



# Pelletstown

Registered with Tusla under  
Certificate No. TU2020FL011SA

## After School Policies and Procedures

(COVID-19: SEE OUR ENHANCED INFECTION CONTROL POLICY)

**Address:** Pelletstown Educate Together National School, Rathborne Vale,  
Ashtown, Dublin 15

**Phone Number:** 086 1966163

**Emails:** [hello@schoolkidsaloud.ie](mailto:hello@schoolkidsaloud.ie) / [jadeschoolkidsaloud@gmail.com](mailto:jadeschoolkidsaloud@gmail.com)

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

**Owner:** Jade Singh

**Manager:** Helen Joseph

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) (Registration of School Aged Services) Regulations 2018

SI 196/2022 – Childcare Act 1991 (Early Years Services) (Registration of School Age Services (Amendment) Regulations 2022

**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.

**Staff in the After School Service of School Kids Aloud Pelletstown are not "mandated persons" within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts").**

**To this end School Kids Aloud Pelletstown follows the principles of the role of the mandated person as defined within the Acts and obligates its After School staff to uphold such principles.**

**Accordingly reference to "mandated person" or "mandated persons" in these Policies and Procedures within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts") denotes Members of the Board of Management, Committee Members, After School staff, students, of School Kids Aloud Pelletstown.**

**For the purposes of clarification the Service's Designated Liaison Officer(s) and Deputy Designated Liaison Officer(s) in School Kids Aloud Pelletstown are at all times mandated persons within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts").**

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**INFORMATION:**

**SÍOLTA, the National Quality Framework for Early Childhood Education**

## 1. STATEMENT OF PURPOSE AND FUNCTION

<b>Document Title:</b>	<b>Statement of Purpose and Function</b>
<b>Unique Reference Number:</b>	<b>001</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Method of communication of policies to Children in the Service</b>	<b>A Child Friendly Version of this policy is available in the Service</b>
<b>Method of communication of policies to Stakeholders (full policies via email, hard copy)</b>	<b>Email</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>9</b>

**This Statement is developed in accordance with the Child Care Act 1991 [Early Years Services] [Registration of School Age Services] Regulations 2018.**

**This Statement is available and communicated to parents, staff and relevant stakeholders.**

**It is also available in child friendly format to school age children in the Service**

**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.**

**Purpose and Function:**

The purpose of these policies is to set out the Service's policies and procedures used in this After School service which include but are not limited to:

1. Statement of Purpose and Function
2. Dropping Off and Collection of School Aged Children
3. Fire Safety Policy
4. Medication Management
5. Behaviour Management (including Managing Challenging Behaviour)
6. Infection Control
7. Outings
8. Missing Child
9. Child Safeguarding Policy and Procedures
10. Child Safeguarding Statement
11. Smart watch, Tablet and Device Use Policy
12. Complaints
13. Insurance
14. Checking In And Out and Record of Attendance

**The Service also has the following additional policies:**

- Recruitment
- Settling In
- Absence Management
- Staff Supervision
- Training
- Inclusion
- Accidents & Incidents
- Healthy Eating
- Outdoor Play
- Risk Management

**The policies above are the current policies in place, and we will develop further policies as required.**

**Mission Statement and Ethos:**

School Kids Aloud (SKA) is a non-denominational, multi-racial organisation whose aims are to employ reliable and dedicated personnel to provide high quality holistic After School Care for children with a “Home from Home” experience and a child centred approach.

**KEY INFORMATION:**

<b>Opening Hours:</b>	7:30 a.m. to 8:30 a.m. and 1:00 p.m. to 6:30 p.m. (during term time) and 8:00 a.m. to 6:00 p.m. (outside term time)
<b>No of Weeks per year opened:</b>	44
<b>No. of Children attending the Service:</b>	90
<b>Capacity:</b>	108
<b>Age Range:</b>	4 years and 6 months to 12 years
<b>Ratios:</b>	1:12
<b>Programme of Activities:</b>	Homework support, football, basketball, board games, Lego, science experiments, free play
<b>Address:</b>	Pelletstown Educate Together National School, Rathborne Vale, Ashtown, Dublin 15
<b>Phone Number:</b>	086 1966163
<b>Email:</b>	hello@schoolkidsaloud.ie / jadeschoolkidsaloud@gmail.com

**Key Personnel: In-House**

<b>Manager (Person in charge):</b>	Helen Joseph
<b>Deputy in the absence of Manager:</b>	Erica Meli
<b>Health and Safety Officer:</b>	Helen Joseph
<b>Fire Officer:</b>	Helen Joseph
<b>First Aid Co-ordinator:</b>	Helen Joseph
<b>Relevant Person for the Purpose of this Statement:</b>	Jade Singh
<b>Designated Liaison Person:</b>	Jade Singh
<b>Deputy Designated Liaison Person:</b>	Helen Joseph
<b>Data Controller:</b>	Jade Singh

**Key Personnel: External**

<b>TUSLA Early Years Inspection Team:</b>	Ground Floor, Unit 4&5, Nexus Building, Block 6A, Blanchardstown Corporate Park, Dublin 15, 01 8975115
<b>TUSLA Social Work Department:</b>	Child & Family Agency, 180-189 Lakeshore Drive, Airside Business Park, Swords, Co Dublin, 01 8708000
<b>Garda:</b>	Navan Road Garda Station, 01 6667400
<b>Hospital:</b>	Blanchardstown Hospital, 01 6465000
<b>Garda Vetting:</b>	Barnardos, 021 4547060
<b>Fire Maintenance:</b>	The National School looks after this
<b>Pest Control:</b>	The National School looks after this
<b>Water Leaks:</b>	1850 278778
<b>Electricity Emergency:</b>	1850 372999 (24-hours)
<b>Gas Emergency:</b>	1850 205050 (24-hours)



**Type of Service:**

The purpose of this Service is to provide an After School facility for children aged 4 years and 6 months to 12 years. We open 44 weeks per year and daily from 7:30 a.m. to 8:30 a.m. and 1:00 p.m. to 6:30 p.m. during term time) and 8:00 a.m. to 6:00 p.m. (outside term time), Monday to Friday. We have capacity to cater for 108 children at any one time and our ratios are listed in the table. We currently cater for 90 children.

**Our Service is registered with Tusla under Certificate No. TU2020FL011SA**

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

**This service is privately owned by Jade Singh.**

**Activities:**

We provide a range of activities including homework support, football, basketball, board games, Lego, science experiments, free play.

**Range of Services and Facilities:**

**Our service:**

- We are open 44 weeks per year.
- We will close in July and August and for 2 weeks at Christmas.
- We are offering the following funding schemes: NCS

**Our Facilities include:**

- The Service shares it's outdoor area with the National School.
- 5 large, bright, spacious rooms
- Healthy and nutritious food cooked on-site
- Trained staff

- Breakfast Club
- After School with Homework Support
- Camps at Mid Term, Easter etc.

### **Homework Policy:**

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

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

### **Fees:**

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

- Fees must be paid monthly.
- Fees must be paid by bank transfer.
- Receipts will be issued.
- A deposit of €200 is taken in advance when a child is given a place.
- Deposits are refunded at the end of the school year.

### **Reviewing Fees:**

- Fees are reviewed annually by the management.
- Parents/guardians will be informed by giving four weeks' notice of any increase in fees.

- Any Increase in fees will be related to the cost of living increases and/or exceptional cost circumstances.

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

- Parents/guardians will be required to pay for any days/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 during July and August. These dates of 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 After School**

Two members of staff are required to be with the child/children in the case of a late collection.

- Parents/guardians are advised to keep within their agreed time for collection of their child/children. We require that all children are collected at the designated time in order that the service may follow health and safety practices to ensure that the service may close safely and on time.
- Please see the Collections and Arrivals Policy and Procedure.

- There is a Late Collection Fee of €1.00 per minute late.

### **Withdrawal of Children:**

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

- Give notice in writing that the child/children are deregistering from the service.
- Give four weeks' 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. Management agrees to give four weeks' notice of this to the Parent/Guardian to allow adequate time for alternative or more suitable care arrangements to be made for the child.

### **Withdrawal and Exclusion:**

We are an inclusive service and open our doors to children with abilities and disabilities. We ask parents to share with us as much information as possible to ensure the child's individual needs are met. Our aim is to provide the best possible accommodation, and to be inclusive, so far as is reasonable and within our resources to meet the best interests of the individual child and groups of children.

In certain circumstances, such as having a lack of required resources, it may be necessary to exclude children temporarily:

- When a child has an illness, as outlined in our infection Control Policy
- When a risk assessment indicates that the child should not attend as it may not be safe to do so following a risk assessment. This includes:
  - a. when children have severe behaviour difficulties that may be a danger to himself/herself, staff members, and/or the group of other children in attendance.
  - b. where a child is ill or recovering from an illness and is not fit to attend. This is relevant when a child may require one to one attention and/or close and constant monitoring.
  - c. where there are exceptional circumstances where group care is not suitable to the needs of the child.

In very rare circumstances we will have no option but to terminate the child's place. This, however, will be a last resort, following a detailed risk assessment and discussion with the parents/guardians. We will always endeavour to resolve any issues in a professional, practical manner and with the highest respect for child and family.

**Non-Payment of Fees:**

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

## 2. DROPPING OFF AND COLLECTION OF CHILDREN (includes General Collection Policy)

<b>Document Title:</b>	<b>Dropping off and Collection of Children (includes General Collection Policy)</b>
<b>Unique Reference Number:</b>	<b>002</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
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<b>Method of communication of policies to Children in the Service</b>	<b>A Hard Copy Child Friendly Version of this policy is available in the Service</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>10</b>

This policy is developed in accordance with the Child Care Act 1991 [Early Years Services] [Registration of School Age Services] Regulations 2018.

This policy is available and communicated to parents, guardians, staff and relevant stakeholders.

It is also available in child friendly format to school age children in the Service 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.

**Our insurance policy covers the collection and transportation of children adequately.**

**Statement of Intent:**

The well-being, safety and security of all the children in the service are our main concern. The following procedure has been drawn up to ensure that this is always maintained to the highest possible standards. An accurate record is kept of all children in the Service including any absences, arrivals and departures and to ensure that all children leave the premises with either their main carers or the adults who are authorised to collect them.

Before any child starts the Service the parent/guardian/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/guardian/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 of an unknown /unnamed adult coming to the service to collect a child, they will be requested to wait at a point outside the service until contact is made with the child's main carer/parent or guardian. On no account will a child be permitted 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 are 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 to the assigned point in 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 car or other vehicle or in any other situation.
- Parents/guardians or their nominated person gain access to the service by using the buzzer system.
- A member of staff, a parent or guardian or their nominated person will assist with the registering of each child's attendance, as required, on arrival.
- Parents/guardians are asked to ensure that any external doors/gates which they may have opened to gain access are securely closed again after they leave for the safety of all the children.
- If a child will not be attending, we request that parents/guardians advise us with as much notice as possible.

**Bringing Children to School from the Service:**

Where the service agrees to bring children to school each morning from the service, a signed consent will be sought from the parent/guardian.



**Walking Children to and from School, from the Service:**

- The children will be escorted by a known staff member who will always carry proof of identity. Prior contact will be made with the children and the school for new staff members assigned to dropping/collecting from schools.
- The children will go in a group directly from the Service to the school by the safest most direct route.
- The children may be required to hold hands when crossing roads. When walking staff will walk behind the children.
- The walk to school from the service will be risk assessed to ensure it is safe and appropriate ratios will apply at all times.
- When the children arrive at school they are handed over to a teacher.

**Transport arranged by parents/guardians:**

Where parents/guardians make their own independent arrangements for their children to be collected from school by car or bus and brought to the service, the safety of the child is the full responsibility of the parents/guardians/authorised person to transport the child to the service. The Service is not liable for any loss, damage or claims as a result of children travelling to/from school in other transport organised by parents/guardians.

**Transport by the Service:**

The Service does not transport children to and from school to the service.,

**Collection of Children by Parents/Guardians or Nominated Persons from the Service:**

- It is the policy of the service that no children will be permitted, under any circumstances, to leave the Service unaccompanied for their own safety, unless special permission has been previously sought and given.
- Children must be collected by a parent/guardian or their nominated person.
- Parents/guardians 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 knocking on the door.
- A member of staff, a parent or guardian or their nominated person will assist with the registration of each child, as required, 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/guardian 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 or in an unfit state to care 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 will contact the TUSLA social work child protection/safeguarding team. Services are required and within their right to seek 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.

**Children of school-going age arriving at or leaving the service unaccompanied:**

It is the policy of the service that no child may arrive at or leave the service unaccompanied. Where a parent/guardian requires that their child(ren) arrive at or leave the service premises unaccompanied, the service requires that such parent or guardian provides written confirmation and specific instruction to the service in relation to the arrangement.

**Note:** Where a parent/guardian so instructs the service that this is an arrangement of specific preference or necessity, a parent/guardian does so at their own risk and the risk to the child. The Service has no responsibility for and owes no duty of care to such child before the child's arrival at the service premises and immediately after the child has exited the Service's premises.

Such instruction will only be accepted by the Service from the parent or guardian of a child(ren) and not from a nominated person.

Please see Appendix A Parental Authority form for a child to arrive at or leave the service unaccompanied.

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

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

**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 Authorization' list. Should the person responsible be unable to collect the child, a written 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/guardian prior to allowing the child to leave the service. If the parent personally arranges this with the staff the telephone call may not be necessary but signed consent will always be required.

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

#### **Late Collection of Children:**

We understand that sometimes a parent/guardian is unavoidably delayed when coming to collect their child. We will ensure that the child receives a high standard of care with a view to causing 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 will be instructed accordingly.

Children are only released from the service to individuals named by the parent. Photo ID will be required to be shown by any persons not on the authorised collection list but named by the parent/guardian to be authorised to collect.

We reserve the right to charge a late collection fee for persistent lateness in collection of children. Our fee is €1 per minute late.

#### **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 disruption to 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 After-School programme.

**Where a child is not collected:**

In the event that child is not collected from the service after the expiration of 10 minutes following 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 applies of €1 per minute late.

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 make arrangements 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 prior 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 strictly confidential and will only be made known to the relevant staff. If there are any legal documents i.e. custody order, barring order, supervised access only etc., we would ask parents to provide us with a copy of the relevant documents to keep on file

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

- A parent who has been denied access to a child through a court order will not be permitted on to the premises.
- If the parent who has been denied access becomes threatening or violent and insists on removing the child from the service, this will be viewed as trespassing. The service will in this event contact the Local Garda immediately.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement.

An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months after 18 January 2016.

**If a parent/guardian or the nominated person arrives in an unfit state:**

Parents/guardians/nominated Persons should be in a fit state to collect and care for their children. If a parent/guardian/nominated person 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.

**Informing the Service if a child is not attending.**

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

- It is the responsibility of the parent to make the necessary arrangements to get the child/children to the service and to inform the person in charge in writing of these arrangements.
- It is also the parents' responsibility to comply with the Service's policy which prohibits children arriving unaccompanied to the Service.

**Note:** Records of all Collections are kept for two years from the time ceases attending the service.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Name of Person Approving Policy**

**APPENDIX A: Parental Authority for [insert name of child(ren)] to arrive at or leave the service unaccompanied.**

I, \_\_\_\_\_ of [insert address]  
being the parent/guardian of [insert child(ren)'s names]

hereby confirm that I am aware of the Service's policy for the arrival and collection of children from its premises and that same is for the protection and safety of the children attending its service.

Notwithstanding it is my strict instruction to the service that my child(ren) will be arriving at [insert name of service] unaccompanied in the morning and may leave the Service unaccompanied at the end of the school day and that I consent to such departure from the Service's policies pertaining to same as far as it relates to my children.

I acknowledge that the Service has no responsibility whatsoever and owes no duty of care to my child(ren) while on their way to attend the Service or once they have departed the Service's premises.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_



### 3. FIRE SAFETY

<b>Document Title:</b>	<b>Fire Safety</b>
<b>Unique Reference Number:</b>	<b>003</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Method of communication of policies to Children in the Service</b>	<b>A Child Friendly Version of this policy is available in the Service</b>
<b>Method of communication of policies to Relevant Stakeholders (full policies via email, hard copy)</b>	<b>Email</b>
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This policy is developed in accordance with the Child Care Act 1991 [Early Years Services] [Registration of School Age Services] Regulations 2018.

This policy is available and communicated to parents, staff and relevant stakeholders.

It is also available in child friendly format to school age children in the Service 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.

Children are taught how to evacuate in a child-friendly manner and this procedure is built into the curriculum. Children are taught about fire safety and

**staff will be cognisant of the children's age and stage of development in doing this.**

**Statement of Intent:**

We follow all relevant legislation. We also ensure we follow the 'Guide to Fire Safety in the Premises used for Preschool Services' from the Department of the Environment as a guideline, as well as 'Fire Strategies in Schools- a supplementary guide' from the Department of Education and Skills. 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:

- Retain records of all fire drills held by the Service.
- Fire drills are carried out monthly at different times and days during the sessions to ensure we know how to respond in all circumstances. A written record is 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 time the drill took to carry out.

- routes of escape used.
- the location of the fire assembly point(s)
- Fire extinguishers and blankets are stored appropriately, ready for use and in good working order.
- Staff are familiar with the location of all firefighting equipment and are trained in its use.
- A record of the number, type and maintenance record of all firefighting equipment including fire extinguishers and smoke alarms is kept and equipment 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.
  - Smoke alarms will be tested monthly
- 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 all areas of 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 is 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 are kept free from obstruction so that they can be safely and effectively used at any given time.
- 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 insert and is clearly marked.

**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 are trained and 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.

We provide lessons to the children about fire and why fire drills must be practiced. We do mock fire drills with the children and staff.

Fire drills are practiced on a regular basis, at least once a month. All persons on the premises at the time are expected to participate without exception.

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 consideration is to stay calm and not to panic. The children are filed calmly out and brought to the fire assembly point where roll call takes place.

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

### **Fire Drill Procedures:**

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

- Sound the alarm and shout FIRE!
- On sounding or hearing the alarm, stop whatever you are doing and leave the building with the children by your designated fire exit route. Using the following routine.
- When the fire bell sounds, the children are asked in a calm manner to form a line without delay.
- Led by one member of staff they leave the building by the shortest route.
- The staff member/s take the roll book, check the premises, cloakrooms and then leaves last.
- A designated person takes 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.
- Management/Staff carry out a Roll call at the assembly point to ensure all persons are accounted for.

**Fire Control:**

Only attack the fire if you know what you are doing and if you are not placing your own life in danger. Fire extinguishers and firefighting equipment are provided for this purpose.

**General:**





Staff should follow procedures for operating the fire alarm as outlined in the Health and Safety Statement. All employees are required to 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 are required to 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 are to be kept sealed to avoid build-up of flammable vapours.
- All firefighting equipment located on the premises is 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 CO<sub>2</sub> extinguishers should not be used on paper or light material as they may spread burning fuel causing the fire to further spread.

**Fire Extinguisher Chart**

Extinguisher		Type of Fire				
Colour	Type	Solids (wood, paper, cloth, etc)	Flammable Liquids	Flammable Gasses	Electrical Equipment	Cooking Oils & Fats
	<b>Water</b>	✓ Yes	✗ No	✗ No	✗ No	✗ No
	<b>Foam</b>	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
	<b>Dry Powder</b>	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No
	<b>Carbon Dioxide (CO<sub>2</sub>)</b>	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes

**When Dealing with a Fire:**

Staff are 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) is required to 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 is required to check that all the rooms are unoccupied and bathrooms. Close the doors and windows as each check is completed. The Manager is to 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 is required to be carried out, based on the daily attendance sheets held by the Manager. The group are then to proceed to a nearby safe house, from which the parents/guardians can be contacted.

**Staff Report** – A member of staff is required to be on hand when the Fire Brigade arrives to provide any information they require.

**Attack Fire** – Attempts can be made to extinguish the fire but only if it is safe to do so, using proper equipment. Otherwise, wait until trained personnel arrive.

The above procedure is being 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

#### 4. MEDICATION MANAGEMENT

<b>Document Title:</b>	<b>Medication Management</b>
<b>Unique Reference Number:</b>	<b>004</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
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**This policy is developed in accordance with the Child Care Act 1991 [Early Years Services] [Registration of School Age Services] Regulations 2018.**

**This policy is available and communicated to parents, staff and relevant stakeholders.**

**It is also available in child friendly format to school age children in the Service**

**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 and safe setting, we 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.**

**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.**

Medicines must only be brought into the service for administration by the staff when it is essential. This means where it would be detrimental to the child's health if it were not to be administered.

- Designated personnel only are permitted to administer medicine
- Relevant Staff are trained on medicine administration
- Details of all persons trained and designated to administer medication are contained in children's individual care plans.
- The Manager must be informed if your 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 is required on the registration form
- Essential medicines only are administered where a parent/guardian has signed a consent form which is contained in the Registration Form or on a separate consent form,

- 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 child may self-administer unless they have the competence, knowledge to do so and only when full written authorisation is given by their parent/guardian.
- If a child refuses to take their medication staff will not force them to do so. But will seek advice from the parent.
- Parents/guardians must keep the service up to date on their child's medical needs.
- Parents/guardians must fill in the medicine consent form of the service, authorizing the administration of medicine (prescription or non-prescription) to their child. Staff cannot give medicine unless this written permission is given.
- Parents/guardians must hand staff the medicine, which then stored in the fridge or the medicine cabinet. Any form of medication must never be left in a child's bag, including inhalers.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage plus the name of the health care provider that recommended the medication. We will only administer medicine if licensed for the age group of the child. For example, an anti-febrile medication supplied by a parent for a 4.5-year-old child that is licensed for an over 6-year-old will not be administered.
- 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 plan 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 and inducted on 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.

**Where a Child is Permitted to Self-Medicate:**

- We recognise that children, where appropriate to do so, may be responsible for their own welfare and, in certain cases, administer their own medication
- In the event that a child is authorised and permitted by a parent/guardian to retain and self-administer medication, written details of such medication must be furnished to the Service with written authority and instruction from the parents in respect of the retention and self-administration of such medication. If parental instructions are changed, these must be given in writing. Verbal instructions will not be accepted. Parents must indemnify the After-School service in respect of the self-administration of any medicine.
- The Service will facilitate the retention and storage of medication for the self-medicating child
- The Service will carry out a risk assessment in respect of each child retaining medication and self-administering medication and this will be reviewed regularly. Permission to self-medicate will be based on the child's capabilities and parental consent'
- The Service will ensure that the storage of the child's medication does not cause a safety concern to other children (e.g. younger children in the group). This will be assessed as part of the risk assessment
- The staff team are familiar with the medication administration routine for each child who is self-medicating and will check-in that the child keeps a record and follows the routine
- The staff member facilitates the proper storage of medication and ensures it is accessible to the child when he/she requires it.

**Storage of Medicines:**

- All medication is stored in line with manufacturer's instructions out of reach of the children.
- Medication is stored in a sealed box in the Staff Room.
- For self-medicating children, the availability and storage of their medication will be decided during the risk assessment
- 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 are 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:**

#### **1. Wash hands thoroughly.**

#### **2. Staff administering medicines must check:**

- The child's name.
- Prescribed dose.
- Expiry date of medicine.
- Written instructions provided by the prescriber on the label or original container.
- Time last dose was given.
- That the directions and instructions are in English
- Staff must check that the medicine contains the directions as prescribed 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**

School Kids Aloud Pelletstown 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 C: 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 Celsius. This medication should not be used unless indicated for high temperature or pain as overdose can cause significant medical problems.

Parents/guardians are to 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 are 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 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 will be obtained immediately while other efforts (such as the removal of a layer of clothing or the opening of windows) will be made to aid the decrease of the child's temperature.



**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 are encouraged to 'call it' – saying the child's full name, medicine type and dosage out loud before administering it to a child.
- 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
- Correct Medication
- Correct Dose
- Correct Time
- Correct Route

**NOTE:** Students 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**

Where medical conditions exist for a child, we develop individual medical care plans which will include how the specific medical needs of the child are met, managed and monitored in event of an emergency relating to the condition. These are developed in conjunction with the parents and, where necessary, 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 includes medications such as Ventolin, Glucagon or EpiPen. Where medication is administered in the case of anaphylaxis or an asthmatic emergency, the Service ensures that emergency services are contacted as soon as is practically possible and parents and/or 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:**

In the case where adrenaline injections (EpiPen) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy) are required to be administered or stored in the service:

### **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/induction 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 EpiPen it will be decided on individual cases and if staff are capable, comfortable 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.

**Sunscreen:**

- We will send WhatsApp messages asking 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 must 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:** insert

**Pharmacist:**

Lloyds Pharmacy, Pelletstown, 01 8996982

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

**APPENDIX B: PARENTAL CONSENT FOR CHILD TO RETAIN AND SELF-ADMINISTERING MEDICATION**

I, \_\_\_\_\_ of [insert address] being the parent/guardian of [insert child's names] hereby confirm that I am aware of the Service's policy regarding self-administration of medication by children in its care.

Notwithstanding it is my strict instruction to the Service that my child will be permitted to keep and self-administer [NAME OF MEDICATION] ("the medication) which has been prescribed to [INSERT CHILD'S NAME] by [INSERT NAME OF DOCTOR].

I acknowledge and accept that because I have given the Service my instruction and permission for my minor child to retain and self-administer medication which my child retains themselves, that it will not be possible for the Service to maintain records of such self-medication with complete accuracy as it is reliant on such information being supplied to it by a minor child.

I acknowledge and accept that the Service has no responsibility whatsoever and owes no duty of care to my child in respect of the medication so retained and self-administered by my child while in the care of or on the premises of the Service.

I further acknowledge that the Service has no responsibility whatsoever to my child in respect of the incorrect usage or dosage of or the effect of the said medication.

I further confirm that I will take full responsibility for any loss, damage or injury sustained by any child or staff member at the Service as a result of my permitting my child to keep this medication.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

**APPENDIX C: INDUCTION RECORD FORM**

**School Kids Aloud Pelletstown**

**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.*

	<b>STAFF NAME</b>	<b>Signature</b>	<b>Date of Induction</b>	<b>Person carrying out induction/demonstration</b>	<b>Manager's Signature</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

## 5. BEHAVIOUR MANAGEMENT

(including Managing Challenging Behaviour)

<b>Document Title:</b>	<b>Behaviour Management (including Managing Challenging Behaviour)</b>
<b>Unique Reference Number:</b>	<b>005</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Method of communication of policies to school age children (full policies via email, hard copy)</b>	<b>A copy of this policy is available in the service.</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
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This policy is developed in accordance with the Child Care Act 1991 [Early Years Services] [Registration of School Age Services] Regulations 2018.

This policy is available and communicated to parents, staff and relevant stakeholders.

It is also available in child friendly format to school age children in the Service 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.



**Statement of Intent:**

We 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 with 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, actions, and development to help foster 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 Child Safeguarding 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).

- 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 are expected to behave within the service.
- Staff support children to enter 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 physical punishment on a child.**

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

- During the induction period, all new staff are introduced to the behaviour policy and are asked to sign 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 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 must 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 are required to 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 are required to ensure rules are applied consistently to all children within the setting and are aware expectations regarding the children's behaviour.

- Children have regular daily access to the outdoor play area.
- Where children are seen to benefit from outdoor 'movement breaks' and provisions are available to provide these they will be offered to children as a way of managing certain behaviours.
- 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 is actively recognised, supported, and encouraged from all children consistently throughout the day by all staff.
- Incidents are dealt with immediately by the staff who witness them.
- Staff are not permitted to speak about the child, or their behaviour in front of other parents/guardians, children, or the child.
- The child is not permitted to be in any way labelled by staff (example as 'bold', 'naughty' or 'difficult').
- Positive behaviour is consistently encouraged to **all children**.
- Correct Child: Adult ratios are implemented at all times.
- Positive behaviour is routinely implemented within the curriculum through various reinforcing themes. Age appropriate activities, prompts, and materials are provided to children to explore their feelings and emotions throughout the year.
- Care rooms 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 recognise the opportunities to explore the behaviour with the child using prompts; for example I noticed you got [feeling] when you were at the [area].....let's think of what you could 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 not have exhibited challenging behaviours for the duration of the day up until the point that it seems their behaviour changes suddenly. This change, for example, may be triggered by the onset of tiredness or the period of time that has lapsed since they arrived in the care room, or by the awareness a transition is approaching (mealtime, outdoor play, homework time, collection).

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

Staff are required to positively support the child’s well-being and identity throughout the process of supporting positive behaviour. The child requires to 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.

<b>School Aged</b>	<ol style="list-style-type: none"> <li><b>1. Approach calmly</b></li> <li><b>2. Stop any hurtful actions</b></li> <li><b>3. Acknowledge children’s feelings</b></li> <li><b>4. Gather information</b></li> <li><b>5. Restate the problem</b></li> <li><b>6. Ask for ideas for solutions and decide on an outcome the child.</b></li> </ol>	<ul style="list-style-type: none"> <li><b>• Temper tantrums</b></li> <li><b>• Possessive of toys</b></li> <li><b>• Fussy feeder</b></li> <li><b>• Use of bad language</b></li> <li><b>• Whiny</b></li> <li><b>• Verbally hits out</b></li> <li><b>• May be bossy</b></li> </ul>
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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 may adopt an appropriate level of firmness 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 wish in that particular moment. 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 is required to act in a calm and fair manner and allow the child to re-join the activity when they have calmed down, and without reverting back to the challenging behaviour or reprimand given.

At an appropriate time preferably out of the earshot of the child's peers, boundaries may be highlighted to the child. The expectations **must** be clear, short, and reasonable to the age of the child and their developmental level.

Where it is evident that a child is about to exhibit challenging behaviour, for example taking a toy from another child, staff members are encouraged to intervene on the expected behaviour by offering a solution: *'Mary, why don't you use your words and ask Angela if she will let you have a turn of that toy [name toy or doll] when she is finished with it? I know that Angela is really good at sharing and that you are really good at waiting your turn.'*

This provides the child with an alternative, while reinforcing their strengths and abilities, and granting them an opportunity make a different choice. If the child chooses to continue, a staff member might introduce the 'if and then' warning as a second step: *'If you take the toy from Angela, you will have to go at the end of the line to the garden Mary'*.

**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 are expected to 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.

<p><b>School Aged</b></p>	<ol style="list-style-type: none"><li><b>1. Approach calmly, and offer an immediate solution to any expected harmful behaviour [Step away, come sit down]</b></li><li><b>2. Acknowledge child's feelings [I can see you are feeling angry]</b></li><li><b>3. Gather information [What happened that has made you feel...]</b></li><li><b>4. Restate the problem [I understand that ..... has made you feel...]</b></li><li><b>5. Ask for ideas for solutions [How do you think we might make it better?]</b></li><li><b>6. Choose a decision together</b></li><li><b>7. Be prepared to give follow-up supports for Supporting Positive Behaviour</b></li><li><b>8. Observe the child</b></li></ol>
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Staff will ask the child what is wrong or bothering them. Emotion picture cards may be offered to 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 do not get on with, are they tired, hungry, over or under stimulated 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. Boredom can be the precursor to some challenging behaviours.

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

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

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

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

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

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

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

- Physical punishment (corporal punishment).
- Sending children out of the room.
- Isolating children from the group e.g. time out.
- Shouting or raising of a 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 the child him/herself, other children, adults or property. Staff must ensure that no physical pain is inflicted upon 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 are advised to 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 will not be labelled (example as 'bold', 'naughty' or 'difficult')
- Staff will not expect unrealistic behaviours or outcomes from a child in accordance with their age and stage of development.
- Once the incident is over, the staff member are not permitted to place emphasis, revert back or remind the child of their behaviour.
- The child will not be humiliated in front of his/her peers/staff or parent/guardians
- Withholding food or drink will not be used as a consequence of or punishment for behaviours.
- Favouritism of any kind.
- Failing to reassure or comfort a child.

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

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

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

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

**Anti-bullying:**

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

Diversity and equality are important for children to understand, and we seek 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 behaviours.

### **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 individual or group which undermines the individual person's right to personal dignity.

### **Cyber Bullying or E-Bullying**

Cyber bullying or E-Bullying is the use of emails, text messages, instant messages, or web pages to spread rumours, make threats or harass. It can include written messages, photographs, videos, or voice messages.

- This may involve individuals set up as 'groups' in an online social network. These 'groups' may be used to jeer at or target someone in a cruel and damaging way. Those who are organising this may choose to remain anonymous.

Someone may make a light-hearted joke or post online, and it could develop into a bullying situation if others add cruel remarks or comments to it.

Technology can be used to bully and say things online or by text that individuals would never say face to face. Everyone needs to know that they are responsible for their words and actions in cyberspace as well as in the real world. If it comes down to it, the source of the abuse, the computer or

phone being used, can be identified by the Gardaí.

This type of bullying is just as harmful and upsetting as face-to-face bullying.

- Where cases of serious incidents of bullying are reported to the Gardaí the source of the messaging e.g. a computer or phone can be traced to identify the perpetrator of such bullying messages.

**Where the Service becomes aware of cyber-bullying (e-bullying) by children in the service:**

Where it is brought to the attention of the Service by a staff member, parent/guardian or child, that a child or children in the Service are cyber-bullying (e-bullying) another child or children in the services the following initial and immediate steps will be taken to prevent and endeavour to stop such cyber bullying (e-bullying):

1. Explain to the child or children responsible for such bullying that what they are doing is wrong and explain that it is bullying.
2. Explain to the child how serious what they are doing is.
3. Explain the serious consequences for everyone involved.
4. Explain that bullying over the internet is just as serious as face-to-face bullying.

**Note:**

Please also see below the Service's procedure for reporting incidents of bullying and how they are dealt with by the Service.

**Note:**

This is not to be confused with good-natured banter that goes on as part of the normal social interchange between pupils or normal professional classroom management by staff

**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 ensure that he/she is made 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.

### **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, or even their comprehension. 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 behaviours are never to be ignored.
- Staff are not permitted to enter any form of power struggle with the child.
- A firm but fair approach is required. A child requires clear, consistent, and unmixed messages.
- A child should always feel acknowledged, valued, respected, cared for, and included, even at the times he/she is exhibiting challenging behaviours.
- One-to-one interaction is encouraged to 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. 'Catch' the child being 'good' or exhibiting desired behaviours and label it immediately where possible: 'I am so happy to see that you're playing calmly with Mary, Angela.'
- Provide the child with opportunities which demonstrates leadership and communication in a positive manner: 'Mary would you like to show Angela how she can build the tower without it falling over so soon?'
- 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 that change will take time. It can take up to two full weeks of consistency before one undesired behaviour is eradicated.

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

Young children often engage in play which has aggressive themes- such as superhero and weapon play. This may dominate certain children's play. This may be an interest of that child, and *it is not a precursor for bullying*. Staff will monitor, supervise, and ensure the behaviour does not become inconsiderate or hurtful to others 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.

### **Bullying Procedure for School Aged Service**

It is always best to work towards bullying prevention as outlined above. However sometimes serious bullying may be taking place. Every person in the service is entitled to respect and to be free of any type of bullying.

We will work proactively, as far we can, to ensure that bullying does not take place. Reporting incidents of bullying is something that is actively encouraged by all staff to children, as well as the dangers of telling tales in relation to bullying. Children are encouraged and empowered always to tell the truth.

A record will be kept of any genuine incidents of bullying.

The matter will be dealt with seriously.

Appropriate action will be taken to ensure that it does not continue.

Types of behaviour deemed to be inappropriate

- Humiliation; including name-calling, reference to academic ability etc.
- Intimidation; including aggressive use of body language.
- Verbal abuse, anonymous or otherwise.
- Physical abuse or threatened abuse.
- Aggressive or obscene language.
- Offensive jokes; whether spoken or by email, Facebook, text messaging etc.
- Victimisation; including very personal remarks.
- Exclusion and isolation.
- Intrusion through interfering with personal possessions or locker.

- Repeated unreasonable deadlines or tasks.
- Threats, including demands for money.
- An attack by rumour, gossip, innuendo, or ridicule on any individual's reputation.

### **Procedures for Reporting Incidents of Bullying**

School aged children should discuss any incident of bullying with a staff member or another trusted adult within the service; this is responsible behaviour rather than 'telling tales.

Parents/guardians are encouraged to contact the manager regarding incidents of bullying behaviour which they might suspect or that have come to their attention through their children or other parents.

**Incidents of bullying behaviour, no matter how trivial, which are drawn to the attention of a staff member, will be dealt with in the following manner**

Appropriate personnel will speak informally with those involved in a bullying incident, allowing them to provide their version of events. Children will not be subject to any form of interview or be spoken to without two members of staff present.

The alleged victim and alleged perpetrators of the incident will be spoken to and encouraged to solve the problem.

All interactions will be conducted with sensitivity and with due regard to the rights of all children involved.

Records and notes will be kept of all incidents, interactions, and of the procedures that were followed.

The Manager will monitor progress of children involved in a bullying incident by liaising with the staff member and children involved (separately) at follow-up meetings.

Where the incident is deemed to be minor, a verbal warning will be given to the perpetrator of the behaviour in an attempt to stop the inappropriate behaviour, pointing out how he/she is in breach of the normal standards of behaviour at service and trying to get him/her to see the situation from the victim's point of view. If deemed appropriate, parents may be contacted. The incident will no longer be considered if there is no recurrence within the term.

If the behaviour persists, the parents/guardians of the victims and perpetrators of the behaviours will be informed. Thus, they will be given the opportunity of discussing the matter and are able to help and support their children before a crisis occurs. Appropriate sanctions will be imposed. The incident will no longer be considered if there is no recurrence within that year.

If there is a serious incident, perhaps repeated verbal assault or coercion, management and parents will be involved, and appropriate sanctions applied.

Where the incident is deemed to be more serious (e.g. gross misbehaviour or physical assault), management should be informed immediately

Offenders and victims of bullying may be referred to counselling with parental agreement.

**Sanctions may include:**

- A contract of good behaviour
- Temporary Withdrawal of privileges
- Other sanctions as may be deemed appropriate (earning of tangible reward system)
- Withdrawal from the service

Note that asking a parent to withdraw their child is the last resort and will not happen without exploring other strategies

In the case of a complaint regarding a staff member, this should be referred immediately to management who will invoke the HR Policies if deemed necessary

### **Advice to staff if investigating Incidents of Bullying**

Staff are best advised to take a calm, unemotional problem-solving approach when dealing with incidents of bullying behaviour reported by children, staff or parents/guardians. Such incidents are best investigated outside the classroom situation to avoid the public humiliation of the victim or the pupil engaged in bullying involved, in an attempt to get both sides of the story. All interactions/conversations with children should be conducted with sensitivity and with due regard to the rights of all children concerned. children who are not directly involved can also provide very useful information in this way.

When analysing incidents of bullying behaviour, seek answers to questions of what, where, when, who and why. This should be done in a calm and open manner, setting an example in dealing effectively with a conflict in a non-aggressive manner.

If a gang is involved, each member should be spoken to individually (with 2 members of staff present) and then as a group. Each member should be asked for his/her account of what happened to ensure that everyone is clear about what everyone else has said.

If it is concluded that a child has been engaged in bullying behaviour, it will be made clear to him/her how he/she is in breach of the accepted standards of behaviour expected and try to get him/her to see the situation from the victim's point of view.

Each member of the group will be helped to handle the possible pressures that often face them from the other members after interactions/conversations with the staff.

Staff who are investigating and analysing cases of bullying behaviour are instructed to keep a written record of their discussion with those involved. It may also be appropriate or helpful to ask those involved to write down or draw their accounts of the incident.

In cases where it has been determined that bullying behaviour has occurred; consult with management who may decide to meet with the parents or guardians of the parties involved. This will enable management to explain the actions being taken and the reasons for them, referring them to the policy. Parents/Guardians can then be supported in their adopted approaches to the behaviours at home or at school as required.

Management may then arrange follow-up meetings with the parties involved separately (always with 2 staff present), with a view to possibly bringing them together at a later date if the victim of the behaviour is ready and agreeable. (this can have a therapeutic effect).

### **Physically Intervening to Prevent Injury:**

The purpose of physical intervention is to take immediate control of a dangerous situation, in order to end or significantly reduce the risk of harm to the person and others around them. Physical Intervention involves some form of physical contact to guide, restrict or prevent movement.

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 and in the best interest of the child. Staff must make a considered judgement balancing the risks involved, thus allowing informed decisions to be made.
- It ensures no pain is inflicted on the child
- It will be reasonable, supportive, and necessary
- It will be for the shortest possible time
- The incident will be recorded immediately after
- It will be part of an agreed written plan with parents and parents/guardians will be advised immediately if used
- Methods of intervention will be evidence based such as Therapeutic Crisis Intervention (TCI)

- Individually tailored positive handling plans will be developed in conjunction with parents, following training and risk assessment

**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.

## School Kids Aloud Pelletstown After School Policies and Procedures February 2023

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 Missing Child Policy and Dropping off and Collection of Children Policy

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

## APPENDIX D: CHILDREN AND BEHAVIOUR

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

**Physical behaviour:** children's physical behaviour can often be a result of tiredness, illness or medication. Night-time sleep problems (interrupted night sleep) 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.

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



## APPENDIX E: METHODS TO SUPPORT POSITIVE BEHAVIOUR

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

- Children will be offered choice and alternatives.
- 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 be isolating or humiliating the child.

## 6. INFECTION CONTROL (Includes Covid-19 Response Plan)

<b>Document Title:</b>	<b>Infection Control (Includes Covid-19 Response Plan)</b>
<b>Unique Reference Number:</b>	<b>006</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing, and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>58</b>

**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 G)
- 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 I 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.
- We have anti-bacterial foam-based sanitiser available for children who are not able to use an alcohol-based hand gel or rub due to having broken skin or eczema.
- 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 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
- Between handling raw and cooked food
- Before and after eating their own food – breaks/lunches
- Before and after giving or applying medication or ointment to a child
- After 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]

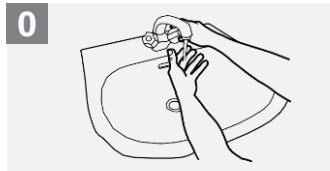
### **Hand-drying**

Disposable single use papers towels will be used for hand-drying

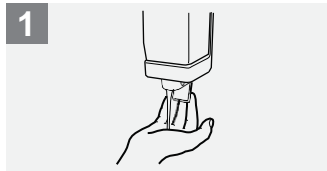
# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

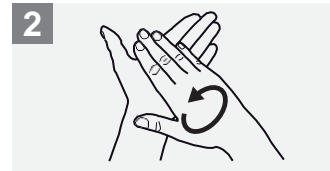
 **Duration of the entire procedure: 40-60 seconds**



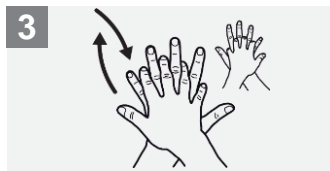
0 Wet hands with water;



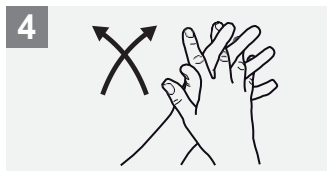
1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



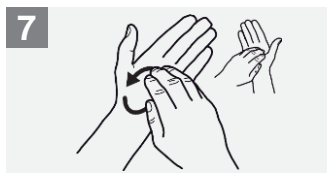
4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



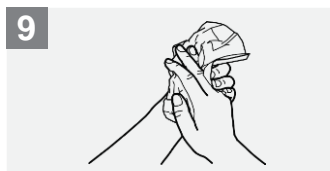
6 Rotational rubbing of left thumb clasped in right palm and vice versa;



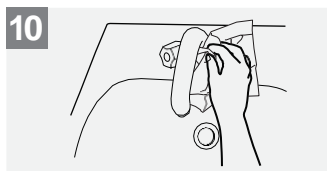
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



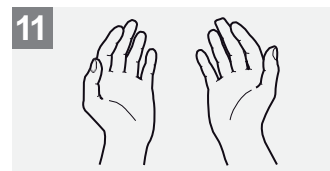
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



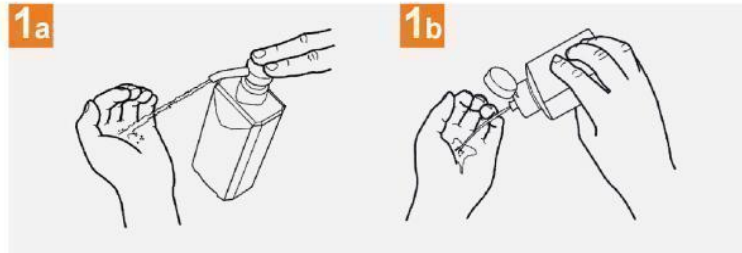
11 Your hands are now safe.



# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

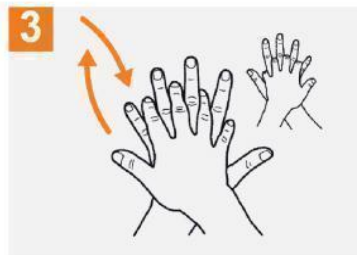
**🕒 Duration of the entire procedure: 40-60 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



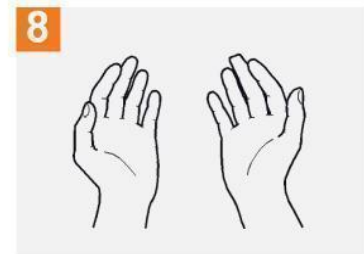
Backs of fingers to opposing palms with fingers interlocked;



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;



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.**

### 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
- 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:

- 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.

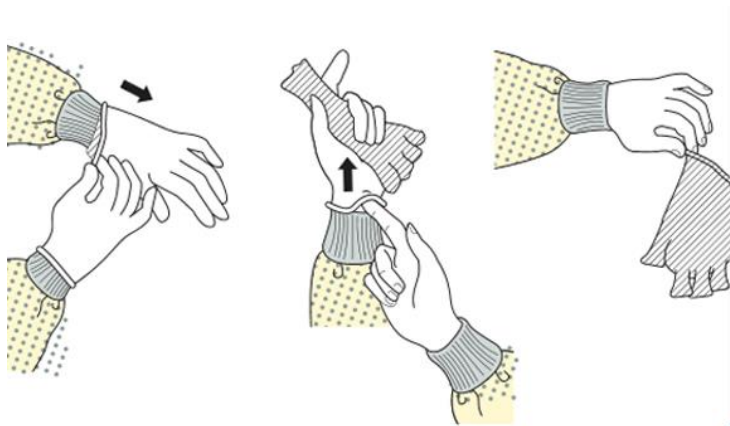
**Types of Gloves:**

- 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:**

Germs can be spread in many ways while working with foods in the kitchen. To prepare food hygienically, it is important to ensure that a high standard of personal hygiene is maintained in conjunction with effective cleaning of food preparation areas and equipment. This is necessary in addition to careful handling, preparation, cooling etc. of food.

Unless unavoidable, those staff involved in toileting children 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.

### **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 a rare infection. It's mainly spread by wild animals in parts of west or central Africa. The risk of catching it in Ireland is very low. Currently, as of 26th May 2022, there are no cases of Monkeypox.

### **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:**

There are currently no reported cases in Ireland. 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.

### **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

<chrome-extension://efaidnbnmnnibpcajpcqlclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.hpsc.ie%2Fa%2Frespiratory%2Fcoronavirus%2Fnovelcoronavirus%2Fguidance%2Feducationguidance%2FFAQs%2520for%2520changes%2520to%2520contact%2520tracing%2520for%2520children.pdf&clen=585002&chunk=true>

<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 and School Age 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 outdoors has 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 and the Child Care Act 1991 [Early Years Services] [School Age Childcare] Regulations 2018.

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 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 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 Representative is Helen Joseph.

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 are 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 in place for our After School**

### **Parents control measures**

- As part of the parental agreement with the After School provider we
  - ✓ and is not a close contact with a suspected or confirmed case of COVID-19
  - ✓ ask parents not to send their child to school and later to After School if they have been unwell, have had a fever or have taken anti febrile medication in the previous 24 hours
  - ✓ ask parents to adhere to all control measures for the transport service
  - ✓ ask parents to follow all government advice regarding travel and restriction of movement following travel

### **Other Infection Control Measures**

#### **Face Coverings:**

Face coverings are optional for staff except when accompanying a child or staff member to the isolation area.

#### **Dropping Off and Collection of Children:**

Parents/guardians drop off and collect their children at the side entrance of the Service.

#### **Access to the Service by Parents/Guardians:**

Parents/guardians are not permitted into the service except by prior appointment 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 F: CLEANING FACILITIES**

**Cleaning Facilities Availability Within Our Service**

<b>Wash Hand Basins:</b>	EACH CLASSROOM  TOILETS
<b>Hand Sanitisers:</b>	EACH CLASSROOM
<b>Storage of Cleaning Agents:</b>	STOREROOM

## APPENDIX G: EXCLUSIONS

**This is minimum exclusion periods as recommended by the HSE. The Service may impose longer periods if it has a concern**

<b>Chickenpox:</b>	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.
<b>Conjunctivitis:</b>	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.
<b>Campylobacter:</b>	Children who have had campylobacteriosis should be excluded until 48 hours after their first formed stool.
<b>Coronavirus</b>	Check the HSE's latest exclusion and isolation guidelines.
<b>Cryptosporidium:</b>	Children who have had cryptosporidiosis should be excluded until 48 hours after their first formed stool.
<b>Diarrhoea:</b>	48 hours from last episode.
<b>Diphtheria:</b>	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
<b>Food poisoning:</b>	Until authorised by GP.
<b>Glandular Fever:</b>	Exclusion is not necessary.
<b>Haemophilus Influenzae Type B: (Hib)</b>	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
<b>Hand, Foot and Mouth Disease:</b>	While the child is unwell, he/she should be kept away from Service. If evidence exists of transmission within the day centre exclusion of children until the spots have gone from their hands may be necessary.
<b>Head Lice:</b>	Exclusion is not necessary [if treated]
<b>Hepatitis A: (Yellow Jaundice, Infectious Hepatitis):</b>	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.
<b>Hepatitis B: (Serum Hepatitis)</b>	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.

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<b>Impetigo:</b>	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
<b>Influenza and Influenza-like Illness: (Flu and ILI)</b>	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.
<b>Living with HIV/AIDS:</b>	Exclusion is not necessary.
<b>Measles:</b>	Exclude the child while infectious i.e. up to 4 days after the rash appears. 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.
<b>Meningitis:</b>	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
<b>Meningococcal Disease:</b>	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
<b>Molluscum Contagiosum:</b>	Exclusion is not necessary.
<b>MRSA: (Meticillin-Resistant Staphylococcus aureus)</b>	Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the Child Care setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a Child Care setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
<b>Mumps:</b>	The child should be excluded for 5 days after the onset of swelling.
<b>Norovirus:</b>	Children who have been vomiting or have had diarrhoea should be excluded for 48 hours after resolution of their symptoms.
<b>Pediculosis (lice):</b>	Until appropriate treatment has been given
<b>Pharyngitis/Tonsillitis:</b>	If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from the Service until 24 hours after the start of treatment. Otherwise, a child or member of staff should stay at home while they feel unwell.
<b>Polio:</b>	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
<b>Poliomyelitis:</b>	Until declared free from infection by GP

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<b>Pneumococcus:</b>	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
<b>Respiratory Syncytial Virus:</b>	Children who have RSV should be excluded until they have no symptoms, and their temperature has returned to normal. Contacts do not need to be excluded.
<b>Ringworm:</b>	Parents should be encouraged to seek treatment. Children need not be excluded from school/nursery once they commence treatment.
<b>Rubella: (German Measles)</b>	For 7 days after onset of the rash and whilst unwell.
<b>Salmonella:</b>	Children who have had salmonellosis should be excluded until 48 hours after their first formed stool.
<b>Scabies:</b>	Not necessarily once treatment has commenced.
<b>Scarlet fever:</b>	Once a patient has been on antibiotic treatment for 24 hours they can return to the Service, provided they feel well enough.
<b>Shigella (Dysentery):</b>	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.
<b>Shingles:</b>	Those with shingles, whose lesions cannot be covered, should be excluded from school/nursery until scabs are dry.
<b>Slapped Cheek Syndrome:</b>	An affected child need not be excluded because he/ she is no longer infectious by the time the rash occurs.
<b>Temperature:</b>	Over 38 degrees
<b>Tetanus: (Lockjaw)</b>	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
<b>Tuberculosis (TB):</b>	Recommendations on exclusion depend on the particulars of each case, e.g., whether the case is “infectious” or not. The Department of Public Health will advise on each individual case.
<b>Typhoid and Paratyphoid:</b>	Very specific exclusion criteria apply; the local Department of Public Health will advise.

## APPENDIX H: IMMUNISATION SCHEDULE:

Preschool immunisation schedule for children born since July 2008

<b>Age to Vaccinate:</b>	<b>Type of Vaccination:</b>
<b>At birth</b>	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
<b>At 2 months</b> <b>Free from your GP</b>	<b>6 in 1</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> <li>• Whooping cough (Pertussis)</li> <li>• Hib (Haemophilus influenzae B)</li> <li>• Polio (Inactivated poliomyelitis)</li> <li>• Hepatitis B</li> </ul> <b>PCV</b> (Pneumococcal Conjugate Vaccine)
<b>At 4 months</b> <b>Free from your GP</b>	<b>6 in 1</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> <li>• Whooping cough (Pertussis)</li> <li>• Hib (Haemophilus influenzae B)</li> <li>• Polio (Inactivated poliomyelitis)</li> <li>• Hepatitis B</li> </ul> <b>Men C</b> (Meningococcal C)
<b>At 6 months</b> <b>Free from your GP</b>	<b>6 in 1</b> <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Tetanus</li> <li>• Whooping cough (Pertussis)</li> <li>• Hib (Haemophilus influenzae B)</li> <li>• Polio (Inactivated poliomyelitis)</li> <li>• Hepatitis B</li> </ul> <b>Men C</b> (Meningococcal C) <b>PCV</b> (Pneumococcal Conjugate Vaccine)
<b>At 12 months</b> <b>Free from your GP</b>	<b>MMR</b> (Measles, Mumps, Rubella) <b>PCV</b> (Pneumococcal Conjugate Vaccine)

Children born before July 2008 will have been immunised under the previous schedule.



**APPENDIX I: DISCLAIMER TO BE SIGNED BY PARENTS WHERE CHILDREN ARE NOT VACCINATED**

NAME OF CHILD: \_\_\_\_\_

CHILD'S DOB: \_\_\_\_\_

I have decided that my child will not be vaccinated according to the HSE recommended schedule.

I understand that in a group childcare setting the consequences may include:

- Contracting the illness that the vaccine is designed to prevent
- Transmitting the disease to others
- I understand that if there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children.

All information regarding your child remains confidential

Date:

Signed: \_\_\_\_\_

Parent/Guardian

## **APPENDIX J: 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.

Babies and Toddlers		Children and Adults	
Meningitis <input type="checkbox"/> and Septicaemia <input type="checkbox"/> often occur Together <input type="checkbox"/>		Meningitis <input type="checkbox"/> and Septicaemia <input type="checkbox"/> often occur Together <input type="checkbox"/>	
Fever, cold hands & feet	Floppy, listless, unresponsive	Fever, cold hands & feet	Stomach cramps & diarrhoea
Refusing food	Drowsy, difficult to wake	Vomiting	Spots/Rash see Glass Test
Vomiting	Spots/Rash see Glass Test	Drowsy, difficult to wake	Severe headache
Pale, blotchy skin	Rapid breathing or grunting	Confusion & irritability	Stiff neck
Fretful, dislike being handled	Unusual cry, moaning	Severe muscle pain	Dislike bright lights



***Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years' service:***

- The public health team will usually issue a letter to other parents/guardians to inform them of the situation. The aim of this letter is to give information about, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents/guardians by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be 'close contacts. These are usually immediate family members or 'household' contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations, a vaccine may also be offered. These actions are coordinated by the public health team.
- There is **no reason** to close the Child Care service.
- There is **no need** to disinfect or destroy any equipment 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](http://www.meningitis-trust.ie) or 24-hour helpline 1800 523196**

### **Hand, Foot and Mouth:**

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet, and bottom. HFMD is often confused with foot-and-mouth (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, after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (See Infection Control Policy)



- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- **Children should be kept away from the Service whilst unwell. If evidence exists of transmission within the Service, exclusion of children until the spots have gone from their hands may be necessary.**

**Note:** HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

The incubation period is 3 to 6 days, and the condition may last from 7 to 10 days.



## **APPENDIX K: CLEANING ROUTINES**

### **Cleaning Routines for Toys:**

Toys may be implicated in the transmission of potentially harmful germs and the development of infection in young children. Steps must be taken to ensure toys are maintained in a safe and usable state by regular inspection, scheduled 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.

**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 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.

## 7. OUTINGS

<b>Document Title:</b>	<b>Outings</b>
<b>Unique Reference Number:</b>	<b>007</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>1</b>

**This policy is available and communicated to parents, staff and relevant stakeholders.**

**It is also available in child friendly format to school age children in the Service 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: \_\_\_\_\_ Date: \_\_\_\_\_**

**Name:**

**Person responsible for approving the Policy**

## 8. MISSING CHILD

Document Title:	Missing Child
Unique Reference Number:	008
Document Author:	School Kids Aloud Pelletstown, CB
Document Approved:	Jade Singh
Person(s) responsible for developing, distributing and reviewing Policy	Jade Singh
Person responsible for approving Policy	Jade Singh
Method of communication of policies to staff (email / hard copy / induction training)	Email and Hard Copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Hard Copy available in the Service
Date the Document is Effective From:	February 2023
Scheduled Review Date:	Annually
Number of Pages:	2

This policy is available and communicated 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.

**If a child goes missing parents/guardians and An Garda Síochána must be informed with immediate effect and without delay.**

**TUSLA, the Child and Family Agency must be informed within 3 days.**

### Statement of intent:

It is our on-going intention to keep all children safe at all times and to avoid a situation whereby any child is found to be 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 secure at all times.
- Staff are deployed throughout the setting during the care period, ensuring that no child is left alone for any period without an adult being aware of their location.
- Rooms in which children play are never left unsupervised/out of vision of staff.
- Staff members remain 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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

## 9. CHILD SAFEGUARDING POLICY AND PROCEDURES

Document Title:	Child Safeguarding Policy and Procedures
Unique Reference Number:	009
Document Author:	School Kids Aloud Pelletstown, CB
Document Approved:	Jade Singh
Person(s) responsible for developing, distributing and reviewing Policy	Jade Singh
Person responsible for approving Policy	Jade Singh
Method of communication of policies to staff (email / hard copy / induction training)	Email and Hard Copy available in the Service
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Hard Copy available in the Service
Date the Document is Effective From:	February 2023
Scheduled Review Date:	Annually at least, or as required following any changes or further updates
Number of Pages:	53

**Staff in the After School Service of School Kids Aloud Pelletstown are not "mandated persons" within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts").**

**To this end School Kids Aloud Pelletstown follows the principles of the role of the mandated person as defined within the Acts and obligates its After School staff to uphold such principles.**

**Accordingly reference to "mandated person" or "mandated persons" in these Policies and Procedures within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts") denotes Members of the Board of Management, Committee Members, After School staff, students, of School Kids Aloud Pelletstown .**

**For the purposes of clarification the Service's Designated Liaison Officer(s) and Deputy Designated Liaison Officer(s) in School Kids Aloud Pelletstown are at all times mandated persons within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts").**

- 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 in this document.

### **Statement of Purpose**

The purpose of this Service is to provide an After School facility for children aged 4 years and 6 months to 12 years.

We open 44 weeks per year and daily from 7:30 a.m. to 8:30 a.m. and 1:00 p.m. to 6:30 p.m. (during term time) and 8:00 a.m. to 6:00 p.m. (outside term time), Monday to Friday. We have capacity to cater for a total of 108 children, and a maximum number of 108 children at any one time.

Our adult-to-child ratios are listed in Table 1.1 of this document.

This Service is privately owned by Jade Singh.

Our Service is located at Pelletstown Educate Together National School, Rathborne Vale, Ashtown, Dublin 15.

The Service has 4 mandated staff and 6 ancillary/additional staff.

School Kids Aloud Pelletstown provides the following services and activities for the children:



- A shared outdoor area with the National School.
- 5 large, bright, spacious rooms
- Healthy and nutritious food cooked on-site
- Trained staff
- Breakfast Club
- After School with Homework Support
- Camps at Mid Term, Easter etc.

### **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 School Kids Aloud Pelletstown are protected and kept safe from harm while they are in our care. School Kids Aloud Pelletstown 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](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](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 Manager, Helen Joseph.

### **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 Safeguarding 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 safeguarding training as appropriate.
- Provide supervision and support for staff and students in contact with children.
- Share information about the Child Safeguarding 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 Department of Children, Equality Disability, Integration and Youth. 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, Department of Children, Equality Disability, Integration and Youth 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, including online safety and awareness information for staff working with School-Aged children.

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-of-children-and-youth-affairs/>

National Youth Council of Ireland Training on Child Safeguarding link:

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

Be Safe Online Government Campaign Resource link:

<https://www.gov.ie/en/campaigns/be-safe-online/>

Barnardos Online Safety course:

<https://www.barnardos.ie/learning-development/training/online-safety-programme>

**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 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 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 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 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 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 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 by Criteria for Reporting: Definitions and Thresholds or Reasonable Grounds for Concern.**

- In this case, the concern and any informal consultation will be documented and kept confidentially and securely.
- The DLP will inform the member of staff or student who raised the concern that it is not being referred in writing, indicating the reasons. The DLP will advise the individual that they may make a report themselves (**see Mandated Persons and**

**Making a Mandated Report).** The provision of the *Protection for Persons Reporting Child Abuse Act, 1998* will apply.

- Persons reporting suspected child abuse or neglect should not interview the child or the child's parents/guardians in any detail about the alleged abuse. This will instead be carried out by the TUSLA Duty Social Worker or An Garda Síochána.
- If staff or 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 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](http://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 or welfare 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 kept in the Staff Room, which must then be signed by the person making the report.
4. *See Appendix 1: Standard Reporting Form* or **See Making a Mandated Report** <http://www.TUSLA.ie/services/child-protection-welfare/publications-and-forms>.
5. 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.



6. 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.***
7. Immediate action must be taken to protect the child in question and indeed any other children who may be considered at 'risk'.
8. 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.
9. Allegations against staff will be dealt with separately and the disciplinary procedure will be followed, as necessary.
10. 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.**
11. 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.
12. 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.*
13. Once a report is submitted, the duty social worker may need to speak with the person who had the initial concern.
14. 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.**

15. 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 TERM LIFTED 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 1988-2018, and the 2016 General Data Protection Regulations (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:**

Should an allegation arise against staff within the service, and the Manager is the Designated Liaison Person, a separate person should be assigned to deal with the HR investigation. It is a requirement to separate these issues and manage them independently. Therefore, the Manager will outsource this function to somebody with expertise from outside the service. This allows the Manager to deal with TUSLA and the child's family.

**Policy and Procedure on Response to Allegations of Abuse against Employees 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.

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

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

Allegations of abuse may be made against adults working with children, employees, 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 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 kept in the Staff Room, 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)
- 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, (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 will be taken as evidence that no blame/fault/suspicion attaches to them.
- Where the complaint is not upheld, management will 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) will be offered counselling and any other supports considered necessary to restore his/her confidence and morale.
- The staff member who made the complaint will 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.
- We keep 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.
- 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 Child Safeguarding 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 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 are required to 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 are not permitted to 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 are required to be sensitive to the possibility of developing favouritism or becoming over involved or spending a lot of time with any one child.
- Staff are required to 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 will 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.
- Staff are not permitted to 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, contractors, work experience students etc. will 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 – The Safeguarding of Children and Staff**

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

- Follow toileting Policies (*For further information see Toileting Policies*).
- Are listened to and any concerns expressed about unacceptable practice or behaviour of staff/colleagues are promptly followed up by management.
- Staff 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) (Registration of School Age Services) Regulations 2018. The Service will follow the adult/child ratios as defined in the below Regulations.

**TABLE 1:1**

SERVICE:	AGE:	ADULT/CHILD RATIO:
After School	4 years and 6 months to 12 years	1:12
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, students, at induction and it is expected that all staff, 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 is 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, at induction and it is expected that all staff, 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) [Registration of School Age Services] Regulations 2018 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. We do however 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 Child Safeguarding Policy.

### **Accidents and Incidents:**

The Safety, Health & Welfare at Work Act, 2005 and Child Care Act 1991 (Early Years Services) [Registration of School Age Services] Regulations 2018, 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 are required to 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 is required to be made clear that the writer is speaking for themselves and not on behalf of the Service.
- Information published on blog(s) is to 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 are not to 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 is a child to 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)*

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**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**

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

**4. Details of Concerns\***

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

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

**5. Type of Concern**

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

**6. Details of Reporter**

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





## Child Protection and Welfare Report Form

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

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

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

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

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

**8. Parents Aware of Report**

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

**9. Relationships**

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

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



## Child Protection and Welfare Report Form

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

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

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

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

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

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

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

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



## Child Protection and Welfare Report Form

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

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

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

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

**Please ensure you have indicated if this is a mandated report in section 6.**

Thank you for completing the report form.

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

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

Report Received by			
First Name		Surname	Date

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

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

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

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

## **APPENDIX 2:**

### **TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED**

#### ***Chapter 2, Page 07 Children First (2017)***

Child abuse 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/carer and child are not considered emotional abuse.

Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behaviour, 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, including cyber-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 is important to note 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 or observing another's sexual acts with the knowledge of that person (masturbation, fondling, oral or penetrative sex), 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 months or 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 Safeguarding Social Work Services:**

Child & Family Agency, 180-189 Lakeshore Drive, Airside Business Park, Swords,  
Co Dublin, 01 8708000

**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:**

Navan Road Garda Station, 01 6667400

**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 are required 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 child safeguarding 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.

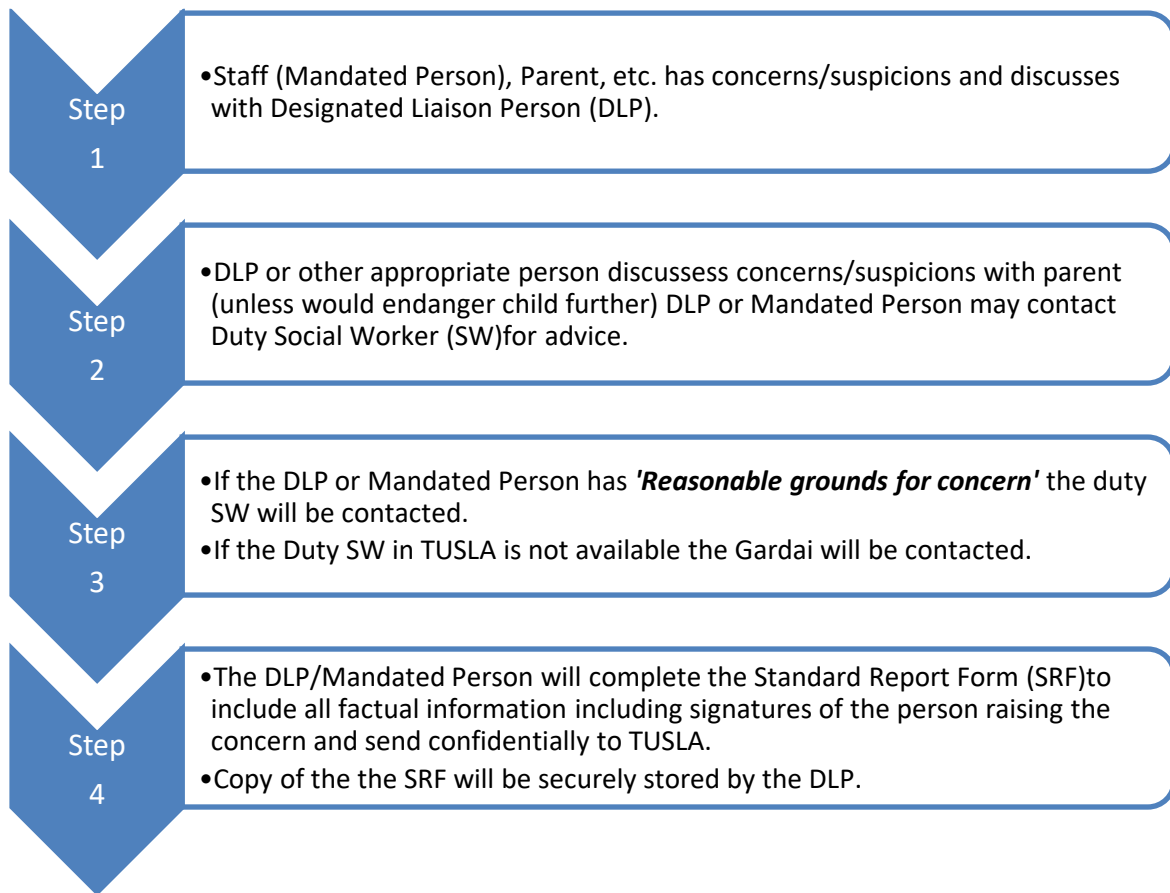
The guiding principles on reporting child abuse or neglect may be summarised as follows:

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, to the relevant TUSLA Social Work Department or An Garda Síochána, the individual employee, student, who raised the concern should be given a clear written statement of the reasons why the DLP is not taking action. The employee, student, 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
Jade Singh 087 9245550	Child & Family Agency, 180-189 Lakeshore Dive, Airside Business Park,	Navan Road Garda Station, 01 6667400
Helen Joseph 086 1966163	Swords, Co Dublin, 01 8708000	

## 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 but are affiliated with the service – i.e. administration, chefs, cleaners etc.

NAME	POSITION	QUALIFICATIONS
Helen Joseph	Manager	Fetac Level 6 Childcare
Erica Melia	Deputy Manager / Room Leader	Fetac Level 5
Caroline Kennedy	Room Leader	Fetac Level 5
Sarah Kaye	Childcare Assistant / Room Leader	Fetac Level 5
Jessica Weafer	Childcare Assistant	Ancillary Staff
Bruna Fabri	Childcare Assistant	Ancillary Staff
Amelia insert	Childcare Assistant / Room Leader	Ancillary Staff
Alessandra Araujo	Childcare Assistant	Ancillary Staff
Burnna Estella	Childcare Assistant	Ancillary Staff
Mandy Nolan	Cook (HACCP)	Ancillary Staff

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

## 10. CHILD SAFEGUARDING STATEMENT

Document Title:	Child Safeguarding Statement
Document Author and Relevant Person under Children First Act 2015:	School Kids Aloud Pelletstown, CB
Document Approved:	Jade Singh
Date the Document is Effective From:	February 2023
Scheduled Review Date:	Annually
Number of Pages:	15

### Type of Service

School Kids Aloud Pelletstown is a school-aged service (afterschool service, in accordance with the Child Care Act 1991 (Early Years Services) (Registration of School Age services) Regulations 2018 registered with Tusla under Certificate No. TU2020FL011SA

This Service is privately owned by Jade Singh.

**Staff in the After School Service of School Kids Aloud Pelletstown are not "mandated persons" within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts").**

**To this end School Kids Aloud Pelletstown follows the principles of the role of the mandated person as defined within the Acts and obligates its After School staff to uphold such principles.**

**Accordingly reference to "mandated person" or "mandated persons" in these Policies and Procedures within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts") denotes Members of the Board of Management, Committee Members, After School staff, students, of School Kids Aloud Pelletstown .**

**For the purposes of clarification the Service’s Designated Liaison Officer(s) and Deputy Designated Liaison Officer(s) in School Kids Aloud Pelletstown are at all times mandated persons within the meaning of The Children First Act (2017) and The Children First Act 2015 ("the Acts").**

**Key Personnel: In-House**

<b>Manager (Person in charge):</b>	Helen Joseph
<b>Deputy in the absence of Manager:</b>	Erica Meli
<b>Health and Safety Officer:</b>	Helen Joseph
<b>Fire Officer:</b>	Helen Joseph
<b>First Aid Co-ordinator:</b>	Helen Joseph
<b>Relevant Person for the Purpose of this Statement:</b>	Jade Singh
<b>Designated Liaison Person:</b>	Jade Singh
<b>Deputy Designated Liaison Person:</b>	Helen Joseph
<b>Data Controller:</b>	Jade Singh

**KEY INFORMATION**

<b>Opening Hours:</b>	7:30 a.m. to 8:30 a.m. and 1:00 p.m. to 6:30 p.m. (during term time) and 8:00 a.m. to 6:00 p.m. (outside term time)
<b>No of Weeks per year opened:</b>	44
<b>No. of Children attending the Service:</b>	90
<b>Capacity:</b>	108
<b>Age Range:</b>	4 years and 6 months to 12 years

<b>Ratios:</b>	1:12
<b>Programme of Activities:</b>	Homework support, football, basketball, board games, Lego, science experiments, free play
<b>Address:</b>	Pelletstown Educate Together National School, Rathborne Vale, Ashtown, Dublin 15
<b>Phone Number:</b>	086 1966163
<b>Email:</b>	hello@schoolkidsaloud.ie / jadeschoolkidsaloud@gmail.com

### Key Personnel: External

<b>TUSLA Early Years Inspection Team:</b>	Ground Floor, Unit 4&5, Nexus Building, Block 6A, Blanchardstown Corporate Park, Dublin 15,
<b>Contact:</b>	01 8975115
<b>TUSLA Social Work Department:</b>	Child & Family Agency, 180-189 Lakeshore Drive, Airside Business Park, Swords, Co Dublin,
<b>Contact:</b>	01 8708000
<b>Garda:</b>	Navan Road Garda Station,
<b>Contact:</b>	01 6667400
<b>Doctor:</b>	insert
<b>Contact:</b>	
<b>Pharmacist:</b>	Lloyds Pharmacy, Pelletstown,
<b>Contact:</b>	01 8996982
<b>Hospital:</b>	Blanchardstown Hospital,
<b>Contact:</b>	01 6465000
<b>Fire Brigade:</b>	999 / 112

<b>Fire Maintenance:</b>	The National School looks after this
<b>Pest Control:</b>	The National School looks after this
<b>Garda Vetting: Contact:</b>	Barnardos, 021 4547060
<b>Water Leaks:</b>	1850 278778
<b>Electricity Emergency:</b>	1850 372999 (24-hours)
<b>Gas Emergency:</b>	1850 205050 (24-hours)

## 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 School Kids Aloud Pelletstown are protected and kept safe from harm while they are in our care. School Kids Aloud Pelletstown 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
<p><b>1.Risk of harm (as defined by the Children First Act 2015) of bullying a child by a member of staff/peer</b></p> <p><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></p>	<p><b>Procedures in place:</b></p> <p>Anti-bullying Policy</p> <p>Internet, Photography and Recording Devices Policy.</p> <p>Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities.</p> <p>School-Aged children aware of the policy regarding phones, tablets and other devices</p> <p>No use of mobile phones permitted by staff or School-aged children inside care rooms (safe storage is provided).</p>	<p>Management, Staff, DLPs</p>

<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>Staff Training in Child Safeguarding</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 Adults permitted to have Phones/Devices See /Smart watch, Tablets and Devices Policy.</p> <p>School-Aged children have access to complaints policy in child-friendly format</p>	
<p><b>2. Risk of harm (as defined by 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/ contractor</b></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, for example, during nappy changing or intimate care routines.</i></p>	<p><b>Procedures in place:</b></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 Protection and Safeguarding (Children First) and aware of types and signs.</p> <p>DLPs appointed.</p> <p>Student or unqualified staff not permitted to carry out Toileting Assistance.</p> <p>Parents/Guardians/Siblings not permitted into Toilet 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>School-Aged children have access to complaints policy in child-friendly format</p>	<p>Management, Staff, DLPs</p>
<p><b>3. Risk of harm (as defined by the Children</b></p>	<p><b>Procedures in place:</b></p> <p>Vetting in place to include Garda vetting, police</p>	<p>Management, Staff, DLPs</p>



<p><b>First Act 2015) or physical / psychological/ emotional harm (as defined by the Children First Act 2015) of a child by a member of staff /Contractor</b></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 shouting at or chastising children to the extent that it causes harm to a child.</i></p>	<p>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 Protection and 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>School-Aged children have access to complaints policy in child-friendly format</p>	
<p><b>4.Risk of harm (as defined by the Children First Act 2015) of a child from an unauthorised Visitor/ Contractor</b></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>Risk of children absconding from</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>

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<p><i>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><b>5. Lost child</b></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><b>Procedures in place</b></p> <p>Missing Child 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.</p> <p>Only authorised Persons allowed access to the service.</p>	<p>Management, Staff, DLPs</p>
<p><b>6.Accidents Caused by Neglect</b></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 unattended while eating.</i></p>	<p><b>Procedures in place</b></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>Accident and Incident Policy in place and followed.</p> <p>Correct storage procedures for all potentially hazardous substances (cleaning and medications).</p>	<p>Management, Staff, DLPs</p>

<p><b>7. Medical Neglect</b></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><b>Procedures in place</b></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>	<p>Management, staff, DLPs</p>
<p><b>8. Child not collected/ Unauthorised collection and Access Rights or Persons unfit to collect</b></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><b>Procedures in place</b></p> <p>Collections Policy in place and followed.</p> <p>Authorised/Emergency Collectors available.</p> <p>Parental Agreements &amp; 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.</p> <p>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> <p>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> <p>School aged children have access to child-friendly policy</p>	<p>Management, staff, DLPs</p>
<p><b>9. Unvetted Staff or students that may lead to</b></p>	<p><b>Procedures in place</b></p> <p>Recruitment and Selection Policy in place.</p>	<p>Management, Staff, DLPs</p>

<p><b>children being harmed (including not recognising or reporting signs of abuse)</b></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>Garda Vetting Policy in place (Process to be 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>	
<p><b>10.Risk of abuse by staff /visitors not knowing correct procedures (such as not recognising or reporting signs of abuse)</b></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>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 Procedure/Policy</p> <p>Complaints Procedure/Policy</p> <p>Code of Behaviour for staff Procedures/Policy</p> <p>Procedure/Policy on Managing Behaviour</p> <p>No unsupervised access to children by students, visitors or any unvetted personnel.</p>	<p>Management, Staff, DLPs</p>
<p><b>11.Poor behaviour strategies where the dignity of</b></p>	<p><b>Procedures in place</b></p> <p>Managing Behaviour Policy in place and followed.</p>	<p>Management, staff, DLPs</p>

<p><b>the child is undermined</b></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 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>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><b>12.Risk of harm (as defined in the Children First Act 2015) or abuse of a child when on outings by Staff Member/Student / Peer</b></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 unaccounted for, for any period of time</i></p>	<p><b>Procedures in place</b></p> <p>Service does not go on outings.</p>	<p>Management, Staff, DLP</p>
<p><b>13. Risk of harm (as defined in the Children First Act 2015) of a child through social media / internet use</b></p> <p><i>Examples of risk include, but are not</i></p>	<p><b>Procedures in place:</b></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>Management, staff, DLPs</p>

<p><i>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>Parental Consent Forms completed.</p> <p>No images of children published externally or on social media without parent/guardian consent.</p> <p>No child/adult phones permitted. See Smart watch, Tablets and Device Use policy</p> <p>Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities.</p> <p>School-Aged children aware of the policy regarding phones, tablets and other devices</p>	
<p><b>14. Risk of harm (as defined in the Children First Act 2015) of a child from unauthorised Photography in the setting</b></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><b>Procedures:</b></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 child/adult phones permitted. See Smart watch, Tablets and Device Use 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, Helen Joseph, is/are 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:

- The definition of 'harm' in all sections is identified according to Children First Act of 2015 in relation to a child as:
  - (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,**whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise.*
- Procedures to manage any risk identified.
- Procedure for reporting harm or abuse or allegations of these to TUSLA by the Registered provider, School Kids Aloud Pelletstown, or member of staff (whether mandated or not).
- Procedure for the management of allegations of abuse or misconduct against workers 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 Owner, Jade Singh.

**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:           JADE SINGH**

**CONTACT:                               087 9245550**

**EMAIL:                                   hello@schoolkidsaloud.ie**



## 11. Smart Watch, Tablet and Device Use Policy

<b>Document Title:</b>	<b>Smart Watch, Tablet and Device Use Policy</b>
<b>Unique Reference Number:</b>	<b>011</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown; CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing, and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>6</b>

This policy has been communicated to staff, parents/guardians by the above-mentioned method.

A child-friendly version (signs) of this policy is on display inside the relevant care room.

Relevant staff have access to related tools and resources. Staff have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy

Child Protection Training Resource:

<https://www.TUSLA.ie/children-first/children-first-e-learning-programme/>

### No Phones

Children are not permitted to bring or use phones in our service. Only designated staff are permitted, in strictly controlled circumstances (authorised to take

photographs for the purpose of observations, documenting progress or for learning journals), to carry or use phones inside the care rooms of our service during operational hours.

### **Tablets/Smart Watches**

A Tablet device or 'Tab' (similar to an iPad) is a portable touchscreen computer where access to the internet is available through either a Sim card insert or Wi-Fi connection. A selection of Apps normally come in-built in Tablet computers, such as cameras, games and email.

A smart watch is a small wearable computer and phone resembling a wristwatch. It is a device that functions as a digital watch but also synchronises with a Smartphone through, for example, the Bluetooth function. A smart watch user can also manually connect to a Wi-Fi network. Synchronising a phone to the smart watch is easy and involves simply downloading an app such as Android wear or Watch from Apple.

### **Smart watch Use**

Although a Smart watch is small and discreet, it functions similarly to a mobile phone. On most Smart watches, text messages, phone-calls and emails can be easily accessed, viewed, sent and/or received. Social media platforms can be viewed and interacted with through a Smart watch. A Smart watch can be used as a direct substitute to a mobile phone, i.e. a child or adult might leave their mobile phone at home or out of reach and use the functions of a Smart watch as an alternative.

There is a photo-taking function on some Smart watches that is synchronised directly to the Smartphone. For example, a function on some Smart watches can be used to activate the camera app on the synchronised mobile phone (when the app is left open on the phone) to capture and store a photograph.

School Kids Aloud Pelletstown recognises a Smart watch in the same way it recognises a mobile phone device. Please refer to our service's following policies:

Internet, Photography and Recording Devices Policy [Incorporating Multimedia]

Internet and Email Usage Policy

### **Tablet Use (music and song)**

Our service also recognises the importance of music and song in the curricula and the joy and learning it invokes in the classroom.

Tablet Devices are also in use in each of our care rooms for the purpose of playing music and songs to the children to aid their interactive learning, for wind down periods, and to support curricula themes and topics.

### **Use of Spotify**

Where the 'Spotify' App is use on the Tablet for this purpose, playlists of the appropriate songs and music clips (pre-listened to by staff) will be formed for use. Our staff are aware that a playlist can be accessed offline from the Spotify App for up to 30 days.

Apps that are not in use will remained locked on the device. Only necessary additional Apps, for the sole purpose of supporting curricula, will be downloaded onto the device. Management will be informed before any decision to download new Apps onto the Tablet Devices is made.

Restrictions, which enable the filtering of any inappropriate material, and/or Parental Controls will be pre-activated and/or installed on each Tablet Device before it is in use in care rooms.

The Tablet will be used in the 'offline' mode where possible.

### **YouTube Use**

Where the YouTube App is used to play music or show a curriculum-supporting clip, the clip will be previewed in full by a staff member before being shown to children.

YouTube Clips will not be streamed or on 'live' mode. Where possible, the Kids YouTube App will be in use instead.

YouTube will never be used as a 'filler activity' at any time in our service. The use of YouTube will be used selectively and sparingly to support specific aspects of the children's interactive learning and curricula. Children will not have unsupervised or sedentary viewing of video on any device in our service.

Tablet Devices will not be accessible to children and close supervision will take place when it is in use by a staff member.

Staff are not permitted to have access to their phones while in ratio with children.

### **Tablets and School Age Children**

Our Service recognises that Tablet devices are popular among children and that children may own/bring their own Tablet. The use by a child of their Tablet device in our Service, with or without direct connection to the internet (for example, to view or complete Homework Tasks) always requires close one-to-one supervision.

Where an additional staff member to those in ratio is available to provide this one-to-one supervision (should homework tasks be required to be carried out on a Tablet), child use of a Tablet will be permitted for the period of time one-to-one supervision is available. Where an additional staff member to those in ratio is not available to provide this one-to-one supervision, the child's use of the Tablet will not be permitted.

Children will not have unsupervised access to Tablet Devices while in our care.

Inaccessible box/basket storage will be provided to children who arrive at our setting from school with a Tablet device for storage when not in use.

### Device Distractions (Staff)

All notifications received to your mobile phone can be synchronised to a Smart watch. This means that a Smart watch will beep or vibrate on receipt of texts, calls, emails and social media notifications. Naturally, these alerts, when received, can divert the attention of adults caring for children during operational hours. School Kids Aloud Pelletstown recognises the risks posed to child safety and welfare as a result of device distraction.

#### STAFF:

Should a Smart watch be worn by members of staff working directly with children, all notifications/alerts must be switched fully off (including vibrate alerts). Notifications can be checked before or after hours of care to children, and/or during staff breaks.

#### SCHOOL AGE CHILDREN:

The wearing of a Smart watch is strictly prohibited by children in our care service. We ask that children keep smart watches at home. Any child who arrives at the service wearing a smart watch will be asked to remove the device immediately until the end of the care period. A box/basket storage will be provided for inaccessible storage of smart watches until the end of the care period.

**The following Contact Person(s) are permitted to carry and use mobile phones during the hours listed below. The following Contact Number(s) can be offered to anyone outside of the service who may need to reach you in an emergency:**

Contact Name	Number	Role in service	Hours available to receive emergency calls
1	insert		
2			
3			

## **Child Safety and Welfare**

School Kids Aloud Pelletstown has a duty of care for the safety and protection of each child in our care. Safeguarding of children from the risk of exposure to inappropriate/harmful online content forms part of our Service's Safeguarding Policy and Statement. Safeguarding of children from the risk of cyber-bullying or the taking, viewing, or distributing of any unauthorised photography forms part of our Service's Safeguarding Policy and Statement. [Please See Updated Child Safeguarding Statement, Sept 2020]

Apart from granting children the full undivided attention they deserve while in our care, it is also our intention to teach them important boundaries and device safety:

- It is never OK to make or receive unwanted contact with/from another person through a device.
- It is never OK to take a video, audio recording or a photograph of another person without their knowledge or consent.
- It is never OK to take, hold or use another person's personal details (number, texts, emails or email addresses, posts, photos, videos) without their knowledge or consent.

**Staff members should not, in any circumstances, retrieve, retain or use the contact numbers or details of children for the purpose of communication in or out of the service.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Person responsible for approving the Policy**

## 12. COMPLAINTS

<b>Document Title:</b>	<b>Complaints</b>
<b>Unique Reference Number:</b>	<b>012</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Method of communication of policies to Children in the Service</b>	<b>A Child Friendly Version of this policy is available in the Service</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>6</b>

**This policy is developed in accordance with the Child Care Act 1991 [Early Years Services] [Registration of School Age Services] Regulations 2018.**

**This policy is available and communicated to parents, guardians, staff and relevant stakeholders.**

**It is also available in child friendly format to school age children in the Service**

**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/guardian 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, 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, at the Service**

Where a child makes a complaint or expresses a concern to a staff member, contractor, unpaid worker, student, at the Service about a staff member, contractor, unpaid worker, student, 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/guardians 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 is required to immediately report the matter to the Manager, Helen Joseph

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

**How to Make a Complaint:**

- All complaints must be made to the Manager, Helen Joseph, by telephone on 086 1966163.
- Where the complaint is made about the Manager (The Person in Charge) Helen Joseph, the complainant can complain to the Administration Manager, Naomi McEntee, by telephone on 089 6065997.
- If the complainant feels they cannot refer to Management, or it is inappropriate to do so, the complaint should be referred to 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 [made verbally] will be made to the Manager, Helen Joseph, in person or by phone, 086 1966163, will be documented and remain confidential.
- A complaint may be made in writing by letter addressed the Manager, Helen Joseph, at the Service.
- A complaint may also be made by email addressed to the Manager, Helen Joseph, at the email address: [hello@schoolkidsaloud.ie](mailto:hello@schoolkidsaloud.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 complainant must make a formal complaint in writing to the Manager or other person as noted in this policy above
- The complainant will be sent an acknowledgement that the complaint has been received and told how it will be dealt with, by whom and within a timeframe specified by the Manager or other person and agreed by the complainant. If the complaint is made about the Manager or other person, the Manager or other person can acknowledge receipt of the complaint but may defer to a third party to manage the process
- The Manager or other person/s to whom the complaint has been referred will keep dated records summarising what was said and by whom.
- In the case of a complaint made against a member of staff, the staff member involved will be informed that a formal complaint has been made and given full details.
- The Manager will arrange to meet with the staff member and discuss the lodged complaint.
- The Manager will record and keep an accurate and detailed account 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 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.
- The Manager will inform all parties involved of the outcome of the complaint made. The Manager reserves the right to extend the timeframe of the investigation and resolution in complex cases. The complainant will be kept informed regarding the progress of their complaint hearing and will never be left more than one week without communication regarding the complaint

**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

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, Department of Children, Equality Disability, Integration and Youth, 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 and any changes to practice, policy is recorded
- Complaints will be kept on file for 2 years

**Child Version of Complaints Policy**

We have a Child-friendly version of the Complaints Policy to help support children if they have a complaint or concern. This policy will be discussed in an age appropriate way with children when they start in our service. Staff will support children if they wish to make a complaint and together with their parents, if appropriate, will be facilitated through the process

**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.

- 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

### 13. INSURANCE

<b>Document Title:</b>	<b>Insurance</b>
<b>Unique Reference Number:</b>	<b>013</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>2</b>

This policy is available and communicated 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.

**Statement of Intent:**

It is the policy of this Service to retain adequate insurance, evidenced by a current certificate of insurance relevant to the type of service being operated.

**Insurance Cover**

The Service's insurance includes the following where appropriate:

- public liability insurance.
- insurance against fire and theft.
- buildings insurance.

- any other insurance requirements depending on the services provided as identified by the registered provider or the inspectorate.

### **Insurance Certificate**

- The insurance certificate for the Service is available and in date on inspection.
- The information provided on the relevant insurance certificate includes:
  - the contact details for the insurance provider.
  - the name and address of the Service insured.
  - the categories of insurance cover for the Service.
  - the number of children covered by insurance within the Service.
  - the start date and end date of current insurance cover.
- The number of children in the Service at any time does not exceed the number for which the insurance is provided.
- Any vehicle used to transport children is appropriately insured for the purpose.
- Details of all relevant vehicle insurance policies and certificates are kept by the Service.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

**Person responsible for approving the Policy**

## 14. CHECKING IN AND OUT AND RECORDING OF ATTENDANCE

<b>Document Title:</b>	<b>Checking in and Out and Recording of Attendance</b>
<b>Unique Reference Number:</b>	<b>014</b>
<b>Document Author:</b>	<b>School Kids Aloud Pelletstown, CB</b>
<b>Document Approved:</b>	<b>Jade Singh</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Jade Singh</b>
<b>Person responsible for approving Policy</b>	<b>Jade Singh</b>
<b>Method of communication of policies to staff (email / hard copy / induction training)</b>	<b>Email and Hard Copy available in the Service</b>
<b>Method of communication of policies to parents/guardians (full policies via email, hard copy)</b>	<b>Hard Copy available in the Service</b>
<b>Date the Document is Effective From:</b>	<b>February 2023</b>
<b>Scheduled Review Date:</b>	<b>Annually</b>
<b>Number of Pages:</b>	<b>3</b>

**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 until a child attains 21 years of age.

**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.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Person responsible for approving the Policy**

**APPENDIX L: 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			
2.	Dropping Off and Collection of School Aged Children			
3.	Fire Safety			
4.	Medication Management			
5.	Behaviour Management (including Managing Challenging Behaviour)			
6.	Infection Control			
7.	Outings Policy			
8.	Missing Child Policy			
9.	Child Safeguarding Policy and Procedures			
10.	Child Safeguarding Statement			
11.	Smart watch, Tablet and Device Use Policy			
12.	Complaints			
13.	Insurance Policy			
14.	Checking In and Out and Record of Attendance			

**APPENDIX M: RECEIPT OF POLICIES BY PARENTS/GUARDIANS**

**SCHOOL KIDS ALOUD PELLETSTOWN**

**PARENTS/GUARDIANS – PLEASE SIGN and RETURN THIS SLIP**

I/We have read / have been furnished with a copy of the Service’s comprehensive After School Policies and acknowledge the contents and conditions therein.

I/We have been given a copy of the Privacy Statement

I/ We note that the Service welcomes feedback and opinions in relation to Service.

Child’s name is: \_\_\_\_\_

Date commenced at: \_\_\_\_\_

Parents Name(s) (Block Capitals) and signature(s):

1. \_\_\_\_\_

Dated:

2. \_\_\_\_\_

Dated:

**APPENDIX N: 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			
2.	Dropping Off and Collection of School Aged Children			
3.	Fire Safety			
4.	Medication Management			
5.	Behaviour Management (including Managing Challenging Behaviour)			
6.	Infection Control			
7.	Outings Policy			
8.	Missing Child Policy			
9.	Child Safeguarding Policy and Procedures			
10.	Child Safeguarding Statement			
11.	Smart watch, Tablet and Device Use Policy			
12.	Complaints			
13.	Insurance Policy			
14.	Checking In and Out and Record of Attendance			

# **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 be enabled to exercise choice and to use initiative as an active participant and partner in her/his own development and learning.

#### **Standard 2: Environments**

Enriching environments, both indoor and outdoor (including materials and equipment) are well maintained, safe, available, accessible, adaptable, developmentally appropriate, and offer a variety of challenging and stimulating experiences.

#### **Standard 3: Parents/guardians and Families**

Valuing and involving parents/guardians and families requires a proactive partnership approach evidenced by a range of clearly stated, accessible and implemented processes, policies and procedures.

#### **Standard 4: Consultation**

Ensuring inclusive decision-making requires consultation that promotes participation and seeks out, listens to and acts upon the views and opinions of children, parents/guardians and staff, and other stakeholders, as appropriate.

#### **Standard 5: Interactions**

Fostering constructive interactions (child/child, child/adult and adult/adult) requires explicit policies, procedures and practice that emphasise the value of process and are based on mutual respect, equal partnership and sensitivity.

#### **Standard 6: Play**

Promoting play requires that each child has ample time to engage in freely available and accessible, developmentally appropriate and well-resourced opportunities for exploration, creativity and 'meaning making' in the company of other children, with participating and supportive adults and alone, where appropriate.

### **Standard 7: Curriculum**

Encouraging each child's holistic development and learning requires the implementation of a verifiable, broad-based, documented and flexible curriculum or programme.

### **Standard 8: Planning and Evaluation**

Enriching and informing all aspects of practice within the setting requires cycles of observation, planning, action and evaluation, undertaken on a regular basis.

### **Standard 9: Health and Welfare**

Promoting the health and welfare of the child requires protection from harm, provision of nutritious food, appropriate opportunities for rest, and secure relationships characterised by trust and respect.

### **Standard 10: Organisation**

Organising and managing resources effectively 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 be met or exceeded.

**Standard 16: Community Involvement**

Promoting community involvement requires the establishment of networks and connections evidenced by policies, procedures and actions that extend and support all adults and children's engagement with the wider community.

For further information, see [www.siolta.ie](http://www.siolta.ie)