our Service and keep us informed of any changes in to child's hypersensitivities towards any food products.

For more information please see www.safefood.net/allergens

Food Safety:

It is the policy of this Service to comply with the requirements of the Food Safety Authority of Ireland as follows:

1. The FSAI does not recommend preparation of infant formula on the premises.
2. Parents should prepare and provide all milk feeds for the day/session for their baby as this is safer and more practical.
3. For journeys less than 2 hours, parents are advised to remove prepared bottles from their fridge (just before leaving home) and place them in an insulated cool bag with ice packs.
4. Our Service provides safe facilities to store food including a fridge for perishable food stuffs.
- 5, Parents are required to provide all food and drink which they are sending in for their children in containers suitable for refrigeration and labelled with a child's name so that all food stuffs are identifiable to the child.

Breast Feeding Children and Mothers:

In compliance with the Quality and Regulatory Framework our Service provides breast feeding supports for children and mothers.

Maynooth University has a space provided for breast feeding mothers if this is required.

Breast milk can also be stored in the Service.

For more information on our breast feeding supports please see Appendix HE1 of this policy.

Introducing Family Foods:

Our Service is amenable to parents providing their own food for their children.

Types of age appropriate foods recommended by the Nutrition Standards for Early Learning and Care Services for the age range of children attending our Service are set out in Appendix HE1 of this policy.

Full Day Care (More than 5 hours)

Children attending our full day care service have at least two meals, one of which is a hot meal, and two snacks each day.

Part Time Care (Up to 5 hours)

Children attending our in our part time care service have at least two meals (it is not necessary for one of the meals to be a hot meal) and one snack each day.

Sessional Preschool Care (Up to 3.5 hours)

Children attending our in our sessional preschool care have one meal and one snack each day.

If a child attends our sessional service in the morning (morning session) or attends in the afternoon (afternoon session) a breakfast or lunch is provided in addition to their regular snack.

Milk is essential. We offer children three servings of milk, yogurt or cheese every day.

Treat Foods are limited and children are only allowed tiny amounts of foods that are high in fat, sugar and salt once per week.

Fizzy drinks and cordials can damage children's teeth. Water or milk are the only drinks offered to children and parents are asked not to send fizzy drinks or cordials into our Service.

Meal and Snack times in our Service are at regular times each day.

Children serving themselves is encouraged in our Service and as everyone is different, each child is given time to eat and enjoy their meals and snacks.

A child might not eat all of the food in a serving and children's appetites differ from day to day. Adequate serving sizes are available to children in the Service however to allow them to eat this amount if they wish.

Serving Sizes: A serving is the amount that will fit into a child's palm. However for the purposes of this policy and in keeping with Nutritional Standard Guidelines a serving is 40g which is a suitable quantity for 3 to 4 year olds.

In relation to vegetables, salads and fruit the Service complies with the Nutrition Guidelines for Early Learning and Care Services.

Further information is available in Appendix HE1 of this policy.

Important Note:

- If a child expresses that they are hungry, we will ensure they have a snack.
- Staff are required to inform parents what the child has eaten during the day and especially if their child has not eaten well.
- Parents are advised on safety and nutrition in relation to healthy meals, lunches and snacks.
- Meal/snack time should be engaged with in a positive way with the children. Staff must not use any negative association with food at any time with the children.
- Children are not left any longer than 2 to 2.5 hours between meals and snacks.

Meals:

Well-balanced and nutritious meals are provided for the children. A variety of foods is selected from each of the four main food groups every day:

- Bread, cereals, rice, pasta and potatoes

- Fruit and vegetables
- Milk and dairy foods
- Meat, fish and alternatives
- Menus are reviewed and changed weekly to ensure a varied range of food choices for the children.
- Fresh fruit is always available.
- Processed meat or chicken products, fried foods, foods cooked in batter or breadcrumbs or foods containing pastry cannot be provided (e.g. bacon, ham, sausages, chicken nuggets and similar products).
- Special therapeutic dietary needs are respected. Parents/guardians are requested to give us a copy of the diet sheet provided by their dietician.

Food Labelling and Allergen Information:

Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014) stipulates that food allergen information for non-prepacked food must, as a minimum, be provided in written format.

The allergens in **any** meals, snacks and any food consumed in activities such as baking will be listed, and parents/guardians made aware of before the food is consumed. Each meal or snack will indicate if any of the 14 (required) allergens **are** present.

Rewards and Special Occasions:

Praise and attention are used to help develop children's self-esteem and to act as a positive reward for good behaviour. Food, e.g., sweets, should not be used as reward.

Birthdays:

It is important to celebrate and mark birthdays.

If children regularly fill up on cakes and treat foods they will have little room left for the nutritious food they need.

Parents/guardians may send in birthday cakes. Cakes should be bought at a shop or HSE inspected and approved restaurant to avoid the possibility of gastrointestinal illness. The cake should not contain nuts, as some children are allergic to nuts.

Rewards:

In our Service we are aware that children love treats and sweets. However, we do not use sweets (eg marshmallows or jellies) as rewards as we do not want children attending our Service to associate “treats” with doing what is asked of them.

We are also aware that eating sweet treats is damaging to growing teeth!

We use stickers and non-food items as rewards in our Service.

Food Hygiene

The Management shall ensure that there are:

- Adequate and suitable facilities for the storage, of food.
- Adequate and suitable eating utensils, hand washing and wash-up are provided.
- All waste and other refuse must be stored hygienically and disposed of frequently and hygienically and in such a manner as not to cause a nuisance.
- The Servicewill follow the food hygiene standards required under the Child Care Act 1991 (Early Years Services) Regulations 2016throughout the Service as ‘best practice’.

Policy and Procedure:

Use of Outside Catering Companies:

Where the Service retains an outside catering company to provide meals the Service will ensure that:

- The outside service is HACCP compliant.
- That food is delivered to the Service in storage units compliant with HACCP
- Food supplied by the outside service is purchased from a supplier registered with one of the Health Service Executive's Environmental Health Departments or other official agencies.
- Where food is delivered to the Service by an outside catering company, it must be frozen / refrigerated and re-heated in a safe manner.
- Hot meals delivered to the Service must be received at a safe temperature and served within two hours.
- Where meals are provided by the Service, all food will be purchased, stored, prepared, cooked, re-heated and served in a safe manner so as not to pose a risk to a child.
- Where food is being served from a can or a jar and where the child is unlikely to eat all the contents, a portion will be spooned into a separate dish or container before serving it to a child. Any unused portions will be stored according to the manufacturer's instructions. If food is served straight from the jar and the child does not finish it, the remainder should be thrown away.

Kitchen Hygiene:

- Work surfaces should be thoroughly cleaned with disinfectant after each meal preparation whether meals are prepared on the premises or provided by an outside company.
- People who are unwell should not prepare food for others.
- Cover cuts and sores with waterproof dressings.
- Tea towels and dishcloths should be boil-washed daily.
- Staff should always wash their hands with soap and water before preparing food, before helping children to eat and after toileting children or changing nappies or blowing their nose.
- It is also important that children are taught basic hygiene themselves, for example, not eating food that has fallen on the floor, washing their hands with soap and water before meals and after going to the toilet.

- Uneaten food should be removed from the table and disposed of.

Food Storage:

Our Service provides safe facilities to store food, including perishable food stuffs.

- Perishable food must not be left at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a fridge or cool place below 5°C.
- Leftovers will be cooled as quickly as possible and should be covered and, when steam has evaporated, put into the fridge. Staff will avoid putting large quantities of warm food in the fridge as it raises the temperature of the whole fridge.
- Foods in the fridge are covered.
- Food stocks are rotated and food beyond its 'use by' date discarded.
- Food is not left in cans and packaging once opened. It is always emptied into another container for storage.
- Foods are not refrozen.
- The fridge is washed frequently.

All Food Brought in by Children Is Identifiable to that Child:

- **Parents are required to label all food and drinks that they send in to the Service for their children, with their child's name. All food and drinks brought in by a child from home must be in containers that are suitable for refrigeration**

Mealtime Practises:

- There is flexibility around meal and snack times (e.g., where a child is deeply emerged in play) Meals and snacks should be appetising and healthy for children.
- The atmosphere during mealtimes is relaxed with pleasant social interaction among the children and adults.

- Staff sit with children during mealtimes to give example of positive social skills.
- Children are encouraged to feed themselves independently according to their age and development.
- The crockery, cutlery and drinking utensils used are suitable for the children's ages and stage of development.
- Healthy meals and snacks are served no more than 3 hours apart.
- Each child is given enough time to eat their snack or meal without being rushed.
- Children who have not eaten or who are hungry are offered:
 - food at times outside routine meal and snack times.
 - an alternative food option).
- Children are seated at the table in a low chair during snack and mealtimes when their food is ready.
- The table and chairs are suitable to their age and stage of development.
- Children are encouraged to try different food tastes, textures, colours and so forth.
- Children are supported to develop knowledge and skills to make nutritious food choices.
- Learning materials and experiences are available to reinforce nutritious food choices.
- Activities are available for children who have finished their food before others.
- Children with allergies and special diets will be carefully supervised. Staff are fully informed about allergies and religious dietary requirements within the setting.
- Ensure that staff and children wash their hands before meals.
- Use disposable gloves when serving the children food including snacks.
- Children are put to sit at the table as meals are brought to the rooms. Children are not left sitting at a table for too long before the meals are served.
- Bibs are worn by the younger children or any child who needs it.
- Staff **never** blow on or taste the children's food.
- Staff never give the children food that is too hot. Food is let cool before serving it to the children.
- Staff help and encourage the children to eat their meals. Staff do not force or demand that a child eats their food but use positive encouragement in a relaxed manner.
- Staff ensure that mealtimes are enjoyable experiences for the children.

- The children are taught table manners and etiquette and shown how to use cutlery correctly.
- Staff will never let one child eat another child's food to prevent allergies or cross contamination.
- Eating areas are cleaned up after each meal. The table is cleaned down etc. with a clean cloth, using the anti-bacterial spray.
- The children are cleaned after each meal.

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

FOOD INGREDIENTS THAT MUST BE DECLARED AS ALLERGENS

Substances or products causing allergies or intolerances as listed in Annex II of Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014)

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

Milk and products thereof (including lactose):	Yogurt, cheese, fromage frais, ice cream except: a) whey used for making alcoholic distillates including ethyl alcohol of agricultural origin (b) lactitol
Nuts:	Cakes, biscuits, almonds (<i>Amygdalus communis</i> L.), hazelnuts (<i>Corylus avellana</i>), walnuts (<i>Juglans regia</i>), cashews (<i>Anacardium occidentale</i>), pecan nuts (<i>Carya illinoensis</i> (Wangenh.) K. Koch), Brazil nuts (<i>Bertholletia excelsa</i>), pistachio nuts (<i>Pistacia vera</i>), macadamia or Queensland nuts (<i>Macadamia ternifolia</i>), and products thereof, except for nuts used for making alcoholic distillates including ethyl alcohol of agricultural origin
Celery and products thereof:	Soups, stews, stocks, bouillons and seasonings.
Mustard and products thereof:	Mayonnaise, soups, stews, stocks, bouillons and seasonings.
Sesame seeds and products thereof:	Cakes, biscuits
Sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO₂ which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers:	Bakery goods, soups, jams, canned veg, pickled foods, vinegar, gravies, dried fruit, potato crisps, vegetable juices, sparkling grape juice, beer, wine cider, bottled lemon/lime juice, tea, many sauces (tomato ketchup etc.) molasses, fresh and frozen prawns, guacamole, maraschino cherries, dehydrated, pre-cut or peeled potatoes.
Lupin and products thereof:	A legume belonging to the same plant family as peanuts used in gluten-free products
Molluscs and products thereof:	Shellfish e.g., clams, scallops, oysters, octopus, squid

Signed: _____ Date: _____
Name: _____

Person responsible for approving the Policy

APPENDIX HE1 – GUIDE TO FOOD, TYPES AND PORTIONS FOR CHILDREN AGED 0 TO 5 YEARS OLD

Children Aged 0 to 1 Year

Water used for infants under 1 is boiled and cooled before use.

Meals and snacks are of appropriate texture for infants.

Serving Size: A serving is the amount that will fit into a child's palm. However for the purposes of this policy and in keeping with Nutritional Standard Guidelines a serving is 40g which is a suitable quantity for 3 to 4 year olds.

Children aged 1 to 2 years will be given half this serving as indicated by the Nutritional Standards Guidelines. (page 12 Nutritional Standards)

Breast Feeding

In compliance with the Quality and Regulatory Framework our service provides breast feeding supports.

Our Service has a space provided for breast feeding mothers if this is required.

Breast milk can also be stored in the Service:

- Sealed outside of the fridge for up to 4 hours in temperatures less than 20 degrees, or
- In a fridge for up to 5 days where it is placed at the back of the shelf above the vegetable compartment and not inside the door)

Expressed Breast Milk:

Healthy full-term babies can drink breast milk at room temperature or warmed to body temperature.

Warming Breast Milk:

Breast milk bottles or bags will be placed into a cup, jug or bowl of lukewarm water for a few minutes to bring it to body temperature (37C or 99F) and gently swirled to mix any separated fat. It should not be shaken or stirred.

Staff are aware that breast milk should never be heated above 40C, 104F.

Alternatively we will use a bottle warmer.

We will never use a microwave to heat breast milk

Formula Feeding:

Infant formula is managed appropriately in our Service. Page 11 Nutrition Standard

(this is MH's wording) It is the policy of this Service that babies' bottles must be made up by the parents and provided to the service in bottles suitable for refrigeration clearly labelled with the child's name.

Formula feeding – how much formula to give a baby?

Baby's age	Number of milk feeds	Daily fluid intake
Birth to 3 months	6 to 8 feeds - feeding every 3 to 4 hours	150ml per kg - 2½ fluid ozs per lb
4 to 6 months	4 to 6 feeds - feeding every 4 to 6 hours	150ml per kg - 2½ fluid ozs per lb
7 to 9 months	4 feeds - baby also having food	120ml per kg - 1.7 fluid ozs per lb Max 600ml/ 21 ozs from feeds
10 to 12 months	2-3 feeds - baby also having food	110ml per kg - 1.7 fluid ozs per lb Max 400ml/ 14 ozs from feeds

Up to 12 months old, give cooled boiled water, even if it's bottled water.

Feeding and Emotional Wellbeing

Staff are aware that feeding is a great opportunity to contribute to a baby's emotional wellbeing and that they should:

- Take feeding the baby slowly and avoid multi-tasking.
- Make a baby feel safe and loved by looking into their eyes while they are feeding.
- To use their arm and hand to bottle feed and never prop a bottle eg on a cushion as it would increase the risk of a baby choking.

Do:	Don't:
<p>Breast or formula milk for the first six months meets the baby's need for food and drink.</p> <p>Introduce a cup or free flow beaker for drinks of cooled boiled water from about 6 months.</p> <p>Aim to replace all bottles with a cup or beaker only by the time a baby is 1 year old.</p> <p>Cow's milk (full fat) is suitable as a drink from 12 months onwards.</p> <p>Low-fat cow's milk may be suitable from 2 years onwards if the child has a health balanced diet.</p>	<p>Juice: this includes diluted pure, unsweetened fruit juices</p> <p>Fizzy Drinks: are harmful to teeth and can reduce appetite for food.</p> <p>Tea / Coffee: reduces iron uptake and can affect sleep</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Don't Add Any Of The Following To A Baby's Bottle:</p> <ul style="list-style-type: none"> • Sugar, rusks or baby rice • Any medicines, unless advised by a GP or Paediatrician. </div>

Food Allergies

A child can be prevented from becoming allergic to certain foods like eggs, milk and peanuts if these foods are introduced into the child's diet early.

Parents can introduce the following to a child's diet from 6 months:

- Nuts as smooth peanut butter (or another nut butter) that is sugar-free and salt-free.
- Dairy as pasteurised dairy products e.g. cheddar cheese, natural yogurt.
- Eggs as well cooked eggs at the right texture and consistency.

Children Aged 1 Year to 4 Years

The amount of food a young child eats changes every day and at every meal depending on their needs.

In line with the guidelines developed by the Department of Health our Service uses the recommendations in the following Children's Pyramid.

Children Aged 6 to 12 Months:

Good Feeding Practices for Babies (6 – 12 Months):

Staff are aware that:

- Babies should be sitting comfortably in a highchair that supports his/her feet.
- Babies should be allowed to explore food using all their sensory skills including seeing, touching and smelling what they are eating.
- Staff should talk to babies about their food and make eye contact with them.
- We will NEVER force feed a baby.

Baby-led Weaning:

Babies are encouraged to feed themselves with solids rather than accepting spoon feeding with purées.

Staff are aware of the signs that babies are ready for solid foods including:

- Sitting up with support and control of head movements.
- Co-ordination of hand and eye movements.
- Not fully satisfied after a milk feed and wanting for food more frequently.
- Loss of tongue thrust.
- Chewing and dribbling more frequently (which is also a sign of teething).
- Showing an interest in food other children are eating and reaching for food.

Introducing Family Foods:

Stage 1:

Parents are requested to provide the Service with:

- Puréed vegetables, fruit and cereals e.g. baby rice.
- Pureed well-cooked meat, poultry, boneless white / oily fish, beans, peas and lentils.

Fish:

2 portions (1 oz each) of oily fish per week can be introduced to a diet when a child over 7 months old.

Parents will be advised and staff are aware that one new food at a time should be introduced to a child's diet as this will enable a food stuff to be identified if a child has a reaction.

These meals can be added to with:

- Breast milk.
- Water or stock from cooked vegetables.
- Cooled boiled water.
- Pasteurised full fat cow's milk (in small amounts).

Parents are asked not to use liquids like gravy, stock cubes and jars or packet sauce in children's foods because of the salt content.

All food must be in containers suitable for refrigeration and clearly labelled with a child's name.

Staff will be led by a child when feeding. Some children might take more than a spoonful in their first spoon feed and others might take a little longer.

Stage 2:

Continuing from Stage 1, parents will be asked to also provide:

- Well cooked eggs.
- Bread, rice and pasta.
- Cheese (pasteurised) and yogurt.
- Porridge and wholegrain breakfast cereals (low sugar and salt).
- Pasteurised cow's milk can be used in small amounts to moisten foods.
- Finger food (from 7 months as these are an important step in learning to chew).

Parents should provide for 3 meals a day (each meal including 2 to 4 tablespoons of food) and 2 to 3 snacks in between main meals.

Parents are discouraged from sending in corn snacks and vegetable puff-type finger food melts in a baby's mouth and so children do not have to chew and learn feeding skills.

Staff are aware that food should be offered before a milk feed and some drinks can be taken from a cup or beaker.

Easily Handled Finger Foods for Children To Enjoy:	
<ul style="list-style-type: none">• Sliced or Shredded Meats• Cooked Vegetables (eg broccoli, carrot, sweet potato, parsnip)• Cooked Pasta Shapes• Peeled Fruit (eg pear, avocado, peaches, melon)• Fingers Of Buttered Toast, French Toast Or Bread Sticks	<ul style="list-style-type: none">• Slices Of Omelette• Cheese Cut Into Strips• Homemade Pancakes• Plain Rice Or Corn Cakes• Potato Bread Or Soda Bread

Gluten:

Gluten can be introduced to a child's diet between Stages 1 and 3.

Examples of GLUTEN are: bread, pasta, crackers and breakfast cereals.

Parents will be advised and staff are aware that one new food at a time should be introduced to a child's diet as this will enable a food stuff to be identified if a child has a reaction.

Stage 3:

Food options include:

- Homemade soup.
- Small wholemeal scone with butter.
- Beans or boiled egg with wholemeal toast.
- Soft cooked vegetable sticks or chopped fruit.

- A rice cake or yogurt.

Parents are requested to provide:

- 3 Meals (4 – 6 tablespoons).
- 2 – snacks / finger food.
- A variety of wholegrain and white bread, pasta and rice.

All food must be in containers suitable for refrigeration and clearly labelled with a child's name.

Staff are aware that at this stage children should be able to manage more than 2 textures in one meal and all drinks (other than breastfeds) is to be taken from a cup or beaker by 12 months.

Staff will be led by the babies and feed to each of their appetites.

Foods to avoid up to 12 months	
Sugar / honey	Processed or cured meats such as sausages, ham or bacon
Undercooked eggs	Liver
Raw shellfish (risk of food poisoning)	Salt, gravies, packets or jars or sauces, packets of soup or meal makers or stock-cubes
Swordfish, shark, marlin or tuna (high in mercury)	Tea or Coffee

Milk and Nut Milks

A child over 12 months should not have more than 600 mls of full fact cow's milk per day. This includes milk that is used on breakfast cereals.

Nuts, Dairy, Eggs:

From 12 months, pasteurised cow's milk can be given as a drink.

Foodstuffs NOT To Be Given To A Child Under 2 Years Old	
Low Fat or Skimmed Milk Tea or Coffee	Fruit Juice Drinks, Fizzy Drinks, Dilutable Squashes Dairy Alternatives (almond, coconut or oat milk)

Note: Plant milks may be recommended for babies with a cow's milk protein allergy for practical use, eg mixing with breakfast cereal. However, plant milks do not provide adequate nutrition for growth and development.

Breakfast, Cereals and Breads

Breakfast gives children they need for a healthy start.

Our Service uses the Children's Pyramid as a guide to breakfasts for children aged 1 year to 4 year olds. Every breakfast contain 3 of any of the following:

- 1 serving of cereal. Breakfast cereals and porridge should be:
 - Fortified with iron (at least 12 mg iron per 100g),]
 - Low in sugar (5g or less per 100g) and salt (0.3g or less per 100g).
- 1 serving of milk, yogurt or cheese.
- A serving of fruit (40g) or half serving (20g) depending on the age of the child.

Occasionally an egg with toast and a choice of fruit may be offered to the child.

Note: Starchy foods are inexpensive and provide energy, fibre, vitamins and minerals.

One serving is:	
 30g dry porridge	 1 -1½ wheat biscuits
 30g flaked cereal	 ½ -1 slice of bread

Milk, Yogurt and Cheese:

Children's breakfasts should contain ONE serving from this group.

Our Service will have milk must be available to service with cereal and combined with porridge oats.

- Full fat milk will be provided to children aged 2 years and under.
- Full fat or low fat milk will be provided to children aged 3 and 4 years.

Note:

- *Milk, yogurt and cheese are a good source of several nutrients including protein, vitamins and most importantly calcium which is important for healthy bone development.*
- *Milk is a good drink option as it is tooth friendly as well as nutritious.*
- *Offer non-dairy soya "milk" if a child is allergic to cow's milk. These should be unsweetened and fortified with calcium. Almond, coconut and rice plan based alternatives to milk are not suitable for young children.*
- *Butter, cream and ice cream are not included in this group; butter and cream are classed as high fat foods and ice cream is classed as a confectionary item.*

One serving is:



200 ml milk – this can be on cereal and as a drink.



1 pot (125g) yogurt.



2 small pots (47g) of plain or natural fromage frais.



2 adult-size thumbs (25g) of hard (Cheddar type) or semi-hard (Edam or Blarney) cheese.

Fruit:

For breakfast, 1 to 2 year old children should be offered a half serving (20g) while 3 to 4 year olds should be offered one service (40g) of a variety of fresh or tinned fruit in its own juice.

Notes:

- *Fruit provides vitamins, minerals and fibre.*
- *The vitamin C in fruit will help children's bodies absorb iron from breakfast cereals.*
- *It is recommended that children eat the following servings of fruit and vegetables per day based on their age:*

2 Services for 1 Year Olds	3 Servings for 2 Year Olds	4 Servings for 3 Year Olds	5 Servings for 4 Year Olds
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- Cutting up fruit into smaller pieces can make it easier to eat for younger children. Berries, grapes and tomatoes should be halved or quartered.
- Whole fruits such as apples, bananas and oranges are a better choice than fruit juice as they are higher in fibre.

One serving is 40g, which is the following:	
 1 plum	 1 kiwi
 1/2 an orange	 1 mandarin
 1/2 an apple	 1/2 of a pear
 5 or 6 berries or grapes cut in halves or quarters.	 1/2 of a banana

Snacks:

Snacks are a very important part of the diet of young children and may be offered 2 to 3 times each day. Younger children will require smaller amounts of food.

In our Service, using the Children's Pyramid as a guide, each snack contains:

- A half to one serving of breads or crackers, depending on the age of the child.
- One serving of milk, yogurt, cheese (once per day where two snacks are being offered). If two snacks are being offered in the day, we chose one sweet (e.g. yogurt and fruit) and one savoury (e.g. vegetable sticks and hummus).
- A half to one serving of vegetables, salad or fruit depending on the child's age.
- A half to one serving of hummus or peanut butter if available, depending on the age of the child.

A drink must be offered either water or milk.

Vegetables, Salad and Fruit:

- When vegetables, salads or fruit are offered as a snack in our Service, we ensure that the snack contains a half serving (20g) to one serving (40g) of fruit.
- A variety of fresh or tinned fruit is offered.
- Fruit and vegetables are chopped into age appropriate sizes.
- Dried fruit is not offered as a snack.






Notes:

- Fruit provides vitamins, minerals and fibre.
- Where tinned fruit is offered, we use fruit tinned in its own juice and no in syrup.
- It is recommended that children eat the following servings of fruit and vegetables per day based in their age:

2 Services for 1 Year Olds	3 Servings for 2 Year Olds	4 Servings for 3 Year Olds	5 Servings for 4 Year Olds
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One serving is:

40g of vegetables, salad or fruit which is equivalent to:

	1 small fruit such as a plum, kiwi or mandarin		3 or 4 cherry tomatoes halved or quartered.
	½ of a medium sized fruit like an orange, an apple, a pear or a banana		3 or 4 vegetable sticks
	5 or 6 berries or grapes halved or quartered.		

Cereals and Breads

When offered as part of a snack each child must be offered a half to one serving depending on their age.

A half serving must be offered to 1 and 2 year olds and one serving to 3 to 4 year olds.

Notes:

- These starchy foods are inexpensive and provide energy, fibre, vitamins and minerals.

- Each child should get 50:50 mixture of wholemeal/wholegrain varieties of cereals, breads, pasta and rice (carbohydrates) throughout the day to ensure that they get the right amount of fibre from foods.



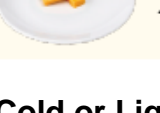
One serving is:	
 ½ -1 slice of bread	 1 plain rice cake
 ½-1 small roll or ½ pitta	 1 unsalted breadstick
 1 to 2 crackers	 ½ small wrap

Meat, Poultry, Fish, Beans, Eggs, Cheese, Nut Butters And Hummus:

When offered as part of a snack provide half a serving to 1 and 2 year olds and one serving for 3 and 4 year olds.

Notes:

- *If available choose 100% nut butters and smooth varieties without added sugar or salt.*
- *Choose options that are low in salt (0.3g salt or less per 100g).*

One serving is:	
 35g hummus	
 1 heaped teaspoon smooth peanut butter	
 2 adult size thumbs (25 g) of hard (Cheddar type) or semi-hard (Edam) cheese.	

Cold or Light Meal

We use the Children's Pyramid in our Service as a guide for cold or light meals.








- A half to one serving of vegetables, salad and fruit depending on the child's age.
- 1 serving of pasta, rice or bread.
- 1 serving of meat, poultry, fish, eggs, beans OR cheese.

Note: Vegetable soup may be offered as an alternative to the vegetable serving.

Vegetables, Salads and Fruit:

- Every cold or light meal in our Service contains half or ONE serving of vegetables, salad or fruit depending on the age of the child.
- We offer a variety of fresh, frozen and tinned vegetables and fruit.
- We do not offer dried fruit as they are not kind to teeth.

2 Services for 1 Year Olds	3 Servings for 2 Year Olds	4 Servings for 3 Year Olds	5 Servings for 4 Year Olds
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One serving is:	
	1 small fruit such as a plum, kiwi or mandarin
	½ of a medium sized fruit like an orange, an apple, a pear or a banana
	5 or 6 berries or grapes (cut in halves or quarters)
	3 or 4 cherry tomatoes (cut into halves or quarters)
	3 or 4 vegetable sticks
	½ cup of cooked vegetables or tinned fruit
	100ml of homemade vegetable soup.

Bread:

Every cold or light meal contains ONE serving from this group.

Notes:

These starchy foods are inexpensive and provide energy, fibre, vitamins and minerals.

We use a combination of white and wholegrain/brown varieties of pasta throughout the day to ensure that children get enough fibre in their diets.

One serving is:	
 ½ to 1 slice of bread	 ½ chapatti
 ½ to 1 small bread roll	 ⅔ cup of pasta or rice.
 ½ to 1 pitta or small wrap	

Meat, poultry, fish, beans, eggs or Cheese:



Every cold or light meal contains ONE serving from this group.

Processed meat or chicken products, fried foods, foods cooked in batter or breadcrumbs or foods containing pastry cannot be provided (e.g. bacon, ham, sausages, chicken nuggets and similar products).

Notes:

Chicken, turkey and fish are good low-fat options.

Eggs and beans are easy to include in different meals and are a good source of protein.

One serving is:	
	30g of cooked red meat (pork, beef or lamb) or poultry
	30g cooked fish
	1 medium egg
	¼ cup baked beans, lentils, peas or chickpeas
	35g hummus
	35g cooked tofu
	2 falafels

Hot Meal:

For children spending a full day at our Service there is a requirement to provide a hot meal. This meal aims to provide regular, nutritious food to children.

Using the Children's Pyramid as a guide, every hot meal should contain:

- ½ to one serving of vegetables or salad.
- 1 serving of potatoes, pasta, rice or bread.
- serving of meat, poultry, fish, eggs, beans OR cheese.

Vegetables, Salad and Fruit

- Every hot meal should contain ½ to 1 serving of vegetables.
- Offer a variety of fresh, frozen, tinned and dried vegetables and fruits.
- Pies, casseroles, stews and other composite main course dishes must contain a minimum of 20g serving of vegetables per portion.
- If dessert is offered this should contain a half (20g) to one serving (40g) of fruit.









Do NOT offer dried fruit as they are not kind to teeth.

Notes:

- *Fruit and vegetables provide vitamins, minerals and fibre.*
- *Offer a variety of different coloured fruit and vegetables to children every day.*
- *Steam or boil vegetables in a small amount of water.*
- *Serve vegetables and fruit in sizes and consistency that are age appropriate.*

- *Spaghetti tinned in tomato sauce or baked beans do not count as a vegetable.*
- *Do not add salt to vegetables when cooking.*

It is recommended that children eat the following servings of fruit and vegetables per day based on their age:

2 Services for 1 Year Olds	3 Servings for 2 Year Olds	4 Servings for 3 Year Olds	5 Servings for 4 Year Olds
One serving is:			
	1 small fruit such as a plum, kiwi or mandarin		3 or 4 cherry tomatoes (cut into halves or quarters)
	½ of a medium sized fruit like an orange, an apple, a pear or a banana		3 or 4 vegetable sticks
	5 or 6 berries or grapes halved or quartered		½ cup of cooked vegetables or tinned fruit
	2 dessertspoons of tinned fruit, in own juice		100ml of homemade vegetable soup

Bread, Potatoes, Pasta And Rice

Every hot meal should contain ONE serving from this group.

Pasta and rice should be offered at least once a week each.

Do not add salt to water when cooking pasta, rice or other starchy foods.

Boil or steam potatoes.

Notes:

Starchy foods are inexpensive and provide energy, fibre, vitamins and minerals.

Use a combination of white and wholegrain/brown varieties of pasta throughout the day to ensure that children get enough fibre in their diets.

One serving is:	
 1/2 cup of cooked pasta	 1/2 to 1 small, cooked potato.
 1/2 cup of cooked noodles	 1/2 cup of cooked rice
 1/2 cup of cooked couscous	 1/2 cup of cooked sweet potato or yam

Meat, Poultry, Fish, Eggs, Beans and Cheese

Every dinner includes ONE serving from this group.

- Fish should be available at least once a week.
- Meals containing red meat must be offered at least 2 to 3 times a week.
- Cheese can be used as the main protein source up to twice a week.

Processed meat or chicken products, fried foods, foods cooked in batter or breadcrumbs or foods containing pastry CANNOT be provided (e.g. bacon, hame, sausages, chicken nuggets and similar products).

Notes:

Lean red meat is a good source of iron.

Chicken, turkey and fish are good low fat options.

Beans, lentils and eggs are good sources of protein and are low in fat.

Lean cuts of meat are best. Remove all visible fat before cooking and cook without added fats or oils.

Oily fish including mackerel, herring, salmon, trout and sardines have omega-3 fats and vitamin D, offer once a week.

One serving is:	
	30g of cooked red meat (pork, beef or lamb) or poultry
	30g cooked fish
	1 medium egg
	35g cooked tofu
	¼ cup baked beans, lentils peas or chickpeas
	2 adult size thumbs (25g) of hard (Cheddar type) or semi-hard (Edam) cheese

Standards That Apply To All Meals In Our Service:

Wholegrain And Wholemeal Grains and Breads: Daily menu plans should ensure that children are getting a 50:50 mix of wholemeal/wholegrain varieties of cereals, breads, pasta and rice throughout the day. This will ensure they get the right amount of fibre from foods.

Oils and Spreads: Only use a very small amount of fats, oils and spreads for example, ¾ (5g) of butter on bread. Oven bake or grill foods instead of frying them.

High Fat, Sugar And Salt Foods And Drinks: The Red Triangle in the Children's Pyramid contains foods and drinks that are high in fat, sugar and salt which are not needed for a healthy diet. Consuming too much food or drink high in fat, sugar or salt is linked to childhood obesity.,

Sweets, chocolate, biscuits, cakes, fizzy drinks or crisps should not be part of a child's daily diet. They should not be available on menus or used as rewards.

Children 5 Years and Older:

Older children have different nutritional needs and serving sizes will need to be adjusted accordingly.

See images below for advice in relation to serving sizes for this group of children:

Meal: Breakfast

Food group: Wholemeal or wholegrain cereals and breads

One serving is:



2 thin slices of wholemeal bread.



1 cup of flaked type breakfast cereal -
bran, crisped rice, toasted flakes of corn.



2 whole wheat cereal biscuits.



1/3 cup porridge oats.

Food group: Vegetables, salad and fruit

One serving is:



2 small fruits such as plums, kiwis,
mandarins.



10 to 12 berries or grapes.



1 medium-sized fruit such as an
apple, orange, pear or banana.






1 small carton or glass of
unsweetened fruit juice
(approximately 150ml).
Limit fruit juice to once a day.

Food group: Milk, yoghurt and cheese

One serving is:	
 1 glass (200ml) milk.	 1 bottle (200ml) yogurt drink (check labels for low-sugar varieties).
 1 carton (125g) yogurt.	 2 adult thumbs (25g) of hard (Cheddar type) or semi-hard (Edam) cheese.

Meal: Snack

Food group: Vegetables, salad and fruit

One serving is:	
 1 medium-sized fruit such as an apple, orange, pear, banana.	 8 carrots or celery sticks.
 2 small fruits such as plums, kiwis, mandarins.	 1 small carton or glass of unsweetened fruit juice (approximately 150ml). Limit fruit juice to once a day.
 10 to 12 berries or grapes.	

Food group: Milk, yogurt and cheese

One serving is:	
 1 glass (200ml) milk.	 1 bottle (200ml) yogurt drink (check labels for low-sugar varieties).
 1 carton (125g) yogurt.	 2 adult thumbs (25g) of hard (Cheddar type) or semi-hard (Edam) cheese.

Meal: Lunch or cold meal

Food group: Vegetables, salad and fruit

One serving is:



1 medium piece of fruit (an apple, banana, orange, pear).



1 bowl of salad.



2 small pieces of fruit (kiwi, plums, mandarin).



1 bowl of homemade vegetable soup.



10 to 12 berries or grapes.

Food group: cereals and breads

One serving is:



2 thin slices wholemeal bread.



1 pitta pocket.



1½ slices wholemeal soda bread.



1 small roll.

Food group: Meat, poultry, fish, egg, beans and nuts

One serving is:



50 to 75g cooked lean beef, lamb, pork, poultry, salmon or tuna.



Three-quarter cup of beans, peas, lentils.



2 eggs (1 egg is sufficient for lunch or cold meal).



40g unsalted nuts or seeds.

Meal: Dinner

Food group: Vegetables, salad and fruit

One serving is:



1 medium piece of fruit (an apple, banana, orange, pear).



1 bowl of salad.



2 small pieces of fruit (kiwi, plums, mandarin).



1 bowl of homemade vegetable soup.



10 to 12 berries or grapes.

Food group: Potatoes, pasta and rice

One serving is:



1 cup of cooked pasta, rice or noodles.



2 medium or 4 small potatoes.

Food group: Milk, yogurt and cheese

One serving is:



1 glass (200ml) milk.



1 carton (125g) yogurt.



2 adult-sized thumbs (25g) of hard (Cheddar type) or semi-hard (Edam) cheese.

Food group: Meat, poultry, fish, egg, beans and nuts

One serving is:



50-75g cooked lean beef, lamb, pork, mince or poultry.



2 eggs.



100g cooked fish.



40g unsalted nuts or seeds.



Three-quarter cup of beans, peas, lentils.

12. OUTDOOR PLAY

Document Title:	Outdoor Play
Unique Reference Number:	012
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Maynooth University Creche, CB
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	7

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

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

Outdoor Area:

The Service's outdoor area is located at the back of the Service and is accessed by the children and staff through doors in the classrooms.

The outdoor area consists of:

- Grass
- Concrete
- Soft surface

Policy and Procedure:

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

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

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

- Staff should ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- The outdoor play area must be checked by a member of staff for safety before any children use the outdoor play area. (Risk Assessment)
- Staff **must engage** with the children during the outdoor play time.
- Curriculum planning should be used outdoors as well as indoors.
- Children should not be allowed interfere with the back gate in the outside area.

Clothing:

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

Sun Safety:

We request that parents/guardians:

- Apply sun cream to their child/children before they attend as in the first instance it is the responsibility of the parent to apply sun cream to their child/children.

- If necessary, put sun cream in the child's bag and request the staff member to apply the sun cream, every effort will be made by the staff member to do this and parents will be required to sign a permission slip.
- Sun cream should be individually labelled with child's name in original bottle and that parents "must" supply it for us to apply if required during day. Sun cream will be stored in a press out of reach and not in children's bags.
- Parents/guardians provide a sunhat for children.

We will ensure that:

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

Adult/Child Ratios:

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

We aim that each child spends a minimum of 30 minutes outdoors every day, weather permitting.

Outdoor Programme:

- We will ensure that children have access to a range of outdoor activities to climb, run, crawl, balance, jump, throw, catch, pour, sort, pretend and access different levels.
- The outdoor programme encourages children to participate in growing vegetables and planting flowers.
- A variety of activities take place outdoors and children can utilise a range of outdoor equipment such as sand and water play, digging area, slides, ride on toys, climbing frame.
- The outdoor play area will be safe and scaled to a child's size.
- The outdoor time will be maximised through an intentional, well-planned approach to arranging the space and using the time.

- The programme will create a positive tone supporting a child's natural curiosity in playing outdoors.
- There will be opportunities for children to encounter and interact with each other.
- Children will be given the freedom to select safe materials to use outdoors to build upon their natural sense of exploration.
- The outdoor space offers choices for children.
- The programme will be child-led where active problem solving will be encouraged.
- Children and staff will interact in a relaxed and natural way.

Interactions:

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

- Talking with children in a variety of ways (conversing, discussing, questioning, modelling and commentating).
- Helping children to find solutions to problems.
- Supporting, encouraging.
- Extending their activities by making extra resources available and providing new ideas.
- Initiating games and activities.
- Joining in games and activities when invited by children.
- Observing, assessing and recording.
- Aware of safety issues.
- Aware of every child's equal right of access to a full outdoor curriculum which is broad, balanced, relevant and differentiated regardless of race, culture, religion, gender or disability.
- Evaluating observations in order to plan appropriate resources and experiences.

Storage:

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

Outdoor Safety:

- The outdoor area and equipment must be well maintained including any equipment in the outdoor area.
- When setting out the equipment each day and during sessions, staff must look out for safety and remove any objects such as cans, bottles etc. which may have been left by others.
- The area should be checked for animal droppings.
- Before children go outside a member of staff must check the back gate is closed.
- The outdoor area must allow for children to be supervised.
- Staff on duty outdoors must always be aware of the safety of the children in their care, be vigilant at all times and never leave the play area for any reason unless another member of staff has taken over responsibility.
- There must be at least two staff on duty in the outside area.
- It is most important for staff to move around the area constantly so that all areas are adequately supervised. Each person should position him/herself in separate areas so that no area is unsupervised.
- At the end of the session the areas should be scanned carefully in case children should be left outside unsupervised.
- Hot drinks should not be taken into the outdoor areas.
- Students helping outdoors must never be left in charge of any area.
- All equipment should be stored away sensibly and carefully, to allow for safe and easy removal next day.
- If a child is injured, they should be taken indoors by a staff member for treatment as quickly as possible. Both the injured child and staff member should remain within sight of another member of staff while treatment takes place. A floating staff member or another member of staff should replace the staff member treating the injured child in the outdoor area so that supervision of the area is interrupted for as short a period of time as possible.

- Details of the accident must be written up as soon as possible in the Accident/Incident book. The child's parent must be informed of the accident and treatment.
- Students/volunteers may not administer first aid.
- Climbing apparatus should only be set out on the safety surface.
- Children's clothing should be monitored carefully e.g., unfastened shoelaces and buckles, scarves and ties on anoraks which are too long can easily cause accidents, particularly on wheeled toys and climbing equipment.
- If it is necessary for staff to put toys away whilst children are still in the play areas, there must always be at least one other staff supervising remaining children in the area.
- Encourage children always to look before they move on the slide, or when jumping off apparatus; also encourage children to leave space between themselves and the child in front.
- When children are climbing on climbing frames, staff must be continually aware of any risks (e.g., objects left underneath).
- All equipment is risk assessed and children and staff know and understand the rules of use.
- Whenever children carry equipment (clearing away or carrying planks, blocks etc.) they should be taught how to do it and staff should be aware of the risks involved and minimise them to ensure safety.

Risk Play:

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

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

Signed: *Mary Coleman*. Date: 30th June 2023

Name:

Person responsible for approving the Policy

13. USE OF INTERNET AND PHOTOGRAPHIC AND RECORDING DEVICES [INCORPORATING MULTI MEDIA]

Document Title:	Use of Internet, Photographic and Recording Devices (incorporating Multimedia)
Unique Reference Number:	013
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	6

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

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

Policy and Procedure:

Computers:

Children do not have access to computers in the Service.

Internet Access:

Children do not have access to the internet.

On-line Communications and Social networking:

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

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

Mobile Technologies:

Mobile phones are not permitted within the classrooms. The taking of photographs on mobile phones is strictly prohibited anywhere in the service. Children may not bring mobile phones, tablets, or similar devices into the Service.

Television/DVD:

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

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

Gaming machines are not used in the service.

Music CDs:

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

content may not be suitable. Music will not be played too loud so that the children's voices may still be heard.

Apps (add name i.e. Little Vista

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

- The tablets are to be used strictly for recording the children's details including
 - Attendance
 - Sleep checks
 - Log daily activities
 - Updates for parents/guardians
 - Share photos with parents/guardians
 - Developmental observations
 - Aistear assessments
- Employees (may not) (may with permission from who??) use the tablet to access the internet or email. TBC***
- Children may not use the tablet.
- Each staff member will have their own log in ID and this ID should not be passed to any other staff member at any time.
- The tablet is to be used for signing in to work and signing out. This will be used for Payroll and for Health and Safety purposes instead of sign in and out sheets.
- Each staff member must sign in for themselves and no other member of staff is permitted at any time to sign another member of staff in or out.
- These conditions must be strictly adhered to at all times and Disciplinary Policy will be invoked for any breaches of this policy.

Camera and Video Devices:

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

- Parental permission will always be sought before photos or videos are taken.
- Only the Service's camera and tablet may be used to take pictures.

- Staff are not allowed to take pictures with phones/tablets or their own personal cameras. (If this is breached disciplinary action may be necessary).
- A photograph will only be taken if the child does not object to having his/her photograph taken.
- Photographs are used to show positive issues (e.g. a piece of work that the child has worked hard on or is pleased with, children playing cooperatively together etc.).
- We are inclusive so that gender, race, special educational needs and differing abilities are reflected in a balanced way.
- There may be cultural issues of which we need to be aware when taking photographs of children from different ethnic minority groups.

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

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

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

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

Parents/guardians Photographing and Videoing Children:

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

Records: The following records will be maintained:

- when a person can have access to a recording and photographic device
- in what circumstances.

- for what purposes.
- who can view, listen, or retain photographs/videos?
- in what circumstances they can do this.
- for what purpose.

Use of Photographs:

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

Photographs – That have images of Children	Purpose:	Who can access these photographs	In what circumstances?
Displays of children's work	A record of ideas and topic references	Staff, Parents, Visitors	In the Service on the Service's Little Vista App
Learning Journals	Observations	Children, Parents, Staff	In the Service and within the child's own care room only.
Examples of children playing	As a part of an individual child's profile	Staff, Parents, Visitors	In the Service on the Service's Little Vista App
Class albums	For children to look at and talk about	Staff, Parents, Visitors	In the Service
Special events and festivals	As a record of the year and for children and parents/guardians to look at and talk about	Staff, Parents, Visitors	In the Service on the Service's Little Vista App
Birthday display	Used as a class resource for talking	Staff, Parents, Visitors	In the service and the child's care room only

	about birthdays, months of the year etc.		
Photos sent in from home	To act as a link between home and the service	Children, Staff, Parents, Visitors	In the service and the child's care room only

Storage of Photos:

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

Social Media:

Photographs are not posted on social media e.g.,.

Disposal of Photographs:

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

- The CD disk will be made unusable.
- The memory card / USB stick erased.
- The computer file deleted.
- Hard/printed copies and any negatives are destroyed.

CCTV:

The Service does not have CCTV. The University in which the Service is based has CCTV. The Data Controller of the Service will liaise with the Data Controller of the University if access is required to CCTV recordings.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

SAFETY

14. CHILD SAFEGUARDING POLICY AND PROCEDURES

Document Title:	Child Safeguarding Policy and Procedures
Unique Reference Number:	014
Document Author:	Maynooth University Creche, Canavan Byrne
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman; Canavan Byrne
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	[State whether emailed, hard copies distributed; all staff required to acknowledge receipt etc]
Method of communication of policies to parents/guardians (full policies via email, hard copy)	[State whether on display, or emailed to parents/guardians, or in Parent Handbook]
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually at least, or as required following any changes or further updates
Number of Pages:	52

- This policy has been communicated to parents/guardians via the method listed above.
- All relevant staff are fully aware of Child Safeguarding requirements and have a clear understanding of their roles and responsibilities in relation to this policy and its procedures.
- All relevant staff have received training on this policy. Please refer to details of staff training and resource links on Pg. 6 of this document.

Statement of Purpose

The purpose of this Service is to provide a full day care facility for children aged 1 year to 5 years and 6 months.

We open 50 weeks per year daily from 8:45 a.m. to 6:15 p.m. Monday to Friday. We have capacity to cater for a total of 57 children, and a maximum number of 57 children at any one time. Our adult-to-child ratios are listed in Table 1.1 on Page of this document. This Service is a community-based facility operated by a Board of Directors. Our Service is located at: North Campus, Maynooth University, Maynooth, Co Kildare

Maynooth University Creche has 6 mandated staff.

Maynooth University Creche provides the following services and activities for the children:

1. Full Day Care
2. ECCE
3. Safe fencing, safe set-down area.

Statement of Intent

Our priority is to ensure the welfare and safety of every child and young person who attends our Service. The safety and welfare of the child is paramount to us. Our guiding principles and procedures to safeguard children and young people reflect national policy and legislation and we will review our guiding principles and Child Safeguarding Procedures every 12 months at least. We understand fully that the safeguarding of children is every adult's responsibility. We are committed to upholding the rights of every child and young person who attends our service, including the right to be kept safe and protected from harm, to be listened to and to be heard. We understand that all children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background. Therefore, we are committed to ensure that all children in Maynooth University Creche are protected and kept safe from harm while they are in our care. Maynooth University Creche is committed to ensuring that all children attending our service will be equally protected from harm regardless of race, ability, ethnicity or sexual orientation. We do this by:

- Making sure that our staff and students are carefully selected, trained and supervised.
- Having procedures readily in place to recognise, respond to and report concerns in relation to children's protection and welfare.
- Making sure all staff are Garda vetted prior to engagement.
- Having clear Codes of Behaviour for management, staff and students in the form of a Handbook.
- Having a procedure to respond to accidents and incidents.
- Giving parents/guardians, children and staff information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is something that they are not happy about. Having a procedure to respond to these complaints.
- Having a clear reporting procedure to be followed should a staff member have a concern about a child in line with the obligations of mandated persons outlined in *Children First (2017)* and *The Children First Act 2015*.
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- Having a system where the policy and safeguarding statement is reviewed annually at least by the Management, or as regularly as is required following any changes or updates.

Policy

Children First: National Guidance for the Protection and Welfare of Children was published by the Department of Child and Youth Affairs in 2017 and *Our Duty to Care* together form the basis of our Service's Child Safeguarding Policy and Procedures:

Children First Publication (2017) available at:

<https://assets.gov.ie/25844/b90aafa55804462f84d05f87f0ca2bf6.pdf>

Our Duty to Care Document available at:

https://www.tusla.ie/uploads/content/our_duty_to_care.pdf

Latest Publication on Child Protection and Welfare from Department of Children and Youth Affairs (2020) available at:

<https://www.gov.ie/en/publication/d839a6-child-protection-and-welfare/>

See also the Child protection and Welfare Practice Handbook available at:

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

- This policy is applicable at all times when children are in the care of the Service.
- For the purpose of this policy, a “child” means anyone who is under 18 years of age who is not or has not been married.
- All staff and persons who work within the Service, must read and understand this Child Safeguarding Policy and Procedures Document, as well as the accompanying Child Safeguarding Statement and it will be part of a new staff member’s induction training. Clarification on any point may be sought from the Designated Liaison Person Marianne Dunne or the Manager Mary Coleman.

Our Statutory Obligations

One of the main objectives of the Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children 2017 is to ensure that our Service keeps children safe from harm while in our care. We will prevent, as far as is practicable and possible, deliberate harm or abuse to the children availing of our services. While it is not possible to remove all risk from our Service, we have put in place Child Safeguarding Policies and Procedures to manage and reduce risk to the greatest possible extent.

The Children First Act and National Guidance Document places specific obligations on us including the requirement to:

- Keep children **safe from harm** while they are using our Service.

- Carry out a **risk assessment** to identify whether a child or young person could be harmed while in our care.
- Develop a **Child Safeguarding Statement** that outlines the policies and procedures which are in place to manage the risks that have been identified. *See Child Safeguarding Statement.*
- Appoint a **Designated Person (and Deputy Person)** to be the first point of contact in respect of our Child Safeguarding Statement. *See APPENDIX 7*

As part of the policy, our Service will:

- Appoint both a Designated Liaison Person (DLP) for dealing with child safeguarding concerns and a Deputy Liaison Person.
- Provide induction training on the Child and Adult Protection Policy to all staff and students and ensure that they understand their obligations as a 'Mandated Person' under the Children First Act 2015.
- Maintain a list of persons in the Service who are Mandated Persons under the Children First Act 2015, *See APPENDIX 8*.
- Ensure that all staff attend child protection and safeguarding training as appropriate.
- Provide supervision and support for staff and students in contact with children.
- Share information about the Child and Adult Protection Policy with families.
- Ensure this policy will be shared with parents/guardians on enrolment to our Service and be available in hard copy on request at our Service.
- Work and co-operate with the relevant statutory agencies as required.

The Designated Liaison Person:

We will always have an appointed Designated Liaison Person and a Deputy Liaison Person in the event of the Designated Liaison Person being unavailable. Both our Designated Liaison Person and our Deputy Liaison Person will undertake the new Children First E-Learning Training Programme developed by TUSLA, HSE and DCEDIY. Their certificates of successful completion will be on display in our Service. We will endeavour to send the Designated Liaison Person(s) and the Deputy Liaison Person on any necessary or new training courses that become available in the future.

We regularly consult with various trusted advisory bodies such as TUSLA, ECI, DCEDIY and/or NYCI around any new training programmes or information booklets that may become available and are of relevance to our staff training and induction on Child Safeguarding,

TUSLA Child Protection and Welfare link:

<https://www.tusla.ie/services/child-protection-welfare/>

Early Childhood Ireland Training link:

<https://www.earlychildhoodireland.ie/work/education-training/>

Department of Children and Youth Affairs link:

<https://www.gov.ie/en/organisation/departments/departments-of-children-and-youth-affairs/>

National Youth Council of Ireland Training on Child Protection link:

<https://www.youth.ie/programmes/child-protection/>

We have appointed a Designated Liaison Person and a Deputy Designated Liaison Person. Their details and contact details are displayed on the Parents/Guardians' board

The Role of the Designated Liaison Persons is to:

- Establish contact with the relevant bodies and/or Duty Social Worker responsible for child safeguarding in the Service's catchment area and ensure that the Service's Child Safeguarding Policy and Procedures are followed where **Criteria for Reporting: Definitions and Thresholds are reached, or Reasonable Grounds for Concern** exist about individual children.
- Be available to all staff, and, in the case of their absence, that a Deputy Liaison Person is available.
- Ensure that they are knowledgeable about Child Safeguarding and that they undertake any training considered necessary to keep updated on new developments.
- Ensure the Child Safeguarding Policy and Procedures of the Service are followed.

- Be responsible, as a Mandated Person, for reporting concerns about the protection and welfare of children to TUSLA – Child and Family Agency or An Garda Síochána.
- Ensure the appropriate information is included in the report to the Child and Family Agency and that the report is submitted in writing (under confidential cover) using the Standard Reporting Form, see APPENDIX 1.
- To liaise with Tusla, the Child and Family Agency, An Garda Síochána and other agencies as appropriate [the Mandated Person who has a concern and makes a report also has a responsibility to liaise with the agencies as required].
- To provide updated information and advice on child protection, safeguarding and training within the Service.
- Keep relevant people within the Service informed of relevant issues, whilst maintaining confidentiality.
- Ensure that an individual case record is maintained to clearly include the actions taken by the Service, the liaison with other agencies and the outcome.
- Maintain a comprehensive log/record of all child safeguarding and welfare concerns within the Service.
- Ensure sufficient information is available at the time of referral and that the referral is confirmed, dated, and in writing under confidential cover.

Mandated Persons

Children First 2017: Chapter 3 and Appendix 2 refers:

‘All childcare staff are ‘Mandated Persons’ under The Children First Act 2015.’

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

Mandated Persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position

to help protect children from harm. Mandated Persons include professionals working with children in early years settings.

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

These are:

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

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

See APPENDIX 8 *List of Mandated Persons in Our Service*.

IMPORTANT NOTE:

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

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

Criteria for Reporting: Definitions and Thresholds

Chapter 3 Page 20 Children First – National Guidance for the Protection and Welfare of Children (2017).

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

1. **NEGLECT:** Neglect is defined as ‘to deprive a child of adequate food, warmth, clothing, hygiene, supervision, safety or medical care’. The threshold of harm, which must be reported to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child’s needs have been neglected, are being neglected, or are at risk of being neglected to the point where **the child’s health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**
2. **EMOTIONAL ABUSE/ILL-TREATMENT:** Ill-treatment is defined as ‘to abandon or cruelly treat the child, or to cause or procure or allow the child to be abandoned or cruelly treated’. Emotional abuse is covered in the definition of ill-treatment used in the Children First Act 2015. The threshold of harm, which must be reported to Tusla under the Children First Act 2015, is reached when it is known, believed or there are reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where **the child’s health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.** Emotional Abuse of children and young people may extend to online misuse, abuse and/or cyber-bullying. The use of electronic or digital means by an individual to deliberately harass, ridicule or emotionally hurt another person is an additional form of abuse that our Service is aware of.
3. **PHYSICAL ABUSE:** Physical abuse is covered in the references to assault in the Children First Act 2015. The threshold of harm, which must be reported to

Tusla under the Children First Act 2015, is reached when it is known, believed or there are reasonable grounds to suspect that a child has been, is being, or is at risk of being assaulted and that as a result **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

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

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

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

Reasonable Grounds for Concern

Chapter 2, Page 06 Children First (2017)

The DLPs or Mandated Persons should always inform Tusla when they have **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected. We understand that if this is neglected or ignored, it

could result in on-going harm to the child. We understand that it is not necessary for us to prove that abuse has occurred to report a concern to Tusla. All that is required of us is that we have ***reasonable grounds for concern***. It is Tusla's role to assess concerns that are reported to it.

Reasonable grounds for a childsafeguarding or welfare concern include:

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

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

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

Recognising Concerns:

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

All staff, volunteers and students should be knowledgeable in definitions of abuse and the signs and symptoms of abuse as outlined in *Children's First* (2017).

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

Disclosures of Abuse from a Child

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

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

Professionals within our setting will deal with disclosures of abuse sensitively and professionally. The following approach is suggested as best practice for dealing with these disclosures.

- React calmly.
- Listen carefully and attentively.
- Take the child seriously and show compassion.
- Reassure the child that they have taken the right action in talking to you and that they are not to blame.
- Do not promise to keep anything secret.
- Ask questions for clarification only. Do not ask leading questions.
- Check back with the child that what you have heard is correct and understood.
- Do not express any opinions about the alleged abuser.
- Ensure that the child understands the procedures that will follow.
- Make an accurate written record of the conversation as soon as possible, in as much detail as possible.

- Treat the information confidentially, subject to the requirements of Children First (2017) and legislation.

On-going Support:

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

Staff should continue to offer support, particularly through:

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

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

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

- In this case, the concern and any informal consultation will be documented and kept confidentially and securely.
- The DLP will inform the member of staff, 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 (**see Mandated Persons and Making a Mandated Report**). The provision of the *Protection for Persons Reporting Child Abuse Act, 1998* will apply.
- Persons reporting suspected child abuse or neglect should not interview the child or the child's parents/guardians in any detail about the alleged abuse. This will instead be carried out by the TUSLA Duty Social Worker or An Garda Síochána.
- If staff and students have any concerns these should be discussed immediately with the Designated Liaison Person.

Making a Mandated Report

Chapter 3, Page 24 Children First (2017)

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

Mandated Persons will:

- Submit a report of a mandated concern to Tusla using the required report form, (see APPENDIX 1) on which they should indicate that they are a Mandated Person and that their report is about a mandated concern.
- Include as much relevant information as possible in the report as this will aid effective and early intervention for the child and may reduce the likelihood of Tusla needing to contact the Mandated Person for further information. The report form and contact details on the Tusla website (www.tusla.ie). See also APPENDICES 1 and 4.
- Post or submit electronically the mandated report form to Tusla.
- Not report the same concern more than once. However, if the Mandated Person becomes aware of any additional information, another separate report should be made to Tusla. In addition, Mandated Persons are not required to make a report where the sole basis for their knowledge, belief or suspicion of harm is as a result of becoming aware that another Mandated Person has made a report to Tusla about the child.

NOTE

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

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

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

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

Informing the Family That a Report is Being Made

Chapter 3, Page 25 Children First (2017)

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

It is not necessary to inform the family that a report is being made if by doing so it is considered that the child will be placed at further risk, or it is considered that the family's knowledge of the report could impair Tusla's ability to carry out a risk assessment. Also, the family do not need to be informed if it is considered that by doing so, staff in the Service may be placed at risk of harm from the family.

Consequences of Non-reporting

Chapter 3, Page 2 Children First (2017)

The Children First Act 2015 does not impose criminal sanctions on Mandated Persons who fail to make a report to Tusla. However, all staff should be aware that there are possible consequences for a failure to report. There are a number of administrative

actions that Tusla could take if, after an investigation, it emerges that Mandated Persons did not make a mandated report and a child was subsequently left at risk or harmed. All Staff/Mandated Persons in our service have been made aware of the consequences in place for any failures to report welfare concerns to TUSLA. They have all been briefed on the Definitions and Thresholds or Reasonable Grounds for Concern. (See APPENDIX 6).

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

NOTE

Failure to report a child safeguarding concern may invoke the Disciplinary Policy of this Service.

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

- A child tells or indicates that he/ she is being abused. This is called a disclosure.
- An admission or indication from alleged abuser.
- A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable.
- Information from someone who witnessed 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 measured duration of time that a child is suffering from physical or emotional neglect.
- An injury or behaviour which is consistent with abuse, but an innocent or unlikely explanation is given.
- Concern about the behaviour or practice of a colleague.

NOTE

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

The Reporting Procedure:

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

1. Mandated staff who have a concern should record in writing what the child has said, including as far as possible, the exact words utilised by the child.
2. The mandated staff must inform the Designated Liaison Person.
3. Details must be recorded by mandated staff on the TUSLA Standard Reporting Form, which is in the filing cabinet in the office which must then be signed by the person making the report. See *Appendix 1: Standard Reporting Form* or <http://www.tusla.ie/services/child-protection-welfare/publications-and-forms>. See **Making a Mandated Report**.
4. Unless it would put the child at further risk to do so, the **Designated Liaison Person or Manager** will make every effort to contact the parents/guardians to discuss the concern made by the child. A written record will be kept of this meeting with the parents/guardians.
5. The Designated Liaison Person will examine the **Criteria for Reporting: Definitions and Thresholds** or determine if **Reasonable Grounds for Concern** are present. ***Remember, Mandated Persons should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the Mandated Person and not with the Designated Liaison Person.***
6. Immediate action must be taken to protect the child in question and indeed any other children who may be considered at 'risk'.

7. A child will never be interviewed regarding the concern by any staff. However, all comments made by the child will be noted and filed as required under confidential cover.
8. Allegations against staff will be dealt with separately and the disciplinary procedure will be followed, as necessary.
9. In cases of emergency, where a child is deemed to be at immediate and serious risk and a Duty Social worker is unavailable, An Garda Síochána should be contacted. **Under no circumstances should a child be left in a dangerous situation pending TUSLA intervention.**
10. The Service will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by TUSLA or An Garda Síochána. Close liaisons will be maintained with these authorities to achieve this.
11. Where there are reasonable grounds a report should be made to TUSLA. **See Making a Mandated Report.** Each area has a social worker on duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone, to persons wishing to report child safeguarding concerns. The Duty Social Worker will assess the information available. *See APPENDIX 4: Contact Details.*
12. Once a report is submitted, the duty social worker may need to speak with the person who had the initial concern.
13. In the event that the Designated Liaison Person makes a decision not to report to TUSLA, full details of the decision must be recorded including the reasons for not reporting plus any action taken. This report should be stored as confidential by the Designated Liaison Person in the child's records and kept by the service in a secure place. ***Remember, a Mandated Person should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the Mandated Person and not with the Designated Liaison Person.***
14. Allegations or concerns should not be investigated by the Designated Liaison Person or a staff member but passed on to TUSLA /Garda to follow through.

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

Chapter 3, Page 23 Children First (2017)

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

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

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

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

Within our setting:

- Confidentiality is of the utmost importance and extends to all areas of our Service. Confidentiality is about treating sensitive information that arises in a trusting relationship and doing so in a manner that is respectful, professional and purposeful.

- It is our policy to keep all personal information about our children, families, and staff private. Confidential and personal information about our children/parents/guardians will only be shared by the Manager and Designated Liaison Person in relation to child safety, in line with this Child Safeguarding Policy. Any breach of confidentiality by any member of staff will lead to disciplinary action. (For further information see our Confidentiality Policy).

Allegations Against Staff:

As the Manager is **not** the Designated Liaison Person, and, as the Manager will deal with the child's family and Tusla, the HR investigation will be escalated to the Board of Directors who may outsource this function externally.

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

Child Safeguarding is about promoting the welfare of children who attend a Child Care service/school. To this end it also encompasses the monitoring of professional practice within an organisation.

An organisation has a legal and moral responsibility to respond to any allegation of abuse either verbal or physical of a child by a member of staff, student or volunteer.

This procedure is in line with the guidance outlined in *Children First (2017)*

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

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

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

- If an allegation is made against an employee or other person working within the Service to another employee or other person, they must inform the Designated Liaison Person (or the Deputy Liaison Person) verbally and simultaneously record what they have been told or what they may have observed. Action taken in reporting an allegation of child abuse against an employee should be based on an opinion formed reasonably and in good faith.
- The details of this concern must be recorded on the Standard Reporting Form, which is in the filing cabinet in the office which must then be signed by the person making the report and they will be reminded of the need for confidentiality in this matter.
- The Manager will inform the member of staff that an allegation has been made against them. The disciplinary procedure for staff will be followed in this instance.

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

- The fact that an allegation has been made against him/her.
- The nature of the allegation.
- The employee should be afforded an opportunity to respond. The Manager should note the response and pass on this information when making a formal report to TUSLA.
- The employee should also be informed of their right to an adjournment of the meeting until such time as they can seek appropriate representation. The action will be guided by the agreed procedures (Disciplinary Procedure), the applicable employment contract and the rules of natural justice. While adhering to the principle of natural justice enshrined within our constitution in relation to the rights of the accused, the vulnerability of the alleged victim must be foremost in our mind, therefore any postponement must be afforded within a reasonable time frame that is 24 hours.

- The parents/guardians of the alleged victim must be informed immediately by the Designated Liaison Person.
- The name or any identifying information of the reporting adult would generally be given to the staff member or worker against whom the allegation has been made by the Manager. There may be exceptional circumstances pending TUSLA advice or consultation, where this may not be the case.
- When an allegation is received it will be assessed promptly and carefully.
- The Manager may then ask the member of staff who the allegation has been made against to leave the premises immediately and they will be suspended on full pay until the matter has been fully investigated.
- However, all allegations may not require a worker to be sent home i.e., allegations of poor practice where increased levels of supervision may be sufficient until the matter is sorted out. Poor practice will be dealt with under the Disciplinary Procedure as necessary.
- At this point in the process it will be necessary to decide whether a formal report should be made to TUSLA – this decision should be based on ***reasonable grounds for concern*** (See APPENDIX 6, page 174)
- If it is felt that there are grounds for concern all matters relating to the allegations, it should be reported to the Duty Social Worker.
- At this point the Disciplinary Procedure will be invoked. This will be a separate process and will be overseen by the Manager or Board of Directors (who may outsource this function), and **not** the Designated Liaison Person.
- Should a staff member, following the investigation, be re-instated with no disciplinary action, this should be taken as evidence that no blame/fault/suspicion attaches to them.
- Where the complaint is not upheld, management should ensure that the reputation and career prospects of the staff member concerned are not adversely affected by reason of the complaint having been brought against him/her. The staff member (who had the allegation made against them) should be offered counselling and any other supports considered necessary to restore his/her confidence and morale.
- The staff member who made the complaint should be reassured that management appreciates that the complaint was made in good faith. If required, management

will ensure that the staff member receives support e.g., external counselling, if requested or warranted.

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

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

Record Keeping:

- The Service will conform to the provisions of the Data Protection Act 1988 -2018 plus any future amendments.
- Under the Child Care Act 1991 (Early Years Services) Regulations 2016, accurate and up to date records in relation to children, staff and service provision must be kept. The Early Years Inspectorate will have access to files for inspection purposes.
- Parents/guardians may have access to the files and records of their own children on request but may not have access to information about any other child.
- Only employees involved with a particular child should have access to confidential files and will be used to inform staff on how best to meet the needs of the child.
- Records are stored in compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Where there are child safeguarding or welfare concerns, observations/records will be kept on an on-going basis and information shared with Tusla as appropriate.
- These will be stored securely.
- Procedures are in place for archiving records.
- All records are managed in line with our Data Protection Policy.
- We aim to ensure that all records are factual and written impartially.

- The Service will only share information with other professionals or agencies, with consent from parents/guardians or without their consent in terms of legal responsibility in relation to a ChildSafeguarding issue.
- Records or reports should not be altered or adjusted; if there are new developments then a new record of this information should be completed and added to the existing relevant file.

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

Code of Behaviour for Staff:

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

- We recognise that children have an equal right to our service provision in line with the *Equal Status Act* and the *National Disability Strategy*.
- Staff should be sensitive to the risks involved in participating in contact sports or other activities.
- While physical contact can be an effective way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned (for example, by invitation to the child).
- Staff should never physically punish, humiliate, isolate, or be in any way verbally abusive to a child, nor should they tell jokes of a sexual or allusive nature in the presence of children.
- Staff should be sensitive to the possibility of developing favouritism or becoming over involved or spending a lot of time with any one child.
- Staff should be sensitive to the possibility of developing inappropriate aversions to any one child as a result of any behaviour challenges the child might pose to staff. Staff are always expected to understand that the child's behaviour is separate to the child and does not characterise or form part of a child's identity.

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

Visitors/Students:

All Visitors to the Service must check in by signing all required information in the Visitor's book

Visitors - including inspectors, work experience students etc. should never be left alone with the children. If they are going to address the children, it is incumbent upon the Management to check their credentials and to ensure that the content of the address is appropriate.

All Visitors [Including Inspectors, Contractors] should be equipped with Identification and will be asked to produce proof of identity before entering the Service.

All students will be carefully supervised and monitored by the Manager. Secondary school pupils who come to the service for 'work experience' will also be carefully supervised and monitored and must not be left alone with the children at any time.

We are committed to:

- Valuing and respecting all children as individuals.
- Listening actively to children.
- Involving children in decision making as appropriate.
- Encouraging children to express themselves.
- Working in partnership with parents/guardians.

- Promoting Positive Behaviour.
- Valuing and celebrating diversity and difference.
- Implementing and adhering to all relevant policies to keep children safe.

Working in a safe environment – Protection of Adults and Children

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

- Follow toileting and nappy changing procedures (*For further information see Nappy Changing and Toileting Policies*).
- Are listened to and any concerns expressed about unacceptable practice or behaviour of colleagues are promptly followed up by management.
- Are supported when dealing with challenging behaviour of children and staff understand and follow positive behaviour management strategies.

(*For further information see Managing Behaviour Policy*).

Staff Ratios:

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

TABLE 1:

SERVICE:	AGE:	ADULT/CHILD RATIO:
FULL DAY CARE	1 – 2 Years 2 – 3 Years 3 – 6 Years	1:5 1:6 1:8
ECCE	Ratio will return to Full day care ratios when ECCE session is over	1: 11

A child attending on a full day care basis avails of an ECCE scheme once a day only.
--

At least 2 adults are on the premises at all times.

Note:

If mixed age groupings are accommodated in the same room, the ratio is applied in line with the youngest child's age and the type of service being availed of.

The Code of Behaviour is given to all staff and students at induction and it is expected that all staff and students are familiar with the code and they will raise any questions arising with the Manager.

All employees have a duty to adhere to the Code of Behaviour and to bring breaches of the code to the attention of the Manager. Breaches of the Code of Behaviour are dealt with through the disciplinary procedure.

Recruitment and Selection Procedure:

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

All applicants should be made aware and reminded throughout the recruitment period that their application and the follow up process of recruitment will be dealt with in the strictest of confidence. The information supplied by the applicant and any other information supplied on their behalf should only be seen by persons directly involved in the recruitment procedure.

Applicants will receive a clear job description and relevant information on the Service. Additional information, including a copy of the Service's Child Safeguarding Policy and Procedures should also be supplied to each applicant.

(For further information see our Recruitment Policy)

Personnel File:

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

- Proof of identity and that the person is over 18 years of age.
- Proof of satisfactory Garda Vetting and/or International Police Clearance.
- Two validated written references from reputable sources, including a reference from the most recent place of employment.
- Verification of qualifications.
- Investigation of any gaps of employment.

Induction:

- As part of the induction process, all new management, staff and students will be briefed on all the elements of the Child Safeguarding Policy and Procedure document, including the ethos of the Service, child centred practice and the Code of Behaviour, within the first week of employment.
- All management, staff and students will be required to commit to and abide by the Child Safeguarding Policy and Procedure Document. They are required to confirm that they have read and understand the Child Safeguarding Policy and Procedure Document with their signature and a record will be kept on file.
- The Code of Behaviour is given to all management staff, students and volunteers at induction and it is expected that all staff and students are familiar with the code and they will raise any questions arising with the Manager.

Staff Supervision and Support:

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

Garda Vetting:

In accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 we will ensure that all staff members are Garda vetted, and have a valid International Police Clearance Certificate where necessary (where a prospective staff member has resided in countries outside of Ireland or Northern Ireland for more than 6 consecutive months or more).

Our policy is that the Garda vetting process will be fully completed **prior to starting work at the service for employees** working directly with children. Repeat Garda vetting may be completed at any time during a contract of employment and will be completed at three-year intervals and records will be held for 5 years.

(See the Garda Vetting Policy for further information).

Partnership with Parents/Guardians:

The Service recognises the importance of working with parents/guardians. It has an “open door” policy where families are always welcome but where the needs of all of the children in our care are always the first priority. In light of COVID and current required safety measures, we ask that appointments are kindly made ahead of the proposed visit date to management. This is to ensure that appropriate safety measures can be put in place to accommodate meetings. Parents/guardians will be made feel welcome and regular exchange of information with parents/guardians and staff will enable a two-way process of support on a continuous basis insofar as is possible and practical.

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

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

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

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

Complaints:

- Our children/staff/parents/guardians have the right to voice their opinions and concerns. It is our policy to welcome all suggestions, comments and complaints in relation to our Service. Any comments or suggestions can be made to any member of staff. We will give careful attention and prompt and courteous response to any suggestions, comments or complaints.

(For further information see our Complaints Policy).

- If a complaint involves a child safeguarding concern, the reporting procedure will be followed in line with this Safeguarding Policy.

Accidents and Incidents:

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

It is our policy to promote the health, wellbeing and personal safety of all our children and staff through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow TUSLA guidelines, accidents can occur.

(For further information see our Accidents and Incidents Policy)

Social Media, Social Networking and Blogging:

- Personal blogs should have clear disclaimers that the views expressed by the author in the blog is the author's alone and do not represent the views of the Service. Blogs should be clear and written in first person. It should be made clear that the writer is speaking for themselves and not on behalf of the Service.

- Information published on blog(s) should comply with our confidentiality policy. This also applies to comments posted on other blogs, forums, and social networking sites.
- Staff are expected to remain respectful to the Service, management, other employees, customers, partners, and competitors at all times while using Social Media.
- Staff may not use social networking sites to befriend parents/guardians whose children attend the Service or to exchange any information about the Service or children attending the Service.
- Social media activities should not interfere with work commitments; Staff are not permitted to be active on social media during their rostered hours of work, excluding during their scheduled breaks times.

(Refer to Internet and Email Usage Policy.)

- A staff member must not publish any information regarding any child, family or colleague.
- Staff are expected to Respect copyright laws, and to reference or cite sources carefully and appropriately. Plagiarism applies online as well.
- Service logos and trademarks may not be used.

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

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

Any breach of this policy may invoke the disciplinary policy.

This Child Safeguarding Policy may be updated from time to time, or as regularly as deemed necessary either from within or in line with legislation.

CHILD SAFEGUARDING POLICY APPENDICES:

APPENDIX 1: STANDARD REPORTING FORM

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

APPENDIX 3: THE U.N. CONVENTION ON THE RIGHTS OF THE CHILD (1989)

APPENDIX 4: DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION


APPENDIX 5: MANDATED PERSONS RESPONSIBILITIES

APPENDIX 6: REASONABLE GROUNDS FOR CONCERN

APPENDIX 7: REPORTING PROCEDURES

APPENDIX 8: LIST OF MANDATED PERSONS IN OUR SERVICE

APPENDIX 1: STANDARD REPORTING FORM



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Child Protection and Welfare Report Form

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

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

1. Tusla Area (this is where the child resides)*

2. Date of Report*

3. Details of Child

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

4. Details of Concerns*

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

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

5. Type of Concern

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

6. Details of Reporter

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



Child Protection and Welfare Report Form

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

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

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

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

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

8. Parents Aware of Report

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

9. Relationships

Details of Mother			
First Name		Surname	
Address		Mobile No.	
		Telephone No.	
		Email Address	
Eircode			

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



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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

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

11. Details of Person(s) Allegedly Causing Harm

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

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

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

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



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

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

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

Please ensure you have indicated if this is a mandated report in section 6.

Thank you for completing the report form.

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

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

Report Received by			
First Name		Surname	
Date			

Mandated Report Acknowledgement by



Child Protection and Welfare Report Form

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

First Name		Surname		Date Sent	
Authorised Person Signature*					
Date*					
Child Previously Known	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Allocated Case No					

APPENDIX 2:

TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED

Chapter 2, Page 07 Children First (2017)

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

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

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

Neglect

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. On-going chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences. Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors.

These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence and parental mental illness and disability. A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where signs of neglect are observed consistently over a short duration of time of seeing the child, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

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

Emotional abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carers and child are not considered emotional abuse.

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

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

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

There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour.

It should be noted that no one single indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

Physical abuse

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

Physical abuse can include the following:

- Physical punishment.
- Beating, slapping, hitting or kicking.
- Pushing, shaking or throwing.
- Pinching, biting, choking or hair-pulling.
- Use of excessive force in handling.
- Deliberate poisoning.
- Suffocation.
- Fabricated/induced illness.
- Female genital mutilation.

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

Sexual abuse

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

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child.
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation.
- Sexual intercourse with a child, whether oral, vaginal or anal.
- Sexual exploitation of a child, which includes:
 - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means].
 - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act.
 - Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse.

- Exposing a child to inappropriate or abusive material through information and communication technology.
- The taking of any unauthorised photography of a child that is explicit or revealing in any way for the purpose of use on an unauthorised platform (such as any website).
- Consensual sexual activity involving an adult and an underage person.

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

APPENDIX 3: THE U.N. CONVENTION ON THE RIGHTS OF THE CHILD (1989)

The Convention stipulates the following general principles:

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

The Convention stipulates the following substantive provisions:

Civil Rights and Freedom:

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

Family Environment and Parental Guidance:

- States must respect the responsibilities of parents/guardians and extended family members to provide guidance for children.
- The Convention gives parents/guardians a joint and primary responsibility for raising their children.
- Children should not be separated from their parents/guardians unless this is deemed to be in the child's best interests.

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

Basic Health and Welfare of Children:

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

Education, Leisure and Recreation:

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

SPECIAL PROTECTION MEASURES:

(a) Situations of armed conflict:

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

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

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

(c) In situations of exploitation:

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

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

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

APPENDIX 4: DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION

Child Protection Social Work Services:

Child and Family Agency, Social Work Department, St. Marys, Craddockstown Road, Naas, Co. Kildare, 045 882400

Details may also be found at this link

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

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

Local Garda Station:

Maynooth Garda Station, 01 6291444

Details may also be found at this link

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

APPENDIX 5: MANDATED PERSONS RESPONSIBILITIES

(Children First Act 2015)

Section 14(1) of the Children First Act 2015 states:

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

(a) has been harmed,

(b) is being harmed, or

(c) is at risk of being harmed,

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

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

‘Where a child believes that he or she–

(a) has been harmed,

(b) is being harmed, or

(c) is at risk of being harmed,

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

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

‘harm means in relation to a child–

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

(b) sexual abuse of the child.’

APPENDIX 6: REASONABLE GROUNDS CONCERN

Chapter 2, Page 06 Children First (2017)

Tusla should always be informed when there are **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected. If what may be symptoms of abuse are ignored, it could result on-going harm to the child. It is not necessary to prove that abuse has occurred to report a concern to Tusla. All that is required is that there are **reasonable grounds for concern**. It is Tusla's role to assess concerns that are reported to it. If a concern is reported, the person reporting such concern can be assured that information will be carefully considered with any other information available and a childSafeguarding assessment will be carried out where sufficient risk is identified.

Reasonable grounds for a child safeguarding or welfare concern include:

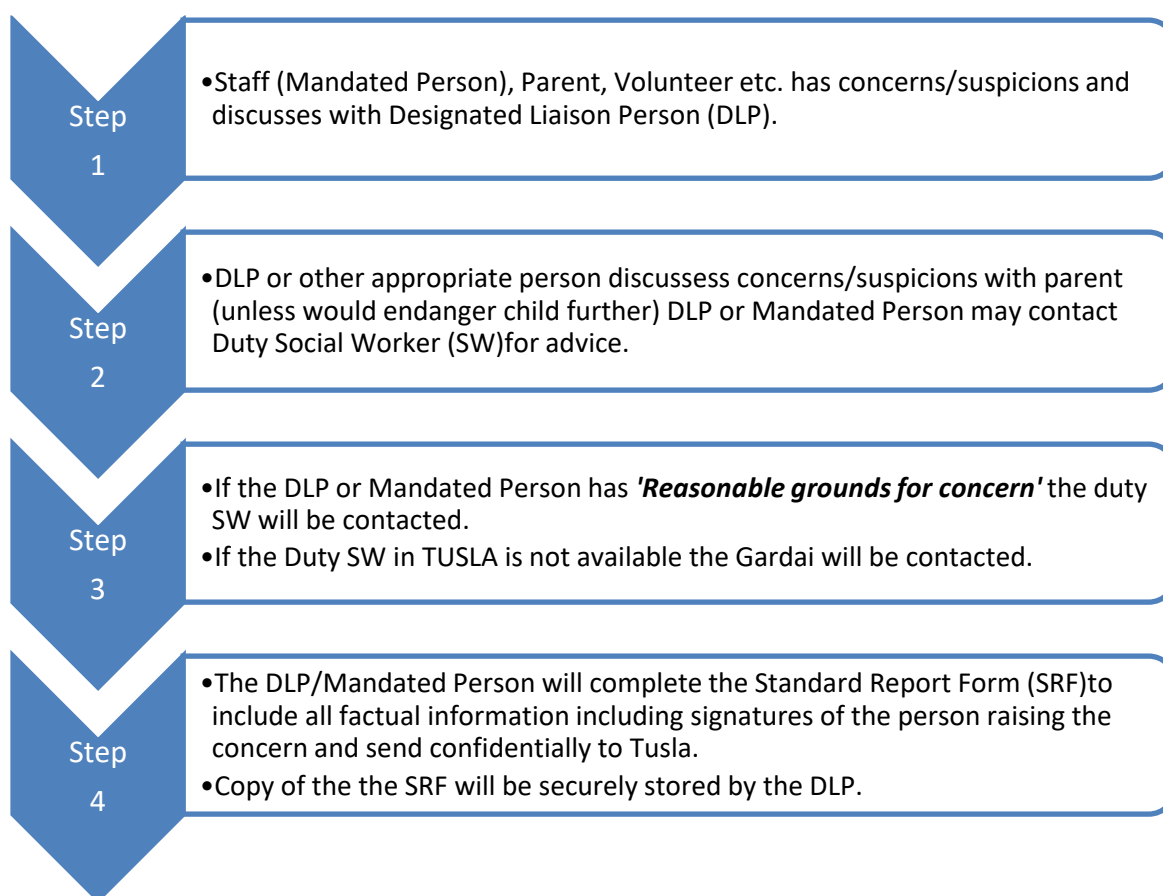
- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way.
- Any concern about possible sexual abuse.
- Consistent signs that a child is suffering from emotional or physical neglect.
- A child saying or indicating by other means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

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

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

If it is thought that a child is in immediate danger and Tusla cannot be contacted, the Gardaí should be contacted without delay.

APPENDIX 7: Child Safeguarding Reporting Procedure Steps 1 – 4



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

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

Designated Liaison Persons	Duty Social Worker	Local Garda
Marianne Dunne Mary Kelly 01 7083319	Child and Family Agency, Social Work Department, St. Marys, Craddockstown Road, Naas, Co. Kildare, 045 882400	Maynooth Garda Station, 01 6291444

APPENDIX 8: LIST OF MANDATED PERSONS IN OUR SERVICE

Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm.

Ancillary Staff – do not have direct access to children – i.e., administration, chefs, cleaners etc.

NAME	POSITION	QUALIFICATIONS
Mary Coleman	Crèche Manager	Fetac Level 6
Deborah Lawlor	Assistant Manager	Fetac Level 6
Karen Tracey	Room Leader	Fetac Level 6
Renata Fraczek	Floater	Fetac Level 6
Fanny Gendreau-Kelly	Room Leader	Fetac Level 6
Christina Cai	Relief Staff	Fetac Level 5

Ancillary Staff		
NAME	POSITION	QUALIFICATIONS

Signed: _____ Date: _____

Name:

Person responsible for approving the Policy

15. CHILD SAFEGUARDING STATEMENT

Document Title:	Child Safeguarding Statement
Document Author and Relevant Person under Children First Act 2015:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	13

1. Type of Service

Maynooth University Creche is a Full Day Care Service in accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 and registered with Tusla under Certificate No. TU2015KE058.

This Service is a community-based facility operated by a Board of Directors and managed by Mary Coleman.

KEY INFORMATION

Opening Hours:	8:45 a.m. to 6:15 p.m.
No of Weeks per year opened:	50
Capacity:	57
No. of children currently attending the service	19
Age Range:	1 year to 5 years and 6 months

Ratios:	1 – 2 Years 1:5 2 – 3 Years 1:6 3 – 6 Years 1:8 ECCE 1:11
Curriculum	Play based
Address:	North Campus, Maynooth University, Maynooth, Co Kildare
Phone Number:	01 7083319
Email:	creche.care@mu.ie

Key Personnel: In-House

Manager (Person in charge):	Mary Coleman
Deputy in the absence of Manager:	Deborah Lawlor
Health and Safety Officer:	Mary Coleman
Fire Officer:	Karen Tracey
First Aid Co-ordinator:	Mary Coleman
Designated Liaison Officer:	Marianne Dunne
Deputy Designated Liaison Officer:	Mary Kelly
Data Controller:	Mary Coleman

Key Personnel: External

TUSLA Early Years Inspection Team:	Poplar House, Poplar Square, Naas, Co Kildare, 045 907841
TUSLA Social Work Department:	Child and Family Agency, Social Work Department, St. Marys, Craddockstown Road, Naas, Co. Kildare, 045 882400
Garda:	Maynooth Garda Station, 01 6291444
Doctor:	Dr Gaffney, 01 6291169
Pharmacist:	McCormack's Pharmacy, 01 686274

Hospital:	Our Lady's, Crumlin, 01 4096100 Tallaght Hospital, 01 4142000
Fire Brigade:	999 / 112
Fire Maintenance:	Insert
Pest Control:	Ecolab, 046 9050854
Garda Vetting:	Maynooth University, 01 7086000
Water Leaks:	1850 278778
Electricity Emergency:	1850 372999 (24-hours)
Gas Emergency:	1850 205050 (24-hours)

1. Principles

Our priority is to ensure the welfare and safety of every child and young person who attends our Service. The safety and welfare of the child is paramount to us. Our guiding principles and procedures to safeguard children and young people reflect national policy and legislation and we will review our guiding principles and Child Safeguarding Procedures every 12 months at least. We understand fully that the safeguarding of children is every adult's responsibility. We are committed to upholding the rights of every child and young person who attends our Service, including the right to be kept safe and protected from harm, to be listened to and to be heard. We understand that all children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background. Therefore, we are committed to ensure that all children in Maynooth University Creche are protected and kept safe from harm while they are in our care. Maynooth University Creche is committed to ensuring that all children attending our Service will be equally protected from harm regardless of race, ability, ethnicity or sexual orientation. We do this by:

- Making sure that our staff and students are carefully selected, trained and supervised.
- Having procedures readily in place to recognise, respond to and report concerns in relation to children's protection and welfare.
- Making sure all staff are Garda vetted prior to engagement.

- Having clear Codes of Behaviour for management, staff and students in the form of a Handbook.
- Having a procedure to respond to accidents and incidents.
- Giving parents/guardians, children and staff information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is something that they are not happy about. Having a procedure to respond to these complaints.
- Having a clear reporting procedure to be followed should a staff member have a concern about a child in line with the obligations of mandated persons outlined in *Children First (2017) and The Children First Act 2015*.
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- Having a system where the policy and safeguarding statement is reviewed annually at least by the Management, or as regularly as is required following any changes or updates.

Risk Assessment

All potential risks have a relevant procedure to manage the risks as outlined below

RISK IDENTIFIED	PROCEDURES IN PLACE TO MANAGE RISK	RESPONSIBILITY
1.Risk of harm setting (as defined in the Children First Act 2015) of a child by a member of staff/volunteer/peer <i>Examples of risk include, but are not limited to: Repeated acts of bullying (i.e., verbal or psychological) in the form of taunting,</i>	Procedures in place: Anti-bullying Policy Internet, Photography and Recording Devices Policy. Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities. No use of mobile phones permitted by staff inside care rooms Staff Training in Child Safeguarding	Management, Staff, DLPs

<p><i>criticising, slagging, humiliating, excluding etc.</i></p> <p><i>Children using social media platforms to post derogatory or harmful threats or comments, or unauthorised photographs of other children. Unwanted texts or calls to a child's personal device.</i></p>	<p>Supervision of Children Policy (awareness of any area blind-spots and enhanced supervision of these).</p> <p>Discipline and Complaints Procedure.</p> <p>No Child or Phones/Devices Policy</p>	
<p>2. Risk of harm(as defined in the Children First Act 2015) of sexual abuse or abuse of a child within the setting by a member of staff/student or peer/visitor/cont ractor</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Children placed at risk due to inadequate supervision.</i></p> <p><i>Children being harmed because of staff not reporting appropriate concerns.</i></p> <p><i>Children being harmed by inappropriate actions or interactions by staff. –</i></p> <p><i>An incident of sexual abuse by a staff member/ student/volunteer, for example, during nappy changing or intimate care routines.</i></p>	<p>Procedures in place:</p> <p>Vetting in place to include Garda vetting, police checks, validated references.</p> <p>Supervision of Children Policy (awareness of any area blind-spots and enhanced supervision of these).</p> <p>Child Safeguarding Statement and Policy.</p> <p>No unsupervised access by unauthorised personnel. Staff are trained to recognise signs and aware of mandated requirement to report.</p> <p>Staff trained in Child Safeguarding (Children First) and aware of types and signs.</p> <p>DLPs appointed.</p> <p>Student/Volunteers or unqualified staff not permitted to carry out Nappy Changing or Toileting Assistance.</p> <p>Parents/Guardians/Siblings not permitted into Toilet or Nappy Changing Facilities.</p> <p>Mandated persons named and listed.</p> <p>Visitors or persons unknown to staff will not have unsupervised access and visiting times will, if possible, be arranged by appointment only and when children are not present.</p>	<p>Management, Staff, DLPs</p>

<p>3. Risk of harm (as defined by the Children First Act 2015) or physical / psychological/ emotional harm of a child by a member of staff/volunteer/Contractor</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Rough handling of children by staff in a way that causes harm to a child.</i></p> <p><i>Staff/volunteers shouting at or chastising children to the extent that it causes harm to a child.</i></p>	<p>Procedures in place:</p> <p>Vetting in place to include Garda vetting, police checks, validated references.</p> <p>No unsupervised access by unauthorised personnel. Staff are trained to recognise signs and aware of mandated requirement to report.</p> <p>Staff trained in child safeguarding (Children First).</p> <p>DLPs appointed.</p> <p>Supervision of Children Policy (awareness of any area blind-spots and enhanced supervision of these).</p> <p>Child Safeguarding Policy.</p> <p>Managing Behaviour Policy in place.</p> <p>Positive Reinforcement Skills and Strategies only used.</p> <p>Staff trained in evidence-based behaviour management strategies.</p> <p>Staff Supports available for managing specifically challenging behaviours.</p> <p>Mandated persons named and listed.</p> <p>Disciplinary Procedure.</p> <p>Visitors or persons unknown to staff will not have unsupervised access and visiting times will, if possible, be by appointment only and arranged when children are not present (out-of-hours).</p>	<p>Management, Staff, DLPs</p>
<p>4.Risk of harm (as defined by the Children First Act 2015) of a child from an unauthorised Visitor/Contractor</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Children placed at risk due to inadequate supervision</i></p>	<p>Supervision of Children Procedure/Policy (no unsupervised access to children by visitors or contractors).</p> <p>Visitor Signing in Procedure/Policy .</p> <p>Child Safeguarding Policy.</p> <p>No unsupervised access by unauthorised personnel.</p> <p>Visitors or persons unknown to staff will not have unsupervised access and visiting times will, if possible, be arranged by appointment only and when children are not present.</p>	<p>Management, staff, DLPs</p>

<p><i>Risk of children absconding from services due to procedures for entering and exiting buildings not being adhered to, such as doors being closed etc.</i></p> <p><i>Risk of physical, sexual or emotional abuse to children from visitors</i></p>		
<p>5. Lost child</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Risk of children absconding from services due to procedures for entering and exiting buildings not being adhered to, such as doors being closed etc.</i></p> <p><i>Risk of physical, sexual or emotional abuse to children from strangers</i></p> <p><i>Children placed at risk of harm due to inadequate supervision</i></p>	<p>Procedures in place</p> <p>Missing Child Policy in place and followed.</p> <p>Outings Policy in place and followed.</p> <p>Fully secured Entrance and Exit points.</p> <p>Risk Assessments and Safety Audits carried out.</p> <p>Critical Incident Plan in place.</p> <p>DLPs appointed. Only authorised Persons allowed access to the service.</p>	<p>Management, Staff, DLPs</p>
<p>6.Accidents Caused by Neglect</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Child tripping or falling due to unnoticed hazards.</i></p> <p><i>Accidentally ingestion of a hazardous substance due to poor storage and accessibility.</i></p> <p><i>Choking as a result of being left</i></p>	<p>Procedures in place</p> <p>Safety Policy and Statement in place and followed.</p> <p>Daily Risk Assessments (Manager's Morning Check and Care Room Risk Assessments) carried out.</p> <p>Monthly and annual Safety Audits carried out.</p> <p>Risk Assessments carried out following an accident and corrective action taken.</p> <p>Close Supervision during all mealtimes (and awareness of any area blind-spots and enhanced supervision of these).</p>	<p>Management, Staff, DLPs</p>

<i>unattended while eating.</i>	<p>Accident and Incident Policy in place and followed.</p> <p>Correct storage procedures for all potentially hazardous substances (cleaning and medications).</p>	
<p>7.Medical Neglect</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Accidentally ingestion of a hazardous substance due to poor storage and accessibility.</i></p> <p><i>Failure to administer required medication to a child.</i></p> <p><i>Failure to follow care plans for a child.</i></p>	<p>Procedures in place</p> <p>Medicines Policy in place and followed.</p> <p>Parental Consent Forms signed.</p> <p>Individual Child Care/Emergency Plans are in place and followed.</p> <p>Inaccessible safe storage and labelling of Medicines in place.</p>	Management, staff, DLPs
<p>8.Child not collected/ Unauthorised collection and Access Rights or Persons unfit to collect</p> <p><i>Risk of physical, sexual or emotional abuse to children from strangers or unauthorised care persons.</i></p> <p><i>Children placed at risk of harm due to inadequate supervision or care capabilities of unauthorised persons.</i></p>	<p>Procedures in place</p> <p>Collections Policy in place and followed.</p> <p>Authorised/Emergency Collectors available.</p> <p>Parental Agreements & Permissions in place.</p> <p>Photo Identification Requests in place for emergency collectors.</p> <p>Child Registration Form fully completed with emergency contacts and authorisations listed. Amendments made to Authorised Collection List as necessary.</p> <p>Children are not released to unauthorised persons.</p> <p>Where there is a dispute between parents, we will seek legal clarification regarding access and may require copies of a court order (Request in Child Reg Form).</p> <p>If we have never met a parent and a parent is not listed on the registration form, we may seek clarification of identity from parent/guardian before engaging with the collector, and subsequently photographic identification once clarity is sought.</p>	Management, staff, DLPs

	Children will not be released to parents/guardians who are in an unfit state. Alternative Authorised person will be contacted, or Gardaí will be phoned.	
<p>9. Unvetted Staff or students that may lead to children being harmed (including not recognising or reporting signs of abuse)</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Children placed at risk due to inadequate supervision</i></p> <p><i>Children being harmed as a result of staff not reporting appropriate concerns</i></p> <p><i>Children being harmed by inappropriate actions or interactions by staff</i></p>	<p>Procedures in place</p> <p>Recruitment and Selection Policy in place.</p> <p>Garda Vetting Policy in place (Process to Fully completed before commencement of work). No unsupervised access to children by unvetted persons (or vetted students/visitors/contractors)</p> <p>Relevant validated References available for all staff.</p> <p>Child Safeguarding Policy in place.</p> <p>Risk Assessment of Disclosures on Garda Vetting forms completed if required.</p>	Management, Staff, DLPs
<p>10. Risk of abuse by staff / volunteers/visitors not knowing correct procedures (such as not recognising or reporting signs of abuse)</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Children placed at risk due to inadequate supervision</i></p> <p><i>Children being harmed as a result of</i></p>	<p>Staff Training Procedure/Policy.</p> <p>Staff Supervision Procedure/Policy.</p> <p>Reporting Procedure/Policy.</p> <p>Child Safeguarding Procedure/Policy .</p> <p>Allegations of Abuse against Staff/Students/Volunteers Procedure/Policy.</p> <p>Complaints Procedure/Policy.</p> <p>Code of Behaviour for staff and volunteers Procedures/Policy.</p> <p>Procedure/Policy on Managing Behaviour</p> <p>No unsupervised access to children by students, volunteers, visitors or any unvetted personnel.</p>	Management, Staff, DLPs

<p><i>staff not reporting appropriate concerns</i></p> <p><i>Children being harmed by inappropriate actions or interactions by staff</i></p>		
<p>11.Poor behaviour strategies where the dignity of the child is undermined</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Rough handling of children by staff in a way that causes harm to a child.</i></p> <p><i>Staff/volunteers shouting at or chastising children to the extent that it causes harm to a child.</i></p> <p><i>Exemption, humiliation or isolation methods used to behaviour manage.</i></p>	<p>Procedures in place</p> <p>Managing Behaviour Policy in place and followed.</p> <p>Positive Reinforcement Skills and Strategies only used.</p> <p>No Corporal punishment.</p> <p>No isolation or exemption used.</p> <p>Disciplinary procedures.</p> <p>Professional assistance and support sought for very challenging behaviour .</p> <p>Staff trained in evidence-based behaviour management strategies, example, Incredible Years.</p> <p>Management support provided to staff in relation to very challenging behaviour .</p>	<p>Management, staff, DLPs</p>
<p>12.Risk of harm (as defined by the Children First Act 2015) or abuse of a child when on outings by Staff Member/Student / Peer</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Children placed at risk of harm due to inadequate supervision on outings</i></p> <p><i>A child going missing, or is</i></p>	<p>Procedures in place</p> <p>Outings policy in place.</p> <p>Service does not go on outings:</p>	<p>Management, Staff, DLP</p>

<p><i>unaccounted for, for any period of time</i></p>		
<p>13. Risk of harm (as defined in the Children First Act 2015) of a child through social media/internet use</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Accidental exposure to children of inappropriate online material (violence/pornography)</i></p> <p><i>Unauthorised sharing of images and information about a child.</i></p> <p><i>Poor management of images or recordings of children, including those shared publicly or on social media.</i></p>	<p>Procedures in place:</p> <p>Internet and Photographic and Recording Devices Policy.</p> <p>No use of mobile phones permitted by staff or School-aged children inside classrooms (safe storage is provided).</p> <p>Supervision of Children Policy.</p> <p>Staff Training in Online Safety.</p> <p>Parental Consent Forms completed.</p> <p>No images of children published externally or on social media without parent/guardian consent. Identities protected.</p> <p>Images only published on social media with parental consent</p> <p>No phones policy.</p> <p>Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities.</p>	<p>Management, staff, DLPs</p>
<p>14. Risk of harm (as defined by the Children First Act 2015) of a child from unauthorised Photography in the setting</p> <p><i>Examples of risk include, but are not limited to:</i></p> <p><i>Unauthorised distribution of a photo of a child on social media or other platforms.</i></p> <p><i>Poor management of images or recordings of children, including those shared publicly or on social media</i></p>	<p>Procedures:</p> <p>No use of mobile phones permitted by staff or School-aged children inside classrooms (safe storage is provided).</p> <p>Internet and Photographic and Recording Devices Policy.</p> <p>Staff Training in Online Safety.</p> <p>No phones policy.</p> <p>Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities.</p> <p>Social Media Procedure/Policy</p> <p>Retention of Records Procedure/Policy</p>	<p>Management, staff, DLPs</p>

Responsibility

The Manager is fully responsible for ensuring the above risks are managed.

Procedures

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

- Procedures to manage any risk identified.
- Procedure for reporting harm or abuse or allegations of these to Tusla by the as provider Maynooth University Creche or member of staff (whether mandated or not).
- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child while attending our service.
- Procedure for selection or recruitment of any person as a member of staff of the provider with regards to that person's suitability to work with children.
- Procedure for the provision of information and, where necessary, instruction and training to members of staff in relation to the occurrence of harm.
- Procedure for maintain a list of mandated people.
- Procedure for the appointment of a relevant person for the purposes of this statement who is the Manager, Mary Coleman.

This Safeguarding Statement will be displayed Prominently.

Implementation

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

This Child Safeguarding Statement will be reviewed on _____ or as soon as practicable after there has been a material change in any matter to which the statement refers.

Signed:(Provider) Date.....

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

Relevant Person under the Children First Act 2015

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

For further information on this Statement please contact the named **Relevant Person:**

RELEVANT PERSON NAME: MARY COLEMAN, MANAGER

CONTACT:01 7083319EMAIL: creche.care@mu.ie

16. MEDICATION MANAGEMENT

Document Title:	Medication Management
Unique Reference Number:	016
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	14

No medicines can may be administered without a witness being present.

This policy is available to and has been communicated to parents/guardians and staff.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

To facilitate promotion of health and wellbeing and to promote an inclusive setting we will work in consultation with parents to ensure the safe administration of medication.

Procedure:

We do not routinely administer non-prescription/prescription medications. We only administer medicines with the correct signed permission.

Only named authorised persons will administer medicines

Prescription Medicines:

Medicines must only be brought into the service for administration by the staff when it is essential.

Where a child or children attending the Service have specific medical conditions which require specialised treatment or administration of medication it is the policy of the Service that key staff will be trained specifically in relation to such treatments and administration of medications pertaining to same.

- Designated personnel only are permitted to administer medicine.
- Details of all persons trained and designated to administer medication are contained in children's individual care plans.
- The Manager must be informed if a child is taking antibiotics or any other prescription or non-prescription medication.
- A full medical and medicine history must be provided for each child.
- A record of the child's medical history will be required on the registration form.
- Essential medicines will only be administered where a parent/guardian has signed a consent form which is contained in the Registration Form and at the discretion of the person in charge.
- We will only follow the dosage as instructed by the doctor who prescribed the medication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- No preschool child may self-administer.
- If a child refuses to take their medication staff will not force them to do so but will seek advice from the parent.
- Parents/guardians must keep the Service up to date on their child's medical needs.
- Parents/guardians must fill in the medicine consent form of the Service, authorising the administration of medicine (prescription or non-prescription) to their child. Staff cannot give medicine unless this written permission is given.

- Parents/guardians must hand staff the medicine, which then stored in the fridge or the medicine cabinet. Any form of medication must never be left in a child's bag, including inhalers.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage, method of administration, plus the name of the health care provider that recommended the medication. We will only administer medicine that is licensed for the age group of the child. For example, an ant-febrile medication supplied by a parent for a 3-year-old that is licensed for an over 5-year-old **will not** be administered.
- Prescription medication will only be administered to the child named on the medication.
- Staff members who administer prescription medication will complete details of the date, time and dosage of the medication administered on the child's medical log/care plan and sign same.
- We will always have the documentation available related to the medicine to include directions for use, possible adverse reaction.

Care Plans:

Where an individual care plans has been drawn up in respect of a child attending the Service, key and relevant staff will receive additional training where necessary in respect of such care plans. Such staff will be aware of how to implement the instructions contained in the care plan, the medical condition(s) to which it refers, the method of administration of medication referred to.

Storage of Medicines:

- All medication is stored in line with manufacturer's instructions out of reach of the children.
- Medication is stored in the kitchen out of reach of children.
- The Manager/person in charge is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept at the Service. The Manager will check that any medication held to administer on an as and when required basis or on a regular basis, is in date and return any out-of-date medication to the parent.
- Unused medicines should be returned to the parent.

- Medicines, creams and ointments are not stored in the first aid box.
- All medication is returned to storage immediately following its administration to a child.

Disposal of Medication:

The circumstances where disposal is necessary include:

- A child's treatment plan changes.
- A child leaves or goes to new facility.
- The medicine reaches its expiry date.
- Any medication that has expired, is short dated or is no longer needed by the child will be returned to the parent or guardian. This is recorded in the medication diary.

Procedures for staff administering essential medicines (Prescription and non-prescription)/record keeping:

- Staff **MUST** have a witness **PRESENT** to the medicine being administered. [Second person and countersigned by that person,]
- Staff must record the child's name, date, time dosage and route in the medicines record and give a copy to the parent.
- Parents/guardians will be required to sign to say they were informed of the dosage of the medicine upon collection of the child.

Staff must:

1. Wash hands thoroughly.

2. Staff administering medicines must check:

- The child's name.
- That the medication is being administered to the correct child (e.g., where two "Mary Smiths" are attending the Service, by reference to a photograph or other means of identification).
- Prescribed dose.
- Expiry date of medicine.
- Written instructions provided by the prescriber on the label or original container.
- Time last dose was given.

- That the directions and instructions are in English.
- Staff must check that the medicine contains the directions as prescribed the doctor and dispensed by the pharmacy.
- Check parents/guardians have completed and signed 'Administration of Medicines' Consent form and Anti Febrile Medication form if relevant.
- Staff are aware of how the medication reacts with food, fluids or other medications. e.g., some medications cannot be given with milk, or when taking another medication.
- Following the administration of medication Staff will maintain a record of the outcome of the administration of the medication. e.g., was there a reduction in temperature after administration of anti-febrile agent; has the child developed a rash following administration of medication.

Procedures for the Taking of a Child's Temperature

Maynooth University Creche has digital ear thermometers with disposable hygiene caps in use for the taking of a child's temperature. Parental consent to administer Anti-Febrile Medication to children in the case of a rising temperature is written into the service's child registration forms. The taking of a child's temperature is a required procedure for the monitoring of the body's reaction to something and helps to inform a decision on whether to administer Anti-Febrile Medication.

- Staff have been inducted on the following procedure and signed off on that induction.
- Staff must wash their hands thoroughly before taking a child's temperature.
- A new disposable hygiene cap must be placed on the insert point of the thermometer.
- A child must be informed by a staff member that their temperature is to be taken.
- Both ears may be used to ensure an accurate reading of a child's temperature.
- The disposable hygiene cap must be disposed of immediately following the taking of a child's temperature.
- In the case of a rising temperature, staff must repeat the procedure at least every 10 minutes to accurately monitor the body temperature.

- Staff must repeat a thorough hand wash after taking a child's temperature each time.
- Each reading of a child's temperature that is 38 degrees C or higher is recorded into the Administration of Medication Form.

Please see Appendix F: Induction Record Form, Procedure for Taking a Child's Temperature.

Anti-Febrile Medication: Emergency Medication

Anti-febrile medication is medication used to reduce a raised body temperature. The most common anti-febrile medications used are: Paracetamol and Ibuprofen (Anti-febrile medication is important treatment for high temperatures to prevent febrile convulsions. Parents/guardians are required to complete a form authorising the administration of such medication if the child develops a temperature over 38 degrees C. This medication should not be used unless indicated for high temperature or pain as overdose can cause significant medical problems.

Parents/guardians will always be notified by telephone prior to the administration of an un-prescribed anti-febrile medication. If the anti-febrile medication does not reduce the temperature medical advice will be sought by contacting the child's GP, hospital or emergency services and the advice will be followed by the staff.

Medication forms will be reviewed regularly by the Manager to identify children who require frequent or repeated anti-febrile medications. A child in this category may require to be seen by their own doctor. Parents/guardians may be asked to supply a medical report.

If the consent form is not signed, then the parent must be contacted immediately BEFORE any administration of Anti Febrile Medication to the child to confirm that it is permissible. Parents/guardians upon returning to the Service must then be required to sign the correct permission forms.

If a child has a temperature and permission for 'Anti Febrile Medication' has not been granted medical advice should be obtained immediately.

Staff must ask for a person in charge or another member of staff to be present.

Ask them to confirm steps 1 and 2 and that the medicine can be administered.

- Staff **MUST** have a witness **PRESENT** to the medicine being administered.
[Second person and countersigned by that person]
- Staff must record the child's name, date, time dosage and route in the medicines record and give a copy to the parent.
- Parents/guardians will be required to sign to say they were informed of the dosage of the medicine upon collection of the child.

It is extremely important that staff follow the procedures as detailed above. These measures are in place to ensure that no mistakes are made. Administering medication is a responsibility which must be undertaken with due caution. If staff are not sure how to administer it or have difficulty doing so, please inform the Manager/person in charge.

The following should always be checked:

- Correct Child (e.g., where two "Mary Smiths" are attending the Service, by reference to a photograph or other means of identification).
- Correct Medication.
- Correct Dose.
- Correct Time.
- Correct Route.

NOTE: Students or volunteers may not administer medicines.

Procedures for Children with Allergies Requiring Treatment with Oral Medication:

- Asthma inhalers are regarded as "oral medication" Oral medications must be prescribed by a GP and have the manufacturer instructions clearly written on them.
- Staff must be provided with clear written instructions on how to administer such medication.
- Inhalers must be provided to the Service clearly labelled with the child's name.
- The Service must have the parents/guardians' or guardians' prior written consent. This consent must be kept on file.

Emergency Medicines and Care Plans

Where medical conditions exist for a child, we will develop individual medical care plans which will include the management in the event of an emergency relating to the condition. This will be developed in conjunction with the parents and the child's medical advisers. Where a child has a condition that may require emergency medical treatment staff will be trained on the condition and the treatment. This would include medications like Ventolin, Glucagon or EpiPen. Where medication is administered in the case of anaphylaxis or asthma emergency the service will ensure that the emergency services are contacted as soon as is practically possible and the parents and guardians are also contacted as soon as possible. Emergency numbers for the local pharmacist and local medical practitioners are available within the Service.

Life Saving Medication and Invasive Treatments:

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

Management must have:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Written consent from the parent or guardian allowing staff to administer medication.
- Proof of training in the administration of such medication by a doctor or appropriate health profession or persons recommended by a manufacturer.
- A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.
- For medicines like EpiPens it will be decided on individual cases and if staff are happy and competent to administer them.
- Consent forms.

Note: Unused medicine must be returned to parents for safe disposal. Medicines must be stored out of reach of children and not in the First Aid Kits.

Managing medicines on trips and outings:

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

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.

Sunscreen:

- We will send letters home asking for parents/guardians to apply sun cream to their child before bringing them to school each morning.
- We will also ask parents/guardians for permission for staff to apply sun cream onto their child when appropriate.
- Parents "must" supply sun cream in the original bottle. It should be individually labelled with child's name and we store it in a press out of reach not in the child's bag.

All records kept by the Service are kept secure and confidential. Children's medical records are kept for a period of two years.

Medication Errors:

All medication errors will be recorded, and we will seek medical advice immediately. This includes medication is given to wrong child; wrong route; wrong dosage; wrong time; omitted to be given as scheduled. We will contact the GP, Pharmacist or other emergency service, depending on the error. Parents/guardians will be informed immediately.

Important Note: If parents cannot be reached, the emergency contact persons (as identified on the Child Registration Form) will be contacted.

Where a Child Suffers an Allergic Reaction to Medication Administered in the Service:

The length of time for an allergic reaction varies from person to person. Some people may react right away, while others might take the drug several times before they have

an allergic reaction. Most of the time symptoms will appear between 1-2 hours after taking the drug unless someone has a more rare, delayed type reaction. Symptoms of these less common drug allergies include fever, blistering of the skin, and occasionally joint pain.

Symptoms from a drug allergy can be like other allergic reactions and can include hives or skin rash, itching, wheezing, light headedness or dizziness, vomiting and even anaphylaxis. A combination of these symptoms makes it much more likely that it is an allergy than nausea and vomiting on their own, which are common side effects of medications.

Where the Service suspects that a child has suffered an allergic reaction to medication administered, the parents/guardians will always be notified as soon as is practically possible by telephone.

The Service will ensure that the emergency services are contacted as soon as is practically possible.

Emergency numbers for the local pharmacist and local medical practitioners are available within the Service.

Where it is necessary to contact the emergency services to bring a child to hospital, a member of staff will escort the child if the parent or guardian is unavailable. The staff member will remain with the child until the parent or guardian arrives at the hospital.

If advice is needed contact:

GP:Dr Gaffney, 01 6291169

Pharmacist: McCormack's Pharmacy, 01 686274

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

MEDICAL CONSENT FORM:

Child's Name:	
Child's Address:	
Date of Birth:	
Details of Medical Condition i.e., what medicine is for	
Name of Medicine:	
Dosage of Medicine:	
Route for administration of medicine (circle correct one)	<div>Oral (by mouth) topical (rub in) inhale</div> <div>Injection rectal</div>
Frequency of dosage or times to be given:	
When was medication last?	
Any other information e.g., side effects or special precautions:	
Printed name of parent:	
**Signature of parent or guardian authorising medicine:	
**Date:	

N.B. Parents or guardians please read in full the criteria for the giving of medicines in this pre-school which is at the back of this consent form.

Record of medicine given

****First check when medicine was last given**

Date:	Time	Dose given	Signature of person who gave medicine	Signature of witness (where applicable)

Outcome record

(for temperature rechecks / whether tolerated / adverse/allergic reactions, or other)

Date:	Time	Comment	Any action taken	Signature of person

APPENDIX F: INDUCTION RECORD FORM

Maynooth University Creche

Procedure for the Taking of a Child's Temperature

By signing and dating the following record form, I confirm that I have received an induction on the above procedure by way of demonstration. I have also received a copy of the policy that includes the above set-by-step procedure.

STAFF NAME		Signature	Date of Induction	Person carrying out induction/demonstration	Manager's Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

17. ACCIDENTS and INCIDENTS

Document Title:	Accidents and Incidents
Unique Reference Number:	017
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	20

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

It is our policy to promote the health, wellbeing and personal safety of all our children and staff. Through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow TUSLA guidelines, accidents can occur.

Children with additional healthcare needs that need first aid are managed in line with the child's individual care plan.

NOTE: A risk assessment will take place to prevent an accident reoccurring and to take corrective action.

Policy and Procedure:

Measures to be taken to Prevent Accidents and Incidents or to prevent another accident, injury or incident occurring:

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

Incidents and accidents will occur. By endeavouring to keep them at a minimum we can reduce the amount that occurs. Have a watchful eye. Know what the children in our care are doing at all times. Watch out especially for new children in a group as they are the most vulnerable.

Roster Requirements for People Trained in First Aid

We aim to follow the roster requirements as outlined by Tusla in relation to the First Aid Responder (FAR) Education and Training Standard established by the Pre-Hospital Emergency Care Council (PHECC).

- The number of people trained in first aid for children (FAR) and available for first aid response is based on the Service's risk assessment including the size of the Service and the hazards identified.
- At least one person is trained in first aid (FAR) and is available to the children while the Service is in operation.
- At least one person trained in first aid (FAR) is available to the children when on outings.
- A list of people trained in first aid (FAR) is available.
- In-date certification for each trained FAR is available.

Emergency Contact Details

Emergency medical assistance contact details are publicly displayed within the Service (Example a local doctor's number or a nearby hospital).

Recording of First Aid Care and Responses Provided

Care given in a first aid situation is documented in line with this policy on accidents and incidents.

First Aid Equipment

- First Aid boxes are restocked as required by the designated staff member after each use.
- A list of supplies that the first aid box must have is included in the first aid box.
- The first aid box contained appropriate first aid supplies for minor injuries to be treated within the service.
- Medicines, creams and ointments are kept out of reach of children and not stored in the first aid box.

The procedures to have in place in the event of an accident:

- The First Aid box is always fully equipped, easily identifiable and its location is known to all staff, so that it can be accessed following an incident or accident with a child attending the Service. Any substances, which may cause an allergy, will not be included.
- Medical supplies are checked regularly.
- A designated First Aider (certified) is on the premises at all times.
- Staff must wear protective clothing (disposable apron and gloves) to clean any bodily fluids or spillages.
- If a child is involved in an incident or accident, they will be taken into a quiet area, if possible.
- In the case of a serious accident, we have a local doctor on call, they will be called, and the child's parents/guardians contacted immediately, or we will call an ambulance. If parents cannot be reached, the emergency contact persons (as identified on the Child Registration Form) will be contacted.
- If the child has to go to the hospital immediately staff will accompany the child, if the ambulance personnel permit. The child's record will be taken to the hospital. Parents/guardians are responsible for all doctors or hospital fees where applicable.
- The staff member will not sign for any treatment to be carried out on the child in the hospital. The staff will wait with the child until the parent/guardian arrives.
- A risk assessment will be completed following any accident or incident

Reporting Accidents and Incidents:

- All accidents/incidents even minor ones are recorded in an accident record sheet, with details on how they are dealt with or treated.

Any of the following incidents must be notified to TUSLA within three days of the Service becoming aware of a notifiable event:

- (a) The death of a child while attending the Service. This includes the death of a child in hospital following transfer to hospital from the Service.
- (b) Diagnosis of a child attending the Service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious

disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments.

<http://www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/>

- (c) Any incident which results in the Service being closed for a length of time.
- (d) A serious injury to a child while attending the Service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise.
- (e) An incident which results in a child going missing from the Service.

A registered provider must notify the Early Years Registration Office First Floor, South East Wing, St Joseph's Campus, Mulgrave Street Limerick or ey.registration@TUSLA.ie of any of the incidents listed here in the Notification of Incidents Form contained at Appendix G.

<http://www.tusla.ie/services/preschool-services/notification-of-incidents-form>

- A copy of the completed Accident and Incident Form must always be placed on the child's file.
- Parents/guardians will always be contacted and **informed immediately and without delay** of any injury or if a child is gone missing.
- Parents/guardians will be asked to sign off on the accident /incident report and will receive a copy.
- Records are accessible to all relevant staff in case of an emergency.
- All serious accidents will be reported to the Insurance Company.
- Records are kept on file for a minimum period of two years (as per early Years Regulations or longer if advised by the Insurance Company).
- Reports will be made to Tusla if there is a safeguarding issue.
- Reports will be made to the Garda Síochána if staff or children are in danger or if a criminal offence has occurred.
- The Health and Safety Authority if there is a workplace injury.
- The Service's insurance company if appropriate.

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

Accident and Incident Record and Investigation:

The accident and incident form should be fully completed with as much detail as possible. It is important that full names are used when referring to staff members and that the form is signed both by the person in charge and the parent/guardian.

Please see Appendix G: Tusla Notification of Incident Form

All accidents, injuries and incidents notified to the Early Years Inspectorate are investigated, managed and reported in line with the Service's accident, injury and incident policy and procedures.

All accidents and Incidents will be reviewed to effect change in practice, policy or procedure

Recommended Contents of First Aid Box and Kits:

Materials	First Aid Travel Kit Contents	First Aid Box Contents		
		1 - 10 people	11 - 25 people	26 - 50 people ¹
Adhesive plasters	20	20	20	40
Sterile eye pads (No.16 – bandage attached)	2	2	2	4
Individually wrapped triangular bandages	2	3	6	6
Safety pins	6	6	6	6
Individually wrapped sterile, unmedicated wound dressings Medium (No. 8) 10 x 8 cm)	1	2	2	4
Individually wrapped sterile unmedicated wound dressings Large (No. 9) 13 x 9 cm)	1	2	6	8
Individually wrapped sterile, unmedicated wound dressings Extra-large (No. 3) 28 x 17.5 cm)	1	2	3	4
Individually wrapped disinfectant wipes	10	10	20	40
Paramedic shears	1	1	1	1
Examination gloves (pairs)	3	5	10	10
Sterile water where there is no clear running water ²	2 x 20mls	1 x 500mls	2 x 500mls	2 x 500mls
Pocket face mask	1	1	1	1
Water-based burns dressing ³ - small (10 x 10 cm)	1	1	1	1
Water-based burns dressing - large	1	1	1	1
Crepe bandage (7cm)	1	1	2	3

¹ If more than 50 people are involved, supplies should be increased accordingly.

² If mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 20mls and should be discarded once the seal is broken. Eye baths, eye cups and refillable containers should not be used for eye irrigation due to risk of cross infection.

³ Where mains tap water is not readily available for cooling burnt area. The water-based burns dressing container should be CE marked.

First Aid Box:**FIRST AID BOX MONTHLY CHECK**

Check if any items are missing or out of date and take appropriate action to re-stock

Date	Items Missing	Items out of date	Action Taken	Signature

Materials	1-10 children	11-25 children	26-50 children ¹
Adhesive plasters	20	20	40
Sterile eye pads (No. 16 – bandage attached)	2	2	4
Individually wrapped triangular bandages	3	6	6
Safety pins	6	6	6
Individually wrapped sterile, unmedicated wound dressings (Medium (No. 8) 10 x 8 cm)	2	2	4
Individually wrapped sterile unmedicated wound dressings (Large (No. 9) 13 x 9 cm)	2	6	8
Individually wrapped sterile, unmedicated wound dressings (Extra-large (No. 3) 28 x 17.5 cm)	2	3	4
Individually wrapped disinfectant wipes	10	20	40
Paramedic shears	1	1	1
Examination gloves (pairs)	5	10	10
Sterile water where there is no clear running water ²	1 x 500mls	2 x 500mls	2 x 500mls
Pocket face mask	1	1	1
Water-based burns dressing* - small (10 x 10 cm)	1	1	1
Water-based burns dressing - large	1	1	1
Crepe bandage (7cm)	1	2	3

¹ If more than 50 people are involved, supplies should be increased accordingly.

² If mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 200mls and should be discarded once the seal is broken. Eye baths, eye cups and refillable containers should not be used for eye irrigation due to risk of cross infection.

³ Where mains tap water is not readily available for cooling burnt area. The water-based burns dressing container should be CE marked.

In addition to a First Aid Box the Service may have a fever scan thermometer and a tough cut scissors. Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 30ml and should not be re-used once the seal is broken. At least 90ml should be available.

Accessibility of First Aid Equipment:

- First Aid equipment is marked, easily recognisable and accessible to adults but inaccessible to children.
- A fully equipped first aid box is available within the Service in the following areas and situations:
 - on each floor of each building used by children

First Aid:

We will ensure that:

- At least one adult, qualified in giving First Aid, should always be present on site. This qualification should be current.
- All members of staff are familiar with simple First Aid procedures, such as mouth to mouth resuscitation, and for staff training to be given on this subject.
- First Aid boxes and a simple First Aid book should be provided and sited in designated areas.
- They should be stored in places which are easily available to all adults, but beyond the reach of children. Contents of the boxes should be checked regularly and replaced as necessary.
- The Service should have suitably equipped first aid boxes for adults and children.
- The First Aid box must not contain any substance which may cause allergies. However, an accessory box containing sticking plaster and antiseptic lotion for children who, the Service knows are definitely not allergic to these substances may be kept. In addition, cotton wool for cleaning wounds and multi-purpose bowl are recommended.
- Eye bath/eye cup/refillable containers should not be used for eye irrigation.
- A list of what should be in the box is printed on the inside of the lid. All items removed from the box must be replaced immediately after use.

First Aid Officer Duties:

- We have a designated First Aid Officer.
- An Accident and Incident report must be filled in and kept in the First Aid file. All reports to be signed by the Manager.
- The First Aid Officer will supervise children who are under observation, as a result of accidents/sickness while on the premises.
- The First Aid Officer will keep an up-to-date list of contact numbers for parents/guardians, doctors and hospitals in an easily accessible place.
- The First Aid Officer will be responsible for re-stocking the First Aid kit at regular intervals, at least once a month.
- Report faulty electrical equipment immediately.
- Daily attendance records are kept.
- All flammable materials are safely stored outside of children's areas.

Carrying out First Aid:

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

First aid should be performed where possible away from other children. Ensure that the children being left are left supervised. If this is not possible then first aid should be administered on the spot.

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

Choking and Strangulation:

Food, hard sweets, peanuts and marbles are the most common cause of choking. Blind cords, curtain cords or clothing (e.g., ribbons and belts) are a serious strangulation risk to children.

Dealing with a Child Choking (over 1 year):

1. Ask the child: Are you choking? Can you breathe?
 2. If the child cannot, breathe, talk or cough, stand or kneel behind the child. Start the Heimlich Manoeuvre by placing the flat thumb side of your fist between the child's navel and the breastbone. Be sure to keep well off the breastbone. Wrap your other hand around your fist and press upwards towards their stomach.
 3. Keep doing this until the object pops out and the child starts to breathe again.
 4. If the child becomes unresponsive, gently lower them to the floor. Call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
- You must begin CPR (Cardiopulmonary Resuscitation).
 - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the child's mouth if you cannot see the object.



Anaphylaxis: is a sudden and severe allergic reaction which can be fatal, requiring immediate medical emergency measures be taken.

The Service recognises that it has a duty of care to children who are at risk from life-threatening allergic reactions while under our supervision. The responsibility is shared among parents/guardians and health care providers

This policy is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff are trained to respond in an emergency situation.

While the Service cannot guarantee an allergen-free environment, the management will take reasonable steps to provide an allergy-safe and allergy-aware environment for a child with life-threatening allergies.

The Service will implement the following steps:

- A process for identifying an anaphylactic child.
- Keeping a record with information relating to the specific allergies for each identified anaphylactic child to form part of the child's Registration Form.
- A process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic child to form part of the child's Registration Form.
- Procedures for storage and administering medications, including procedures for obtaining preauthorisation for employees to administer medication to an anaphylactic child.
- All incidents will be recorded and the process reviewed.

Anaphylaxis Procedures:

Description of Anaphylaxis

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rare cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash.

- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea.
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock.
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic child expresses any concern that a reaction might be starting, the child should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the child’s *Child Emergency Procedure Plan*. The cause of the reaction can be investigated later. The following symptoms may lead to death if untreated:

- Breathing difficulties caused by swelling of the airways.
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Identifying Individuals at Risk:

At the time of registration, parents/guardians are asked to report on their child’s medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a child’s life threatening conditions will be recorded and updated on the child’s Registration Form annually. It is the responsibility of the parent/guardian to:

- Inform the Manager when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the Child Emergency Procedure Plan which includes a photograph, description of the child’s allergy, emergency procedures, contact information and consent to administer medication. The Child

Emergency Procedure Plan should be posted in key areas such as in the child's playroom, the office, the feedback notebook etc., Parental permission is required to post or distribute the plan.

- Provide the Service with updated medical information at the beginning of each year and whenever there is a significant change related to their child.

Record Keeping – Monitoring and Reporting:

For each identified child, the Manager will keep a Child Emergency Procedure Plan on file. These plans will contain the following information:

- Child-Level Information
 - Name
 - Contact information
 - Diagnosis
 - Symptoms
 - Emergency Response Plan
- Service-Level Information
 - Emergency procedures/treatment
- GP section including the child's diagnosis, medication and GP signature.

Emergency Procedure Plans:

- The Manager must ensure that the parents/guardians and child (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each year or as soon as possible to develop/update an individual Child Emergency Procedure Plan. The Child Emergency Procedure Plan must be signed by the child's parents/guardians and the child's GP. A copy of the plan will be placed in readily accessible, designated areas such as the playroom and office.

The Emergency Procedure Plan will include at minimum:

- The diagnosis.
- The current treatment regime.
- Who within the Service is to be informed about the plan – e.g. key workers, volunteers, playmates?

- Current emergency contact information for the child's parents/guardians.
- A requirement for those exposed to the plan to maintain the confidentiality of the child's personal health information.
- It is a parent's responsibility to inform the Service regarding any change/s in the child's condition.
- It is the Service's responsibility for updating the child's records.

Emergency Plans:

Management will consult with parents, staff and the insurance company to decide on an appropriate emergency plan on a case-by-case basis to ensure that an appropriate course of action is taken for the child. The following two plans A and B will be used in consultation with parents/guardians and then an individual plan will be written up.

Parents/guardians will be required to sign a declaration that they are happy for the staff to follow the decided emergency plan. In the event of an emergency designated staff will follow the plans as decided by parents/guardians and management.

Emergency Procedure Plan:

We will use the following emergency procedure:

1. One staff member will administer the child's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
2. **A second staff member will call emergency medical care 999, 112 or 911**
 - a. The service should identify who will do which task in each room.*
3. Contact the child's parent/guardian.
4. A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
5. If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).
6. One person stays with the child at all times.
7. One person goes for help or calls for help.

The Manager or designated staff must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings).

Provision and Storage of Medication:

The location(s) of child auto-injectors must be known to all staff members. Parents/guardians will be informed that it is the parents/guardians' responsibility:

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

Allergy Awareness, Prevention and Avoidance Strategies:

a) Awareness

The person in charge should ensure:

- That all the Service staff and persons reasonably expected to have supervisory responsibility of children receive training, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- That all members of staff including substitute employees, employees on call, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the person in charge and the staff must ensure that the child's playmates are provided with information on severe allergies in a manner

that is appropriate for the age and maturity level of the child and that strategies to reduce teasing and bullying are incorporated into this information.

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

b) Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the child's family, the Service must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians are asked to consult with the staff before sending in food to playrooms where there are food-allergic. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Non-food allergens (e.g. medications, latex) will be identified and restricted from playrooms and common areas where a child with a related allergy may encounter that substance.

Training Strategy:

A training session on anaphylaxis and anaphylactic shock will be held for all the staff. Efforts shall be made to include the parents/guardians, and children (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health and safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- Signs and symptoms of anaphylaxis.
- Common allergens.
- Avoidance strategies.
- Emergency protocols.

- Use of single dose epinephrine auto-injectors.
- Identification of at-risk children (as outlined in the individual Child Emergency Procedure Plan).
- Emergency plans.
- Method of communication with and strategies to educate and raise awareness of parents/guardians, children, employees about anaphylaxis.

Additional Best Practice:

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

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy



Tusla ID No.:		Date of Notification	
Service Name and Address		Service Contact Number:	
Type of Service			
Full day care service	<input type="checkbox"/>	Pre-school service in a drop-in centre	<input type="checkbox"/>
Part-time day care service	<input type="checkbox"/>	Childminding service	<input type="checkbox"/>
Sessional pre-school service	<input type="checkbox"/>	Overnight service	<input type="checkbox"/>
Day of Event	Date of Event	Time of Event	Location of Event
Names of those present at time of incident:			

Type of Event Article 31			
Death of a Child in service	<input type="checkbox"/>	Irregular Closure of a centre	<input type="checkbox"/>
Death of a child in hospital /home following transfer from service	<input type="checkbox"/>	Serious Injury to a child	<input type="checkbox"/>
Diagnosed Infectious Disease Child	<input type="checkbox"/>	Child missing from service	<input type="checkbox"/>
Diagnosed Infectious Disease staff member	<input type="checkbox"/>	Child removed without consent from service	<input type="checkbox"/>

Sequence/chronology and description of the incident

Actions taken by the service to manage the incident

Actions taken by the service to manage the incident

--

Are there outstanding safety / risk matters to be addressed at the time of notification?

--

Notification Details				
Notified to	Yes	No	Date	Details
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>		
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Services	<input type="checkbox"/>	<input type="checkbox"/>		
An Garda Síochána	<input type="checkbox"/>	<input type="checkbox"/>		
EHO	<input type="checkbox"/>	<input type="checkbox"/>		
HSE Public Health	<input type="checkbox"/>	<input type="checkbox"/>		
Registered provider (if offsite)	<input type="checkbox"/>	<input type="checkbox"/>		

Service Incident Report	
Has the service completed a separate incident report?	Name and contact details of person who wrote incident report?

Declaration (To be Completed by Person in Charge)	
I confirm that the information contained in this notification is accurate and correct	
Signature:	
Print Name:	
Date:	

18. INFECTION CONTROL

Document Title:	Infection Control (Includes Covid-19 Response Plan)
Unique Reference Number:	018
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing, and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	63

This policy has been communicated to parents/guardians and staff.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

It is our aim to minimise the spread of infection (including Covid-19) for staff and children through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses. *(With references from: Health Protection Surveillance Centre, Preschool and Child Care Facility Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings).*

This policy is also informed by the Government's Guidelines to reduce the risk of Coronavirus and Tusla's Regulatory Guidelines. It is also informed by the HPSC.

Policy and Procedure:

It is the policy of the Service to:

- Protect children attending the service from the transmission of any kind of infection.
- Protect persons working in the Service from the transmission of any kind of infection.
- To build infection control into the Service's programme of activities.
- To use signage such as hand washing signs and nose blowing signs which are beneficial to adults and child friendly.

Breakout of Illness/Diseases

In the event of an outbreak of any infectious disease, all parents will be verbally informed. A dated notice informing all parents of any infectious disease outbreak, will be displayed on the notice board / on the front door

Reporting/Recording of illness:

A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined. Staff will report any infectious illness to the Manager. The Manager will report an outbreak of any infectious disease to the HSE Preschool Environmental Health Officer and the Public Health Department. The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates, and duration of illness.

Notifiable Diseases

The following will be notified to TUSLA within three days of the Service becoming aware of a notifiable event:

NOTE: Covid-19 is notifiable to TUSLA.

The HSE have a dedicated number for Early Years Services if they need assistance out of hours: 1890 940341.

Diagnosis of a preschool child attending the service, an employee, unpaid worker, contractor, or other person working in the service as suffering from an infectious disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments

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.

The Manager will also report an outbreak of any infectious disease to the HSE Preschool Environmental Health Officer and the Public Health Department.

The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates, and duration of illness.

Exclusion:

Exclusion guidelines as recommended apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and displayed in the Service. For Covid-19 the latest Isolation Guidelines will be checked as these are subject to change.

- Parents/guardians will be informed should staff, children or visitors to the Service report the presence of any contagious condition to the Manager. Unwell children and staff will be excluded from the Service until the appropriate exclusion period for that illness is finished.
- Arrangements are in place to provide relief cover while staff are on sick leave.

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

Infectious illness can cause significant ill health among young children and can be transmitted by direct or indirect contact including:

- Contact with infected people or animals.
- By infecting oneself with the body's own germs.
- By hand to mouth transmission.
- By the air / by insects, pests, animals.
- Indirect transmission e.g., toys, door handles, toilets, floors, table tops etc.
- By direct – person to person.

Reporting/Recording of Illness:

- Staff and parents/guardians must report any infectious illness, or similar, to the Manager.
- Manager (or nominated person) will record the outbreak on an Incident Form and report an outbreak to TUSLA/ Environmental Health Officer and the Public Health Department.
- Manager will record all details of illness reported to them by staff or reported by parents/guardians of a child attending the Service. These details will include the name, symptoms, dates, and duration of illness.

Exclusion from the Service:

- We advise parents and staff that sick children or adults should not attend.
- Children will be excluded from the Service based on the time frames outlined in the exclusion table (APPENDIX I).
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff return to the Service.
- In the event of an outbreak of any infectious disease, all parents/guardians will be verbally informed. A dated notice informing all parents/guardians of any infectious disease outbreak will be displayed on the notice board.

To ensure the safety and health of all our children and staff those who have any of the following conditions will be excluded from the Service:

- Acute symptoms of food poisoning/gastro-enteritis.
- An oral temperature over 38 degrees which cannot be reduced.
- A deep, hacking cough.
- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Lice or nits – [see Head Lice Policy in Infection Control Policy]
- An infectious /contagious condition.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.
- Any symptoms of Covid-19.

Immunisations and Safe Management of unvaccinated children

- We encourage parents/guardians to immunise their children.
- We ask parents and guardians to submit immunisations details at the time of enrolment.

- Immunisation records must be kept up to date (Appendix H: Immunisations). This should contain dates of immunisations. Where dates are not available all attempts to get these should be recorded.

Children Who are Not Immunised: Safe Management

- Where children attending the Service are not immunised the Service requires the parents/guardians to complete a disclaimer in the form set out in Appendix K which also confirms that children may be required to be excluded in the event of a breakout of disease.

Parents of Children and Staff not immunised will be promptly informed if there is an outbreak of an infectious disease and may need to be excluded from the service, until deemed safe to return. Medical advice should be sought.

Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly, and further medical advice sought.

Hand Hygiene:

Hand washing guidelines are displayed at each sink.

We will follow the following protocol in terms of hand washing:

We will wash our hands frequently with soap and warm water or use an alcohol-based hand rub (preferably minimum 60% alcohol) if hands are not visibly dirty for 40-60 seconds and in line with the WHO and HSE recommendations. Water will be controlled to 43 degrees C.

- The service will promote good hand hygiene techniques in line with HSE and WHO guidelines, and support children to do the same through modelling, signage, activities, supervision, and games.
- We will ensure an adequate supply of liquid soap, hand gel or rub and disposable or paper towels available throughout the premises including the arrival and outdoor areas. All hand gels and rubs must be kept out of children's reach.
- All hand gels in use for staff, parents or visitors to the Service are alcohol based.
- We will use liquid soap and warm running water for hand washing and only use hand gels or rubs where running water is not available.
- As we do not have sinks in all the outdoor area, the children will use hand gel or rub under the supervision of staff and the hand gel will be kept out of children's reach.
- We have anti-bacterial foam-based sanitiser available for children.
- Hand gel or rub must be applied vigorously over all hand surfaces, for 40-60 seconds, and are only effective if hands are not visibly dirty.
- If hands are physically dirty, then they need to be washed with liquid soap and warm water and children and staff will have to go to the nearest sink or bathroom.
- Staff and children will be encouraged to avoid touching their eyes, their mouth or nose with their hands.

a. How to wash your hands with soap and water (HSE)

- Wet your hands with warm water and apply soap.
- Rub your hands together until the soap forms a lather.
- Rub the top of your hands, between your fingers and under your fingernails.
- Do this for about 20 seconds.
- Rinse your hands under running water.
- Dry your hands with a clean towel or paper towel.

b. Children should wash their hands and be supervised doing so

- When they arrive at the Service and before they go home
- Before eating and drinking
- After a nappy change or using the toilet
- After playing outside
- After sneezing or coughing into their hands
- Whenever hands are visibly dirty

c. Staff should wash their hands

- When they arrive at the Service and before they go home.
- After coughing and sneezing.
- Before handling food or feeding children.
- Before and after eating their own food – breaks/lunches.
- Before and after giving or applying medication or ointment to a child .
- After changing nappies, assisting a child to use the toilet, or using the toilet themselves.
- After caring for babies or children who are teething or dribbling.
- After caring for babies and young children who require close physical contact and comfort, where contact points such as the neck or arms may become contaminated with secretions or mucous, these should be washed immediately.
- If staff move from one room to another room or from inside to outside areas
- If staff have physical contact with a child from another group other than their own group.
- After contact with bodily fluids (runny nose, spit, vomit, blood, faeces)
- After cleaning tasks.
- After removing gloves.
- After handling rubbish.
- Whenever hands are visibly dirty .
- If in contact with someone who is displaying any COVID-19 symptoms
- Before and after being on public transport [if using it].
- Before and after being in a crowd.

- Before having a cigarette or vaping [staff are reminded the service is a non-smoking/vaping area] .

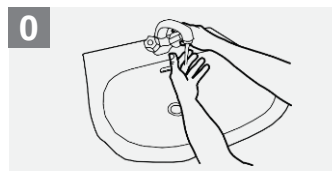
Hand-drying

Disposable single use papers towels will be used for hand-drying.

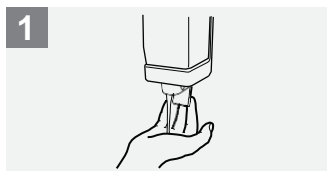
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

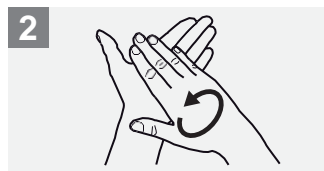
 **Duration of the entire procedure: 40-60 seconds**



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



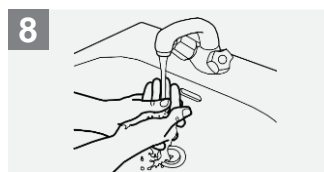
Backs of fingers to opposing palms with fingers interlocked;



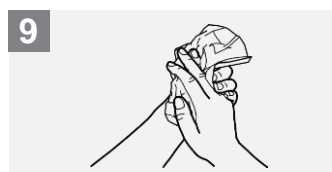
Rotational rubbing of left thumb clasped in right palm and vice versa;



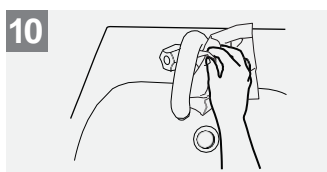
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



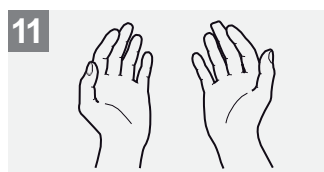
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED



Duration of the entire procedure: 40-60 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

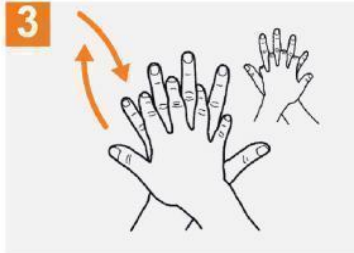


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



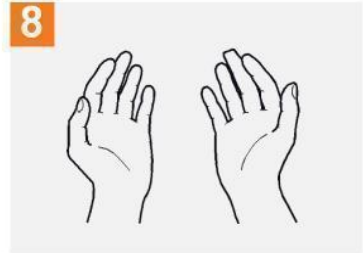
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



Alcohol-based Hand Rub/Gels:

When soap and running water are not readily available, for example on a field trip or excursion, an alcohol-based hand rub/gel may be used (the alcohol content should be at least 60%). The alcohol-based hand rub must be applied vigorously over all hand surfaces. Alcohol based hand rubs are only effective if hands are not visibly dirty, if hands are visibly dirty then liquid soap and water should be used. It is safe to let children use alcohol-based hand rubs/gels, but it is important to let children know that it should not be swallowed. Supervision is vital. It is also important to store it safely so children cannot get access to it without an adult.

The alcohol content of the product generally evaporates in 15 seconds so after the alcohol evaporates it is safe for children to touch their mouth or eyes. Water is not required when using an alcohol rub/gel.

Alcohol based hand rubs/gels are not a substitute for hand washing with soap and running water.

Respiratory Hygiene (Coughing and Sneezing):

Everyone should cover their mouth and nose when coughing and sneezing to prevent germs spreading. In addition:

- A plentiful supply of disposable paper tissues should be readily available for nose wiping.
- Foot operated pedal bins that are lined with a plastic bag should be provided for disposal of used/soiled tissues.
- Cloth handkerchiefs should not be used.
- A different tissue should be used on each child and staff must wash their hands after nose wiping.
- Children and staff should be taught to cover their mouth when they cough or sneeze and to wash their hand afterwards. They should cough into their elbow.
- Everyone (staff and children) should put their used tissues in a bin and wash their hands after contact with respiratory secretions.

- Outdoor activities should be encouraged when weather permits.
- Cots or sleeping mats should be spaced at least a half metre apart.

Nose Blowing Procedure:

Tissues are available always and children will be taught the following etiquette for nose blowing.

1. Get a tissue.
2. Fold it in half.
3. Blow nose gently.
4. Wipe nose clean.
5. Throw tissue away in bin.
6. Wash hands.
7. Staff supporting children to clean their nose must wash their hands before and after helping them.



Get a tissue.



Fold the tissue in half.



Blow nose gently.



Wipe nose clean.



Throw tissue away.



Wash hands.

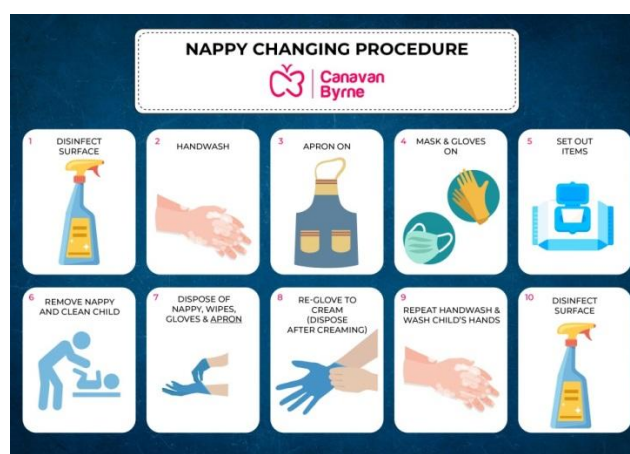
Nappy Changing: [see also separate policy on nappy changing]

To Prevent cross-contamination

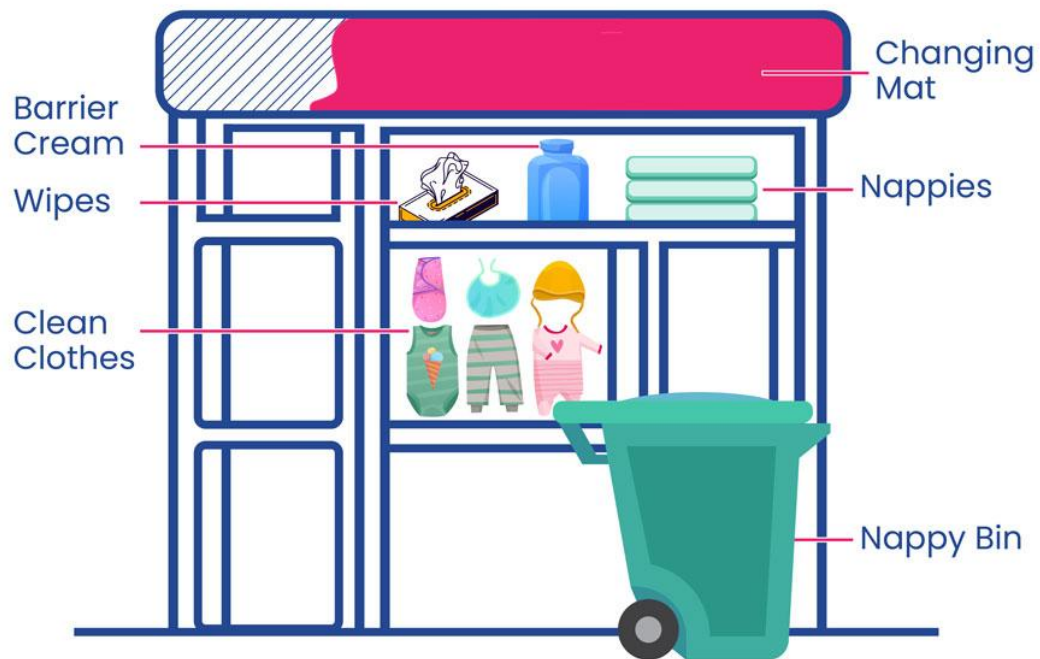
Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff and to the surrounding environment:

- Changing mats are waterproof, have an easily cleanable cover and are in good repair with no breaks and tears.
- The nappy changing procedure will be on display in the nappy changing area
- Staff undertaking nappy changes should not be involved in the preparation, cooking, or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.

- Ensure all the equipment is at hand and that ~~your~~ hands are clean before starting.
- Single use disposable gloves must be worn, i.e., powder free synthetic vinyl or latex gloves.
- Ensure creams and lotions are not shared between children. Creams and lotions for each child should be individually labelled
- Dispose of nappies and gloves by placing in a leak proof, cleanable and sealable/airtight container.
- Non-disposable nappies should be double bagged and placed directly into plastic bags to give to parents.
- Solid faecal matter may be disposed of into the toilet.
- Never rinse or wash non-disposable nappies because the risk of splashing may cause germs to spread to staff or children.
- Clean and dry the changing mat after each use.
- If soiled, clean, then disinfect using a disinfectant, (according to manufacturer's instructions), rinse and dry after use.
- All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).
- Staff must always wash their hands after every nappy change using warm water and liquid soap.
- Hands should be dried by means of single use disposable paper towels.
- The changing mats must be checked on a regular basis and discarded if cover is torn or cracked.



Nappy Changing Station



Check Your Baby's Nappy for the Right Fit



The nappy should be just under the belly button



The leg cuffs wrap neatly around without any gaps



When the nappy's fastened you can just about slide two fingers around the inside of the waistband

Cleanliness and Hygiene:

To prevent cross-contamination:

- Toys and other play materials are not allowed into the toilet area.
- Individual combs, hairbrushes, toothbrushes are clearly labelled with the child's name and not shared.
- Sunhats are stored separately.
- Aprons and paper-towels are in dispensers and not openly left on shelves
- Gloves and aprons are used to clean up bodily fluids.
- Soothers are stored separately and sterilised regularly.
- Cots and sleeping mats are placed 50cm apart.
- Detergents and disinfectants are used correctly according to manufacturer's instructions.
- The premises will be maintained in a clean, hygienic state throughout the day and a cleaning record is kept.
- Staff are responsible for the materials and equipment used and ensure they are clean, hygienic, and safe always.
- Children will be encouraged to care for their environment.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Disposable cloths will be used for all cleaning purposes and discarded regularly.

Toilets:: [see Toileting Policy]

To prevent cross-contamination:

Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.

- Separate cloths are used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.

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

To prevent cross-contamination:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Clean the area using warm water and a general-purpose neutral detergent, use a disposable cloth.
- Apply a disinfectant to the affected surface.
- Dry the surface thoroughly using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron, and cloths in a manner that prevents any other person coming in contact with these items e.g., bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Blood Spillages:

To prevent cross-contamination:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Apply a disinfectant to the affected surface. It should be left in contact with the surface for at least two minutes (check the manufacturer's instructions).
- Wash the area thoroughly with warm water and a general-purpose neutral detergent and dry using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron, and cloth in a manner that prevents any other person coming in contact with these items e.g., bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Dealing with Cuts and Nose Bleeds:

To prevent cross-contamination:

When dealing with cuts and nose bleeds, staff should follow the Service's first aid procedure. They should:

- Put on disposable gloves and apron.
- Stop the bleeding by applying pressure to the wound with a dry clean absorbent dressing.
- Place a clean dressing on the wound and refer the child for medical treatment if needed, e.g., stitches required or bleeding that cannot be controlled.
- Once bleeding has stopped, dispose of the gloves and apron safely immediately in a manner that prevents another person coming in contact with the blood, i.e., bag separately prior to disposing into general domestic waste bag.
- Wash and dry hands.

Children who are known to be HIV positive or Hepatitis B positive should not be treated any differently from those who are not known to be positive. Intact skin provides a good barrier to infection and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood even if they have worn gloves or they cannot see any blood on their hands.

Gloves:

Wear disposable gloves when dealing with blood, body fluids, broken/grazed skin, and mucous membranes (e.g., eyes, nose, mouth). This includes activities such as:

- Nappy changing.
- Cleaning up blood – e.g., after a fall or a nosebleed.
- General cleaning.
- Handling waste.

Gloves should be single use and well fitting.

Change gloves:

- After removal of the soiled nappy of each child.
- After the use of applied creams on each child.
- After the intimate caring of each child (nose wiping, toileting).
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

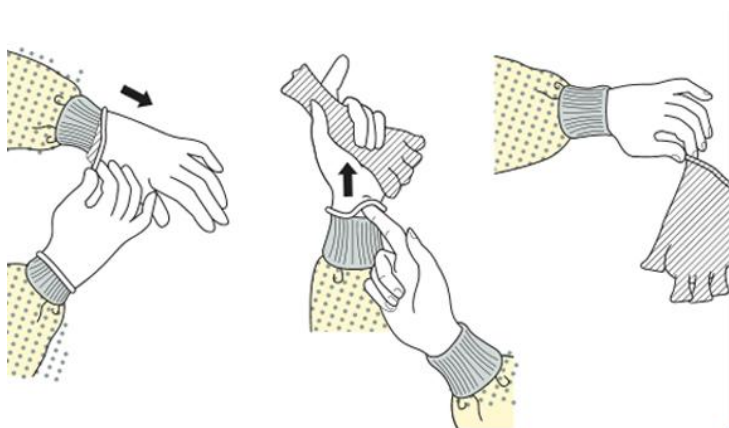
Remember gloves are not a substitute for hand washing.

Types of Gloves:

- Disposable non-powdered latex or nitrile gloves are recommended. Synthetic vinyl gloves may also be used but users should be aware that gloves made of natural rubber latex or nitrile have better barrier properties and are more suitable for dealing with spillages of blood or body fluids.
- Gloves should conform with the European Community Standard (CE marked).
- Polythene gloves are not recommended as these gloves tear easily and do not have good barrier properties.
- Latex free gloves should be provided for staff or children who have latex allergy.

How to Remove Gloves:

- Peel the first glove back from the wrist.
- Turn the glove inside out as it is being removed.
- Remove the glove completely and hold in the opposite hand.
- Remove the second glove by placing a finger inside the glove and peeling it back. Pull the glove off over the first glove.
- The outside surface of the glove should not be touched.
- Hand washing should be performed following glove removal.



Source: US Centers for Disease Control and Prevention

Aprons:

Wear a disposable apron if there is a risk of blood or body fluids splashing onto skin or clothing, for example during activities such as cleaning up spillages of body fluids (e.g., blood, vomit, urine) or dealing with nose bleeds. Change aprons after caring for individual children. Wash hands after removing the apron. Aprons should be disposable, single use and water repellent. The apron should cover the front of the body from below the neckline to the knees. Cloth aprons or gowns are not recommended. Remove the apron by breaking the neck ties first, then break the ties at the back and roll up the apron without touching the outer (contaminated) surface. If gloves and an apron are worn remove the gloves first followed by hand washing.

Food and Kitchen Hygiene:

Unless unavoidable, those staff involved in toileting children or nappy changing should not be involved in food handling. Where this situation is inescapable, care workers should change their outer clothing and wash their hands thoroughly prior to handling food.

Perishable food is kept in a refrigerator at temperatures of between 0 and 5 degrees.

Note: Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a fridge or cool place below 5°C.

If food is left at room temperature for more than 2 hours, it will be discarded.

Cleaning:

Cleaning is essential in the prevention of infection. Thorough cleaning followed by drying will remove large numbers of germs but does not necessarily destroy germs. Deposits of dust, soil and microbes on environmental surfaces have been implicated in the transmission of infection. Routine cleaning with household detergents and warm water is sufficient to reduce the number of germs in the environment to a safe level.

A “clean as you go” policy is currently in place:

- Play surfaces are cleaned, rinsed, and dried before use or when visibly soiled.
- Routine cleaning is accomplished using warm water and a general-purpose neutral pH detergent.
- Manufacturer’s instructions are always followed when using detergents and disinfectants about the use of personal protective clothing and dilution recommendations.
- We do not guess measurements and always use a measure. Extra measures will not kill more bacteria or clean better – it will damage work surfaces, make floors slippery and give off unpleasant odours.
- Water is changed frequently as dirty water is ineffective for cleaning.
- Disinfecting surfaces are then rinsed.
- Toilets, sinks, wash hand basins and surrounding areas are cleaned when required at least twice daily.

Laundry:

Linen used for cots and sleep mats are washed after each use / at the end of each week. Each child has their own linen.

Cleaning Cloths:

Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are washed separately.

Personal Protective Equipment (PPE)

The service will have an adequate supply of PPE for use when required by staff including disposable single use plastic aprons and non-powdered, non-permeable gloves e.g., when there is a risk of coming in contact with bodily fluids.

Toys and Equipment:

To reduce the risk of cross infection, all toys are cleaned on a regular basis (i.e., as part of a routine cleaning schedule) and toys that are shared are cleaned between uses by different children.

Protocol for Mouthing Toys

- Individual mouthing toys used for children who are teething will be brought in from home and only used if required.
- A 'Milton bath/tray' is in use in relevant rooms to facilitate the sterilisation of any mouthed toys/items. The 'Milton bath/tray' is replaced at a minimum of once per day.
- Staff will be vigilant that these items, if used, are not transferred between children, and are removed immediately after use.
- Such items must be sterilised in accordance with manufacturer's guidance. This will also apply to toys located in the room which children mouth. It is important to note manufacturer's instruction.
- A record is kept of sterilising such items.

Farms or Zoos:

Before the visit:

- Contact the farm or zoo being visited to discuss visit arrangements and ensure that adequate infection control measures are in place.
- Be satisfied that the pet farm/zoo is well managed, and precautions taken to reduce the risk of infection to visitors.
- Ensure children who will attend do not have allergies associated with the trip
- Ensure that hand washing facilities are adequate, accessible to small children, with running hot and cold water, liquid soap, disposable paper towels, clean towels or air dryers and waste containers.
- Ensure that all supervisors understand the need to make sure the children wash, or are helped to, wash their hands after contact with animals.

During the visit:

- Children are well always supervised.
- Allergies will be taken account of
- Any cuts and grazes are covered with a waterproof plaster.
- Hands are washed with warm running water and dried thoroughly after contact with animals/animal's feed, before eating and drinking, using the toilet and leaving the farm. Children will require supervised hand washing.
- Children do not eat or drink anything while touring the farm.
- Children only eat in the designated areas.
- Children do not put fingers in their mouths or the mouths of animals.
- Children wear appropriate clothing, including sturdy shoes or boots but not sandals.
- Visitors do not drink from taps unless specifically labelled as drinking water.
- Visitors do not touch compost, animal waste and, after any accidental contact, should wash their hands thoroughly.
- Since boots and clothes can become contaminated during the visit, children will wash their hands after removing the clothes and boots and before doing anything

else (e.g., eating). Dirty boots will be cleaned with hot water and detergent. Footwear will be changed or cleaned before leaving and then hands washed.

- Pregnant staff members will not handle sheep or new-born lambs at the visit.
- If a member of the group shows signs of illness (e.g., vomiting and/or diarrhoea) after a farm/zoo visit, they are advised to visit their GP and explain that they have had recent contact with farm animals.
- If two or more members are ill, please follow the above action. The Manager will also contact their local Department of Public Health, as further action may be necessary.

Animals, Poultry and Fish:

- Hand washing 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.

Visiting Animals

Animals, birds and fish may carry infections, which can be transmitted to humans. Strict hygiene procedures are, therefore, required when handling and caring for these creatures to prevent illness. The children are encouraged to talk with staff regarding the animals and their care. Children's hands are always washed after handling the animals.

Precautions:

- Appropriate risk assessments must be carried out and an account must be taken of any allergies that anyone coming into contact with the animals may have and appropriate precautions taken.
- Parents/guardians must be informed before an animal visits the Service to establish if a child has an allergy or phobia to a particular animal.
- It might be advisable for the children to view the visiting animal from a safe distance, e.g. looking through a window to an animal outside.
- Staff should be aware that all species of reptiles may carry salmonella organism, particular care with hygiene must be taken when introducing these animals into the Service.
- Children must wash their hands thoroughly with liquid soap in warm running water after coming in contact with any animals.
- Children will be supervised at all times when handling animals and will be taught correct handling and care of the animals.
- Staff must wash their hands after cleaning out the animals and dispose of all soiled matter in the outside bin.
- Children must not help to clean the animals' environment.

Care of Animals:

- Correct guidelines and care of the animals must be followed.
- Information regarding feeding, cleaning, and any other care information should be obtained from reliable sources.
- Suitable secure housing must be provided for the animals.
- Arrangements will be made for care of the animals over the weekend and overnight if necessary.
- Any animals brought into the Service by visitors are to be their responsibility however staff are still responsible for assessing any risks and taking any necessary precautions.

The following principles underpin the management of pets in our Service:

- Only animals in good health will be allowed into the service.
- Children will be supervised when handling pets.
- All animals will have documented inoculations and are registered with a vet for regularly check-ups.
- All animals will be treated for parasitic infections, as advised by the vet.
- All animals will be regularly groomed and checked for signs of infection, flea infestation, or other illness.
- If pets become ill, diagnosis and treatment by a vet will be sought.
- Pets will not be allowed to wander freely through the Child Care area.
- Pets are be housed in a segregated, enclosed area away from the main areas in which children are cared for and they are kept, and fed, in this dedicated area.
- These areas are kept clean, bedding regularly changed, droppings being removed as soon as possible.
- Feeding bowls are kept out of reach of children.
- Once opened pet food containers are kept separate from food for human consumption.
- Food is not prepared and does not come in contact with children's food preparation areas.
- Hands are washed following any contact with animals, their food, bedding or litter.
- Food not consumed in one hour is taken away or covered to prevent attracting pests.

Fish:

The person in charge will ensure that fish will be fed appropriately, and their tank will be cleaned regularly.

Feeding the Goldfish:

The goldfish needs to be fed once a day and a record will be kept. It is important not to feed them more than once a day otherwise you're increasing the amount of waste the fish is producing and also increasing the risk of over feeding. A goldfish

is an **omnivorous scavenger** which means it will eat anything. After ten minutes of eating remove any leftover food from their tank.

Cleaning Routine:

- Scoop out faeces or leftover food each day with the net and discard safely.
- The bowl/tank should be cleaned weekly.

How to change the water:

- Catch the fish with a small net and place it in a smaller bowl full of room-temperature water from the original bowl.
- Empty the original fishbowl into the sink. Catch any rocks or other objects in a strainer.
- Rinse the bowl thoroughly with hot water, scrubbing the sides with a paper towel, if needed.
- Pour out the dirty water and repeat with more hot water. This will help kill germs and bacteria.
- Clean the bowl using a chemical cleaner designed specifically for gold-fish bowls. Never use soap or detergent when washing a fishbowl.
- Rinse the bowl out thoroughly with cold water.
- Run cold water over the objects in the strainer (gravel, plastic plants) until they are clean. Return them to the bowl.
- Refill the bowl and let the new water sit for 24 hours to allow the chlorine in the tap water to evaporate and to bring the water to room temperature.
- Now you can return your fish to the original bowl.
- Remember to wash your hands.

Dogs:

- Dogs will not be allowed into the playrooms or kitchen areas.
- Dogs will be kept in a secure environment and will not be allowed to roam freely in the garden.

- Staff will ensure that the garden and paved areas are kept free from dog dirt.

Cats:

- Cats will not be allowed into the playrooms or kitchen areas.
- Staff will ensure that the garden and paved areas are kept free from cat dirt.

Litter Box Care:

- Pregnant staff will never change a cat's litter box.
- Protective apron and gloves will be worn.
- Staff will wash hands immediately after removing protective clothing.
- A disposable liner will be fitted to the box for easy cleaning.
- Soiled litter will be changed daily.
- Litter will be sealed in a plastic bag and disposed of in household waste.
- The litter box will not be sited near food preparation, storage or eating areas.
- The litter box will be disinfected whenever the litter is changed by being filled with boiling water, which is allowed to stand for at least five minutes in order to kill toxoplasmosis eggs and other organisms.
- Litter boxes are not accessible to children.

Rabbits:

- Rabbits will be kept in a secure environment.
- Staff will be responsible for cleaning the rabbit's environment

Lambs:

- Pregnant staff members will not handle sheep or new-born lambs at the visit.
- Lambs will not be allowed into the playrooms or kitchen areas.
- Lambs will be kept in a secure environment and will not be allowed to roam freely in the garden.
- Staff will ensure that feeding bowls or bottles will be kept out of the reach of children.

- Staff will ensure that the garden and paved areas are kept free from lamb droppings.

Zoonoses:

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

Common Zoonoses:

Escherichiacoli 0157

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

Cryptosporidiosis

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

Salmonella

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

contact. Once again good personal hygiene practices are essential.

Orf

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

Ovine chlamydiosis (enzootic abortion of ewes - EAE)

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

The Monkeypox Virus

Monkeypox is an infection caused by the Monkeypox virus.

How You Get Monkeypox:

You can get Monkeypox from infected wild animals in parts of west and central Africa. It's thought to be spread by rodents, such as rats, mice and squirrels. You can catch Monkeypox from an infected animal if you're bitten by it, or you touch its blood, body fluids, spots, blisters or scabs.

It may also be possible to catch Monkeypox by:

- Eating meat from an infected animal that has not been cooked thoroughly.
- Touching other products from infected animals, such as animal skin or fur.

It's very uncommon to get Monkeypox from someone else. It does not spread easily between people. It takes close physical contact to spread between people. The biggest risk of spread between people is through sexual contact or close contact with family members.

It can also be spread through:

- Touching clothing, bedding or towels used by someone with the Monkeypox rash.
- Touching Monkeypox skin blisters or scabs.
- The coughs or sneezes of a person with the Monkeypox rash.

Monkeypox in Ireland:

In 2022 there was an increase in many countries including Ireland but the risk of catching it is low.

If you've been in close contact with someone who has Monkeypox, you'll be contacted by health professionals. If you have not been contacted, and you have not travelled to west or central Africa, it's extremely unlikely you have Monkeypox.

Source: www2.hse.ie/conditions.monkeypox

Symptoms of Monkeypox:

It usually takes between 5 and 21 days for the first symptoms to appear. The symptoms usually clear up in 2 to 4 weeks. The first symptoms of Monkeypox include:

- High temperature (38 degrees Celsius or higher)
- Headache
- Muscle aches
- Backache
- Swollen glands
- Shivering (chills)
- Exhaustion

A rash usually appears 1 to 5 days after the first symptoms. The rash often begins on the face, then spreads to other parts of the body. If Monkeypox has been spread through sexual contact, the rash can appear around the genitals. The rash is sometimes confused with chickenpox. It starts as raised spots, which turn into small blisters filled with fluid. These blisters eventually form scabs which later fall off. Very occasionally people with a very weak immune system or very young babies can get a severe illness.

Urgent Advice - contact a GP if you have:

- Symptoms of Monkeypox and have recently returned from west or central Africa.
- Been in contact with someone who has Monkeypox.
- Unusual rashes or spots on your body, especially genitals (contact local STI clinic).

Things You Can Do to Avoid Getting Monkeypox:

Monkeypox is rare. But there are things you can do to reduce your risk of getting it while travelling in west and central Africa.

Do:

- ✓ Wash your hands with soap & water regularly or use alcohol-based hand sanitiser.
- ✓ Only eat meat that has been cooked thoroughly.

Don't:

- ✗ Do not go near wild or stray animals, including dead animals.
- ✗ Do not go near any animals that appear unwell.
- ✗ Do not eat or touch meat from wild animals (bush meat).
- ✗ Do not share bedding/towels people who are unwell and may have Monkeypox.
- ✗ Do not have close contact with people who are unwell and may have Monkeypox.

Treatment for Monkeypox:

Treatment for Monkeypox aims to relieve symptoms. The illness is usually mild. Most people recover in 2 to 4 weeks.

You'll usually need to stay in hospital, normally in a single-person room. This is so the infection does not spread to other people and your symptoms can be treated. Once discharged from hospital, your employer may request a 'fit-to-return' certificate from your GP to state that you are no longer infectious.

Source: <https://www2.hse.ie/conditions/monkeypox/>

What does Monkeypox rash look like?

The rash is more common on the hands, feet, arms, and legs. It also tends to follow a particular pattern: flat, round lesions (macules) growing into slightly raised bumps (papules), then into bumps filled with clear fluid (vesicles).

Images of individual Monkeypox lesions:



Source: <https://www.insider.com/monkeypox-rash-pictures-when-to-get-checked-2022-5>

Children's Rooms:

- Checklists are posted on the wall of the room and must be checked daily. All staff will also receive their own personal weekly rota, to be signed off.
- Staff are responsible for keeping their rooms clean and tidy.
- All room environments must be clean always. Toys, games, and work equipment must be placed on the shelves in an orderly fashion at all times.
- During the day, the room should be ventilated regularly.

If A Child Becomes Ill When Attending the Service:

- Parents/guardians will be informed of our concerns and procedures we are taking and will be asked to collect their sick child. We may need to call a GP or use emergency services.
- If a parent cannot be reached the next named on the emergency list will be contacted.
- If a child's temperature is raised it will be monitored, recorded and medication administered, if required.
- We advise that sick children must be kept at home.

Covid-19 Policy and Response Plan:

Links Relevant to Covid-19:

As the information regarding isolation and restriction changes regularly consult the following links when decisions must be made in implementing the policy

THE ISOLATION GUIDE (UNDER 13s)

<https://www2.hse.ie/conditions/covid19/preventing-the-spread/child-returning-to-school-or-childcare/>

WHEN TO RESTRICT MOVEMENTS

<https://www2.hse.ie/conditions/covid19/restricted-movements/restricted-movements/>

THE PATHWAYS DOCUMENT THAT SHOWS WHEN A CHILD CAN ATTEND /THE RISK MANAGEMENT

<https://www.gov.ie/en/publication/914a6-guidance-on-the-public-health-management-of-covid-19-cases-and-close-contacts/>

The Service's Infection Control Policy has been reviewed in the light of the COVID-19 pandemic and in accordance with HPSC and Tusla's Early Years Inspectorate Guidance and Information on how to operate a service successfully. What is set out below is the additional enhanced procedures and should be read in conjunction with the service's standard policy.

COVID-19 is a new illness caused by a new coronavirus (SARS-CoV-2) which is spread mainly through tiny droplets scattered from the mouth or nose of a person with the infection. The droplets can be scattered when the infected person coughs, sneezes, talks, laughs, shouts, or sings. To infect you, it must be droplets from an infected person's nose or mouth into your eyes, nose, or mouth.

Anyone can get this illness but to date the evidence is that older people and those in at risk categories are most seriously affected.

The most common symptoms are

- Cough - this can be any kind of cough, usually dry, but not always, and usually persistent.
- Fever - high temperature equal to or greater than 38 degrees Celsius.
- Shortness of Breath.
- Breathing Difficulties.
- Loss of sense of smell.
- Loss of sense of taste or a distortion of sense of taste.

It can take up to 14 days for symptoms to appear. Some cases are asymptomatic, meaning there are no symptoms, however if tested the person would likely test positive for COVID-19.

Symptoms in children

Parents of children with the following symptoms should be advised to keep their children at home and seek the advice of their GP.

- Fever equal to or greater than 38 degrees Celsius.
- A new cough, shortness of breath or deterioration in existing respiratory condition.
- Diarrhoea, Vomiting, abdominal pain (unlikely to be the sole symptoms, but may require testing if they occur with a fever).
- Loss of sense of smell, loss of sense of taste or a distortion of sense of taste (where children can express or describe these symptoms).

Children with above symptoms are likely to be referred for COVID-19 testing and will be advised to stay at home and self-isolate until test results are known.

If a child is sent for a test, the whole household must restrict movements until the results of the test are known. Parents must follow the isolation, restriction, and testing guidelines relevant at the time of the incident by consulting the HSE website and the child cannot return until they are COVID free, and it is safe to do so. If a parent is unsure of the guidelines they are encouraged to talk to management for assistance.

Self-isolation

Self-isolation means staying indoors and completely avoiding contact with other people. This includes other people in your own household, as much as possible. It applies to people with proven or suspected COVID-19.

Restricting movement

Restricting movement means avoiding contact with other people and social situations as much as possible. It applies to people who are without symptoms but considered at higher risk of developing COVID-19 because they were exposed to a particular risk e.g., are a close contact, travelled to a non-green list country.

The HPSC has published a quick guide to self-isolation and restricted movement which is very helpful in understanding what the difference is between self-isolation and

restricted movement and the conditions under which these processes are necessary. This guide changes regularly and will be consulted when an episode arises in the setting.

<https://www2.hse.ie/conditions/covid19/preventing-the-spread/child-returning-to-school-or-childcare/>

How it is transmitted or spread

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing, sneezing, shouting, singing).

It can take up to 14 days for symptoms to appear. The evidence indicates that people with symptoms appear to be the most infectious in the early days after their symptoms appear. In some cases, there may be pre-symptomatic transmission in the day or two before symptoms appear. Some cases are asymptomatic, meaning there are no symptoms, however the individual is COVID-19 positive and could transmit the illness.

Individuals can also be infected from touching surfaces contaminated with the virus and then touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours e.g., plastic, or stainless steel up to 72 hours and cardboard less than 24 hours.

Covid-19 Vaccination

Vaccination against COVID-19 is being rolled out in Ireland and our Service encourages participation in the programme.

Contact Tracing

The Minister of Health (in line with NPHET's advice) regularly issues guidelines to Early Learning Care service providers and managers around their response

practices to Confirmed COVID-19 cases and close contacts. Our policy is in line with this advice.

Ventilation

Rooms will be kept well ventilated by opening windows and using HEPA filters.

Risk management and COVID-19

In managing the risks associated with COVID-19 in the service, the risk management process outlined in the service's Risk Management Policy will be used. The risk management approach will focus on identifying the hazards, the level of risk and the controls to address the risks identified. Risk assessment forms will capture the risks identified, the level of risk and the control measures that have been put in place. An incident plan has been developed and is outlined in this policy, as part of the risk management process.

Attendance Records

Accurate attendance records of staff, children and visitors will be kept.

Cleaning between Sessions:

- The Service will be cleaned and ventilated between each session.
- The Service will be cleaned thoroughly throughout the day at designated times.

Daily Risk Assessment

Daily Risk assessment of classrooms, sanitary areas, sleep areas and outdoorshas been enhanced considering COVID-19

Areas of Risk

Some of the areas of risk that will be included in the risk management process:

People

- Children
- Staff
- Parents
- Visitors / contractors
- People in at risk or in high-risk categories
- Pregnant staff
- Staff absenteeism associated with COVID-19

Activities

- How staff work together
- How staff and children work together
- The circulation and movement of staff and children in the service
- The drop off and collection of children to and from the service by their parents/carers
- The movement of support staff in the service e.g., cooks, cleaners, administrators, managers
- The engagement of the staff with external contractors, delivery, waste management services

Environment

- Spaces – indoor and outdoor including the children's rooms, outdoor play areas, staff spaces, toilets, kitchen, entrances, reception areas, offices
- Equipment – office, children's play equipment
- Furniture – staff and children's furniture
- Toys / books, play materials

Staff Management and Training During Covid-19

Rosters

Management will confirm in advance to staff any changes relating to:

- Starting and finish times
- Rostering of breaks [as appropriate] please see breaks below.
- Arrangement of teams and how they will work together [where applicable]

Floating/relief people while recognised as essential will be limited as much as possible.

Any changes in staff rosters must be compliant with the adult/child ratios as set out in the Child Care Act 1991 [Early Years Services] Regulations 2016.

Management will confirm to staff the reason for the changes in rosters, start/finish times, and break. These arrangements may change in line with further updates regarding COVID-19 issued by the Government, Public Health Office, DCEDIY or Tusla, the Child & Family Agency. The arrangements will also depend on how the service reopens and children start attending the service.

Staff training

COVID-19 staff induction training

All staff in our Service will participate in Infection Control Training and Covid-19 to include:

- COVID-19 including symptoms, modes of transmission and how to reduce the risk of transmission of COVID-19.
- Revised policies such as infection control, risk management.
- The location and use of the Service's Isolation Room.

- The Service's COVID-19 Incident Plan on the actions to be taken if a staff member or child is suspected as having or tests positive for COVID-19.
- The revised procedures for drop off and collection of children.
- The revised and enhanced procedures for cleaning.
- How to use personal protective equipment in the event of a child or another staff member becoming unwell.

COVID-19 lead staff representative

At least one COVID–19 lead staff representative will be appointed by the employer, to work in partnership with them to assist in the implementation of changes to work practices and infection control measures. Our Covid Representatives are: Mary Coleman and Deborah Lawlor.

The staff taking up this role will receive training. The roles and responsibilities of this individual will include:

- Working collaboratively with the employer/manager to ensure that COVID-19 measures are strictly adhered to.
- Being aware of the signs, symptoms, transmission of COVID-19 and preventative measures.
- Being responsible for the PPE stock-check and items in use in the Isolation Room.
- Being familiar with what to do if a staff member or a child develops symptoms while in the service.
- Being familiar with all the COVID-19 measures in place in the service.
- Keeping up to date with government advice on COVID-19.
- Supporting effective communication between staff and management on the COVID-19 health and safety measures in place and how they are working.
- Being available to staff for any concerns they may have.
- Reporting problem areas or non-compliance to management.

Meetings

- Conduct meetings as much as possible using online remote means. Where face to face meetings is necessary, the length of the meeting should be kept to a minimum.
- Rooms in use for face-to-face meetings will have adequate ventilation.
- Rooms in use for face-to-face meetings will have hand gel readily available.
- Staff members must not gather in groups in the service or on arrival or when leaving. The service in cooperation with staff will organise the staggering of the movement of staff in and out of the service to support social distancing.

Staff clothing

- It is recommended that staff wear clean clothes or a clean uniform each day and, at the end of the day, that staff go home, shower and put uniform or work clothes in the wash immediately at a temperature of 60°.
- If space is available, staff come to work in their personal clothes and change into work wear in work after washing their hands. They should change back into their personal clothes at the end of the day to minimise transmission of virus into their home from the service.
- It is recommended that staff have some additional clean clothing in the service e.g., in case of spillages and/or bodily fluids coming in contact with their clothing.
- Hands and fingers are free from jewellery and acrylic nails.
- Nails should be cut short and free from polish.

On-going communication and support

- This is an uncertain time with many challenges. Public health advice changes as more are known about COVID-19 so the service will provide on-going support and communication to keep staff up to date.
- We will provide support for staff who may be suffering from anxiety or stress e.g., may have gone through traumatic events such as the serious illness or death of a relative or friend, or be experiencing financial difficulties.
- During the COVID-19 period regular 'check in' with staff should be carried out by management and/or the COVID-19 representative. Employees should raise any concerns/issues or suggestions.

Overseas Travel

We will follow any Government advice regarding overseas travel.

Control measures

The updated summary of how to keep staff and children safe in all services and reduce the transmission of the virus as set out at the beginning of this document applies to transport services.

Parent/guardian access to the Service

Parents are not permitted into the Service except by prior appointment only and face coverings are optional.

COVID-19 INCIDENT PLAN FOR STAFF

If a staff member becomes unwell and presents as a suspected case of COVID-19 while at work in the Service

The staff member will be accompanied to the isolation area via the isolation route by a designated person to reduce the risk of transmission to children and staff. The accompanying staff member must maintain a distance of at least 2 meters from the staff member who is unwell and will wear a surgical mask.



Provide a mask for the staff member, tissues if required, and to use the dedicated waste bin, as necessary.



The staff member should be advised not to touch surfaces, people, or any objects. A separate bathroom should be used if the bathroom is needed.



Assess whether the unwell staff member can immediately be asked to go home and contact their GP. This assessment may include temperature testing.



Arrange transport home or to hospital for medical assessment if necessary. Public transport of any kind should not be used. In cases of emergency call the ambulance.



If the staff member tests positive for COVID-19 they should follow the latest isolation and testing rules



The staff member should only return to the when they do not have COVID-19 symptoms and are not infectious. Advice should be sought from their GP.



Inform (as appropriate to your service) the manager, infection control officer, COVID-19 lead staff representative as soon as possible.



Carry out an assessment of the incident which will form any part of follow-up actions.



Arrange for appropriate cleaning and disinfection of the isolation area or any other area.



FOLLOW-UP: If COVID-19 is confirmed the Service will notify Tusla. The Staff member will complete a self-declaration of wellness before returning, after following the isolation rules.

COVID-19 INCIDENT PLAN FOR A CHILD

If a child becomes unwell and presents as a suspected case of COVID-19 while at the Service

The child should be brought to the isolation area via the isolation route by a designated person (who will wear a surgical mask) to reduce the risk of transmission to children and staff
The staff member should keep at least 2 meters apart from the child if possible.



Where a child is unable to walk or is too young to walk to the isolation area, staff member will wear protective equipment, i.e., disposable apron, gloves, and face mask, and carry the child to the isolation area using the Service's isolation route.



The staff member caring for the child in isolation can wear personal protective equipment, i.e., face mask, disposable apron, and gloves.



The child should be encouraged not to touch surfaces, people, or any objects. A separate bathroom should be used if the bathroom is needed.



Contact the child's parents immediately and ask them to collect the child and to contact their GP. Public transport of any kind should not be used. In case of emergency an ambulance should be called.



If the child tests positive for COVID-19 they should self-isolate and test according to latest advice



The child should only return to the Service when they do not have symptoms of COVID 19 and are not infectious. Guidance should be sought from their GP



Inform (as appropriate to your service) the manager, infection control officer, COVID-19 lead staff representative as soon as possible.



Carry out an assessment of the incident which will form part of follow-up actions.



Arrange for appropriate cleaning and disinfection of the isolation area or any other area.



FOLLOW-UP: If COVID-19 is confirmed the Service will notify Tusla. The Parent/Guardian will complete a self-declaration of wellness before returning, after following the isolation rules.

Risk Assessment

Our risk assessments as part of our Health and Safety Statement

There are three basic steps to completing a risk assessment:

- Look at the hazards.
- Assess the risks.
- Decide on the control measures and implement them.

The findings of the risk assessment process will be recorded in our safety statement. We will involve our employees, along with any safety representatives, in this process.

Signed: _____ **Date:** _____

Name:

Person responsible for approving the Policy

APPENDIX H: CLEANING FACILITIES

Cleaning Facilities Availability Within Our Service

Wash Hand Basins:	In the classrooms, toilets and nappy changing rooms.
Hand Sanitisers:	In the classrooms, the hallway and the outdoor area
Storage of Cleaning Agents:	In a locked storeroom.

APPENDIX I: EXCLUSIONS

This is minimum exclusion periods as recommended by the HSE. The Service may impose longer periods if it has a concern

Chickenpox:	Those with chickenpox should be excluded from school/nursery until scabs are dry; this is usually 5-7 days after the appearance of the rash.
Conjunctivitis:	Exclusion is not generally indicated but in circumstances where spread within the nursery is evident or likely to occur (e.g. in the baby room), it may be necessary to recommend exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
Campylobacter:	Children who have had campylobacteriosis should be excluded until 48 hours after their first formed stool.
Coronavirus	Check the HSE's latest exclusion and isolation guidelines.
Cryptosporidium:	Children who have had cryptosporidiosis should be excluded until 48 hours after their first formed stool.
Diarrhoea:	48 hours from last episode.
Diphtheria:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Food poisoning:	Until authorised by GP.
Glandular Fever:	Exclusion is not necessary.
Haemophilus Influenzae Type B: (Hib)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Hand, Foot and Mouth Disease:	While the child is unwell, he/she should be kept away from Service. If evidence exists of transmission within the day centre exclusion of children until the spots have gone from their hands may be necessary.
Head Lice:	Exclusion is not necessary [if treated and clear]
Hepatitis A: (Yellow Jaundice, Infectious Hepatitis):	Recommended while the child feels unwell, or until 7 days after the onset of jaundice, whichever is the later. The Department of Public Health will give advice on exclusion for staff and children.
Hepatitis B: (Serum Hepatitis)	Children who develop symptoms will be too ill to be at school/nursery and families will be given specific advice about when their child is well enough to return. There

	is little evidence to suggest that these infections can be transmitted in day care settings, and therefore carriers without symptoms should not be kept away. Staff with hepatitis b can work as normal; exclusion is not required.
Impetigo:	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
Influenza and Influenza-like Illness: (Flu and ILI)	Children with suspected or confirmed influenza should remain at home for 7 days from when their symptoms began. In general persons with flu are infectious for 3-5 days after symptoms begin but this may be up to a week or more in children. Children should not re-attend their childcare facility until they are feeling better and their temperature has returned to normal. Contacts do not need to be excluded unless they develop ILI symptoms.
Living with HIV/AIDS:	Exclusion is not necessary.
Measles:	Exclude the child while infectious i.e. up to 4 days after the rash appears. Generally the child will be too ill to attend school/nursery. In addition Public Health may recommend additional actions, such as the temporary exclusion of unvaccinated siblings of a case or other unvaccinated children in the school / nursery who may be incubating measles.
Meningitis:	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
Meningococcal Disease:	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
Molluscum Contagiosum:	Exclusion is not necessary.
MRSA: (Meticillin-Resistant Staphylococcus aureus)	Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the Child Care setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a Child Care setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
Mumps:	The child should be excluded for 5 days after the onset of swelling.
Norovirus:	Children who have been vomiting or have had diarrhoea should be excluded for 48 hours after resolution of their symptoms.
Pediculosis (lice):	Until appropriate treatment has been given

Pharyngitis/Tonsillitis:	If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from the Service until 24 hours after the start of treatment. Otherwise, a child or member of staff should stay at home while they feel unwell.
Polio:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Poliomyelitis:	Until declared free from infection by GP
Pneumococcus:	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
Respiratory Syncytial Virus:	Children who have RSV should be excluded until they have no symptoms, and their temperature has returned to normal. Contacts do not need to be excluded.
Ringworm:	Parents should be encouraged to seek treatment. Children need not be excluded from school/nursery once they commence treatment.
Rubella: (German Measles)	For 7 days after onset of the rash and whilst unwell.
Salmonella:	Children who have had salmonellosis should be excluded until 48 hours after their first formed stool.
Scabies:	Not necessarily once treatment has commenced.
Scarlet fever:	Once a patient has been on antibiotic treatment for 24 hours they can return to the Service, provided they feel well enough.
Shigella (Dysentery):	Children who have had shigellosis should be excluded until 48 hours after their first formed stool. For certain more severe types of shigella infection, it is recommended that the case should be excluded until two consecutive negative faecal specimens, taken after the first normal stool at least 48 hours apart, have been obtained. Your local Department of Public Health can advise you on the type of shigella.
Shingles:	Those with shingles, whose lesions cannot be covered, should be excluded from school/nursery until scabs are dry.
Slapped Cheek Syndrome:	An affected child need not be excluded because he/ she is no longer infectious by the time the rash occurs.
Temperature:	38 degrees and over.
Tetanus: (Lockjaw)	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.

Tuberculosis (TB):	Recommendations on exclusion depend on the particulars of each case, e.g., whether the case is “infectious” or not. The Department of Public Health will advise on each individual case.
Typhoid and Paratyphoid:	Very specific exclusion criteria apply; the local Department of Public Health will advise.

APPENDIX J: IMMUNISATION SCHEDULE:

Preschool immunisation schedule for children born since July 2008

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

Children born before July 2008 will have been immunised under the previous schedule.

APPENDIX K: DISCLAIMER TO BE SIGNED BY PARENTS WHERE CHILDREN ARE NOT VACCINATED

NAME OF CHILD: _____

CHILD'S DOB: _____

I have decided that my child will not be vaccinated according to the HSE recommended schedule.

I understand that in a group childcare setting the consequences may include:

- Contracting the illness that the vaccine is designed to prevent
- Transmitting the disease to others
- I understand that if there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children.

All information regarding your child remains confidential

Date:

Signed: _____

Parent/Guardian

APPENDIX L: SPECIFIC DISEASES

Head Lice:

Head lice can be a common problem in preschool children. Head lice crawl and require head-to-head contact for transmission. It is our policy to be proactive and manage the treatment. Parents/guardians have a responsibility to adhere to all our recommendations, working together to address this common health concern.

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

It is important to remember that anyone can get head lice, however infestation is more likely among small children due to nature of how they play. Head lice do not reflect standards of hygiene either in the home or preschool environment.

Meningitis and Meningococcal:

Both these diseases are most common in children, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur

throughout the year, most cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. The most common germs that cause meningitis are viruses and bacteria:

Viral Meningitis is rarely life threatening, although it can make people very unwell. Most people make a full recovery, but sufferers can be left with aftereffects such as headaches, tiredness, and memory loss.

Bacterial Meningitis can be life threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of aftereffects and one in ten will die.

Signs and Symptoms:

Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be like many other more common illnesses, for example flu. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet. A rash that does not fade under pressure (see 'The Glass (tumbler) Test' below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.

However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.

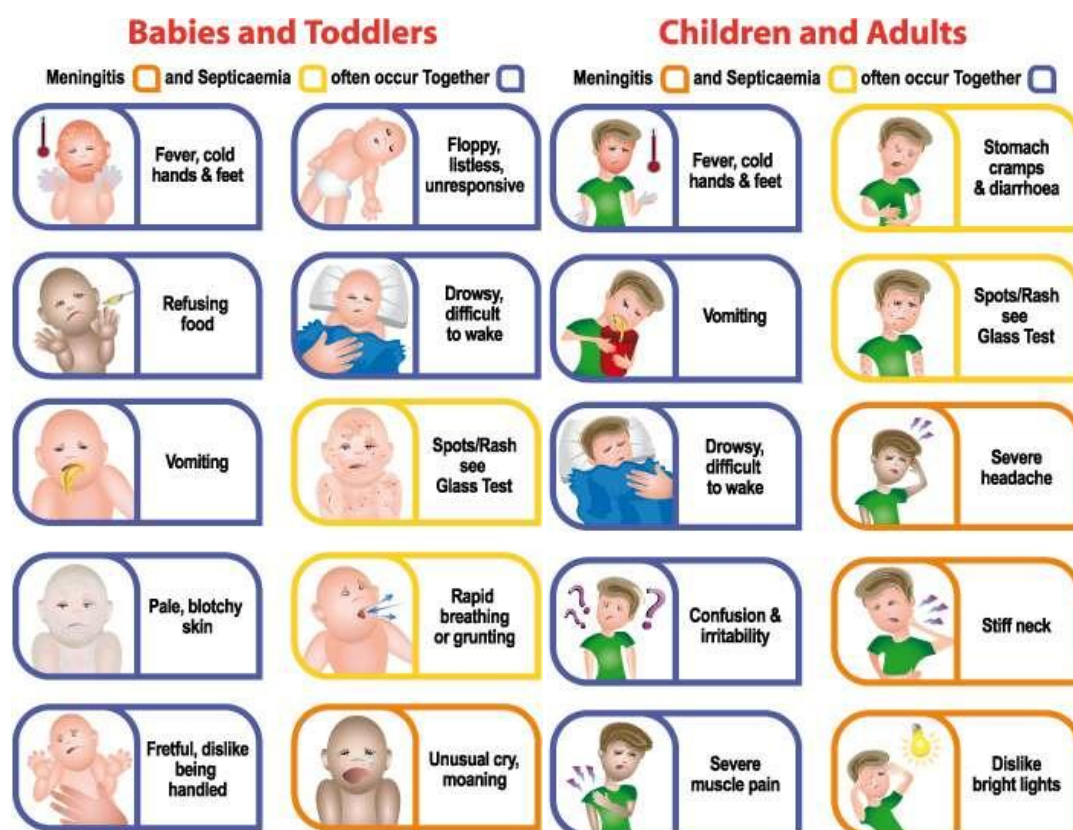
Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

A fever, together with spots or a rash that do not fade under pressure, is a medical emergency.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

Procedure for Managing a Suspected Case of Meningitis:

- If a member of staff suspects that a child is displaying the signs and symptoms of meningitis the child's doctor or our doctor on call will be contacted immediately, and the child's parents/guardians called.
- If a GP is not available, the child will be taken straight to the nearest A and E department. A member of staff will escort the child to hospital if the parent is unavailable.





Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years' service:

- The public health team will usually issue a letter to other parents/guardians to inform them of the situation. The aim of this letter is to give information about, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents/guardians by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be 'close contacts. These are usually immediate family members or 'household' contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations, a vaccine may also be offered. These actions are coordinated by the public health team.
- There is **no reason** to close the Child Care service.
- There is **no need** to disinfect or destroy any equipment or toys that the child has touched.

The likelihood of a second case of meningococcal disease is extremely small. However, if two or more suspected cases occur within four weeks in the same Child Care facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this time staff and parents should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried

that their child is unwell. **For more information, www.meningitis-trust.ie or 24-hour helpline 1800 523196**

Hand, Foot and Mouth:

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet, and bottom. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease.

The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via surfaces which have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

Symptoms:

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or 2 days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

How Hand, Foot, and Mouth Disease Is Spread:

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected persons are most contagious during the first week of the illness.
- The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Also, some persons who are infected and excreting the virus, including most adults, may have no symptoms.
- HFMD is not transmitted to or from pets or other animals.

Treatment of HFMD:

There is no specific treatment and antibiotics are not effective as it is a viral infection. Most children with HFMD recover completely after a few days resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a children's pain relief such as Calpol.

Prevention of HFMD:

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices.

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet or especially after changing nappies, after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (See Infection Control Policy)

- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- **Children should be kept away from the Service whilst unwell. If evidence exists of transmission within the Service, exclusion of children until the spots have gone from their hands may be necessary.**

Note: HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

The incubation period is 3 to 6 days, and the condition may last from 7 to 10 days.

APPENDIX M: CLEANING ROUTINES

Cleaning Routines for Toys:

Toys may be implicated in the transmission of potentially harmful germs and the development of infection in young children. Steps must be taken to ensure toys are maintained in a safe and usable state by regular inspection, scheduled cleaning and appropriate storage.

Soft Toys: should be kept to a minimum because they are porous, support microbial growth and can be difficult to clean. Soft toys must be subject to machine washing (Monthly or more often as necessary) and thorough air drying/tumble drying (according to manufacturer's instructions). Repeated decontamination of soft toys can compromise the integrity of the fabric and create a choking hazard, therefore ensure thorough checking takes place before and after use.

Hard Surface Toys: should be washed at least monthly or sooner if visibly soiled. Toys with moving parts or openings can harbour dirt and germs in the crevices and must be washed and scrubbed using soap and warm water/detergent wipes, before thorough rinsing and drying.

Mouthed Toys: Mouthed toys are to be cleaned on a daily basis using hot water and Milton. In order to reduce the risk of cross infection, it is important that all mouthed toys that are shared are cleaned between uses by different children.

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

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

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

Sand Pit: To keep free of toxic or harmful materials, rake the sandpit every morning and afternoon, keep the sandpit securely covered when it is not being used. Sieve the sand weekly and wash the sand play toys weekly and allow to dry. Replace sand every 2 or 3 months or more often as necessary. Sand play areas are separated from landing areas for slides or other equipment.

Water Play Tables: This service adheres to the following requirements for communal water tables:

- the basin and toys are washed and sanitised at the end of the day.
- staff ensure that no child drinks water from the water table.
- the floor and surface areas under and around the water table are dried during and after play.

Toilets: Toilets are checked regularly and cleaned appropriately as necessary.

Bins and Recycling: The room should have two bins; one for green bin recycling and one for everything else. Children will be encouraged to use the appropriate bins. Staff should ensure that bins are never allowed to overflow. If it is full empty it. The bins should be emptied and rinsed out at the end of every day. If a bin has a lid, the lid must be closed at all times.

Staff Hygiene: It is imperative to wash hands after handling bins, cleaning up vomit or urine, cleaning children's noses, before handling food, after handling food etc. This will help in the battle against infections.

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

Spillages and Hazards: The Safety, Health and Welfare at Work Act, 2005 applies.

Spillages: In the interests of health and safety the following procedures must be used when cleaning up spillages:

- Disposable gloves are provided by the service and must be used by staff to clean up any body spillages or faeces. When changing nappies or any clothing, which has urine or faeces on it, this procedure should also be observed.
- Warning notices should be displayed where appropriate.
- Any vomit or blood should be dealt with immediately by wearing disposable gloves and applying Milton directly on to the spillage, before cleaning up.

Hazards: If you discover anything, which may be a potential hazard to you, the children, other staff or members of the public who may be using the service you must take immediate remedial action. Report the hazard to the Manager who will record the hazard and take the appropriate action to rectify the hazard.

SAMPLE DAILY CLEANING ROUTINE:

- Wipe down all shelves in warm soapy water.
- Wash all table tops and wipe down table legs with a mild disinfectant.
- Wash down sink and surrounding counter area.
- Clean fridge as required, check dates on food, and remove if necessary.
- The fridge should be wiped out inside with antibacterial spray.
- The outside of the fridge is to be cleaned with a mild disinfectant.
- Wipe down windowsills in warm soapy water. Clean windows with warm soapy water if necessary.
- Wipe all exposed woodwork with a mild disinfectant.
- Wash all skirting boards with warm soapy water.
- Empty bin and replace bag.
- Replace hand towels and hand washing liquid as required.
- Clean toilet and disinfect toilet seat and base.
- Wash sink and disinfect taps.
- Empty bins and replace new bag, paper towels and toilet paper.
- Sweep/vacuum and wash floors with warm soapy water.

19. INTIMATE AND PERSONAL CARE

Document Title:	Intimate and Personal Care
Unique Reference Number:	019
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	2

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of intent:

- To safeguard the rights and promote the welfare of children and young people.
- To assure parents/guardians that staff are knowledgeable about personal care and that their individual concerns are considered.

Definitions:

‘Intimate Care’ can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.

‘Personal Care’ generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning.

These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Children may require help with eating, drinking, washing, dressing etc.

Procedure:

- Staff will work with parents/guardians and children to establish a preferred procedure for supporting the children in our care with their personal and intimate care.
- Where possible a staff member or the child’s key person is responsible for undertaking the care of an individual child. When this is not possible a staff member who is known to the child will take on that responsibility.
- Children are always asked by the member of staff caring for them, for permission to assist them and children who want to perform their own care are encouraged to do so with adult support when appropriate.
- Children will be cared for with dignity and respect for their privacy.
- Children will be encouraged to wash their own hands, brush their teeth and comb hair where relevant.
- Clean aprons and bibs are available for the children to use as required.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

20. NAPPY CHANGING

Document Title:	Nappy Changing
Unique Reference Number:	020
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	5

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

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

Statement of Intent:

The Service aims to ensure that nappies are changed in a caring and hygienic manner in a way agreed with the parents/guardians.

Policy and Procedure:

- In the interests of health and safety and best practice staff should ensure that when this procedure is taking place there are always two staff or at least another adult in full view of the procedure.

- Separate nappy changing facilities are provided.
- Rooms are equipped with disposable gloves/aprons for the staff and they must use a fresh pair of gloves for every individual nappy change. These are to be disposed of immediately after/with the soiled nappy before any other surface is touched.
- Each child has a designated storage facility which is labelled and includes their own nappies, wipes/cotton wool and barrier creams such as Vaseline or Sudocrem.
- There is no cross use of any of the creams, in the event that a spare nappy is borrowed it is documented on the nappy changing record and a replacement is given as soon as it is available. In the event that any supplies run out, parents/guardians are notified immediately or ideally in advance to say that supplies are running low. Parents/guardians are asked to replace or replenish these supplies as quickly as possible.
- Record of all nappy changes is kept on daily basis for each child on nappy changing record sheet and recorded in child's communication book (daily diary).
- Nappies will be checked every 2 hours or more often as necessary. A child should never be left in an uncomfortable situation and nappies should be changed as regularly as a child's comfort and hygiene demands. Children will be told they are being taken to the nappy changing area.
- Staff should follow the nappy changing rota and ensure that adequate staff ratios are adhered to.
- Staff will be sensitive to the child's needs and will treat the child with respect and dignity at all times.
- Staff should interact (sing and chat) and reassure the child appropriately during the nappy change.
- All staff are aware of manual handling procedures when lifting children. These procedures are on display in the nappy changing area.
- All Staff will be trained in hygienic nappy changing procedures.
- Staff undertaking nappy changes must not be involved in food preparation.
- Changing mats will be checked weekly for tears and replaced as necessary.
- The changing mat area will be cleaned **before** and **after** each nappy change with anti-bacterial cleaner and dried with a paper towel.
- The nappy changing room is cleaned and checked at regular intervals throughout the day and this is documented on the cleaning chart.

- Nappy bins will be emptied at regular intervals. Bins will always be emptied at the end of every day.
- Staff will report to Manager immediately after nappy change if the child is unduly upset or if they have any concerns or notice any marks, rashes bruising etc.

Children will never be left unattended. If required another staff member is always available to provide assistance.

Facilities:

- The nappy changing facilities do not communicate with any occupied room or food room, except by means of a hall, corridor, ventilated lobby or ventilated space.
- The facility is provided with adequate ventilation either naturally via openable windows or by means of mechanical ventilation.
- The surfaces of the area (i.e., worktop surfaces, walls, floor and ceiling) are smooth, durable and easy to clean.
- There is one nappy changing unit (wash hand basin and changing mat) provided for every ten children in nappies.
- Each wash hand basin has running cold and hot water, disposable liquid soap (ideally wall mounted) and paper towel dispensers. A pedal bin is provided for the disposal of paper towels.
- Mixer taps are hands free such as wrist, elbow, knee-operated or automatic sensor taps.
- Changing mats are waterproof, have an easily cleanable cover and in a good state of repair, i.e., no breaks or tears.
- Single use disposable gloves are available at the unit i.e., powder free synthetic vinyl or latex gloves.
- Appropriate shelving/safe storage is provided to accommodate all necessary nappy changing equipment, i.e., gloves, individual children's nappy supplies and creams/lotions.
- Nappies, gloves, and disposable aprons are disposed of along with soiled nappies by placing in a leak proof, cleanable and sealable/airtight container.

Procedure for Changing a Nappy:

Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff and to the surrounding environment:

- Staff undertaking nappy changes should not be involved in the preparation, cooking or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.
- Staff should ensure that they have all the equipment at hand and that their hands are clean before they start.
- Single use disposable gloves must be worn, i.e., powder free synthetic vinyl or latex gloves.
- Disposable gloves are to be worn when the child is ready to be changed (all required items set out). Gloves are to be removed immediately after the removal of the soiled nappy (along with the disposable apron) of each child, and a second set of disposable gloves (where used) are to be removed immediately after the use of any applied individual creams on each child.
- Ensure creams and lotions are not shared between children. Creams and lotions for each child should be individually labelled.
- Nappies, gloves and disposable aprons are disposed of by placing in a leak proof, cleanable and sealable/airtight container.
- Non-disposable nappies are double bagged and placed directly into plastic bags to give to parents. Solid faecal matter is disposed of into the toilet.
- Never rinse or wash non-disposable nappies because the risk of splashing may cause germs to spread to staff or children.
- Clean and dry the changing mat after each use. If soiled, clean, then disinfect using a chlorine-based disinfectant, (according to manufacturer's instructions), rinse and dry after use. All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).
- Staff must always wash their hands before and after every nappy change using warm water and liquid soap. Hands should be dried by means of single use disposable paper towels.
- The changing mats are checked on a regular basis and discarded if cover is torn or cracked.

Changes and abnormalities to be reported to parents/guardians and recorded:

- Any change in colour, frequency or consistency of stools.
- Green stools (may indicate under or over feeding, or infection).
- Blood.
- Watery stools and unpleasant smell.
- Passing urine less frequently.
- Urine which is dark in colour (may be due to dehydration).
- Baby has difficulty in opening the bowels or produces stools which are small and hard.
- Baby cries when opening the bowels.
- Nappy rash.

Signed: *Mary Coleman* Date: 30th June 2023
Name:

Person responsible for approving the Policy

21. SAFE SLEEP

Document Title:	Safe Sleep
Unique Reference Number:	021
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	16

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

This service will ensure every effort is taken to ensure that age and stage appropriate rest and sleep facilities are available within our service. Staff should be made aware of the infant's usual sleeping environment and practices. Children will never be forced to sleep and their own choices and routine will dictate their sleep times.

All staff working in this service, will receive training on our **Safe Sleep Practices**. Our safe sleep practices will be regularly reviewed and all new staff will be made aware of this policy at their induction.

Children's Individual Requirements

- Each child's comfort is provided for and there are appropriate opportunities to meet each child's needs for sleep, rest, and relaxation.
- The lighting in the sleep and rest rooms is reduced but only to a level where the staff can still conduct direct visual checks.

Children Under 2 Years

The sleep facilities for children aged less than 2 years depends on the number of children to be catered for.

- There is a separate sleep room for children aged less than 2 years **unless** there are no more than 6 children being cared for in on room. In such case, the sleep area can be in the same room with certain conditions in place.
- Where a maximum of 6 children aged less than 2 years are cared for in a room, the sleep room area for these children can be accommodated in the same room if the space measurement for each child less than 2 years is a minimum 4.2 square meters.
- The sleep area is quiet and restful, away from activity, movement and noise.
- The sleep room temperatures are kept between 16°C and 20°C.
- All children up to the age of 2 years within the service have access to and sleep in a standard cot unless the child has a history of climbing out over the cot - in which case a floor bed or mat is safer.
- Staff can easily move around the cot to provide for the children's care needs.
- A documented risk assessment on an individual child is completed if a child is identified as being likely to climb out of the cot.
- The number of cots provided within the Service is appropriate to the number of children within the service and the service type. The following table applies:

Child's Age (approximately)	Number of Cots
18 Months - 2 Years	Cots available for half the children in this age range

- All cots used by the Service for children under 2 years:
 - Are in good condition;

- Have a recognised safety standard;
- Have cot bars less than 6 cm apart (round) or less than 7.5 cm apart (flat);
- Have at least 50 cm between the top of the mattress and the top of the cot;
- Have no footholds in the sides or cut-outs in the end of the cot;
- are positioned away from potential risks (e.g. windows, curtains, blinds, direct sunlight, heated radiators)
- The cot mattresses used by the service are:
 - clean;
 - laid flat and not elevated;
 - the correct size and fit;
 - firm;
 - covered with waterproof material;
 - in good condition;
 - easy to clean and disinfect;
 - well aired and dry;
 - have a gap between the mattress and the sides of the cot that is less than 2.5 cm;
 - have a recognised safety standard.
- Individual bed linen (sheets and blankets) is provided to each child.
- The linen is laundered after each use unless it is reserved for the sole use of that child.
- Appropriate separate storage is available for:
 - unused clean linens;
 - linens that are not laundered after each use;
 - dirty linens waiting laundering.

Children Over 2s

- Children have a quiet space to enjoy unstructured, quiet activities of their choice or have a **rest** with soft seating and matting areas to sit or lie down (e.g. look at a book, listen to music, guided mediation).
- Children needing **sleep** have access to a low level bed or mat;
- We have a dedicated cozy area within the setting which is conducive to the above.

- Each child needing sleep is provided with an individual sleep mat or child bed (camp bed, stackable bed, mats) positioned in a way that allows easy access around each mat or bed.
- Beds and mats meet recognised safety standards.
- Sleep mats are cleaned between uses.
- Children aged 2 and over are offered a pillow at rest or sleep time.
- Children aged 3 and over can sleep on sleep mats or in the den in the pre-school room where they are normally accommodated once the needs of all the children in the room are met.

Items Prohibited for Sleeping Children

The following items are not used as a sleep facility by the Service:

- a. car seats, buggies, strollers and infant carriers
- b. inflatable mattresses, inflatable beds or waterbeds.
- c. beanbags.
- d. couches, sofas, settees and chairs.
- e. travel cots or portable cots.
- f. bunk cots or stackable cots.
- g. pillows and cushions as a base to sleep on,

Slings:

Where slings are used, the baby must be positioned solidly against the adult's body, in an upright position, with the baby's chin off their chest ensuring that their airway is free for ease of breathing.

Safe Sleep Practices:

- The Safe Sleep Checklist will be displayed in the sleep room.
- We risk assess the area daily.
- A No Smoking sign will be displayed in the sleep room.
- Infants will always be placed on their backs to sleep with their feet to the foot of the cot. Their heads will be uncovered
- If the infant is less than six months old and it is observed that they have turned onto their tummy, they should be gently re-turned onto their back.

- Do not place a hat on an infant's head when putting them down to sleep unless it has specifically been recommended for medical reasons.
- Ensure the bedclothes are firmly tucked in and no higher than just under the infant's shoulders, so that they can't wriggle down under the covers.
- All infants (under two) should be placed in a standard cot to sleep. The Child Care Act 1991 (Early Years Services) Regulations 2016 **does not permit** beanbags, chairs, bouncers and sofas as a sleep surface as all increase the risks of cot death.
- Rest mattresses/Toddler beds will be provided for the children over two years.
- Steps will be taken to keep infant/child from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the infant.
- Overheating is avoided. To check an infant's temperature, feel the back of their neck or tummy, if these areas feel too warm remove some bedding. Do not worry if hands or feet feel cool as this does not indicate their overall body temperature is incorrect. Room Temperature is recorded in sleep check records
- No bottle propping is permitted.

TUSLA Recommendation for Cot Numbers:

The number of cots provided should ensure that each child's individual need for sleep or rest can be facilitated. The following is a general guide to help estimate the number of cots needed:

- At 18 months-2 years of age, children need approximately 10-12 hours' night-time sleep and 1-day time nap of 1-2 hours. Therefore, cots for half the number of children catered for, in that age group is recommended.
- At 2 years, children need approximately 11-12 hours' night-time sleep and 1-day time nap of 1 hour. It is recommended that children's (up to 2 years old) sleep or rest needs are accommodated in a standard cot, unless the child has a history of climbing out over the cot, in which case a floor bed or mat is safer.
- An adequate supply of bed linen should be in place, to ensure that each child has their own linen.

Visually Checking Sleeping Babies/Children:

Sleeping Children are under staff supervision at all times

We use a sleep monitor (listening device) but also physically check by entering the sleep room.

Sleeping infants/children will be checked, every 10 minutes, by assigned staff. This record is on display. The Sleep Chart will be kept on file for one year after the reporting year. We will be especially alert to monitoring a sleeping infant/child during the first weeks the infant/child is in our care.

We will check to see if the infant/child's skin colour is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

Sleep Monitoring Of Over 2s

If children fall asleep within our setting, we will supervise the child and we will record a written check every 10 minutes. The child's colour and breathing is checked. If there is a concern about the child the illness or emergency or critical incident policy will be invoked. The child's welfare is paramount.

Dealing with Emergencies Unresponsive Child

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.

See Cot Death Procedure below for further information (Appendix O)

The sleep information will be recorded on a Sleep Chart including:

- The sleeping position
- Colour/pallor
- Breathing pattern
- The time of the check
- Who carried out the check
- The temperature of the room

Note: We have procedures in place for dealing with cot death.

Safe Sleep Environment:

- Room temperature will be kept between 16⁰ and 20⁰ Celsius and a thermometer kept in the sleep room. Recording and documenting room temperature during infant sleeps helps ensure babies are being cared for within recommended limits.
- Keep the room well ventilated but do not position a cot below a window or in front of a working radiator.
- Cot mattresses/rest mats/toddler beds should be completely covered in a waterproof fabric such as PVC. All mattresses should be regularly inspected for signs of damage to the waterproof fabric and if punctured, cracked, or torn, should be replaced immediately.
- Ensure that the gaps between the bars of the cot are less than 6.5 cm and that the space between the mattress and the cot is no more than 4cm.
- All cots/beds are marked with the child's name and will be covered by a sheet.
- Infants should not have pillows, duvets, bumpers, soft toys, or comforter blankets in their cot. Instead use one or more layers of light blankets (depending on the room temperature). Remember that one blanket doubled over counts as two blankets.
 - *We use cellular blankets. We do not use fleece blankets*
- Infant/child's heads will not be covered with blankets or bedding.

- Parents are advised to have a new mattress for each child within their own home; however, this is not practical within the early years setting. Therefore, each child will have their own bedding and the mattress should be checked, inspected, and disinfected between each infant sleep.
- Bedding is laundered at least weekly or more often if required. A record will be kept.
- No bottles will be permitted in cots.
- Soothers will be allowed in babies' cots while they sleep.
- Only one infant/child will be in a cot at a time, unless we are evacuating babies/children in an emergency.
- Smoking is not permitted on the premises or the surrounding areas adjacent to the premises.
- Infants/children are always supervised when sleeping/resting.
- Sometimes staff find it difficult to get some infants/children to sleep because they do not have an established routine at home. We appreciate parents/guardians' cooperation in this area and ask that a child's routine includes sleeping in a cot. If parent's/guardians are having trouble with this then they should talk to the child's key worker.
- Staff will help children to relax by creating a calm atmosphere.
- Children will be lifted from their cots/beds within 10 minutes should they wake or not settle

Soothers:

- Some research suggests that using a soother for every period of sleep may reduce the risk of cot death.
- Parents decide if their child is to use a soother. If used we will offer it at every period of sleep, including daytime naps.
- If the soother falls out during the sleep do not waken the infant up to put it back in. However, if the infant awakens then offer the soother once again.
- We never force an infant to take a soother or put it back in if the infant spits it out.
- We don't use a neck cord, and never coat a soother in anything sweet.

- It is recommended that soother use is introduced only after breastfeeding is well established (usually around 4 weeks) and that soother use is stopped between 6 and 12 months.
- Parents should provide 2 soothers in a sterilized container.

Swaddling or Wrapping an Infant:

Swaddling or wrapping an infant in a light cotton cloth is thought to provide some babies comfort and an overall feeling of safety. However, there has been some evidence that swaddling an infant increases the risk of cot death, particularly when swaddling is not carried out consistently and when blankets used for swaddling are too thick, contributing to overheating.

Staff need to consider how infants are placed to sleep at home and ensure that this practice is consistent with the care they provide. All parents/guardians should be asked whether they routinely swaddle their infant.

Advice for Infants that are Swaddled:

- Never cover an infant's head, and only use thin materials for swaddling. Muslin cloth or thin cotton help reduce the risk of overheating.
- Infant sleeping bags/grow bags are now available as an alternative to swaddling. Providing these are of the right size and tog for each infant these are safe to use.
- Infants must NEVER be placed prone (on their stomach) when swaddled.

Current research suggests that it is safest to swaddle infants from birth and not to change infant care practices by beginning to swaddle at 3 months of age when SUDI (cot death) risk is greatest.

Nappy Changing and Toileting:

- Nappies will be changed prior to putting the infant/child down to sleep and again on waking.

- Staff should check if older children need to wear a nappy while sleeping.
- Children should be encouraged to go to the toilet prior to sleeping and again upon waking.

Further information on safe sleep practices may be found at:

First Light

(Irish Sudden Infant Death Association)

Carmichael House, 4 North Brunswick Street, Dublin 7

Dublin Office +353 (0) 1 8732711 National Lo Call 1850 391 391

24 Hour Hotline +353 (0) 872 42 3777

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

APPENDIX N: SAFE SLEEP CHECKLIST (FOR DISPLAY)

- Infants will always be placed on their backs to sleep with their feet to the foot of the cot.
- Sleeping infants/children will be checked **every 10 minutes**, by assigned staff.
- The sleep information will be recorded on a Sleep Chart including the sleeping position, colour/pallor, and breathing pattern.
- Check to see if the infant/child's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly.
- Check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.
- Room temperature will be kept between 16⁰ and 20⁰ Celsius and a thermometer kept in the sleep room.
- Infant/child's heads will not be covered with blankets or bedding.
- No loose bedding, duvets, pillows, bumper pads, etc. will be used in cots.
- Tuck any blankets in at the foot of the cot and along the sides of the cot mattress.
- No toys and stuffed animals in the cot when the infant/child is sleeping.
- No bottles will be permitted in cots.
- Soothers will be allowed in cots while infant/child sleeps.
- Only one infant/child will be in a cot at a time, unless we are evacuating babies/children in an emergency.
- No smoking is permitted on the premises or the surrounding areas adjacent to the premises.

APPENDIX O: COT DEATH PROCEDURE

What is Cot Death?

“Cot death” is a term used to describe the death of a previously healthy infant, who has died for no apparent reason. It is sometimes referred to as Sudden “Unexpected Death in Infancy” (SUDI), which is defined as “the sudden death of an infant or young child which is unexpected by history and in which a thorough post-mortem examination fails to demonstrate an adequate cause for death”. The term “Sudden Infant Death Syndrome” (SIDS) is sometimes used on death certificates although it is more commonly recorded as “Sudden Unexpected Death in Infancy” (SUDI).

What happens?

In a typical case an apparently healthy infant is put down to sleep without the slightest suspicion that anything is out of the ordinary, although there are sometimes signs of a slight cold or tummy upset. When next checked, the infant is found to have died. Sometimes the time interval is only minutes. Although the term “cot death” is used, babies can be found in car seats, prams, in an adult bed or on a sofa or chair. There is often no sound or sign of a struggle, or of any distress. Whilst most cot deaths occur during the night, they can also happen during the day.

Which babies are at risk?

All babies are potentially at risk of cot death; however, there are certain circumstances where the risks are increased:

- The risk of cot death is highest during the first 6 months of life and decreases quite dramatically after this. However, a small number of cot deaths still occur in babies over 6 months, and very occasionally over 1 year old.
- There is a clear gender difference in cot death with boys being almost twice as likely to suffer a cot death as girls. The reason for this is uncertain.
- Cot death is more common in the winter months with approximately 60% of deaths occurring during the winter/spring compared with 40% in summer/autumn
- Second and later born infants in a family are at greater risk than first born.

- Research has shown that young mothers (under 20 years old) are more likely to lose an infant to cot death than older mothers. The average age of cot death mothers is two years younger than the general maternal population.
- Preterm (less than 37 weeks' gestation) or low birth weight babies (under 5½ lbs) are more likely to die from cot death than full term infants. Twins are also more vulnerable.
- There is a seven-fold increase in the risk of cot death if the mother smokes during pregnancy. This risk is further increased if the father also smokes
- • The infants of mothers who misuse substances are also more vulnerable to cot death and alcohol consumption by adults in the home seems to have an adverse effect.

(Source <http://www.scottishcotdeathtrust.org/skyblucms/resources/early-years-guide-31.08.15.pdf>)

Procedures for dealing with a Cot Death:

- If you think that a child has stopped breathing or may be dead, a member of staff will immediately commence resuscitation, while another member of staff should:
 - (a) Phone 999, 911 or 112 or the local GP and request assistance.
 - (b) Give the ambulance /GP relevant and direct information:
 - Your name.
 - Address and telephone number of the premises.
 - The circumstances of the emergency.
 - The age and gender of the child.
 - Try to remain calm.

What happens next?

- The Garda will probably arrive.
- Under the Coroner's Act, 1962, the Garda are required to notify the Coroner and as the Coroner's agents are required to inquire into the circumstances of any sudden deaths where the deceased has not been seen or treated by a doctor within one month prior to the date of death, or of any death for which medical certificate as to the cause of death is not procurable.

- Contact the child's family immediately. Advise them that their child is seriously ill and that you have called an ambulance/doctor. If the ambulance/doctor wishes to immediately take the child to hospital and this is before the parents arrive, a staff member will, if possible, accompany the child on the journey to the hospital. If possible, remember to take the child's personal file with you.
- If the above has occurred, when contacting the parents tell them what hospital, and contact the hospital to let them know of the parents intended arrival.

If the parents arrive at the Service:

- When the parents arrive at the Service, immediately bring them to where the child is.
- Allow them some private time to be with and hold their child.
- Explain to the parents that because their child has died suddenly and unexpectedly, the Garda will call to visit them, and that you as the carer will be asked some questions.
- The GP or a member of the Garda, will have the task of officially informing the parents of the death of their child.
- Parents usually want to know the details there and then surround the death of their child.
- Let them know that you are willing to give them all the details and answer any questions they have.
- Be aware that parents may wish to visit you repeatedly to go over the events.
- The parents may apportion blame to you and the staff. Therefore, professional help will be sought for staff as this is a highly emotional and distressing time for everyone.

What to do back at the Service:

- Try as best as possible to retain some form of normality for the sake of the other children as they will very quickly notice the vibes and the emotionally charged atmosphere making them feel insecure and afraid. It may be necessary to take the other children out of the Service to a pre-arranged meeting point for parents to collect them
- Ensure that the child's clothes and personal belongings are not thrown out.

- Do not launder any of the bed cloths that the child was using.
- Keep the area where the child was sleeping intact i.e., the cot, mattress, play pen etc., as this may be required by the Garda for research.

How to inform the other parents:

- Telephone all parents and tell them what has happened, and request them if possible, to come and collect their child.
- When parents arrive at the Service to collect their child, privately explain to them their child's reaction to the infant/child's death and try to reassure them.

What to say to the children?

- Try to continue the children's daily routine as normally as possible.
- Answer the children's questions honestly and simply reassure them that their familiar staff member will be staying with them until their parents arrive to collect to them.
- The older children may ask direct questions e.g., 'is he dead?' you must answer them truthfully, but be sure that you inform their parents of their question and your answer.
- Be aware that children's reactions to, and perceptions of death are dependent on their age, experience, personality, and family circumstances.

The next stage, the days after:

- Contact First Light for support and advice.
- Organise counselling for the children, staff, and parents by contacting the Public Health Nurse, the Hospital or First Light.
- Discuss and seek permission from parents if they wish their child to avail of professional counselling.
- Call a parent/staff meeting and invited along a health professional to talk to, reassure the parents, and answer any questions that they may have.
- Representation of staff and parents to attend the infant/child's funeral can be discussed at the meeting, and the infant/child's parents contacted to seek their approval.
- Decide whether the Service will close for a period.

Supporting the parents:

- Demonstrate support to the infant/child's family but remember they may not want to have any communication with you as they find it too painful or they may be angry and blame you for what has happened, so be prepared for this reaction.
- If communication with the family is maintained, always refer to the infant/child by name.
- Make the child's personal belongings they had in the Service available to the parents if they wish.
- Provide on-going support by remembering the child's birthday and their anniversary, by keeping the child's memory alive.
- A tree could be planted, or a garden created in memory of the infant/child, which may add the grieving process.

These guidelines are recommended by:

First Light

4 North Brunswick Street

Dublin 7

Tele: 01) 8732711

Helpline Call Save: 1850 391391

22. RISK MANAGEMENT

See also Health and Safety Statement and Risk Assessment Sheets

Document Title:	Risk Management
Unique Reference Number:	022
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	6

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

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

Definitions

A **hazard** is anything with the potential to cause injury or ill health, for example chemical substances, dangerous moving machinery, or threats of violence from others.

Risk is the chance that someone will be harmed by the hazard. It also takes account of how severe the harm or ill health effect could be and how many people could be affected.

A **Risk Assessment** is ‘... a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.’ [A Guide to Risk Assessments and Safety Statements](#) Health and Safety Authority, 2016

It is a written document that records a three-step process (HSA, 2016):

1. Identifying the hazards in the workplace(s) under your control.
2. Assessing the risks presented by these hazards.
3. Putting control measures in place to reduce the risk of these hazards causing harm.

A further two steps are also required:

4. Recording findings and implementing them.
5. Reviewing the assessment and updating it if necessary.

Risk Assessments give details of the following:

- The potential hazard or risk being assessed
- The current controls
- Assessing the risk
- Additional controls if required
- The person responsible for implementing controls

Risk Assessments are completed to identify any potential hazards which pose a risk to:

- The service being well governed
- The health, welfare and development of each child
- The safety of children
- The premises being safe

The following risk assessments will be carried out and will be documented. Risk Assessments will show who was involved in risk assessment process

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

The people involved in developing risk assessments include health and safety personnel, management, staff and children's parents, where necessary

Risk Assessment of Individual Children

Individual risk assessment is an assessment of the potential risks that might occur in relation to a child and their individual needs. It is completed if the individual needs of a child warrant it, for example, a child with allergies, medication requirements or difficulties relating to their behaviour. An individual risk assessment provides an input to a child's Individual Care Plan and is kept in the child's individual record.

The Risk Assessment Procedure

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

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

When thinking about risk assessment, remember:

- A **hazard** is anything that can cause harm for example;
 - Sockets left uncovered
 - No first aider on premises
 - A worker lifting sleep mattresses against manual handling advice
 - Food being served without gloves
- A **Risk** is the chance (high or low) that the hazard will cause harm.

Identify Hazards:

- Walk around the service (outside and inside).
- Use a risk assessment checklist.
- Ask employees in each room if they can identify hazards as they may have noticed something.
- Check manufacturer's instructions to ensure workers are using equipment or materials properly.
- Check accident and incident forms – you may identify hazards this way.

What to do when you identify risk:

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

Risk Assessment of Employees, volunteers and others.

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

Risk assessment documents will be kept for one year or longer, if advised by the Insurance Company

Safety:

Employees Shall:

- Take reasonable care of their own Safety, Health and Welfare and that of any other person or children in their care that may be affected by their acts or omissions while at work.
- Familiarise themselves with and always conform to, the Service's Safety, Health and Welfare policies.
- Observe all safety rules and co-operate with their employers to comply with any of the relevant statutory regulations and directives.
- Use any suitable appliance, protective clothing, convenience or equipment in such a manner as to provide the protection intended for securing their Safety, Health and Welfare while at work.
- Conform to all instructions given by the management and others who have a responsibility for Safety, Health and Welfare.
- Use only as intended the correct equipment for the jobs, with all appropriate safety devices and keep tools in good condition.
- Direct any suggestions or concerns on matters of Safety, Health and Welfare to the Health and Safety Officer.
- Report to the Health and Safety Officer, without delay, all accidents, damage, defects or issues of safety. This includes accidents or near misses, whether persons are injured or not.
- Carry out hazard checks in their own area of work daily.
- Participate in statutory training as required (Paediatric First Aid, Manual Handling, Food Hygiene and Fire Safety).

Employees shall not:

- Intentionally or recklessly interfere with, or misuse any appliance, protective clothing, convenience, equipment or other means or things provided in pursuance of any of the relevant statutory provisions or otherwise, for securing the Safety, Health and Welfare of persons arising out of work activities.

- Carry out any tasks, which they feel they are not competent to carry out, or which involves unreasonably high risks.
- Be under the influence of any intoxicants likely to affect their ability to work safely or to supervise children. **Staff members must report any medical issue likely to affect their safety or that of the children or their colleagues as soon as possible to management.**

Signed: Mary Coleman Date: 30th June 2023

Name:

Person responsible for approving the Policy

23. CHECKING IN AND OUT AND RECORDING OF ATTENDANCE

Document Title:	Checking in and Out and Recording of Attendance
Unique Reference Number:	023
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	3

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent

It is the policy of this Service that a child(ren) will only be released into the care of people who have been authorised by the parents and guardians and who have been advised to the Service. The Service will ensure that appropriate measures are in place to record the children's attendance at the Service and that suitable resources are in place to do this effectively. The Service will also ensure that all people entering the premises are authorised to enter and their details are documented.

Each relevant staff member understands their role and responsibilities in relation to checking in and out and recording the attendance of children in the Service. Records pertaining to checking children in and out and recording of attendance are kept for two

years after the child leaves the service. *Please note records may be required to be kept for longer in certain circumstances.*

Record of Attendance: check-in and check-out record for children.

- Each child attending the Service is checked in and out by a relevant staff member.
- A record of each child's attendance is kept on a daily basis and is available and readily accessible to relevant staff.
- The record of attendance kept includes the following:
 - the full name of each child attending the service.
 - the date and time each child arrive and leaves.
 - a record of the name of **one** of the following people at the time the child arrives and leaves:
 - the person who delivers the child to the Service and collects the child from the Service.
 - the employee or unpaid worker responsible for checking the children in and out.
 - the record for each room accurately reflects the children in the room and it updated when a child leaves or enters.

Please see our policy on Authorisation to Collect Children.

Check-in and Check-Out Register for Other Parties

(Please also see Students/Visitors)

- A daily check-in/ check-out register is in place for people entering the premises **other than:**
 - A child attending the Service.
 - a person dropping off or collecting a child.
 - An employee.
 - an unpaid worker
- The following information is recorded in the check-in/check-out register for other parties:
 - The date.

- the person's name.
 - their contact numbers.
 - the reason for their entry.
 - the name of the person who approved access (employee or unpaid worker details)
 - the check-in times
 - the check-out times
- Access to the Service is restricted until the check-in register is completed by the person requesting access and their details authenticated by an employee or unpaid worker.
 - Other parties recorded in the check-in/check-out register do not have unsupervised access to children in the service.

Retention Period

The check-in/check-out register is retained for one year one year from the date to which it relates (QFA Appendix 22 p132)

Signed: _____ **Date:** _____

Name:

Person responsible for approving the Policy

24. DROPPING OFF AND COLLECTION OF CHILDREN

Document Title:	Dropping Off and Collection of Children
Unique Reference Number:	024
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	7

This policy has been communicated to parents/guardians and staff.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

The well-being, safety and security of all the children in the setting is our main concern. The following procedure has been drawn up to ensure that this is maintained at all times, that an accurate record is kept of all children in the Service including absences, arrival and departure and that all children leave the premises with either their main carers or the adults who are authorised to do so.

Consent is always sought from parents to (a) allow someone other than the parent/guardian to collect the child.

Records regarding authorisation are kept for 2 years from the time the child ceases in the service

Before any child starts the Service the parent/carer is required to provide the names and contact details of all people authorised to collect their child on their registration form. Only persons aged 16 years and upwards may be named on the registration form and will be permitted to collect the child.

If the named person/s cannot collect the child they are responsible for, the parent /carer must inform staff of the person, over 16 years of age, who will be collecting the child and give consent in writing where possible, with a clear description and contact details including address and telephone number of the responsible person.

If possible, we would like to meet the person collecting in advance, enabling the staff to feel confident about the child leaving safely and happily. In the instance that this is not possible we suggest a password is given to ourselves and the person collecting allowing us to allow entrance once the password has been checked at the door upon arrival.

In the instance of an unknown /unnamed adult coming to the setting to collect a child, they will be asked to wait outside while contact is made with the main carer. If this is not possible, they will be requested to wait until contact can be made. On no account will a child be allowed to leave the premises with an unauthorised person.

Any deviation made by any staff member will be considered as gross misconduct and will be dealt with appropriately.

All Children arriving at or being collected from the Service must be signed in and out by either a member of staff or a parent/guardian or their nominated person. Please see our policy on Checking in and Out and Record of Attendance.

Note: All children must be supervised during collection times, and when entering and leaving the service.

Attendance:

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

Morning Arrivals:

- For their own safety, children must be accompanied into the Service by a parent/guardian or their nominated person.
- Parents/guardian or their nominated person are responsible for their children during arrival at the Service.
- Under no circumstances may a child be left unattended on the premises; this includes a child on foot, in a stroller or wagon, in a car or other vehicle or in any other situation.
- Parents/guardians or their nominated person gain access to the Service by using the intercom system.
- A member of staff, a parent or guardian or their nominated person will register each child on arrival.
- Parents/guardians are asked to ensure that all external doors are securely closed for the safety of all the children when they leave.
- If a child will not be attending, we request that parents/guardians advise us.

Collection Policy:

- For their own safety it is the policy of the Service that no children will be permitted, under any circumstances, to leave the Service unaccompanied.
- Children must be collected by a parent/guardian or their nominated person.
- Parents/guardian or their nominated person are responsible for their children during collection at the Service and must accompany the child off Service premises.
- Parents/guardians or their nominated person gain access to the Service by using the intercom system.

- A member of staff, a parent or guardian or their nominated person will register each child on collection.
- Parents/guardians must collect their child by the agreed collection time. Parents/guardians will be asked to give the names of at least two other people who are authorised to collect the child. If the parent is late arriving to collect the child, the person in charge will endeavour to contact the parent. In the event of being unable to contact the parent, the person in charge will contact the other named persons to collect the child.
- Children will not be released into the care of a person under the age of 16 years or to a person who appears to be incapable of caring for the child. Should this situation arise the staff will contact an authorised collector. If no one is available to collect the child, then the person in charge should contact the TUSLA social work child safeguarding team. Services are required to get proof of age for persons over 16.
- Nominated persons who are unknown to the Service will be required to produce either a driving licence, passport or other photographic identification which states the person's date of birth so that the Service can ensure that person is over 16 years of age.
- In the event of a parent collecting another child a prior arrangement must be made.

If the nominated person arrives in an unfit state

Parents/guardians/Nominated Persons should be in a fit state to collect their children. If a parent arrives in an 'unfit' state, for example under the influence of alcohol or drugs, the senior member of staff on duty will contact the other parent or nominated person as listed on the child's registration form (depending on authorisations and circumstances) or will contact the duty social worker or the Gardaí. The child's welfare and safety will always come first.

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

Children should be collected only by the adult/s named on the 'Collection Authorisation'. Should the person responsible be unable to collect the child, a letter of explanation must be presented signed and dated by the parent / guardian with a contact telephone number, the staff member will then telephone the parent prior to

allowing the child leave the Service. If the parent personally arranges this with the staff the telephone call may not be necessary, but signed consent will be required at all times.

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

Late Collection of Children:

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

We reserve the right to charge a late collection fee for persistent lateness in collection of children. Our fee is €5.00 for every 15 minutes or part.

Early Collection of Children:

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

Late Drop Off:

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

Where a child is not collected:

In the event that child is not collected from the Service after the expiration of 10 minutes after the appointed time, the Management will contact the parents/guardians by telephone to ascertain when they will be arriving at the Service to pick up their child. Management will then make arrangements with the parent in relation to collection. Please note that a late collection fee of €5.00 for every 15 minutes or part applies.

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

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

Separated and Divorced Parents:

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

- We cannot refuse either parent to collect their child unless a Court Order is in place. However, we reserve the right to seek clarification of identity when one parent has not had any contact with the Service, or the contract has been with one parent only and a second parent makes unexpected contact. This is usually in circumstances where a separation is happening.
- We ask that parents give us information on any person that **does not** have legal access to the child.
- Where custody of a child is granted to one parent, we would ask parents to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there are any legal documents i.e. Custody Order, Barring Order we would ask parents to provide us with a copy to keep on file.

Attempted collection by a parent who has been denied access in a Court Order:

- A parent who has been denied access to a child through a Court Order will not be permitted on to the Service's premises
- If the parent who has been denied access becomes threatening or violent and insists on removing the child from the Service, this will be viewed as trespassing. The Service will in this event contact the Local Garda.

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

Note: Records of all Collections are kept for up to two years from the time the child ceases in the service.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person approving the policies

25. FIRE SAFETY

Document Title:	Fire Safety
Unique Reference Number:	025
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Method of communication of policies to Relevant Stakeholders (full policies via email, hard copy)	Email
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	9

This policy has been communicated to parents/guardians, staff and relevant stakeholders.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

We will follow all relevant legislation. We will also ensure we follow the 'Guide to Fire Safety in the Premises used for Preschool Services' from the Department of the Environment. This is to ensure the safety, health and welfare of the children, staff and parents/guardians who are in the Service.

Fire drill procedures are carried out in a child friendly format to ensure the safe evacuation of the children availing of the Service.

In the interests of a child friendly approach children are taught the fundamentals of fire safety and drills are carried out in a manner that the children can understand. Staff will be aware of any children who may become upset during fire drills will offer reassurance.

Policy and Procedures:

We will ensure that:

- Record of all fire drills held are retained by the Service.
- Fire drills will be carried out at different times monthly. A written record will be kept on file and will be available for inspection.
- Records of fire drills will demonstrate that:
 - They are initiated by setting off the fire alarm.
 - All children attending the Service are included in the drill.
 - How many children and staff are present?
 - The fire drill is carried out at different times of the day and on different days of the week and includes all groups.
 - The date and time of the drill.
 - The length of the drill.
 - Routes of escape used.
- Fire extinguishers and blankets will be stored appropriately, ready for use and in good working order.
- A record of the number, type and maintenance record of all firefighting equipment including fire extinguishers and smoke alarms will be kept and they will be serviced annually with a record maintained of the service dates. The records will include:
 - A maintenance certificate from a competent contractor or company.
- All employees will be trained on the Fire Safety Policy
 - The procedure to be followed in case of fire with particular awareness of the layout of the premises and the ages of the children.
 - Where firefighting equipment is located.
 - How to use firefighting equipment.
 - The location and operation of fire doors and fire exits.
 - Carrying out and recording fire drills.
 - Fire safety risk assessment.

- Staff will be trained/retrained at least every 2 years.

A record of this training will be recorded and kept on file for inspection and a Fire Notice setting out the procedure to be followed in a fire drill is displayed in a prominent place in the Service.

- Smoke detectors will be placed at strategic points in the building and 'hard wired'.
- The smoke detectors will be checked at least once a month to ensure they are working. A record will be maintained of the dates on which the detectors are checked.
- Materials contained in bedding and internal furnishings within the Service will be of EU standard (i.e., kite symbol or CE compliant) in relation to fire retardant properties and will be nontoxic.
- Heat emitting surfaces will be protected by a fixed guard and/or thermostatically controlled to ensure safe temperatures.
- A system for giving warnings in the event of fire must be provided.
- Escape route and exit doors should be maintained free from obstruction so that they can be safely and effectively used at all times.
- All flammable materials (oils, polish etc.) are safely stored outside of the children's areas. Waste is promptly disposed of and, in general, precautions are taken to ensure the prevention of occurrences likely to constitute a fire hazard.
- Daily attendance records are kept.

Access to Records

- File records are stored securely.
- The fire drill and maintenance records are available to:
 - parents and guardians of children attending the Service.
 - parents and guardians of children proposing to attend the Service.
 - employees.
 - any authorised person.

Record Retention Period

Records of fire drills and maintenance records of fire-fighting equipment and smoke alarms are kept for 5 years after their creation.

Fire Notice

There is a notice setting out the procedures to be followed if there is a fire.

The notice is displayed in a prominent place in all areas of the Service.

The fire assembly point is located at the side of the Service in the set down area.

Fire Drill Policy:

The Service has a notice of the procedures to be followed in the event of a fire drill or evacuation posted on the wall in all areas. All staff members will be trained and should be familiar with their responsibilities with regards to fire drills and the procedures in case of the fire alarm going off. The fire alarm procedure must be shown to all students, substitutes and relief employees commencing work in the Service.

The Service has a lesson with the children about fire and why fire drills must be practiced. We do mock fire drills with the children.

Fire drills will be practiced on a regular basis, at least once a month. All persons on the premises at the time are expected to participate.

All children and staff members must be signed in and out accordingly onto the attendance record. This record will be used for fire drills.

The main thing to remember is to stay calm and not to panic. The children should be filed out and brought to the fire assembly point where roll call will take place.

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

Fire Drill Procedures:

If a fire is discovered or reported

- Sound the alarm and shout FIRE!
- Staff members should on sounding or hearing the alarm, stop whatever they are doing and leave the building with the children by the designated fire exit route. Using the following routine.
- When the fire bell sounds, the children are asked in a calm manner to form a line without delay.
- Led by one member of staff they leave the building by the shortest route.
- The staff member/s will take the roll book; check the premises, cloakrooms and then leaves last.
- A designated person will take the visitor book.
- Once outside stay outside.
- Do not stop to collect personal belongings or to put on coats.
- If possible, close doors and windows en-route.
- Meet at the assembly point.
- Do not re-enter the building until management of the fire brigade – fire safety officer informs you it is safe to do so.
- Roll call will be carried out by management at the assembly point to ensure all persons are accounted for.

Fire Evacuation Procedure for non-walkers (Babies and Wobblers)

If a fire is discovered or reported:

- Sound the alarm and shout FIRE.
- Begin evacuation procedure immediately.
- Open the nearest available exit and direct staff to begin opening the fire evacuation cot or place babies in the fire evacuation cot.
- The designated staff member should check all areas under their responsibility for babies i.e., changing room, sleep rooms, soft play area etc. and if safe to do so, while checking close all doors and windows in each area.
- Place babies, up to 6 at a time in the evacuation cot and begin evacuation of baby room/s and wobbler room/s
- Make your way to the nearest Fire Assembly Point outside the building.
- Do not stop to collect personal belongings or to put on coats
- Once outside stay outside

- Do not re-enter the building until management of the fire brigade – fire safety officer informs you it is safe to do so.
- A roll call will be carried out by management at the assembly point to ensure all persons are accounted for.

Fire Control:

A fire should only be attached if a person knows what they are doing and not placing their own life in danger. Fire extinguishers and firefighting equipment are provided for this purpose.





General:

Staff should follow procedures for operating the fire alarm as outlined in the Health and Safety Statement. All employees should be aware of:

- All escape routes from the premises.
- All fire exits are clearly identified and easily opened from the inside
- Method of operation of fire doors.
- The importance of keeping fire doors closed.
- How to isolate power supplies where appropriate.
- The importance of general fire precautions and good housekeeping.
- The staff are made aware of the potential of fire hazards as a result their activities and smoking on site is forbidden on site or adjacent to the building.
- All staff will take reasonable care in their work activities to ensure that they not generate any potential fire hazards. Any flammable liquids used on site will be stored away from heat sources in suitable containers which will be kept sealed to avoid build-up of flammable vapours.
- All firefighting equipment located on the premises will be in accordance with the requirements of the area that it is being located and will meet the required classification for that area based on the classifications as per I.S. 290: 1986 standard.
- All firefighting equipment is tested and serviced annually by certified contractors. In accordance with the recommendation of the appropriate *Irish Standard I.S 291.1998* for fire equipment, 30% of extinguishers will be discharged each year and relevant employees trained in the safe and efficient use of the equipment.

- The chart outlines the correct use of the most commonly available fire extinguishers. Please note that CO₂ extinguishers should not be used on paper or light material as they may spread burning fuel causing the fire to further spread.

Fire Extinguisher Chart

Extinguisher		Type of Fire				
Colour	Type	Solids (wood, paper, cloth, etc)	Flammable Liquids	Flammable Gasses	Electrical Equipment	Cooking Oils & Fats
	Water	✓ Yes	✗ No	✗ No	✗ No	✗ No
	Foam	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
	Dry Powder	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No
	Carbon Dioxide (CO ₂)	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes

When Dealing with a Fire:

Staff should be aware of the location of the firefighting equipment on the premises and the method of operation of this equipment prior to use in an emergency.

If a person's clothing is on fire, wrap the fire blanket, rug or similar article closely around them and lay them on the ground to prevent flames reaching the head.

If electrical appliances are involved, switch off the power before dealing with the fire.

Shut the doors and, if possible, the windows of the room in which the fire is discovered ensuring the main routes of escape are maintained at all times.

Call the Fire Brigade – The designated person(s) should call 999 and give precise instructions as to the address, including the name of the nearest main road and/or other landmarks

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

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

Staff Report – A member of staff should be on hand when the Fire Brigade arrives to provide any information they require.

Attack Fire – A member of staff can try to extinguish the fire but only if it is safe to do so, using proper equipment. Otherwise, wait until trained personnel arrive.

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

Sections 18 and 19, Fire Services Act 1981 ("the Act")

In compliance with Section 18 of the Act it shall be the duty of every person having control over premises to which this section of the Act applies to take all reasonable measures to guard against the outbreak of fire on such premises, and to ensure as far as is reasonably practicable the safety of persons on the premises in the event of an outbreak of fire.

It shall be the duty of every person, being on premises to which this section applies, to conduct themselves in such a way as to ensure that as far as is reasonably practicable any person on the premises is not exposed to danger from fire as a consequence of any act or omission of their part.

Section 19 of the Act: The owners of the Service hereby confirm that the Service is not contained within a potentially dangerous building as defined by Article 19 of the Act.

We have a Designated Fire Safety Officer.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

26. OUTINGS

Document Title:	Outings
Unique Reference Number:	026
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	1

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

The Service does not go on outings.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

ADDITIONAL POLICIES

27. SUPERVISION OF CHILDREN – INDOOR AND OUTDOOR

Document Title:	Supervision of Children - Indoor and Outdoor
Unique Reference Number:	027
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	5

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

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

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

Policy and Procedure:

This policy must be followed and implemented by all staff working in the Service. Staff must be vigilant and observant in their supervision to ensure the safety, health and wellbeing of the children at all times. Staff must be familiar with the environment and any possible hazards.

Appropriate Supervision:

- Each child attending the Service is under the supervision of a qualified staff member at all times.
- Children are supervised primarily by sight - that is, observation.
- Supervision for short intervals by sound (listening) is allowed as long as relevant staff can talk with the children who are out of sight (example: children who can use the toilet independently)
- Constant careful supervision by both sight and sound occurs to ensure children's safety, where risks are higher (examples: climbing trees, swimming, bonfires, ponds, water tables, sensory play activities)
- Supervision is appropriate at all times including during:
 - indooractivities.
 - outdooractivities.
 - mealtimes.
 - sleeptime.
 - toileting and nappy changing;
- Supervision considers:
 - the required adult : child ratio;
 - the individual children's needs;
 - the activities being engaged in;
 - staffing levels so that supervision of children is not compromised due to unexpected staff absences (examples: late arrivals, unplanned leave (sick leave)
- No person on the premises is under the influence of alcohol or any other substance that has a detrimental effect on their functioning or behaviour during the service's hours of operation. (Note: (foot note at the end of QFA p 75) The result of a wrong action or a failure to follow correct procedures

that has a damaging or harmful effect. The person in charge must be satisfied and have documentary medical advice for relevant staff members taking medication, confirming that the medication will not impair that staff member's ability to care for children properly)

Sleep

- Sleeping children are supervised at all times by:
 - A staff member remaining in the room where children are sleeping, or
 - a staff member going into the sleep room at least every 10 minutes and observing each child;
- Physical checks of sleeping children (at least every 10 minutes) are recorded in accordance with the service.
- Where used, sound monitors increase supervision but these monitors do not replace direct visual and auditory supervision.

Food and Drink

Children are supervised while eating and drinking.

Toileting

Children who are able to use the toilet facilities independently are supported to do so. Staff are within hearing range of children in case help is needed.

Quiet Play

- Spaces, indoors and outdoors, where children choose or have the opportunity for alone time or quiet play are designed with visibility in mind that allows constant adult supervision in an unobtrusive way.
- Equipment and furniture are arranged to ensure effective supervision while also respecting children's wishes for alone time and space.

Indoor Area:

The staff child/ratios for indoor play will be in compliant with the Child Care Act 1991 (Early Years Services) Regulations 2016. Staff/child ratios will be applicable to the age range specified in the Child Care Act 1991 (Early Years Services) Regulations 2016. Staff will be vigilant about supervising children indoors.

Entrance Area:

- All staff must follow the practices in relation to access and egress of parents/guardians and children through the main door.
- When people reach the outside door of the Service, staff should not allow entry unless they are sure that the person is:
 - A parent
 - An authorised collection person
 - A visitor (staff should be informed of any expected visitors and given the name and company of the person visiting)
 - Early Years Inspection Team
 - If in doubt, check with the Manager

Corridor/Hallway Area:

- Staff must be constantly vigilant in this area and children must not be allowed in the corridor unaccompanied.

Individual Rooms:

- A daily risk assessment of the rooms should take place.
- Staff should ensure that their presence and position in the rooms allows that all areas of the room are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- Staff should observe due care and attention when opening presses ensuring that children are not standing nearby.
- Child Care safety latches should be used at all times on the presses and the doors as appropriate.
- Staff should do regular headcounts and ensure they match with the child register.
- Staff should be aware of any 'blind spots' in the roomS

Outdoor Play Area [See also Outdoor Play Policy]:

The staff child/ratios for outdoor play will be in compliant with the Child Care Act 1991 (Early Years Services) Regulations 2016. A minimum of one staff for every group will be present at any one time. Staff will be vigilant about supervising children outdoors. The outside time is play time for the children. The adult is there to supervise and lead games or play and ensure that the children are in no danger to themselves or their peers. Staff should not sit and should ensure they have a good view of the whole area.

- Staff should ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- The outdoor play area must be checked by a staff for safety before any children use the outdoor play area (see outdoor play policy).
- A regular headcount should be done with the children outside and this should be matched against the register, which should be brought outside.
- Children should be made aware of any rules for playing outside [for example use of equipment]
- Children should not be allowed interfere with the gate in outdoor area.

(Please also see our Missing Child policy where a child goes missing from the Service)

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

28. MISSING CHILD

Document Title:	Missing Child
Unique Reference Number:	028
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	2

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

If a child goes missing the parents/guardians and the Gardaí must be informed immediately and without delay.

Tusla, the Child and Family Agency must be informed within 3 days

Statement of intent:

It is our intention to keep children safe at all times and to avoid a situation whereby a child is missing.

Procedure:

- Children are welcomed into the setting by a designated member of staff, who marks their presence in the daily register.

- A member of staff remains on duty by the door throughout the arrival and departure period of the Service and until all parents/guardians have left the premises.
- The main door is kept secure at all times when a member of staff is not on duty at the entrance.
- Children's times of arrival and departure are noted on the register, and a note is made in the register if a child is to leave early or with another adult.
- The outdoor area is supervised when children are outside and securely fenced and the gate secure at all times.
- Staff are deployed throughout the setting during the session, ensuring that no child is left alone for any period without an adult being aware of their location.
- The outdoor area is supervised.
- The rooms in which the children play is never left unsupervised/out of vision of staff.
- Staff remains on duty within the main room at all times, unless all the children and staff are in the outdoor area together
- If all Staff and children are outside and a child needs to come inside, a member of staff will accompany them inside.

In the event of Staff not being able to locate a child on the premises:

- The premises will be searched thoroughly and immediately.
 - The register will be called to determine which child(ren) are missing.
 - The grounds surrounding the service will be searched.
 - Staff will call the local Garda immediately and without delay.
 - Staff will inform the parents/guardians immediately and without delay.
 - A full and thorough review of procedures and practices will take place to determine how the incident occurred and changes will be made if appropriate.
 - An accident/incident form will be completed and appropriately signed
- (See Outings Policy for procedure to follow if a child goes missing on an outing)

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

29. SUN SAFETY

Document Title:	Sun Safety
Unique Reference Number:	029
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
Method of communication of policies to staff (email / hard copy / induction training)	Email and a hard copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
Date the Document is Effective From:	May 2023
Scheduled Review Date:	Annually
Number of Pages:	3

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

We will work with staff and parents/guardians to achieve sun safety.

Policy:

The Servicerequests that parents/guardians:

- Apply sun cream to their child/children before they attend the Service. It is the responsibility of the parents to apply sun cream to their child/children.
- Provide a sunhat for children.

The Service will ensure that:

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

We will work towards Sun safety through the following:

Education:

- Discussion with the older children about the sun and the need for protection.
- Letter to be sent to parents/guardians and guardians with regard to sun cream and protection.
- Time spent in discussion at staff meetings about sun safety in the garden.

Protection:

- Trees provide shade in the outdoor area.

Timetabling:

- Children will spend more time playing outside before 11.00am and after 3.00pm, and less time over lunchtime.

Clothing:

- We will actively encourage all children to wear a hat when playing outside – for any length of time.
- A small supply of hats will be available for those children who have forgotten their own.

Sunscreen:

- It is parents'/guardians' responsibility to apply sun cream to their children before entering the Service.

Drinks:

- Water will be available at all times in the classroom.
- Water will also be available in the garden while children are playing.

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

30. ANIMALS

Document Title:	Animals
Unique Reference Number:	030
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
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Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
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Number of Pages:	5

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

It is our policy to ensure that any animals visiting will be cared for according to their individual requirements and needs and will be kept under control.

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

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

Policy and Procedure:

Animals, birds and fish may carry infections, which can be transmitted to humans. Strict hygiene procedures are, therefore, required when handling and caring for these creatures to prevent illness. The children are encouraged to talk with staff regarding the animals and their care. Children's hands are always washed after handling the animals.

Precautions:

- Appropriate risk assessments must be carried out and an account must be taken of any allergies that anyone coming into contact with the animals may have and appropriate precautions taken.
- Parents/guardians must be informed before an animal visits the Service to establish if a child has an allergy or phobia to a particular animal.
- It might be advisable for the children to view the visiting animal from a safe distance, e.g. looking through a window to an animal outside.
- Staff should be aware that all species of reptiles may carry salmonella organism, particular care with hygiene must be taken when introducing these animals into the Service.
- Children must wash their hands thoroughly with liquid soap in warm running water after coming in contact with any animals.
- Children will be supervised at all times when handling animals and will be taught correct handling and care of the animals.
- Staff must wash their hands after cleaning out the animals and dispose of all soiled matter in the outside bin.
- Children must not help to clean the animals' environment

Care of Animals:

- Correct guidelines and care of the animals must be followed.
- Information regarding feeding, cleaning, and any other care information should be obtained from reliable sources.
- Suitable secure housing must be provided for the animals.

- Arrangements will be made for care of the animals over the weekend and overnight if necessary.
- Any animals brought into the Service by visitors are to be their responsibility however staff are still responsible for assessing any risks and taking any necessary precautions.

The following principles underpin the management of pets in our Service:

- Only animals in good health will be allowed into the service.
- Children will be supervised when handling pets.
- All animals will have documented inoculations and are registered with a vet for regularly check-ups.
- All animals will be treated for parasitic infections, as advised by the vet.
- All animals will be regularly groomed and checked for signs of infection, flea infestation, or other illness.
- If pets become ill, diagnosis and treatment by a vet will be sought.
- Pets will not be allowed to wander freely through the Child Care area.
- Pets are to be housed in a segregated, enclosed area away from the main areas in which children are cared for and they are kept, and fed, in this dedicated area.
- These areas are kept clean, bedding regularly changed, droppings being removed as soon as possible.
- Feeding bowls are kept out of reach of children.
- Once opened pet food containers are kept separate from food for human consumption.
- Food is not prepared and does not come in contact with children's food preparation areas.
- Hands are washed following any contact with animals, their food, bedding or litter.
- Food not consumed in one hour is taken away or covered to prevent attracting pests.

Zoonoses:

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

Common Zoonoses:

Escherichiacoli 0157

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

Cryptosporidiosis

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

Salmonella

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

Orf

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

Ovine chlamydiosis (enzootic abortion of ewes - EAE)

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

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

31. TOILETING

Document Title:	Toileting
Unique Reference Number:	031
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
Person responsible for approving Policy	Mary Coleman
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Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parent handbook and a copy of the policies are on the Service website
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Number of Pages:	3

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

All staff who work with children in the Service must follow this policy.

General Toileting Procedures:

At all times it is important to respect the rights and needs of the children in our care. When a child needs to use the toilet allow him/ her the privacy to do so. If the child asks you to accompany them to the toilet, do so.

- Children have unrestricted access to the toilet and don't have to wait to use the toilet.
- Children are allowed to take their time toileting.
- Staff encourage and support children to become more independent in toileting practices and to take part in the process if they are physically able (e.g. flushing the toilet)
- Setbacks and toileting accidents are treated in a sensitive and supportive way. Children are not made to feel embarrassed, ashamed or made to feel inadequate or be punished about any aspect of using the toilet.
- Go to the bathroom door ask the child if s/he wants the toilet door left open or closed.
- Reassure the child that you will wait outside the door where they can call if they need you.
- If the child asks you to help undo buttons or zippers where possible, have another staff member in the same vicinity for both the child's and staff members' protection.
- No two children will be permitted to enter a toilet cubicle together. This is to ensure their privacy as well as their safety.
- Young children need encouragement and help with self-care, wiping bottoms, flushing toilet, washing hands etc.
- Staff must use the disposable gloves and aprons provided, if cleaning up any spillages.
- Staff should be sensitive to accidents.
- Staff should maintain a pleasant atmosphere.
- The child's privacy should be maintained.
- Good hand washing practice will be used at all times [See Hand Washing procedure under Infection Control Policy]

Toileting Accidents:

A full set of labelled clothing should be provided by parents/guardians so that if a child has an 'accident' of this nature they will in the first instance be offered fresh clothing into which they can change. All such incidents will be recorded in the Incident Book or form and the parent/carer informed.

Toilet Training and a Child's Development:

Toilet training is based on the child's developmental level and their own readiness to start, rather than their age. Toilet training is agreed on and supposed by parents and guardians. If there is an individual toilet training plan, it is co-ordinated with the parents or guardians and kept in the children's individual record.

Signed: *Mary Coleman*

Date: 30th June 2023

Name:

Person responsible for approving the Policy

32. CRITICAL INCIDENT AND EVACUATION PLAN

Document Title:	Critical Incident and Evacuation Plan
Unique Reference Number:	032
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
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This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

The Service will endeavour to ensure that the children are protected and cared for at all times and in the event that the building needs to be evacuated staff will follow this plan safely and children will be supervised during any period spent outside the premises.

Definition of Critical Incident:

A critical incident is any incident or sequence of events which overwhelms the normal coping mechanisms of the Service.

Emergency Preparedness:

Emergency preparedness is the preparation and planning necessary to effectively handle a critical incident. It involves individuals assessing the likelihood of specific critical incidents occurring and developing an emergency plan that identifies the services they require, and the resources they need to have on hand in case such an incident occurs. The goal of these preparedness activities is to make sure that a Service is ready and able to respond quickly and effectively in the event of a critical incident.

Responsibilities and Roles in Emergency Planning and Response:

Management will:

- Ensure that the facility remains in compliance with Child Care Act 1991 (Early Years Services) Regulations 2016 in regard to:
 - First Aid
 - Medical Assistance
 - Management and staffing
 - Registering of children
 - Records
 - Information for Parents/guardians
 - Fire safety measures
 - Premises and Facilities
- Develop and review Emergency Preparedness Plan(s); emergency situations identified during risk assessment as being high risk to the Service will have a specific plan developed.
- Ensure that staff are trained in the provisions of Emergency Preparedness Plan(s).
- Ensure that children are prepared for the provisions of Emergency Preparedness Plan(s).
- Conduct evacuation and lockdown drills keep records and plan revisions based on drill evaluations.
- Assign emergency responsibilities to staff as required, with regard to individual capabilities and normal responsibilities.
- Keep parents/guardians and staff informed of the Emergency Preparedness Plan revisions.
- Carry out regular safety checks of equipment and toys and records kept.

Management will complete a Critical Incident Form for every possible critical incident.

Staff will:

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Participate in emergency preparedness training and drills.
- Help children develop confidence in their ability to care for themselves.
- Provide leadership during a period of emergency.

Management will:

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Conduct periodic safety inspections of the facility.
- Identify shut-off valves and switches for gas, oil, water and electricity
- Provide for emergency shut-off of the ventilating system (as applicable).
- Instruct all staff members on how to use fire extinguishers.

Parents/guardians:

Management will:

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

We have addressed emergency situations through our policies and procedures.

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

- A current list of staff members' names addresses and contact details for staff and next of kin.
- A current list of children including additional needs requirements.

- An attendance logbook.
- A current list of parents/guardians, second named guardian and nominated person including contact details.
- Adequate first aid resources and a current list of staff with first aid training.
- A quick reference guide with contact details for the Critical Incident Team and essential services.
- A clearly defined evacuation procedure which identifies pre-designated assembly areas and if required, a relocation shelter site.

Critical Incident Procedures:

When an incident occurs, staff will immediately alert management or another designated person. It is the responsibility of the person in charge to determine whether the incident is deemed to be critical. The person in charge or designated person will lead the emergency response and be guided by the Critical Incident Action Guide.

Immediate Response [within 24 hours]

- a) Identify the nature of the critical incident.
- b) Implement the appropriate emergency preparedness plan.
- c) Contact emergency services.
- d) Delegate immediate first aid to trained staff.
- e) If applicable, secure the area.
- f) Ensure safety and welfare of children and staff.
- g) Notify the critical incident team leader if not on site.
- h) Liaise with emergency services, hospital and medical services.
- i) Contact and inform parents/guardians and family members.
- j) Identify children and staff members most closely involved and at risk.
- k) Manage media and publicity.
- l) Maintain Emergency Operational Procedure and Time Log.

Lockdown Procedure:

- If there is a dangerous person inside or immediately outside the Service, the best procedure may be to lock all interior doors and protect staff and children in rooms.

- The service has agreed a code word or signal during the emergency planning process and all staff are trained to recognise this signal which warns them that there is a danger and that all rooms should be locked.
- Children will be kept inside the rooms, away from doors or windows where they can be seen.
- The person in charge will summon University Security or Garda Síochána. Efforts to get the dangerous person(s) to leave the premises should **only** be taken if it is safe to do so.

Step Down:

Staff should only unlock the doors to their rooms if they hear the previously agreed safe code word or signal. Or if no code word in use when they are instructed so to do by the Manager?

Shelter in the Facility:

If it is unsafe for the staff and children of the Service to go outside, provisions have been made to provide “protected spaces” inside. Depending on time available to move the children, it may be necessary to try to shelter in a “close” part of the building, rather than the most protected space.

A safe area is:

- ✓ In the interior of the building away from glass that may shatter.
- ✓ Not in a room with large ceiling spans (like gymnasiums or auditoriums) that may fall if subjected to strong winds.
- ✓ In a room where furniture and wall-hangings are secured so that they will not fall onto children or staff.

The protected space is: Preschool Room 2.

This location was identified during the planning process and is made known to all staff. All air intakes and openings should be closed to protect the atmosphere inside in the event that we are being kept inside because of smoke or toxic chemicals outside.

Emergency Evacuation after a Session has started:

- The alarm bell will be sounded by the Manager, or other nominated person, or the code word will be conveyed to staff.
- In the event of an emergency evacuation after the session has started, parents/guardians may be informed by telephone that they are required to collect their child as soon as possible from the Emergency Assembly Point.
- The children will be safely evacuated according to the current Fire Drill procedures to the Emergency Assembly point.
- Contact information for all the children will be taken out of the building along with the daily register.
- Once the building is evacuated, the emergency services will be called.
- Children will only be escorted back into the building under the advice of the emergency services or the person in charge once all threats to safety have been cleared.

Procedures for Dealing with a Trespasser:

If a trespasser is found on the premises the person in charge or another nominated person will:

- a) Establish their name and why they are on the premises.
- b) Inform another member of staff that they are dealing with a trespasser and activate the lock down or evacuation procedure if required.
- c) Offer help to the person or to call someone for them in the event that the trespasser is distressed, or it is suspected that they are under the influence of alcohol or other intoxicants.
- d) Request that the person leaves quietly.
- e) If the person refuses to leave the Gardaí will be called.

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

Post Assault/Post Trauma: Procedures and Guidelines:

In the event of any incident the Service Management should offer as much support as is reasonably possible to those involved.

Note: It is considered essential that the Service Manager and all staff are aware of the effects of assaults/serious incidents.

- The following areas need to be addressed for the staff:
 - Debriefing immediately following, or as soon as practical after an assault/incident.
 - Completion of report on the incident.
 - Follow up to check how the staff member is doing.
 - Outside/independent support for the staff member if appropriate.
 - Get immediate medical help if necessary.
 - Consult own GP and if advised take sick leave.
 - If appropriate avail of counselling service provided by an outside agency.
The service will meet this cost within a specified limit.
- Contact the union for advice, if applicable.
- Complete an Incident Report Form.
- Report assaults/incidents and serious threats to the Gardaí, but it is acknowledged that it is up to the individual staff member to make a decision on pressing charges.
- The Manager or other designated person should accompany the staff member when making a report to the Gardaí and also to Court if charges are brought and the staff member is required as a witness.

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

Secondary Response [24–72 hours]:

- a) Assess the need for support and counselling for those directly and indirectly involved.
- b) Provide staff, parents/guardians and wider community with factual information as appropriate.
- c) Arrange debriefing for all parents/guardians, children and staff most closely involved and at risk.

- d) Restore the facility to regular routine, program delivery, and community life as soon as practicable.
- e) Complete critical incident report.

On-going Follow-up Response:

- a) Identify any other persons who may be affected by the critical incident and provide access to support services for community members.
- b) Provide accurate information to parents/guardians and staff.
- c) Arrange a memorial service and occasional worship (as appropriate).
- d) Maintain contact with any injured and affected parties to provide support and to monitor progress.
- e) Monitor staff and children for signs of delayed stress and the onset of post-traumatic stress disorder, providing specialised treatment as necessary.
- f) Evaluate Critical Incident and Emergency Management Plan.
- g) Be sensitive to anniversaries.
- h) Manage any possible longer-term disturbances e.g., inquests, legal proceedings.

Evaluation and Review of Management Plan:

- After a critical incident, a meeting of the critical incident team will be held to evaluate the critical incident report, the effectiveness of the management plan and to make modifications as required.
- After any evacuation or security breach a full and comprehensive review will take place by Management and will include:
 - Completing an incident report form with a full report of how the situation was dealt with.
 - A report of any children or staff that have been distressed or upset during the incident or subsequent evacuation.
 - Evacuation procedures.
 - Security arrangements to avoid trespassers accessing the building.
- The evaluation process will incorporate feedback gathered from staff, parents/guardians and local community representatives.
- An evaluation report will be made available to the Management team.

Information/Training:

- These procedures should be known to all staff and reviewed on a regular basis and incorporated into the induction programme.
- Management and staff should agree an emergency code or signal.
- Under no circumstances must staff be made feel incompetent or apologetic for activating the emergency procedures.

Dealing with the Media:

In the event of a crisis, emergency or controversial situation, Maynooth University will handle all contacts with the media and will coordinate the information flow from the Service to the public. In such situations, all staff should refer calls from the media to the Manager or other designated person. No staff may talk to the media unless designated to do so. A breach of this may invoke the Disciplinary Policy procedures.

See Appendix P: Dealing with the Media

Signed: _____ **Date:** _____

Name:

Person responsible for approving the Policy

APPENDIX P: DEALING WITH THE MEDIA

Some events draw a great deal of media attention and this can add complexity and stress to what is already a difficult situation. The media can be used to dispel rumour and give a clear factual message.

On the other hand, the media can sensationalise the story. The primary concern at any time of crisis is to protect the privacy of those affected by the incident and to ensure any media attention is handled sensitively.

It is most important that all those involved understand how the media will be handled at times of crisis

Press Statement:

- Prepare a press statement that is factual and accurate.
- It should be brief and carefully considered.
- Avoid sweeping statements or generalisations.
- Consider privacy of families concerned.

Interviews:

- Decide if the Service wished to partake.
- Use designated times and in a specific press room (this keeps you in control).
- Preparation is key.
- Parents/guardians should be advised not to let children be interviewed.
- Delegate a spokesperson.
- Management should inform everyone concerned that only the nominated spokesperson will deal with the media.

Media Do's and Don'ts:

Do's	✓	Don'ts	X
Do write a press release and rehearse.		Don't go into personal details of those involved.	
Do consider getting professional help or help from your membership organisation .		Don't read the statement to the camera.	
Do use careful and sensitive language.		Don't engage in rambling discussions afterwards. Don't use "no comment".	
Do keep it short.		Don't respond to quotes from others.	
Do regard anything you write down as quotable.		Don't answer questions that you don't know the answer to.	
Do ask can you have sight of any press coverage.		Don't make "off the record" comments.	
Do ask for outline of questions in advance.		Let anyone, other than spokesperson speak with the media.	
Do avoid being drawn into speculation.		Don't make sweeping statements.	

33. PARTNERSHIP WITH PARENTS/GUARDIANS

Document Title:	Partnership with Parents/Guardians
Unique Reference Number:	033
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
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This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

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

Policy and Procedure:

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

We will adopt the following procedure:

- Ensure parents/guardians views and needs are incorporated, parents/guardians' rights respected, in regard to all cultural and religious differences.
- Ensure we adhere to respect confidentiality at all times.
- Welcome comments and feedback. Parents/guardians are encouraged to follow our complaints/compliments procedure in relation to any issues they may have regarding the services provided.
- Ensure parents/guardians are given regular information about their child's progress through informal and formal feedback –verbal and written.
- We use an IT app to connect with parents/guardians through their mobile phone and update them throughout the day
- Facilitate appointments and meetings.
- Ensure that all parents/guardians are informed about meetings and any other activities being organised.
- Ensure all parents/guardians are aware of the policies and procedures.
- Encourage parents/guardians to contribute their own skills, knowledge and interests through curriculum activities.
- If parents/guardians are separated, we may contact both parents/guardians to discuss a child's progress.
- We ask that parents/guardians to let us know if they will be picking up their child early so that we can have the child ready to minimise disrupting the rest of the group.

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

- Staff will make every effort to communicate with the parent/guardian using verbal/non-verbal methods.
- Staff will undertake to learn key phrases in the parent/guardian /child's language.
- Parents/guardians will be invited to become involved in the Service and share with staff and children the culture/history of the country of origin.

Open Door Policy:

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

Procedure:

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

Babysitting:

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

Working Together with Parents/Guardians:

- Encourage families to share their knowledge of their child with the staff members and staff reciprocate by sharing the knowledge of the children in general with parents/guardians so that there is a mutual growth and understanding in ways that benefit the child.
- Strive to develop positive relationships with families that are based on mutual trust and open communication. Engage in shared decision making.
- Acknowledge families existing strengths and competence as a basis for supporting them in the task of nurturing their child.
- Acknowledge the uniqueness of each family and the significance of its culture, customs, language and beliefs.

- Maintain confidentiality and respect the right of the family to privacy.
- Consider situations from each family's perspective, especially if differences or tensions arise.
- Assist each family to develop a sense of belonging to the Service in which their child participates.
- Acknowledge that each family is affected by the community context in which it operates.

Signed: *Mary Coleman* **Date:** 30th June 2023_____

Name:

Person responsible for approving the Policy

34. CURRICULUM

Document Title:	Curriculum
Unique Reference Number:	034
Document Author:	Maynooth University Creche, CB
Document Approved:	Mary Coleman
Person(s) responsible for developing, distributing and reviewing Policy	Mary Coleman
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Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

“Encouraging each child’s holistic development and learning requires the implantation of a verifiable, broad-based, documented and flexible curriculum or programme”.

Síolta – the National Quality Framework for Early Childhood Education

“Active learning, relationships, play, language, and meaningful experiences are priorities for supporting children’s early learning and development”.

Aistear-The Early Childhood Curriculum Framework.

Statement of Intent:

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

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

Children learn best when they:

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

Aistear: The Early Childhood Curriculum Framework

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

The Framework also provides guidelines on supporting children's learning through partnerships with parents/guardians, interactions, play, and assessment.

Aistear is based on 12 principles of early learning and development. These are presented in three groups:

1. Children and their lives in early childhood:

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

2. Children's connections with others:

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

1. How children learn and develop:

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

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

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

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

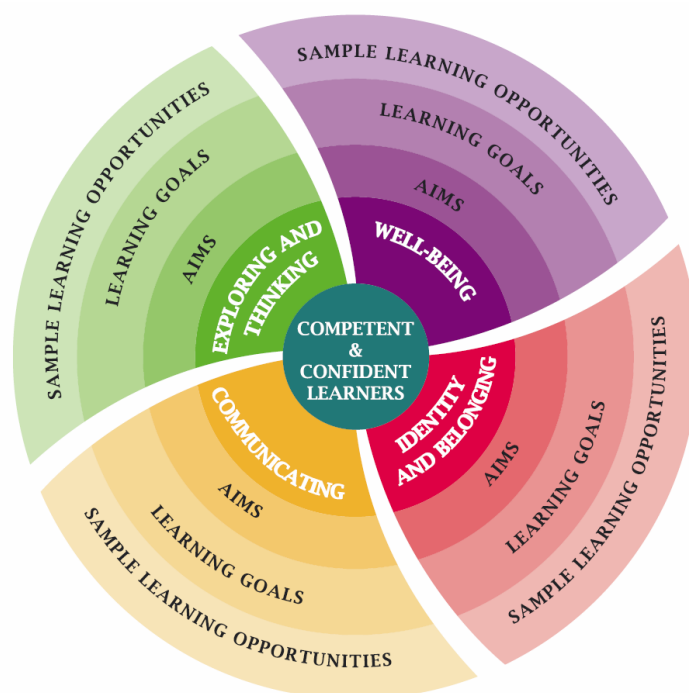


Figure 1: Curriculum Sheets

Staff will use curriculum planning sheets. A Curriculum timetable is used. Activities should be age and stage appropriate and should include a combination of child-initiated, staff-initiated, collaboratively planned and spontaneous activities. The Curriculum will ensure that children have a balance of activities from the developmental areas listed above. The activities may be “theme based” depending on the interests of the children at the time. We aim to establish sensory-rich outdoor and indoor learning environments to support our curriculum.

The Role of Staff:

- To be a positive role model.
- To offer guidance, support and encouragement.
- To be calm and gentle in approach.

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

Understanding children's learning:

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

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

Equipment:

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

- The layout of the room is carefully designed, and the equipment is low level and accessible for the children.
- The environment will encourage free choice and teaches the children to select, use and replace the materials/equipment after use.
- Some elements of the home environment will be established, our play will include clearly defined areas of interest (e.g.) home/ imaginative, sand/water, art/creative and construction play.
- New materials will be introduced on a regular basis, based on the children's developmental needs and interests.
- Staff responsible for the materials ensuring that all materials/equipment used is clean, safe and well maintained at all times.
- Parents/guardians can feel confident that their child is being cared for in a safe, happy environment.
- We strongly advise parents/guardians not to let children bring their personal toys to the Service as they may get mislaid or broken and cause distress.

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

Imaginative Play:

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

Books:

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

Music Activities:

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

- Inspire right-brain, creative thinking
- Induce relaxation

- Improve concentration and memory
- Increase verbal emotional and spatial intelligence

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

Creative Play:

Children are introduced to activities such as art and craft, paint and play dough, sand and water play.

Sand and Water Play:

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

Arts and Crafts:

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

Play Dough:

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

Jig Saw Construction and Manipulative Toys:

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

Energetic Play:

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

Drama:

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

Cooking:

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

Signed: *Mary Coleman* Date: 30th June 2023

Name:

Person responsible for approving the Policy

APPENDIX Q: Early Childhood Education Framework Principles

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. Assessment of young children.

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

APPENDIX R: RECEIPT OF POLICIES BY STAFF MEMBERS

By inserting the date and placing their signature against each policy below staff members are confirming: -

1. That they have received, read and understood each policy.
2. They have a clear understanding of their role and responsibilities in relation to each policy.
3. That they have received training in respect of each policy.

POLICY NO.	POLICY NAME:	NAME OF STAFF MEMBER	DATE POLICY RECEIVED	SIGNATURE
1	Statement of Purpose and Function to include: Mission statement and ethos; key information; range of services and facilities; general fee payment information			
2	Children's Charter			
3.	Complaints			
4.	Recruitment (including Garda Vetting and References)			
5.	Staff Absences			
6.	Staff Training			
7.	Staff Supervision			
8.	Settling-In			
9.	Behaviour Management (including Managing Challenging Behaviour)			

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10.	Inclusion			
11.	Health Eating (incorporating Food Hygiene)			
12.	Outdoor Play			
13.	Use of Internet, Photographic and Recording Devices (incorporating Multimedia)			
14.	Child Safeguarding Policy and Procedures			
15.	Child Safeguarding Statement			
16.	Medication Management			
17.	Accidents and Incidents (incorporating First Aid)			
18.	Infection Control			
19.	Intimate and Personal Care			
20.	Nappy Changing			
21.	Safe Sleep			
22.	Risk Management			
23.	Checking in and Out and Record of Attendance			

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24.	Dropping off and Collection of Children			
25.	Fire Safety			
26.	Outings			
27.	Supervision of Children - Indoor and Outdoor			
28.	Missing Child			
29.	Sun Safety			
30.	Animals			
31.	Toileting			
32.	Critical Illness and Evacuation Plan			
33.	Partnership with Parents			
34.	Curriculum			

APPENDIX S: REVIEW OF POLICIES BY THE SERVICE:

These policies are a working document and will be reviewed regularly and in line with changes in Legislation, Regulations, National Standards and Good Practice.

The following comments are for use at the next review:

POLICY NO.	POLICY NAME:	PROCEDURES AND FORMS:	DATE WRITTEN	REVIEW DATE
1	Statement of Purpose and Function to include: Mission statement and ethos; key information; range of services and facilities; general fee payment information			
2	Children's Charter			
3.	Complaints			
4.	Recruitment (including Garda Vetting and References)			
5.	Staff Absences			
6.	Staff Training			
7.	Staff Supervision			
8.	Settling-In			
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Maynooth University Creche Policies and Procedures May 2023

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13.	Use of Internet, Photographic and Recording Devices (incorporating Multimedia)			
14.	Child Safeguarding Policy and Procedures			
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19.	Intimate and Personal Care			
20.	Nappy Changing			
21.	Safe Sleep			
22.	Risk Management			
23.	Checking in and Out and Record of Attendance			
24.	Dropping off and Collection of Children			

Maynooth University Creche Policies and Procedures May 2023

25.	Fire Safety			
26.	Outings			
27.	Supervision of Children - Indoor and Outdoor			
28.	Missing Child			
29.	Sun Safety			
30.	Animals			
31.	Toileting			
32.	Critical Illness and Evacuation Plan			
33.	Partnership with Parents			
34.	Curriculum			

INFORMATION

SÍOLTA, the National Quality Framework for Early Childhood Education:

STANDARDS:

Standard 1: Rights of the Child

Ensuring that each child's rights are met requires that she/he is enabled to exercise choice and to use initiative as an active participant and partner in her/his own development and learning.

Standard 2: Environments

Enriching environments, both indoor and outdoor (including materials and equipment) are well maintained, safe, available, accessible, adaptable, developmentally appropriate, and offer a variety of challenging and stimulating experiences.

Standard 3: Parents/guardians and Families

Valuing and involving parents/guardians and families requires a proactive partnership approach evidenced by a range of clearly stated, accessible and implemented processes, policies and procedures.

Standard 4: Consultation

Ensuring inclusive decision-making requires consultation that promotes participation and seeks out, listens to and acts upon the views and opinions of children, parents/guardians and staff, and other stakeholders, as appropriate.

Standard 5: Interactions

Fostering constructive interactions (child/child, child/adult and adult/adult) requires explicit policies, procedures and practice that emphasise the value of process and are based on mutual respect, equal partnership and sensitivity.

Standard 6: Play

Promoting play requires that each child has ample time to engage in freely available and accessible, developmentally appropriate and well-resourced opportunities for exploration, creativity and 'meaning making' in the company of other children, with participating and supportive staff and alone, where appropriate.

Standard 7: Curriculum

Encouraging each child's holistic development and learning requires the implementation of a verifiable, broad-based, documented and flexible curriculum or programme.

Standard 8: Planning and Evaluation

Enriching and informing all aspects of practice within the setting requires cycles of observation, planning, action and evaluation, undertaken on a regular basis.

Standard 9: Health and Welfare

Promoting the health and welfare of the child requires protection from harm, provision of nutritious food, appropriate opportunities for rest, and secure relationships characterised by trust and respect.

Standard 10: Organisation

Organising and managing resources effectively require an agreed written philosophy, supported by clearly communicated policies and procedures to guide and determine practice.

Standard 11: Professional Practice

Practising in a professional manner requires that individuals have skills, knowledge, values and attitudes appropriate to their role and responsibility within the setting. In addition, it requires regular reflection upon practice and engagement in supported, on-going professional development.

Standard 12: Communication

Communicating effectively in the best interests of the child requires policies, procedures and actions that promote the proactive sharing of knowledge and information among appropriate stakeholders, with respect and confidentiality.

Standard 13: Transitions

Ensuring continuity of experiences for children requires policies, procedures and practice that promote sensitive management of transitions, consistency in key relationships, liaison within and between settings, the keeping and transfer of relevant information (with parental consent), and the close involvement of parents/guardians and, where appropriate, relevant professionals.

Standard 14: Identity and Belonging

Promoting positive identities and a strong sense of belonging requires clearly defined policies, procedures and practice that empower every child and adult to develop a confident self- and group identity, and to have a positive understanding and regard for the identity and rights of others.

Standard 15: Legislation and Regulation

Being compliant requires that all relevant regulations and legislative requirements are met or exceeded.

Standard 16: Community Involvement

Promoting community involvement requires the establishment of networks and connections evidenced by policies, procedures and actions which extend and support all adult's and children's engagement with the wider community.

For further information, see www.siolta.ie