



**Frenchpark & Districts
Childcare Ltd**

Early Learning and Care & School Age Childcare Policies and Procedures

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All staff receive a copy of these policies. Additional electronic copies are available from management upon request. Policies are also accessible to parents and guardians at the service reception for review. In addition, all parents, guardians, staff members and relevant bodies are emailed a copy of our policies and procedures.

Context

These policies have been developed with reference to the following:

- The Child Care Act 1991 (Early Years Services Regulations) 2016
- The Quality and Regulatory Framework (September 2018) (Early Years Inspectorate)
- Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education
- Aistear: The Early Childhood Curriculum Framework
- Siolta: The National Quality Framework for Early Childhood Care and Education
- Children First: National Guidance for the Protection and Welfare of Children 2017 (Department of Children, Equality, Disability, Integration and Youth)
- A wide range of other sources of information and guidelines provided by the above authorities.

Roles and Responsibilities Regarding Policies:

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

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These policies are a working document and will be reviewed Annually or when needed/necessary in line with changes in legislation, regulations, national standards and good practice.

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INTRODUCTION

Policies and Procedures provide a consistent approach to developing our service and help to minimise misunderstandings. They offer a clear framework for decision-making and guide our daily practice.

At Frenchpark & Districts Childcare CLG, policies and procedures are essential tools for staff, students, and parents/guardians. They ensure everyone understands our shared responsibilities and expectations, helping us work together to deliver high-quality, safe, and child-centred care.

We are committed to maintaining high standards of practice. Policies and procedures are reviewed as needed to reflect new developments in the childcare sector, and in the absence of such developments, they are reviewed annually.

The Policies and Procedures were last updated in July 2025.

Signed on behalf of the Management Committee

Chairperson

1. MISSION STATEMENT

The mission of Frenchpark and Districts Childcare CLG (hereafter referred to as FDCL within this document) is to provide high quality, affordable childcare services to the children and parents within the community and surrounding areas, catering for the disadvantaged and supporting social inclusion.

We promote and deliver support and services for social inclusion, rural and community development, both from our own resources and in collaboration with other agencies.

Our service is now one of the Equal Start Services within the county and we liaise with Roscommon CCC for support with all of the national childcare programmes

Aims and Objectives

- To provide affordable, accessible, high-quality childcare and education to the children of the area who will be encouraged to develop in a holistic manner.
- To deliver a childcare service of the highest quality that will develop, improve, and sustain each child's quality of life.
- To deliver a quality curriculum which addresses children's well-being, identity and belonging, communication and exploring and thinking, along the principles of Aistear, the Early Childhood Curriculum Framework
- To ensure each child's needs and values are respected in matters of religion, culture, race or ethnic origin, disabilities, or impairments.
- To provide facilities for children with special needs, for example access to and the promotion of the Access and Inclusion Module Programme to allow them to integrate with children of their own age group.
- We aim to work with 'Síolta' The National Quality Framework for Early Childhood Education by following its 12 principles of quality and the 16 standards within its framework, to be validated at Level 4.
- To adhere and comply with the *Child Care (Pre-School Services) Regulations*

2016 and all national good practice standards.

- To contract to funding schemes such as ECCE, CCSP, NCS etc., to ensure continuation of funding to the service and parent/guardian.
- To support training and ongoing professional development of FDCL staff.

Ethos and Philosophy

At Frenchpark & Districts Childcare CLG we believe in providing an environment that is secure, caring, loving, nurturing and anti-bias. We create a homely environment that is welcoming and warm. We believe that all children should be treated with equality, and their cultural and linguistic diversity is embraced and acknowledged.

Families are encouraged to share their culture, language, and home experiences with the service. Our emphasis is on partnerships with families and the greater community. Families are encouraged to participate in the service and share decision-making matters that impact their child and their education.

We provide a diverse programme that reflects both group and individual needs. Through ongoing observations and evaluations, we provide enriching experiences that encourage and promote learning and development. Our play-based curriculum covers the areas of language, cognitive, social/emotional, fine motor, and gross motor development, but also provides for the holistic child.

Children's self-help skills and independence are encouraged. Staff support and assist with mealtimes, dressing, sleeping, toileting, nappy changing. Children are offered a balance of active and quiet activities, with rest time provided each day. A balance of indoor and outdoor experiences is ensured.

Meals and menus are fresh, nutritious, varied, and well-balanced. Safe food handling and hygiene practices are observed at all times.

Positive encouragement and reinforcement are used to guide and promote appropriate behaviours. Through positive encouragement and experiences, we aim to build high self-esteem and self-worth.

Staff are committed to ongoing continuous professional development and have regular support and supervision with a view to providing the best outcomes for all children in our care. Staff are encouraged to raise any issues within the service, and management will follow up in line with the services policies and procedures. The service regularly observes, documents and evaluates all practices, to continually update and improve the quality of service and standard of care we provide.

We strive to provide a loving, caring, nurturing environment that promotes each child's learning and development, self-esteem and individuality, while ensuring each day is lots of fun!

Date Policy Last Reviewed
01 st July 2025

2. STATEMENT OF PURPOSE AND FUNCTION

Frenchpark and Districts Childcare CLG is a community-based facility that is overseen by a voluntary management committee, and the day-to-day operations of the service are a shared responsibility of the management team. The purpose of the service is to provide affordable and accessible full-day care, sessional and part-time care for children aged 0 months to 12 years. We open 51 weeks per year from January to December. We have the capacity to cater for 132 children at any one time.

Type of Service:

Registered with Tusla as a Full Day Care, Sessional, Part-Time and School Age service in accordance with the Childcare Act 1991 (Early Years Services Regulations 2016. Tusla Registration number: TU2015RN018/TU2021RN012SA

Key Information

Opening Hours:	8:00am – 6:00pm
Capacity (number of children the service can cater for):	132
Age Range:	0 months – 12 years
Ratios:	As per regulations. See Ratio Policy.
Curriculum:	Play-Based
Address:	Corskeagh Estate, Castlerea Road, Frenchpark, County Roscommon, F45 Y860
Phone Number:	(094) 987 0111
Email:	info@fdcl.ie
Facebook:	www.facebook.com/FDCL1
Website:	www.fdcl.ie

Key Personnel: In-House

All key personnel are outlined in detail on our website.

Childcare Manager (Designated Person in Charge):

Early Years Quality and Inclusion Lead (Deputy Designated Person in Charge):

Centre Business Manager:

Health and Safety Officer:

Fire Officer:

First Aid Co-Ordinator:

Designated Liaison Person:

Deputy Designated Liaison Person:

Data Controller:

Accounts and Office Administrator:

Mandated Persons:

Key Personnel: External

TUSLA Early Years Inspection Team:	Early Years Inspector, Government Buildings, Convent Road, Roscommon. ☐ Tel: 090 6637867
Roscommon County Childcare Committee	Knock Road, Castlerea, County Roscommon Tel: 0949622540 Email: info@roscommonchildcare.ie
TUSLA Social Work Department:	Child and Family Agency, Riverside House, Main St. Castlerea, Co Roscommon Tel: 090 6637851
Gardai:	Castlerea Garda Station, Barrack Street, Castlerea, Co Roscommon. Tel: 094 9621637
Doctor:	Kelly Henry Medical Centre Knock Road, Castlerea, Co. Roscommon. Tel: 094 9620168
Hospital:	Roscommon County Hospital, Athlone Rd, Roscommon. Tel: 090 662 6200
Fire Brigade:	999/112
Early Intervention Team:	Roscommon Early Intervention Services, Unit 4, Racecourse Road, Co Roscommon. Tel 090 6666100
Garda Vetting:	Early Childhood Ireland/ 01 4057100 Barnardo's/ 021 4547060

Date Policy Last Reviewed
01 st July 2025

3. ADMISSIONS AND ENROLMENT

Policy Statement:

FDCL is committed to offering equal access to all children and their families, regardless of additional needs, cultural, financial, or religious background. We aim to ensure that every child feels welcome, safe, and cared for to the highest standard.

Procedure:

Age Range and Eligibility

- We cater for children aged from 0 months to 12 years.
- The service reserves the right to refuse admission in line with our duty of care, policies, and available capacity.

Enrolment Process

- A properly completed and authenticated enrolment/booking form for

each child must be lodged with the manager prior to the child starting.

- Parents/guardians should familiarise themselves with our Policies and Procedures and Parents/Guardians handbook. These are issued to all parents as a digital copy prior to the child's start date. The Parent/Guardian Agreement must be signed and returned to the service before the child is admitted.
- We operate an open-door policy at all times.
- If a parent/guardian wishes to increase the number of days their child is attending the service, this will only be possible if there is a vacancy.
- Referrals from family support agencies will be accepted providing there is a space available.

Waiting List and Priority Rules

- An advance booking register and waiting list will be maintained; children are added to the waiting list in order of booking date.
- Places are offered on a first-come, first-served basis.
- Siblings of existing children and children of staff members will be given priority.

Inclusion

- Children with additional needs and disabilities are welcome. The service is wheelchair accessible.
- We work with families to identify additional support, including the Access and Inclusion Model (AIM).

Attendance Requirements

- A minimum of 2 days' attendance is required for sustainability; this does not apply to afterschool/school age childcare services.
- Parents/Guardians must notify staff of absences as soon as possible.

- Persistent unexplained absences may result in withdrawal of the child's place.
- If a child is absent for four consecutive weeks without communication, their place may be offered to another family.
- The service reserves the right to terminate a child's place in line with our policies, including serious breaches of our terms or failure to meet attendance requirements.

Notice of Withdrawal

- A minimum of 4 weeks' written notice is required. Fees apply during the notice period.

Early Childhood Care and Education (ECCE) Scheme

The ECCE Programme is a universal, state-funded preschool scheme available to all eligible children in the two years before starting primary school.

At FDCL, we offer the ECCE programme over a 38-week term, from August/September to June. Children attend for **three hours per day, five days per week**.

Eligibility

Children are eligible from the September after they turn 2 years and 8 months and must not be older than 5 years and 6 months by the end of the preschool year (June).

In some exceptional circumstances, children may be granted an additional year. All eligibility is determined by the DCEDIY (Department of Children, Equality, Disability, Integration and Youth).

How It Works in Our Service

- Children entitled to two years of ECCE are automatically placed on the list for their second year unless otherwise informed **in writing**.
- Children enrolled in our wobbler/toddler rooms are added to the ECCE list when they become eligible.
- Each ECCE year is treated as separate enrolments. You will be asked to complete a new enrolment form each year.

- Confirmation of an ECCE place is only given once we have confirmation of eligibility and an agreement on the number of days your child will attend.
- For children needing additional support, we work with families and the Access and Inclusion Model (AIM) to ensure meaningful participation in the ECCE programme.

National Childcare Scheme (NCS)

The National Childcare Scheme (NCS) provides financial support to help families with the cost of childcare. It can be used in addition to the ECCE scheme to cover hours outside of ECCE or for children not yet eligible for ECCE.

Subsidy Types

- Universal Subsidy – available to all children under 15 years of age.
- Income-Assessed Subsidy – based on your household income and circumstances.

Applying for the NCS

Parents must apply directly via the NCS website: www.ncs.gov.ie

To apply, you will need:

- A verified MyGovID account
- A Public Services Card (PSC)
- Details of your income (if applying for an income-assessed subsidy)

Once approved, you will receive a **CHICK** (Childcare Identifier Code Key). This code is then submitted to the service, and we register your child's attendance under the NCS.

You will receive a notification to confirm the registration and childcare hours. Subsidies are paid directly to the service and deducted from your fees.

Important Information

- Parents must renew CHICKs before their expiry date to continue receiving support. If a CHICK expires and is not renewed, full fees apply.
- You must attend the hours booked under NCS to maintain your funding.
- The NCS scheme operates alongside ECCE – NCS can be used to 'wrap around'

ECCE hours.

For help with applications or more information, you can contact the NCS Parent Support Centre on 01 906 8530 or speak to a member of our team.

Policy Cross-Reference:

- Please refer to the Fees and Payments Policy for details on how subsidies are applied to your childcare fees.
- More information is also available in the Parent/Guardian Handbook

Date Policy Last Reviewed
01 st July 2025

4. FEES AND PAYMENTS

Policy Statement:

FDCL is committed to transparent, fair, and sustainable fee management to ensure the ongoing delivery of affordable, high-quality early years services for families in our community.

General Fee Payment Information:

- Clear and current fees lists are readily available to parents/guardians.
- Parents/guardians must sign a Parent/Guardian Agreement outlining fees and payments before a child starts.
- Fees are payable weekly, in full, each Monday via Electronic Funds Transfer (EFT).
- The National Childcare Scheme (NCS) is available to help parents/guardians reduce childcare costs.
- Children who are in receipt of the National Childcare Scheme and who attend Full Day Care/Afterschool are automatically booked in for their usual days on their out of term

(apart from Summer) contracts to secure their place.

- Changes to NCS contracts cannot be made mid-year.
- Requests for additional hours outside of your normal contracted schedule must be made in advance. We will do our best to accommodate these requests based on availability.
- As a community-based service, FDCL relies on the timely payment of fees to meet staff wages and overheads, ensuring continued provision of essential childcare services.

Reviewing Fees:

- Fees are reviewed annually by management and the board.
- Parents/Guardians will receive at least two weeks' notice of any changes to fees.

Payments in relation to Holidays or Illness of the Child:

- Fees remain payable during periods of illness or family holidays to secure your child's place.
- There are 52 payable weeks in the year.
- This policy supports staff wages and the continuity of high-quality care.
- Bank/Public Holidays are included in the fees and cannot be swapped for other days. No fee reductions apply for these closures.
- Registration/enrolment forms will not be processed if there are any outstanding fees.

Withdrawal of Children:

- Parents/guardians must give four weeks' written notice if withdrawing a child from the service. Fees remain payable during the notice period.
- Management reserves the right, in consultation with parents/guardians, to end a child's place if it is agreed the child is not settling or adjusting well to the service environment, despite best efforts to support the transition. In such cases, four weeks' notice will be given to allow families to make alternative arrangements.

Non-Payment of Fees:

- Failure to pay fees may result in the suspension or withdrawal of your child's place.
- Any delays in payment must be discussed and agreed with management in advance.

- Repeated failure to pay fees on time may result in loss of your child's placement.

National Childcare Scheme (NCS) Subsidies:

- Parents/guardians using the NCS must ensure their CHICK code remains valid and renewed on time.
- If a CHICK expires and is not renewed before the expiry date, full fees apply.
- It is important to attend the booked hours to maintain your NCS subsidy.
- Please see our Admissions and Enrolment Policy for further details on NCS, ECCE, and funding schemes.

Date Policy Last Reviewed
01 st July 2025

5. ARRIVALS AND COLLECTIONS

Policy Statement:

The safety and welfare of children attending FDCL is of paramount importance. FDCL has clear procedures for the safe arrival and collection of children, ensuring security, smooth transitions, and full compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016.

Procedure:

Arrivals:

- The main entrance door remains locked at all times for safety.
- Only employees are permitted to open the door to parents and visitors.
- Children must not be left unattended in the foyer or outside the service before opening hours.
- On arrival, parents/guardians should share any relevant information with their child's key worker.

- Parents/guardians and children are encouraged to say goodbye before leaving.
- Parents/guardians are asked to please ensure external doors are securely closed on exit.

Collections:

- Parents/guardians are encouraged to speak with their child's key worker at collection for daily updates.
- Children must be collected by the agreed collection time.
- Parents/guardians must provide the names of at least two authorised collectors on enrolment.
- All authorised collectors must be aged 16 years or older.
- Any person collecting a child must be named on the enrolment form. If not, the service requires written or verbal permission from the parent/guardian in advance.
- On first occasion, identification (e.g., driver's licence) must be provided. Staff may request ID at any time if needed.
- The service will not release a child to any unauthorised person without prior parental consent.
- Responsibility for the child's safety transfers to the parent/guardian or authorised person once the child leaves the service.

Late Collection of Children:

- All children must be collected by their designated time to maintain health and safety practices.
- Parents/guardians who anticipate being late must contact the service as early as possible to make alternative arrangements.
- A late fee of **€1 per minute** applies for unnotified or repeat late collections.
- If a child is not collected on time, the service will attempt to contact the parents/guardians and emergency contacts.

Non-Collection of Children

- If a child has not been collected within 30 minutes of closing time and parents/guardians

cannot be contacted, the following will apply:

- The child will remain in the service with two fully vetted staff members until closing or until no staff are available to care for them.
- Staff will follow procedures in the Child Protection Policy and Child Safeguarding Statement.
- A full written incident report will be completed.

Attempted Collection by a Parent/Guardian with Denied Access (Court Order)

- Parents/guardians denied access by court order will not be allowed on the premises. A copy of the current court order must be provided and kept on file.
- If such a parent/guardian becomes threatening or insists on removing the child, staff will immediately call An Garda Siochana.

Attempted Collection by a Person under the Influence of Alcohol or Drugs

- The service will not release a child to any person who appears unfit to care for them due to drugs or alcohol.
- Staff will explain their concerns and offer to contact another authorised person or emergency contact.
- If the person refuses assistance and insists on taking the child, and staff believe the child is at risk, An Garda Siochana will be called immediately.
- Under no circumstances should staff place themselves in danger.
- A written incident report will be completed in such cases.

Date Policy Last Reviewed
01 st July 2025

6. RANGE OF CHILDCARE SERVICES

Policy Statement:

The service provides a play-based curriculum for children from 12 months to 12 years.

The service may cater for up to 132 children.

Our facilities include:

- Wobbler room (age 0 months - 2years).
- Toddler room (age 2years – preschool age)
- Two Full Day Care Rooms.
- One Sessional Preschool Room.
- Two Afterschool Rooms.
- Large and secure all-weather garden, consisting of individual canopy areas for rooms and various learning opportunities.
- Child-size toilets.
- Changing facilities
- HACCP compliant, purpose-built kitchen.
- Sensory room

Each room is designed for busy hands and curious minds. The children are guided through a range of educational and play activities at their own pace. Our team of educators create a positive and secure environment where children feel confident in exploring their surroundings.

Wobbler Room

Number of children:	5
Age range:	1 - 2 years
Staff/Child Ratio:	1:5

Our wobbler is designed for busy hands and curious minds. This room provides a wide range of experiences such as construction play, art and crafts, music, dance, puzzles and messy play. Introduction to concepts such as numeracy and literacy through play is a key part of our curriculum. Children will have the opportunity to play outside every day, therefore ensuring appropriate clothing is provided. Children are encouraged and supported in toilet training. Time for rest is allocated after the child's dinner time or whenever the child needs it.

Toddler Room

Number of children:	12
Age range:	2-3 years
Staff/Child Ratio:	1:6

Our toddler room is designed for busy hands and curious minds. This room provides a wide range of experiences such as construction play, art and crafts, music, dance, puzzles, and messy play. Introduction to concepts such as numeracy and literacy through play is a key part of our curriculum. Children will have the opportunity to play outside every day, therefore ensuring appropriate clothing is provided. Children are encouraged and supported in toilet training. Time for rest is allocated after the child's dinner time or whenever the child needs it.

Full Day Care One and Two

Number of children:	44 across two rooms
Age range:	2 – 5 years
Staff/Child Ratio:	1:8/1:11

Our full day care rooms are for preschool age children and offers a wide variety of educational opportunities to promote the child's individual learning and development. Children are also supported in learning key skills for going to school. Children are encouraged to get involved in the planning of their day and are encouraged to be independent at mealtimes, toileting and self-care. Children will have the opportunity to play outside every day, therefore ensuring appropriate clothing is provided.

Sessional

Number of children:	22
Age range:	2 – 5 years
Staff/Child Ratio:	1:11

Our full day care and sessional care for preschool age children offers a wide variety of

educational opportunities to promote the child's individual learning and development. Children are also supported in learning key skills for going to school. Children are encouraged to get involved in the planning of their day and are encouraged to be independent at mealtimes, toileting and self-care. Children will have the opportunity to play outside every day, therefore ensuring appropriate clothing is provided.

Afterschool

Number of children:	48 children across two rooms
Age range:	4 – 12 years
Staff/Child Ratio:	1:12

In our afterschool group, children are supported and encouraged in completing their homework. Children are given time to relax and engage in activities such as art and crafts, baking, puzzles and construction play. Children will have the opportunity to play outside every day, therefore ensuring appropriate clothing is provided.

Homework Policy

At FDCL, it is our policy to provide a dedicated period each day for children to complete homework upon their arrival at the service. While this time is available to support those who wish to engage in homework tasks, participation is entirely optional, and children will not be required or pressured to complete homework during this period. Children are provided with an evening meal. This mealtime is relaxed and leisurely to enable children to unwind, socialise and discuss daily events.

- Each child will have sufficient time to do their homework.

- Staff will contribute to a quiet, relaxed atmosphere during homework sessions and encourage children to do the same. Staff will be there to help children with their homework; however, staff will not be responsible for signing children's homework as it is especially important that parents/guardians check each child's homework.
- FDCL 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.

Date Policy Last Reviewed
01 st July 2025

7. STAFF RATIOS

Policy Statement:

Management will ensure a sufficient number of suitable and competent staff are working directly with the children at all times. The adult/child ratios are governed by the Childcare Act 1991 (Early Years Services) Regulations 2016. The service will follow the adult/child ratios as defined in these Regulations

SERVICE	AGE	ADULT/CHILD RATIO
Sessional ECCE:	2 years 8 months – 6 years	1:11
Full/Part Time Day Care:	1 – 2 years	1:5
	2 – 3 years	1:6
	3 – 4 years	1:8
Afterschool	4 – 12 years	1:12

Date Policy Last Reviewed
01 st July 2025

8. INCLUSION

Policy Statement:

FDCL is committed to providing an inclusive practice that supports all children attending our service to reach their full potential. We maintain close links with agencies that provide services for children with additional needs. We aim to make it as widely known as possible that our service is open to every child, of appropriate age, in the community and fully committed to integration and inclusion.

At FDCL we provide a broad and balanced curriculum that is designed to support and be inclusive of all children in our service. When planning, staff set suitable learning challenges and respond to children's diverse learning needs. Where there are barriers to learning such as additional needs, we follow an inclusive and holistic approach that is created using a strengths-based approach and is informed by Tulsa's AIM (Access and Inclusion Model).

Staff take account of the individual needs and requirements of each child and make provision, where necessary, to support individuals or groups of children. This enables them to participate effectively in curriculum and assessment activities. Such children may need additional or different help from that given to other children of the same age.

Children may have additional needs either throughout or at any time during their early development. This policy ensures that curriculum planning and assessment for children with additional needs takes into account the type and extent of the difficulty experienced by the child.

We have a dedicated Inclusion Coordinator (INCO) who is responsible for supporting staff, coordinating a child's programme of care, initiating contact with parents/guardians, outside agencies and support services, assess the suitability of resources and equipment for children with additional needs and facilitate in-house training for staff on special educational needs policy and procedure.

Procedure:

Management Will:

- To ensure staff receive the appropriate training
- Ensure adult/child ratios are increased (aim support worker)
- Regularly review planning and resources
- Connect and work with external supports (AIM, Tusla, HSE, other professionals)
- To create an environment that meets the individual educational needs of each child
- To ensure that the additional needs of children are identified, assessed and provided for
- To make clear the expectations of all partners in the process
- To identify the roles and responsibilities of staff providing for children's additional needs
- To enable all children to have full access to all elements of the organisations curriculum
- To ensure that parents/guardians are able to play their part in supporting their child's education
- To ensure that children have a voice in this process

Management are responsible for:

- Providing clear enrolment procedures which aim to facilitate access for all children within the resources and expertise available
- Identifying children's additional and individual needs during the application process and registration forms
- Regularly reviewing alongside staff members, the planning and resourcing provided for children with additional needs attending the service.
- Linking with other groups that support the child to provide the appropriate support for the child– e.g.: HSE, Tusla, speech and language etc.
- Work with the staff and families to identify and apply for additional resources or support for children with additional needs e.g.: AIM
- Supporting staff in implementing this policy
- Communicate and support parents/guardians throughout the time the child attends the service
- To provide staff with the materials and knowledge required to create an inclusive environment
- Ensure staff: child ratio is appropriate and in place, providing extra staff where needed (AIM support staff)

Staff are responsible for:

- Identifying the additional or individual needs of the children where support is required, what that support may be and consulting with management and parents/guardians to devise individual education plans
- Liaising with parents/guardians, management and outside agencies if possible
- Ensuring that the supports and resources available are accessible to the child in consultation with parents/guardians
- Ensuring parents/guardians are fully informed about the curriculum plans provided for the children

- Ensure parents/guardians have given written consent for any intervention, action or support for their child
- Plan and implement a curriculum or programme that incorporates the individual goals for the child with additional needs
- Providing opportunity for the child to participate in activities and interact with other children
- Ensuring any medical or nutritional needs of the child is catered for in liaison with relevant parties involved
- Regularly reviewing and evaluating the child's progress and development and developing a programme to support this
- Communicating with parents/guardians and providing or receiving support and guidance where appropriate

Parents/Guardians are responsible for:

- Sharing information about their child and their needs within the service
- Raise any issues or concerns they have about their child's participation in the programme
- Be involved in and fully informed about any proposed support, action or intervention for their child
- Liaise with staff and management on the progress of their child and how best to support their child

Date Policy Last Reviewed
01 st July 2025

9. EQUALITY AND DIVERSITY

Policy Statement:

FDCL is committed to promoting equality and diversity by ensuring that every child and family has equal access to our service. We respect and celebrate the unique backgrounds, cultures, abilities and perspectives that each child and family brings. Our service provides an environment free from discrimination and prejudice, where everyone is valued and treated with respect.

Procedure:

Principles and Values

We recognise that each child and family has unique interests, cultures, beliefs, and ways of expressing themselves. All staff have a responsibility to demonstrate respect for every child and family, regardless of ability, culture, race, gender, national origin, ancestry, beliefs, traditions, or additional needs.

Staff must be non-discriminatory and promote equal care and attention to all children.

Staff Responsibilities

- Model inclusive behaviour at all times.

- Challenge any discriminatory language, behaviour, or remarks immediately and sensitively.
- Support children, families, or colleagues affected by discrimination.
- Promote equality and respect in all interactions.
- Participate in ongoing equality and diversity training.

Favouritism

In line with Siolta National Standard 9.8, staff do not demonstrate favouritism towards any child. Staff avoid becoming over-involved with any one child to prevent feelings of resentment or isolation among other children. Over-indulgence or favouritism can affect children's future relationships and behaviour.

Access and Inclusion

Our service is open and accessible to everyone in the community, regardless of religious affiliation, political background, race, culture, linguistic needs, disability, sexual orientation or age. We make every effort to schedule meetings at times and locations that enable the majority of parents/guardians to participate, ensuring equal opportunities for involvement.

Curriculum and Resources

All children's individuality and potential are recognised, valued, and nurtured.

Activities and play equipment provide opportunities for children to develop in an environment free from prejudice and discrimination.

Through thoughtful planning, children explore and appreciate similarities and differences among themselves and others.

We encourage families to share their cultures, religions, and traditions, allowing all values to be respected and celebrated within the service.

Resources, including books, images, music, and toys, positively reflect cultural and racial diversity and avoid stereotypes. Boys and girls are given equal opportunities and encouraged to participate in all activities.

Handling Discriminatory Behaviour

Any discriminatory language, behaviour, or remarks by children, parents/guardians, staff, students or volunteers are unacceptable. Such behaviour is challenged constructively by:

- Supporting those affected.
- Educating those responsible to understand and overcome prejudice.

Celebrating Festivals

We respectfully acknowledge major festivals and events important to children and families in our service and wider community. Without indoctrination, we celebrate diversity through stories, activities, foods, and clothing reflecting diverse cultures.

We approach occasions like Father's Day and Mother's Day sensitively and welcome parents/guardians' contributions.

Recruitment

The service is an equal opportunities employer. Staff recruitment follows a fair, non-biased, and transparent process to ensure diversity and equality.

Language and Communication Support

We encourage all children and parents/guardians to feel welcome and included. To support children with limited or no English:

- Staff use simple, slow speech and nonverbal cues.
- Staff may learn key phrases in the child's home language (e.g., "hello," "thank you," "do you need help?").
- Children are encouraged to use their native language freely.
- Other children are encouraged to include non-English-speaking peers as usual.
- Parents/guardians are invited to assist by sharing key words or phrases.

Confidentiality

Personal information about children's background, culture, and language is handled with sensitivity and confidentiality, in line with data protection and legislation.

Date Policy Last Reviewed
01 st July 2025

10. SETTLING IN

Policy Statement:

FDCL is committed to supporting a smooth and positive transition for children and their parents/guardians into our service. We recognise that a successful settling-in process promotes children's self-confidence, social skills, and lays the foundation for future learning. Our approach respects each child's individuality and ensures they feel safe and secure in the absence of their parent/guardian.

Procedure:

Pre-Admission

- Information about the settling-in process is provided to parents/guardians at enquiry.
- Staff gather details about the child's routines (feeding, sleeping, preferences) from parents/guardians to support continuity from home. Familiar items and photos are encouraged.
- Enrolment and agreement forms are completed with all relevant details, including contact and collection information, as per *Child Care (Pre-School Services) Regulations, 2006*.
- Parents/guardians are encouraged to visit the service with their child before starting, at various times, to familiarise themselves with the environment, routines,

and staff.

- Information sessions can be arranged to discuss settling-in stages, including common reactions such as clinging or crying.
- Parents/guardians are advised to arrange their schedules to support gradual settling.
- Staggered starting times/days for new children are arranged to ease integration.

First Day

- The child and parent/guardian are warmly welcomed by the child's key worker.
- Parents/guardians are encouraged to stay during the child's first session to provide reassurance.
- Some children may not be ready for a full session initially; the key worker will advise parents/guardians accordingly.
- Positive interactions between parents/guardians, the child, and staff are important to reassure the child of the service's safety.
- Children may observe activities without pressure to participate during this period.
- When appropriate, parents/guardians may be supported to spend short periods in another room to foster independence.
- Children must be collected promptly at the end of the session.

Following Stages

- Parents/guardians are encouraged to gradually extend separation times at the child's own pace.
- Goodbyes should be brief and positive to minimise distress; staff will support parents/guardians through this process.
- Settling-in has no fixed time limit and may be revisited after prolonged absences (e.g., illness or family bereavement).
- As children settle, they are supported to explore and participate at their own comfort level without pressure.
- Staff and parents/guardians will exchange information regularly on the child's progress

during settling-in.

- If a child remains clearly distressed despite these supports, a deferred attendance trial period may be considered.

Date Policy Last Reviewed
01 st July 2025

11. NAPPY CHANGNING

Policy Statement:

FDCL believes nappy changing is a time for both the key worker and child to develop a bond while providing a safe and clean environment to carry out nappy changing. FDCL will ensure that the child's dignity is respected and that it is a positive experience for both staff members and the child.

Procedure:

- Ensure that all items required (cleaning wipes, nappy, any required lotion/cream) are within easy reach of the changing mat.
- Wash hands and dry well using hand paper towel.
- Apply gloves and a plastic apron.
- Let the child know you are going to change their nappy.
- Place/assist the child onto the changing mat, keeping one hand on them at all times.
- Lift the child holding both ankles to remove the nappy and allow for correct cleaning.
- Remove soiled/wet nappy.
- Clean the child with wipes provided (even if only wet) - cleaning from front to back in one sweeping motion – use as many wipes as required.
- Place soiled nappy in a nappy sack and into the bin provided.
- Remove gloves and put them into the bin provided.

- Using new gloves, apply the child's individual cream/lotion if required, using a clean cotton pad/tissue.
- Remove apron and put it into the bin provided.
- Put a clean nappy onto the child.
- Dress the child.
- Sanitise the changing mat with anti-bacterial cleaning products.
- Wash hands and dry well with a paper hand towel.
- Wash child's hands and dry well with a paper hand towel.

Prevention and Treatment of Nappy Rash

Nappy Rash cannot always be avoided but the following rules must be followed:

1. Do not let a wet or soiled nappy remain on the child – change when you notice it is wet or soiled.
2. Clean skin using wipes or cotton wool and water.
3. Apply cream to the child's bottom.
4. Leave off nappy for a brief period (within the changing room).
5. Change the child more frequently, every hour.
6. Ensure loose clothing is worn.

Date Policy Last Reviewed
01 st July 2025

12. TOILETING

Policy Statement:

It is the policy of the service and in the interest of the children's health and safety, that a high standard of hygiene is promoted at all times, when children are learning to use the toilet.

Procedure:

- In order for children to move from the wobbler/toddler room to a preschool group, they must be toilet trained. The use of pull-ups is not permitted.
- Staff will work closely with parents/guardians when a child is toilet training and use a tailored approach for each child.
- To create an awareness and understanding of good hygiene practice, staff members emphasise the importance of self-care, for example: flushing the toilet, washing hands, etc.
- Accidents will be recorded and shared with parents/guardians in order to help with the toilet training process.
- If a child is showing any difficulty using the toilet on their own, the child's key worker will help, however independent use will always be encouraged.
- Praise and recognition are used when children are toilet training to promote self-esteem and a sense of achievement.
- Another staff member is always available to provide assistance.
- The child's privacy and dignity is respected at all times.
- Change of clothes must be provided in case of accidents occurring (we have a store of

extra clothes for emergencies).

- Educators treat accidents sensitively.
- Cleaning schedules are in place to ensure that children's toilets are kept in a clean and hygienic condition at all times.
- Potties where used are disinfected after every use.
- Only one child is permitted in a cubicle at any one time.

Procedure for the use of potties

- Potties must only be used in the toilet area
- When the child is sitting on the potty, staff will use apron and gloves
- When the child has finished using the potty, a staff member will help them to clean themselves and fix their clothes
- Praise and recognition to promote positive self-esteem and a sense of achievement will be used
- Whilst the child is washing their hands, the staff member will empty the potty down the toilet and sterilise the potty using disinfectant spray. (Potties should never be emptied or washed in the designated hand washing sink)
- The potty will be dried with blue roll and then returned to the designated area. Potties will not be stored one inside the other
- Dispose of gloves and apron and wash and dry hands

Toileting Procedure

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

- Children who are toilet trained, or training are prompted by asking or reminding them about using the toilet to help avoid accidents
- Low level child toilets are used

- Children's privacy and dignity is always respected
- Staff members are always positive about toilet training so that encouragement is communicated in their language and behaviour
- Children do not have to wait to use the toilet when one is available and can take their time during toileting
- Parents/guardians and the child are reassured that, if the child has an accident, it is not a problem, and children will not be made to feel that it is an issue
- When a child who is not using nappies wets or soils themselves, they are cleaned immediately.
 - The child will be brought to an area in the toilet or changing area to be changed
 - A staff member will help the child to remove their wet or soiled clothes
 - A staff member will help the child to clean themselves using wipes
 - A staff member will help the child dress in child's own spare clothes
 - A staff member will then bag soiled clothes in a plastic bag (double wrapping if necessary) to give to parents to take home
 - Disposable gloves and aprons must be worn during this time
 - The staff member and child will then wash and dry their hands
 - The staff member will sanitise the area
- Accidents will be recorded and shared with parents/guardians in order to help with the toilet training process
- Advance consideration must be given to arrangements for toileting for off-site activities (e.g. outings)
- All staff members in the child's care room should check the child regularly to ensure that they are clean and dry throughout the day and before leaving to go home.
- When older children are using the toilet independently, they must be checked on and asked upon their return if they flushed the toilet and washed their hands
- If a child is new to toileting, they must be supervised during this time.

Supervision During Toileting

- Toileting is a time when children may desire privacy. It is the role of the staff to help children to use the bathroom facilities safely and independently. It is not necessary to see each child, younger children may need you present for support; however, independence will always be encouraged and promoted as they use the restroom, but you should be able to hear all children.
- Staff should position themselves to allow them to enter the room quickly to provide assistance if required. Staff should ensure handwashing takes place and that other sanitation procedures are followed
- Staff should ensure toilets are clean after each use

Date Policy Last Reviewed
01 st July 2025

13. SLEEP AND REST

Policy Statement:

The Childcare Act 1991 (Early Years Services) Regulations 2016 recommend that all children should have access to proper rest facilities. FDCL will ensure every effort is taken to ensure a safe sleep and rest environment for children. Educators should be made aware of the child's usual sleeping environment and practices. Children will never be forced to sleep, and their own choices and routine will dictate their sleep time.

Where a parent/guardian requests a sleep routine for their child that does not meet with good practice guidelines (e.g. requesting that their child be denied sleep for the day; be put to sleep with a feeding bottle; be put into a buggy or travel seat) the service remains responsible for its own practice. In all decision making, the child's best interests must come first. When a parent/guardian requests a specific sleep routine their child, two questions must be considered by staff; Is it safe and would distress be caused to the child. If these questions cannot be answered satisfactorily, then a parent/guardian is informed that the service cannot comply with their request, or that guidance must be sought from a qualified professional such as a public health nurse.

All Early Years Educators working in FDCL will receive training on our Safe Sleep Practices. Our Safe Sleep Practices will be regularly reviewed, and all new staff members will be made aware of this policy during their induction.

Procedure:

The following procedures will be carried out to ensure safe sleep and rest practices.

Safe Sleep Practices:

- Infants will always be placed on their backs to sleep with their feet to the foot of the cot.
- Do not place a hat on an infant's head when putting them down to sleep unless it has specifically been recommended for medical reasons. Hooded clothes such as jumpers are not permitted whilst a child is sleeping.
- Ensure the bedclothes are firmly tucked in and no higher than just under the infant's shoulders, so that they cannot wriggle down under the covers.
- All infants (under two) should be placed in a cot to sleep. Children under 2 who show developmental signs of readiness may be moved to a floor bed following parental consent and a risk assessment. A child under 15 months should not be moved to a floor bed unless in exceptional circumstances.
- Travel cots/portable cribs, pillows, cushions, beanbags, sofas, car seats and buggies are not suitable for children to sleep in.
- Steps will be taken to keep infant/child from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the infant.
- To check a child's temperature, feel the back of their neck or tummy. If these areas feel too warm, remove some bedding. Do not worry if hands or feet feel cool as this does not indicate their overall body temperature is incorrect.
- All sheets, blankets, grow bags will be laundered weekly or before if it is noticed they are dirty
- There will be 50cm space between each cot/ floor bed and/or stackable bed on all sides
- The cot mattress will be a well-fitting safety mattress; it will be clean, firm and the correct size for the cot

- Do not leave comforter or toys in a cot unsupervised. We recommend parents/guardians discourage this practice; however, if a child becomes distressed and their wellbeing is affected at sleep time, we in agreement with the parents will allow the comforter to be taken into the cot until the child has fallen asleep and it will then be removed.

Tusla Recommendation for Cot/Bed Numbers:

The number of cots/beds provided ensures that each child's individual need for sleep or rest can be facilitated. The following is a general guide to help estimate the number of cots needed;

- At 9 months, children need approximately 10-12 hours night-time sleep and 2-day time naps of 1-2 hours each. Therefore, cots for 2/3rds of children in this age bracket is recommended.
- At 18 months – 2 years of age, children need approximately 10 – 12 hours night-time sleep and 1 day time nap of 1-2 hours. Therefore, cots for half the number of children catered for in that age group is recommended.
- -At 2 years of age, children need approximately 11-12 hours night-time sleep and 1 daytime nap of 1 hour. It is recommended that children (up to 2 years old) sleep or rest needs are accommodated in a standard cot, unless the child has a history of climbing out over the cot, in which case a floor bed is safer.
- Linen is available for each child – it is hygienic, easily accessible, and labeled for each child. Each child's bed linen is laundered weekly or when soiled.

Visually Checking Sleeping Children

Children in the sleep room will be within sight and hearing of staff at all times. A sleep log is maintained on our Child Paths app. This records when physical checks are made of sleeping children. The skin colour, breathing pattern and position of the child is recorded. If anything, abnormal is detected or if the staff member is concerned, they should contact management immediately. Checks are carried out every 10 minutes by the designated

staff member.

Safe Sleep Environment

- Room temperatures must be 16°C-20°C where any infant up to their first birthday is asleep. In a shared space, the temperature should be maintained between 18°C-22°C, however the lower temperature range always applies when an infant is sleeping in a shared space. A thermometer will be kept in the sleep room. Room temperature is documented on the Child Paths app
- Keep the room well-ventilated but do not position a cot below a window or in front of a working radiator.
- Cot mattresses/floor beds should be completely covered in waterproof fabric such as PVC, or waterproof mattress cover. All mattresses should be regularly inspected for signs of damage to the waterproof fabric, and if punctured, cracked or torn, should be replaced immediately.
- Ensure that the gaps between the bars of the cot are less than 6.5cm and that the space between the mattress and the cot is no more than 4cm.
- Infant/child's heads will not be covered with blankets or bedding.
- Each child will have their own bedding, and the mattress will be checked, inspected and disinfected between each infant's sleep.
- No bottles are permitted in cots/beds.
- Soother will be allowed for children while they sleep.
- Only one child in a cot at a time unless evacuating children in an emergency.
- Early Years Educators will help children to relax by creating a calm atmosphere.

Soothers

- Some research suggests that using a soother for every period of sleep may reduce the risk of cot death.
- Parents/guardians decide if their child is to use a soother. If used, we will offer it at every period of sleep, including daytime naps.
- If the soother falls out during the sleep do not wake the child up to put it back in.

However, if the infant wakes up then offer the soother once again.

- We will never force a child to take a soother or put it back in if the child spits it out.
- Soother cords are not permitted, and soothers may not be coated with anything.
- Parents/guardians should provide 2 soothers in a sterilized container.

Nappy Changing and Toileting

- Nappies will be changed prior to putting the child down to sleep and again on waking.
- Educators should check if older children need to wear a nappy while sleeping.
- Children should be encouraged to go to the toilet prior to sleeping and again upon waking.

Prohibited items for sleep

The following items are prohibited for sleeping children

- Travel cots/portable cribs
- Bunk cots
- Pillows/cushions or bean bags
- Sofa or chair
- Car seats
- Buggies
- Baby bouncers/chairs

Sleep Time Procedure

- Communicate to the child that they are transitioning to the sleep area
- Check each child's mouth before sleep to ensure there is no food present
- Remove all outer clothing – hooded tops, shoes, soother chains, any potential hazards etc. Infants clothes should be loose and light
- Ensure the room is relaxing with soft low music, correct temperatures and dim lighting (sleeping areas should not be fully darkened for day-time naps, as this can disrupt the child's normal circadian rhythm)
- Place the child on their back to sleep and feet to the foot of the cot. (when the child is old

enough to roll from back to front and back again, they will be allowed to find their own position to sleep)

- If a baby is less than six months old and they have turned onto their tummy, they must be gently returned onto their back.
- Physical checks must be carried out and documented at least every ten minutes from the time the child is placed into the cot/bed. Staff members must record the child's skin color, position of the child, the child's sleeping pattern, the temperature of the sleep area.

In the event of a staff member finding a child whom they believe has stopped breathing the following will apply

1. Ascertain that the child is not breathing
2. Do not leave the child
3. Call for help
4. Begin resuscitation immediately
5. The closest staff member will ascertain the problem and call an ambulance immediately
6. The manager or the person who is in charge at the time will notify the child's parents/guardians that their child has stopped breathing and an ambulance has been called and to go to the hospital.
7. The person who found the child and has been with the child in resuscitating will accompany the child to hospital in the ambulance and stay with the child until the parents/guardians and Manager arrives.
8. Before the manager leaves the centre for the hospital, they will check to make sure that the parents/guardians have been notified.
9. The manager may remain with the parents/guardians at the hospital until they are ready to leave.
10. The scene will be left as it is, as the Garda may need to investigate.
11. Families of the children at the centre may need to be notified of the incident by the manager.
12. Staff support will be provided following such an incident.

Communication Plan

All new employees receive induction on the sleep policy. This includes precautions to be taken to prevent Sudden Infant Death, a step-by-step guide to resuscitation of a child who is not breathing and guideline on what to do in the event of a child being found to have stopped breathing. Parents/guardians are made aware of the safe sleep policy and are involved as the individual needs of children must be met.

Date Policy Last Reviewed
01 st July 2025

14. CLOTHING

Policy Statement:

FDCL recognises that comfortable, weather-appropriate, and safe clothing is essential for children to feel secure and enjoy their time in the service. We respect the cultural and parenting beliefs families hold around clothing and footwear and consult with parents/guardians about their child's individual needs at enrolment.

Our service ensures children are dressed suitably for weather conditions, play activities, and safe sleep guidelines. This policy should be read alongside our Sun Protection Policy.

Procedure:

Dressing for Play

We encourage children to engage freely in messy activities such as art, water, and sand play. Parents/guardians are asked to avoid sending children in their best clothes that may get marked or damaged. Protective smocks and aprons are provided, but children may also bring their own if preferred.

Dressing for Safe Sleep

During rest and sleep times, restrictive clothing and footwear are removed to ensure comfort and safety. Educators maintain room temperatures between 16°C and 20°C and check children every 10 minutes to ensure they are comfortable covered.

Dressing for Independence

Educators encourage children to dress and undress independently. Parents/guardians are asked to dress their child in clothes that support self-help skills, such as elasticated pants or skirts, and shoes with Velcro straps. Clothes that are difficult to manage, like overalls or belts, are discouraged.

Footwear

Parents/guardians should provide well-fitting, safe, and comfortable footwear suitable for active play.

- In warmer weather, closed-toe sandals with a broad heel base are preferred for stability.
- Slip-on shoes, jiffies, Crocs, or high heels are discouraged.
- In colder weather, closed footwear such as boots, shoes, or sneakers is recommended.
- Wellies should be provided for messy outdoor play.

Respect for Children and Families

Staff respect children's individuality by allowing choice in clothing and dressing when possible, prioritising health and safety.

Educators are sensitive to family attitudes regarding privacy and modesty, providing private spaces for older children to dress or change.

We work collaboratively with families to understand and accommodate cultural and religious clothing practices with respect and understanding.

Date Policy Last Reviewed
01 st July 2025

15. SUN SAFETY

Policy Statement:

FDCL is committed to promoting a healthy lifestyle by protecting children from the harmful effects of the sun while on the premises and during all outdoor activities,

Procedure:

Parent/Guardian Responsibilities

- Provide a suitable sun hat for their child to wear outdoors.
- Apply suncream to their child before arrival each day. Initial application is the responsibility of parents/guardians.
- Supply an unopened, labelled SPF 30+ suncream to remain at the service, replaced at least every 12 months.
- Inform the service of any allergies to suncream on the enrolment form and provide a hypoallergenic alternative if needed.
- Give written permission for staff to apply sun cream provided by the service.

Service Procedures

- On extremely hot days, children's exposure to direct sunlight will be minimised.
- Whenever possible, children will be encouraged to play in shaded areas during outdoor activities.
- Staff ensure that children wear hats while outdoors.
- Older children are engaged in age-appropriate discussions about sun safety and the importance of protection.
- During hot weather, outdoor playtimes are scheduled primarily before 11am and after 3pm to avoid peak sun hours.
- Water is available at all times, and children are encouraged to take regular drinks to stay hydrated.

- Staff receive regular training and hold discussions on sun safety measures.

Communication

Parents/guardians receive information regarding sun safety practices and suncream requirements via letters/emails and enrolment materials.

Date Policy Last Reviewed
01 st July 2025

16. CURRICULM

Policy Statement:

FDCL is committed to developing a curriculum that creates a child centered, strength-based approach, play-based environment which empowers young children to actively pursue their own learning. Children will follow a play-based curriculum. Adults will provide appropriate, timely, balanced intervention as well as support, continuity and progression to encourage positive attitudes towards learning.

FDCL offers a range of learning opportunities to children, which are appropriate to the child's stage of development. FDCL is fully committed to being guided by the principles of Siolta and the curriculum framework of Aistear. We recognise how important high-quality early childhood experience can be in children's lives. This curriculum aims to encourage active learning, problem solving, effective communication, creativity, and socialization. It aims to give children a good start which will benefit their long-term success in life. Our service recognises the diversity of experiences and relationships that shape children's lives.

Children learn best when they:

- Participate in making decisions as much as possible.
- Make choices and contribute to learning experiences.
- Share their opinions and diverse experiences and discuss their learning.
- Their voice is heard and valued
- Can see themselves represented in their environment and curriculum
- Have positive role models within the staff team.
- Learn in a responsive and supportive social environment.
- Learn through multi-sensory experiences.
- Participate actively in experiences that engage them emotionally, physically, cognitively and socially.

Procedure:

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

- Physically
- Intellectually
- Linguistically
- Emotionally
- Socially

Aistear: The Early Childhood Curriculum Framework

Our programme will follow the Aistear guidelines and principles. Aistear is Ireland's curriculum framework for children from birth to six years. Aistear is designed to work with the wide variety of curriculum materials currently in use in early childhood settings. Using the broad learning goals of Aistear, we will adapt our curriculum to make learning even more enjoyable and rewarding for the children at the service. Aistear contains information for parents/guardians and educators that will help plan for and provide challenging and enjoyable learning experiences that can enable all children to grow and develop as competent and confident learners in the context of loving relationships with others. Aistear describes the types of learning (dispositions, values and attitudes, skills, knowledge and understanding) that are important for children in their early years and offers ideas and suggestions as to how this learning might be nurtured. The framework also provides guidelines on supporting children's learning through partnerships with parents/guardians, interactions, play, and assessment. Aistear is based on 12 principles of early learning and development.

A curriculum timetable and planning sheets are used. Activities should be age and stage appropriate and should include a combination of child initiated, staff initiated, collaboratively planned and spontaneous activities. The curriculum will ensure that

children have a balance of activities from the 5 developmental areas listed above. The activities may be “theme based” depending on the interests of the children at the time. We aim to establish sensory-rich outdoor and indoor learning environments to support our curriculum.

The Role of Staff:

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

Understanding children’s learning:

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

- They learn through personal experience.
- Their understanding of other people’s talk is often at the literal level.
- They understand best what they can feel (emotionally), see, touch, hear, taste and smell.

- Their attachment to adults and peers deepens their ability to learn from and with them.
- They are egocentric and, through experience and guidance, they learn how to cooperate, share and play collaboratively.

Equipment:

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

- The layout of the room is carefully designed, and the equipment is low level and accessible for the children.
- The environment will encourage free choice and teaches the children to select, use and replace the materials/equipment after use.
- Some elements of the home environment will be established, our play will include clearly defined areas of interest e.g. home/imaginative, sand/water, art/creative and construction play.
- New materials will be introduced on a regular basis, based on the children's developmental needs and interests.
- Staff responsible for the materials will ensure that all materials/equipment used is clean, safe and well maintained at all times.
- Parents/guardians can feel confident that their child is being cared for in a safe, happy environment.
- We strongly advise parents/guardians not to let children bring their personal toys to the service as they may get mislaid or broken and cause distress.

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

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

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

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

- Inspire right-brain, creative thinking.
- Induce relaxation.
- Improve concentration and memory.
- Increase verbal, emotional and spatial intelligence. The children enjoy singing songs, using percussion instruments and listening to a wide variety of music, from rhymes to classical and pop music. This helps to stimulate their awareness and enjoyment of music and gives them an opportunity to use music as a form of expression.

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

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

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

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

Jigsaw, Construction and Manipulative Toys: In this area children's pre-reading, pre-

writing and hand eye co ordination are developed. The development of reasoning and problem solving is also developed and encourages small motor movement.

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

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

Date Policy Last Reviewed
01 st July 2025

17. KEY PERSON

Policy Statement:

We recognise that young children need time to make special relationships and build trust and that these special relationships make vital foundations for their development, their mental and physical health and their ability to wonder, think and learn.

Each child is allocated a Key Person who has a particular responsibility for their care. The Key Person gets to know the child well, monitors their progress, maintains development files and plans for the child's individual needs. Key Persons work closely with parents/guardians from the first contact until the child moves to the next room or leaves the service. When a child moves rooms, a Key Person will be allocated to the child in their new room. The key person from the old room and the new room will meet and exchange any key information that is needed on the child when they move into their new room. This approach ensures that the care the child receives at the service is as consistent as possible with the approach used at home.

Procedure:

The Key Person:

- Links closely with parents/guardians in helping settle the child into the service.
- Understands the child's needs and the parents/guardians needs in relation to their child's care.
- Understands the cultural differences and key words from the child's home language if English is not the child's first language.
- Bridges the worlds of home and the childcare service.
- Observes changes in the child and how their particular interests might develop.
- Provides daily updates to the parent/guardian on progress and developments.
- Takes part in reviews with the children.

- Creating individual education plans if needed for their key child/children

Monitors the curriculum offered to individual children and to groups to ensure that:

- A range of appropriate experiences is offered.
- Opportunities are provided to explore a curriculum/programme area in detail.
- All areas of learning and development are covered.
- Experiences are matched to a child's abilities, interests, needs and developmental level.
- Themes which relate to children's experience and interest are chosen.
- The Key Person system provides for continuity of relationship without exclusivity. It is important that a child is helped to form relationships with other carers too so that they are not too upset if their Key Person needs to be away for some reason by each child should be looked after by as few adults as possible.
- For older children, Key Persons do not remain with their children all day and children are encouraged to develop their relationships with other staff members at the centre.
- The Key Person's role will be supported by and supports the work of the whole team at FDCL.

Date Policy Last Reviewed
01 st July 2025

18. COMMUNICATION AND INTERACTION

Policy Statement:

The policy of FDCL is to encourage open and proactive communication within the service. In order to achieve this, we offer an open-door policy whereby we encourage each staff member to communicate any issues or concerns that they may have. We have a comments and complaints policy to address any issues that parents/guardians may wish to raise, and we listen to children's opinions and interests when planning our activities and curriculum. Through open communication and commitment, we are keen to develop a mutual level of respect that will lead to positive relationships with children, staff, and parents.

Procedure:

Communicating and interacting with children

At FDCL we believe that effective adult-child interactions are essential to a successful early years' service. Appropriate language must be used at all times when dealing with or in the presence of children. Adult conversation should never take place in front of the children. When talking to a child, it is best practice to get down to the child's level to display respect and fully engage in conversing with the child. Children should never be screamed or shouted at whilst attending the service.

Staff should encourage positive interactions between children and actively engage in interactions with children individually and in groups to support the development of relationships between both children and staff together. Staff should look for natural openings in children's play to get involved and join the children at their level. Staff should make comments about the child's activities that allow conversation to continue without pressuring the child for a response.

Staff should ensure that:

- They offer a warm, welcoming, and relaxed atmosphere.

- Children are comfortable and appear relaxed.
- Interactions between staff and children are positive.
- There are equal opportunities for children to play in pairs, groups or individually.
- Siblings and children of different age groups have the opportunity to mix throughout the day.
- They make comments that encourage children to expand their descriptive language and think about what they are doing rather than statements that evaluate or judge children.
- Where possible, encourage children to problem solve for themselves, making it the goal for children to develop their problem-solving skills through trial and error rather than adult led problem solving.
- Use calm and positive tones of voice when interacting with children.
- To read and understand the childcare policies and procedures we have developed.

Communicating with colleagues:

Staff are required to clock in and out when entering or leaving the building. All staff members should be up to date on all the children attending the service, especially when a child may have additional needs, allergies or a change to the child's home background that may cause abnormal or disruptive behaviour. Any information received from a parent regarding a child should be passed onto the person in charge as soon as possible.

Communicating with manager/person in charge:

The person in charge is there to support, advise and help staff where necessary. Any incidents that staff may be concerned about should be brought to the attention of the person in charge no matter how minor the concern seems to be. During staff one-to-one sessions, it is advisable to bring to the attention of the manager or person in charge any worries, thoughts or concerns you may have. If a staff member is concerned for a child's development and/or behaviour the person in charge or manager should be consulted.

Building positive relationships with families:

Building positive and strong relationships between families and early years educators is

essential for building a positive environment for young children. Miscommunication or limited communication between adults can lead to situations that negatively affect all parties involved. Staff **may not** discuss with parents/guardians any concerns about their child without firstly discussing it with the manager or person in charge.

Tips for families and early years educators on how to build positive relationships:

- It is important for staff to gain knowledge about each individual child in their care. The best way to do this is through observing the children and through communicating with their families.
- Be attentive and open to negotiation if a parent/guardian brings a concern or complaint to your attention. Keep in mind that assertive communication is the most effective.
- Be sensitive to each child's culture and family experiences, reflect the diversity of these experiences in the toys, books, decorations and activities you choose in creating your learning environment.
- Make time for communication. Pick-up and drop-off times are often hurried occasions, however valuable information can be exchanged through these daily informal meetings. Talking to parents/guardians at these times can be helpful to understand the child more. Staff **may not** discuss concerns over development and/or behaviour without first discussing matters with the manager or person in charge.
- Children benefit most from healthy, reciprocal relationships between staff and families. Like most relationships, these require time to nurture mutual respect, cooperation, and comfortable communication.

Date Policy Last Reviewed
01 st July 2025

19. SUPPORTING POSITIVE BEHAVIOUR

Policy Statement:

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

We endow all children to be treated with respect, by adults and other children alike to allow children to develop and sustain a positive sense of self. As a result, children will feel valued, respected, empowered, cared for, and included. In supporting positive behaviour, children's well-being is crucial. Any punishment which humiliates, has a negative impact on a child's sense of self, or makes them feel incompetent is damaging for that child, and other children to witness. This is **NEVER** permitted in an early year's service.

We will work with the children to ensure they receive positive guidance, support and encouragement to find positive solutions to manage their own behaviour. FDCL 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 or corporal punishment.** We encourage children to respect themselves, others, and the environment. We facilitate children to make positive decisions and choices about their own learning and development to develop a positive sense of self. We aim to create 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/guardian of the child.

Procedure:

General Procedures for Encouraging and Nurturing Positive Behaviour:

- Employees will adopt a reciprocal and positive relationship with the child.
- Employees will act as role models and adopt a confident approach to encourage and support positive behaviour.
- Employees will work in a respectful manner and in partnership with other practitioners, children, and parents.
- Employees 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 for dealing with behaviour problems.
- The Childcare Manager is the person designated as the resource person for staff support on behaviour management issues.
- At an age-appropriate level, children will be encouraged and supported in resolving their own disputes.
- Each child should be positively supported and recognised as an individual.
- Employees 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 and controlled way. Employees will positively support children in doing this.
- Training will be provided for employees where necessary.

Rewarding Positive Behaviour:

- Employees will acknowledge and praise positive behaviour as it occurs.
- Children are not rewarded with food, sweets or treats and all employees understand how to support positive behaviour, and how to encourage and facilitate it effectively.
- Positive language will be used rather than negative statements made. For example,

rather than saying 'Don't stand on the chair', saying: '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'.

- While encouraging positive behaviour, the child's self-esteem should not be negatively impacted. The child should not be labelled through the use of certain words, e.g. 'naughty'.

In anticipating occasional inappropriate behaviour we follow these guidelines:

- Employees will provide a calm, safe and stimulating environment which is age appropriate and of interest to all children present within the group.
- Children are involved where appropriate in the planning of activities and developing the curriculum.
- A routine and rhythm which is practical and beneficial to the age range of children should be developed and sustained.
- Educators will ensure rules are applied consistently to all children within the setting and are aware of expectations regarding the children's behaviour.
- Correct Child:Adult ratios will be implemented according to the Child Care (Pre-School) Services Regulations (2006) at all times.
- Children have regular daily access to the outdoor play area.
- Children are kept informed of what is happening and what is expected of them.
- We ensure there are enough suitable age-appropriate activities and equipment for children.

Implementing Positive Steps to Supporting Positive Behaviour:

- Children should be made aware of expectations and their responsibilities – no hurting bodies, no hurting feelings.
- Positive behaviour should be supported and encouraged by all children

consistently throughout the day by all employees.

- Incidents should be dealt with immediately by the employees who witness them.
- Employees should not speak about the child, or their behaviour in front of other parents/guardians, children or the child.
- Positive behaviour should be consistently encouraged in all children.
- Positive behaviour should be implemented within the curriculum throughout various themes. Age-appropriate activities, prompts, and materials should be provided to children to explore their feelings and emotions throughout the year.
- The employees where possible should have a quiet area where children can retreat if they are experiencing negative feelings, for example a quiet corner.
- At an age and developmentally appropriate level, when the child is calm, the employee should explore the behaviour with the child using prompts for example I noticed you got [feeling] when you were at the [area].....what could you do next time you feel....Do you know what I do when I am [emotion].....

Procedure for Supporting Positive Behaviour

ABCD; Action Behaviour Choice Decision

Minor Behaviour Problems

In this type of situations, the child may have caused no issue all day and suddenly their behaviour changes. Minor behaviour problems are behaviours in line with the child's age and stage of their development. Employees should positively support the child's well-being and identity throughout the process of supporting positive behaviour. The child should always feel valued, respected, empowered, cared for and included.

Employees will assess each situation and use their best judgement in dealing with the matter. Situations may arise where the staff may allow the children to '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.

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 a tantrum out of frustration. A child **over** three years is more likely to have a tantrum linked to defiance. Staff will take a more gentle approach with the younger child and a firmer approach with the older child. Employees will explain to the older child in a calm straightforward way using simple words why they cannot have what they want. If the tantrum continues and other children are getting upset or hit the child will be moved to another area in the room until they calm down. The staff member should act in a calm and fair manner and allow the child to re-join the activity when they have calmed down as if nothing has happened.

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

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

Age of child	Approach	Examples of behaviour
Under 1 yr 1 – 1½ yr 1½ - 2yr	1. Approach calmly 2. Stop any hurtful actions. 3. Acknowledge children's feelings. 4. Gather information 5. Restate the problem. 6. Distract the child	• Frequent crying to seek attention • Temper tantrums • Will test limits/rules • Biting
2- 3yrs 3-5 years	1. Approach calmly 2. Stop any hurtful actions. 3. Acknowledge children's feelings. 4. Gather information. 5. Restate the problem. 6. Ask for ideas for solutions and decide on an outcome the child	• Temper tantrums • Possessive of toys • Fussy feeder • Use of bad language • Whingy • Verbally hits out • May be bossy

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

Age of child	Approach
Under 1 yr 1 – 1½ yr 1½ - 2yr	1. Approach calmly, stopping any hurtful actions. 2. Acknowledge children's feelings. 3. Gather information. 4. Restate the problem. 5. Suggest solutions and choose one together. 6. Be prepared to give follow-up supports for supporting Positive Behaviour 7. Observe the child
2- 3yrs 3-5 years	1. Approach calmly, stopping any hurtful actions. 2. Acknowledge children's feelings. 3. Gather information. 4. Restate the problem. 5. Ask for ideas for solutions and 6. Choose a decision together. 7. Be prepared to give follow-up supports for Supporting Positive Behaviour 8. Observe the child

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

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

This approach can be shared with parents/guardians and used at home and in the service.

Observations should be looking for;

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

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

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

Managing Severe and Challenging Behaviour

ABCD; Action, Behaviour, Choice, Decision

In relation to severe behaviour issues it is very important to work with the parents and seek assistance from professionals such as the Early Intervention Team. Observing the child is also particularly important.

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

Key Points

- Engage in close observation of the child and record.
- Work with the parents/guardians.
- Seek professional help (i.e. Early Intervention Team).

Employees 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, we will work with the parents/guardians and the professionals to implement the programme or approaches recommended.

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

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

	Approach	Examples of behaviour
At any age	1. Approach calmly, stopping any hurtful actions. 2. Make eye contact with the child 3. Acknowledge children's feelings. 4. Gather information. 5. Restate the problem and ensure the child understands 6. Suggest solutions and choose one together. 7. Be prepared to give follow-up supports for supporting Positive Behaviour 8. Observe the child	• kicking, • hitting, • bad language, • prolonged screaming, breath holding, • head banging, • ongoing biting, Other behaviours may present as the child refusing to engage, being over anxious, avoiding contact with others and unusual behaviours.

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 your voice.
- Physical restraint, for example holding, will not be used unless it is required to prevent injury to a child, other children, adults or property. In cases where it is required to hold a child in such a manner, it must be recorded in the accident and incident report. Parents must be informed of the incident.
- Speaking negatively about the child to other staff or in front of the child/other children.
- The child should not be labeled.

- Employees should not expect unrealistic behaviour from a child in accordance with their age and stage of development.
- Once the incident is over, the employees should not place emphasis or keep reminding the child of their behaviour.
- The child should not be humiliated.
- Withholding food or drinks is not allowed.
- Showing favouritism is not allowed.
- Staff must not fail to reassure or comfort a child.
- Staff must not use any labelling terms such as bold or naughty etc.

Partnership with Parent(s)/Guardians

- It is our policy to work in close collaboration with parents/guardians. We recognise and value the role of the parent/guardian in their child's life. In supporting positive behaviour, working in partnership with parents/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, and in doing this, a consistent approach can be adopted.
- The parent/guardian is 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 endeavor to work in partnership with the parent/guardian to develop a strategy for dealing with the situation.
- Discussing the child's behaviour in front of the child/other children/other parents will be avoided.
- Where a significant incident occurs regarding a child's behaviour, the following should be documented:
 1. The child's full name
 2. Time and location of the incident
 3. Events leading up to the incident

4. What happened
5. Others involved
6. Witnesses
7. How the situation was handled **(ABCD)**
8. 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 the child to share. However, we feel it is important to acknowledge both children's feelings, and to support them in understanding how the other child may be feeling.

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

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

- Employees ensure all children feel safe, happy and secure within the setting.
- Employees develop positive relationships with all children, and encourage children to speak about their feelings.
- Employees 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, employees will support children in identifying their feelings and actions for example happy, sad or angry.
- At an age and stage appropriate level, children will be encouraged to resolve their problems

and take responsibility for their actions.

- Employees 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 of all involved to look for a consistent resolution to the behaviour.
- If a parent/guardian has a concern regarding their child's behaviour, the early years educator or manager will be available to speak to the parent. It is through partnership with parent(s)/guardians which we can ensure a child will feel confident and secure in their environment, at home and in the setting.

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

What causes children to be aggressive?

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

How can we support positive behaviour?

- Aggressive behaviour should never be ignored.
- Employees should not get into a power struggle with the child.
- Be firm but gentle in your approach. The child should not be given mixed messages at this stage.
- The child should always feel valued, respected, cared for and included.
- One-to-one work should be initiated with the child, and a plan should be devised. For example when I get angry, I will go to the... (area).
- Provide opportunity for the child to display positive behaviour, acknowledge and praise this

behaviour.

- Provide the child with opportunities which demonstrates leadership and communication in a positive manner.
- The **ABCD** model should be used with the child, where age and stage appropriate, the child should make the choice, and also take responsibility for their actions.
- The employees should be fair in their expectations, and should be consistent, patient and understand change will take time.

Rough and Tumble Play/Fantasy Aggression

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

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

Biting

Biting happens in almost all childcare settings where young children are together and dealing with biting can be challenging. Biting is a developmental stage which children may go through. All biting incidents are upsetting for children, and will be dealt with in a calm and clear manner. The educator will use plain language and be consistent in their approach. We aim to support children in developing self-control; however, the safety of

each child is our primary concern.

Why do children bite?

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

Biting Prevention

- The correct Adult: Child ratios will always be in place within the setting.
- The layout of the room will be appropriate to the age and stage of development of the child, and employees can see all children at all times from all areas of the room.
- Employees are aware when children are teething and offer materials/foods which may soothe them.
- Age and stage appropriate materials are present within the room for children to access at all times.
- Employees are vigilant about the relationships between children and are aware of possible conflicts.
- Employees are aware of the temperaments of the children.
- Employees should encourage children to use language to express feelings/emotions.

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

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

Procedures to follow when biting occurs

Usually, the skin is not broken, and the wound is not serious. However, appropriate first aid should be administered.

If the skin is not broken:

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

If the skin is broken:

- The human mouth is full of bacteria, and there may be a risk of infection. Serious bites to the face, hands, or genitals can be especially dangerous.
- Wash the area – but don't scrub – with mild soap and running water for three to five minutes, then cover it with a clean dressing.
- If the wound is bleeding, apply pressure with a clean dressing and elevate the area if possible.
- The child is comforted and reassured of their safety.
- The employees will explain to the child who has bitten using a firm but gentle approach that biting is not allowed.
- Management will be informed, and details should be recorded in the accident and incident report form.
- The situation is dealt with professionally, and confidentiality is adhered to. Both parents are informed separately, and the accident and incident report is signed.
- The employees should explain the methods which will be adhered to, so it does not occur again, and highlight the importance of partnership with parents.
- If the child bites again, the child could be observed for a period of time to try and develop a pattern of behaviour.
- In the event of a child repeatedly biting, the manager will speak to the parent/guardian. If all avenues have been exhausted, management may suggest seeking help/support outside the setting.

Date Policy Last Reviewed
01 st July 2025

20. CHILDREN'S CHARTER

Policy Statement:

This code has been developed to inform and guide the decisions and behaviour of all staff. Young children rely on responsible adults to care for and protect them. Our staff team are in a relationship of special trust – one that is powerful and important. We recognise that our role is multi-faceted, and we have developed this code of ethics to assist us in providing the best quality service possible.

Procedure:

This Code of Ethics is underpinned by the following principles:

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

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

Children's Charter

Children's welfare and their rights to a secure, healthy and happy childhood are paramount. The experiences children receive in their early years are critically important in terms of future development. Children are entitled to expect that all adults will respect, uphold and preserve their rights and to ensure that their feelings and wishes are taken

into account. Children should have the opportunity to make choices and develop a sense of responsibility for their own actions appropriate to their age. Children, parents/guardians and carers should not be discriminated against, particularly in relation to colour, race, age, religion, gender, disability, medical conditions or background. Parents/Guardians should be recognised and respected as children's first and continuing educators.

Date Policy Last Reviewed
01 st July 2025

21. OBSERVATION AND ASSESMENT

Policy Statement:

To ensure high-quality care, educators must regularly observe children, evaluate and review the curriculum, and keep systematic records to support effective planning, preparation, and organisation. FDCL recognises that observation is a useful tool and enables staff to plan the curriculum to meet the individual needs of children.

Procedure:

- We keep Daily Routine Records for each child, which are verbally communicated to parents/guardians at collection time.
- All observations will be treated with confidentiality.
- Children are informally observed daily, and educators may take notes on what they are playing with or how they interact with the room. This information aids educators in planning the curriculum.
- Children are formally observed every month. These observations are available on the Child Paths app.
- Observations are kept strictly confidential and are only shared with parents/guardians and relevant staff. Observations may be shared with third parties at the request of parents/guardians.
- Photographs may be taken of the children during the observations to supplement the notetaking; these photographs are kept confidential and are only shared with relevant parties.
- Children are never judged during an observation, and FDCL recognises that all children are different and reach milestones at various times.
- Staff are trained to be impartial when carrying out an observation and to never make assumptions but to only base the observation on what they are currently seeing.

Date Policy Last Reviewed
02 nd July 2025

22. MULTIMEDIA POLICY

Policy Statement:

We appreciate that nowadays children spend longer and longer in front of the TV, tablets, or PC watching TV programs, DVD's or playing computer games and that these things are becoming more and more part of the children's life and daily routine. At the same time, we regard our service as a place where the children are encouraged to interact with each other, interact with the staff, use their imagination and most of all learn through play.

It is the policy of this service to take photos/videos of children to record and plan for children's learning as we implement best practice and the national frameworks for learning and quality. These records are shared with children, staff, families, mentors and preschool inspectors, taking into consideration the need to respect the privacy of individual children and families. We are committed to treating these photographs/videos with care and respect and are sensitive to the concerns and wishes of both the children and parents/guardians.

Procedure

We request written permission from parents/guardians to take photos/videos of children.

We advise parents/guardians to inform and seek permission from their children also.

We inform parents/guardians about:

- The kind of photos being taken
- How the photos are used
- Who they will be shared with
- How they will be stored

We explain to children why we are taking photos/videos and ask their permission.

We use photos/video to:

- Record, share and celebrate children's learning with children, families and staff.

- Allow children to record and share their own activities and learning.
- Create and develop projects with/for the children.
- Create posters and photographic displays in the service.
- For training and educational purposes.
- For early childhood publications and information purposes, in which case parents/guardians will be asked for additional consent in advance.

We treat photos/videos with respect, we:

- Ensure that only appropriate personnel have access to the photos/videos.
- Delete photos/videos when they have served their purpose. Retaining those needed as evidence for parents/guardians, new families, preschool inspectors, assessors, mentors, etc.

APPS - (Child Paths)

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

- The tablets are to be used strictly for recording the children's details including:
 - o Attendance
 - o Sleep checks
 - o Log daily activities
 - o Updates for parents/guardians
 - o Share photos with parents/guardians
 - o Developmental observations
 - o Medication consent and administration records
 - o Accident/incident reports
 - o Children's emergency contact info
- Employees may with permission from management use the tablet/laptop to access the internet for educational purposes such as music/educational videos
- Employees may with permission from management use the tablet/laptop to access classroom email
- Children may not use the tablet/laptop

- Each staff member will have their own login ID and this ID should not be passed on to or used by any other staff member at any time
- These conditions must be strictly adhered to at all times, and disciplinary action will be taken for any breaches of this policy.

Date Policy Last Reviewed
02 nd July 2025

23. CAMERA AND PHOTOGRAPH USE

Policy Statement:

We aim to use photographs and cameras at FDCL for:

- Assessment, planning and recording

- Observation tools
- Information for visitors and parents
- Training purposes
- Language extension
- Teaching and learning resources
- Facebook
- Website

Procedure:

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

- Parental permission is requested when parents complete the registration form.
- Only the services camera/video/tablet cameras may be used to take pictures.
- The cameras will remain on FDCL property at all times and are stored in the rooms.
- Staff are not allowed to take pictures with phones or their own personal cameras.
- Photographs are used to show positive aspects.
- We are inclusive so that gender, race, special educational needs, and differing abilities are reflected in a balanced way.
- There may be cultural issues of which we need to be aware when taking photographs of children from different ethnic minority groups.

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

Students, visiting professionals or researchers, who need to take photographs or videos as part of their work, are made aware of the need for confidentiality and that children will

not be named or identified in any other way. Further permission from parents/guardians will be sought in this instance.

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

Use of Photographs

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

Photographs	Purpose
Displays of children's work	A record of ideas and topic references
Examples of children's play	As a part of an individual child's profile and for social media with permission
Classroom areas	To show the range of activities
Class albums	For children to look at and talk about
Policy folders	To explain the work of the service to parents and visitors
Special events and festivals	As a record of the year and for children and parents to look at and talk about and for use on social media with permission
Birthday display	Used as a class resource for talking about birthdays, months of the year etc.

Photographic maps of the service and local environment	A resource for topic work
From home	To act as a link between home and pre-school
Children's own photographs	Children take photographs at Frenchpark & Districts Childcare Clg on the digital camera, to gain experience in technology

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

Parents/guardians Photographing and Videoing Children

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

Storage of Photographs

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

Disposal of Photographs

In the event that we no longer require a photo, it will be disposed of as confidential waste. Where the image is kept electronically, they will be deleted.

Date Policy Last Reviewed

02 nd July 2025

24. CCTV

Policy Statement:

FDCL operates Closed-Circuit Television (CCTV) systems as part of its commitment to ensuring the safety and welfare of all children, staff, parents/guardians and visitors.

FDCL is a Data Controller under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) and is responsible for all data collected using CCTV.

Where CCTV footage contains images that identify a person, it is considered personal

data and is subject to data protection legislation.

The service will ensure all use of CCTV is consistent with our obligations under data protection law, including fairness, transparency, purpose limitation, data minimisation, storage limitation, and security.

Purpose of CCTV Use

The primary purpose of the CCTV system is to ensure the safety of children in our care and all who use the service. Specifically, the system is used to:

- Help ensure children are appropriately cared for.
- Assist in the prevention and detection of crime.
- Support the investigation of accidents.
- Facilitate the identification of activities/events that may warrant staff disciplinary procedures.
- Provide opportunities for staff training.

Prohibited Uses

The CCTV system will **not** be used:

- To provide images for the internet.
- To share images with third parties other than An Garda Síochána, Tusla, or the Child and Family Agency during their inquiries, except where a parent/guardian requests access to images of their own child, in which case footage may be viewed on-site in the presence of management in line with data protection obligations.
- For continuous monitoring of staff.
- To monitor staff performance.
- As a supervision tool.
- For recording conversations.

Note: If, during legitimate review of footage for any of the above stated purposes, inappropriate practice or policy breaches are observed, this may be addressed with the employee in line with the service's disciplinary procedures. Employees will be given the opportunity to view the footage in such cases.

Fairness and Transparency

FDCL is committed to respecting everyone's privacy and rights while balancing this with the need to maintain a safe environment.

- Cameras are not used to monitor ordinary, lawful daily activities.
- They are only reviewed when necessary to address concerns, investigate incidents, deal with complaints, or support training.
- New employees are informed during induction that CCTV is in operation.
- Parents/guardians are informed at enrolment of the presence and purpose of CCTV in the service.

Responsibilities of Management

Management are responsible for:

- Ensuring the system is operational at all times.
- Organising servicing and repairs as needed.
- Responding to written requests from individuals to view footage of themselves or their children.
- Ensuring prominent signage is in place to advise of CCTV (including where sound recording applies).
- Ensuring no areas with a reasonable expectation of privacy (e.g. toilets) are monitored.
- Maintaining confidentiality at all times.

Recorded information will be securely stored in the service office and accessed only by those directly involved in achieving the CCTV system's purposes.

Location of Cameras

CCTV cameras are positioned to monitor all areas of the service except for locations where there is a reasonable expectation of privacy, such as toilets, nappy-changing areas, staff rooms and offices. A list of monitored areas is available on request.

Signage

Clear, well-lit signage will be displayed at entrances and in relevant locations to notify all that CCTV is in operation for safety purposes.

Data Subject Rights

Under the GDPR, any individuals whose image is recorded has the right to request access to that data.

- Requests must be made in writing or by email.
- The service will respond within 30 days.
- Viewing will take place on-site in the presence of management to protect the privacy of others.
- Individuals will be asked if viewing alone is sufficient; copies will be provided if formally requested.
- Sufficient details (date and time) must be provided to locate relevant footage.
- Parents/guardians have the right to request access to footage containing images of their child. Viewing will normally take place on-site in the presence of management to protect the privacy of other children and staff. If a copy is formally requested, other identifiable individuals will be redacted before sharing.

Sharing or Copying Recordings

- If providing a copy, other identifiable individuals will be pixelated/redacted.
- If redaction cannot be performed in-house, an editing service may be engaged under contract with the service.
- Any third party receiving a copy must sign a declaration not to share, copy, or use it for unauthorised purposes.
- An incident report will be completed for each case where footage is reviewed or shared.

If access or disclosure is allowed, the following will be documented:

- Date and time of access/disclosure/
- Identity of any third party who received access.
- Reason for access/disclosure.
- Extent of the footage shared.
- Identity of the person authorising access.

Sharing Footage with An Garda Siochana or Other Authorised Third Parties

- Requests from An Garda Siochana should generally be in writing and relate to a criminal investigation.
- In urgent cases, a verbal request may suffice but must be followed up in writing.
- A log of all such requests will be maintained.
- Gardai may also be permitted to view footage on-site without a copy being provided.

Similar rules apply to other authorised third parties.

Storage, Retention, and Security

- Recordings will be securely stored with controlled access, logged appropriately, and traceable by unique serial numbers.
- The correct time and date will be overlaid on all recorded images.
- Footage will be retained for no longer than 30 days (or as defined in the Service Personal Data Register & Data Retention Procedure), unless required for the investigation of incidents, accidents, or other serious matters.

Date Policy Last Reviewed
02 nd July 2025

25. GDPR AND DATA PROTECTION

Policy Statement:

FDCL is committed to protecting the personal data of children, families, staff, and others who use our service. We will comply fully with our obligations under the General Data Protection Regulation (GDPR) and the Data Protection Acts.

Designated Roles

- **Data Controller:** June Murphy/Grainne Gibbons
- **Data Protection Officer:** June Murphy
- **Child Protection Designated Liaison Person:** Grainne Gibbons
- **Deputy Designated Liaison Person:** Nadine Carrig

All questions or requests about personal data should be directed to the Data Controller.

Principles of Data Protection

We commit to the eight principles of data protection under GDPR:

1. Lawfulness, fairness, and transparency

- We will collect and process personal data fairly, with clear information about what data is collected, why, and who it is shared with.

2. Purpose limitation

- Data is collected for specified, explicit, and legitimate purposes only.

3. Data minimisation

- We collect only what is necessary and relevant

4. Accuracy

- We keep data accurate and up-to-date. Families and staff can update information at any time.

5. Storage limitation

- We retain data only as long as necessary. Our retention periods are outlined in our Data Register.

6. Integrity and confidentiality (security)

- We keep personal data secure against loss, access, or disclosure.

7. Accountability

- We demonstrate compliance through staff training, audits, and documented procedures.

8. Data subject rights

- We enable individuals to exercise their rights under GDPR.

Data We collect

Examples of personal data processed include:

- Names, addresses, contact details.
- Child and family information (DOB, medical needs, attendance).
- Staff records (employment history, PPSN, bank details).
- Garda vetting results.
- Records of payments, subsidies, and grants.
- Photos (with consent).

We also process special categories of personal data (e.g., health information) only with explicit consent or as required by law.

Lawful Basis for Processing

We process personal data under one or more of the following lawful bases:

- Consent.
- Performance of a contract.
- Compliance with legal obligation.
- Protection of vital interests.
- Legitimate interests of the service (balanced against rights of individuals)

Rights of Data Subjects

Individuals have the right to:

- Access their personal data.
- Rectify inaccurate data.
- Erase data (where appropriate).
- Restrict processing.
- Object to processing.
- Data portability (where applicable).

Requests should be made in writing (including by email) and will be responded to within 30 days.

Access Requests

- Access requests are free of charge.
- Sufficient information must be provided to locate relevant data.
- If requested, copies of data will be provided in a clear, understandable format.
- Where images or records involve others (e.g., CCTV), other individuals' data will be redacted where required.

Data Sharing and Disclosure

We will not share personal data with third parties except:

- As required or permitted by law.
- With consent.
- To comply with inspections or audits.
- For funded childcare schemes (DCEDIY, Pobal).
- For Garda vetting.
- To respond to legitimate, formal requests from authorities (e.g., An Garda Síochana).

All disclosures are recorded and assessed for appropriateness.

Security Measures

We ensure:

- Manual files are stored in locked cabinets in secure areas.
- Electronic files are password-protected and access-limited.
- Premises are secured when unoccupied.
- Staff are trained on confidentiality and data protection.
- Regular reviews of security measures take place.

Data Retention and Disposal

- Data is kept only as long as necessary for its purpose.
- Retention periods are set out in our Data Register and follow legal/contractual obligations.
- When no longer needed, data is securely deleted or destroyed:
 - Paper records are shredded
 - Electronic records are deleted and devices wiped before disposal

Garda Vetting Data

- Processed through Early Childhood Ireland.
- Held securely and shared only as necessary with Designated Liaison Persons.
- Results raising concerns are treated confidentially and stored securely.
- No copies of vetting forms are shared with any other party.

Employee Responsibilities

All staff must:

- Familiarise themselves with this policy.
- Ensure personal data they handle is secure.
- Update personal information as needed.
- Report any data breaches or concerns immediately.

Breaches and Disciplinary Action

Any breach of this policy – deliberate or through negligence – may result in disciplinary action up to and including dismissal. Contractors and service providers who breach data protection obligations may have contracts terminated.

Serious breaches may lead to criminal prosecution.

Monitoring and Review

This policy is reviewed at least annually, or sooner if required by legislation or service changes. Compliance is monitored through audits, staff training, and regular management

review.

Staff Training

All staff receive data protection training at induction and periodic updates. Staff will sign to confirm they have read and understood this policy.

Questions or Concerns

Any questions or concerns about data protection should be raised with the Data Controller.

Date Policy Last Reviewed
02 nd July 2025

26. CONFIDENTIALITY AND INFORMATION

Policy Statement:

Confidentiality is fundamental to the integrity of our service. We are committed to keeping all personal information about children, families, staff, and volunteers strictly private. Confidential information will only be shared when necessary for child safety, in line with our Child Protection Policy.

At FDCL, we respect the privacy of children, families, staff, and volunteers. Personal records relating to children and their families, staff, and volunteers are treated with utmost confidentiality. Parents and guardians can share information in confidence, which will only

be used to enhance the welfare of children. Information will only be shared with other professionals or agencies with parental consent, except in cases involving Child Protection, where information may be shared without consent.

Procedure:

Records of Information

We maintain two types of records on children attending the setting to comply with the *Child Care Act 1991 (Early Years Services) Regulations 2016*:

- **Developmental Records:**

These include observations, samples of work, progress records, and achievements. They can be accessed and contributed to by staff, the child, and parents.

- **Personal Records:**

These consist of registration and admission forms, vaccination records, signed consent forms, correspondence related to the child or family, reports or meeting minutes from other agencies, records of contact with parents/guardians, and confidential staff observations (e.g., developmental concerns or child protection matters). These records are securely stored, typically in the manager's office.

Parents and guardians have the right, in accordance with the Freedom of Information Act 1997, to access records related to their own children only. They do not have access to information about other children.

Employees are required to keep personal information given by parents/guardians confidential and only discuss it with other staff members when it is necessary for planning the child's care. Confidentiality is emphasized during staff induction, especially regarding the key person's role.

Committee members must also keep any confidential information they receive as part of their role strictly private.

Any breaches of confidentiality will be addressed through the complaints procedure or

employment terms, as appropriate.

Other Records

Employment-related information, whether for paid or unpaid staff, is confidential and limited to the manager and management committee involved in personnel decisions. Employees have access to their own personnel records under the Freedom of Information Act 1997.

Students and trainees do not have access to children's files and are supervised when observing children. They are made aware of, and must adhere to, the setting's confidentiality policy.

Information Sharing

Children's learning progress records are shared with other professionals only with parental consent. Similarly, these records are only passed to the child's school (e.g., junior infants) with parental/guardian consent.

In exceptional circumstances, information may be shared without parental consent if there is reasonable cause to suspect a Child Protection concern, in line with the Child Protection Policy.

Date Policy Last Reviewed
02 nd July 2025

27. COMPLIMENTS AND COMPLAINTS

Policy Statement:

FDCL values the views of children and parents/guardians in developing our service. We welcome all suggestions, comments, and complaints and commit to giving each careful attention, with prompt and courteous responses. Our aim is to ensure continual improvement and to meet the needs of all children and families.

Every effort will be made to resolve issues informally before initiating a formal complaint

procedure. Under normal circumstances, the Manager is responsible for handling formal complaints.

What is a complaint?

A complaint is an expression of dissatisfaction made by a parent, member of the public or partner agency/organisation. Complaints can be made directly by the person affected, in writing, by phone, face-to-face, or by a third party acting on their behalf.

Procedure:

How a complaint can be made

Complaints can be raised by phone, in person, letter or email. They may come from the person affected or someone acting on their behalf.

Stage One - Informal Resolution

Many complaints can be resolved by discussing the issue directly with the staff member involved or the Childcare/Centre Business Manager. Some concerns may be due to differences of opinion and can often be resolved through open discussion and compromise.

Those wishing to make a complaint are encouraged initially to speak with the relevant staff member. If they prefer not to do so, they can speak with the Childcare/Centre Business Manager, who will attempt to resolve the matter. Details of the complaint and any response will be recorded.

If the complaint cannot be satisfactorily resolved informally, the process will move to Stage Two.

Stage Two – Formal Complaint

If informal resolution is unsuccessful, the complainant should submit their complaint in writing to the Manager.

- The Manager will acknowledge receipt within three working days.

- A full investigation will be carried out, with a response sent within 15 working days.

The investigation may include:

- Interviews with all relevant parties.
- Taking minutes of meetings.
- Informing individuals involved that they may have an appropriate person present during the investigation.

The Centre Business Manager will also notify the Chairperson/Committee that an investigation is underway.

If the complaint raises child protection concerns, the Manager will follow the Child Protection Policy by contacting the local TUSLA Duty Social Worker. If a criminal offence is suspected, An Garda Síochána will be contacted.

Outcome and Follow-up

The Manager will provide a formal written response to the complainant, copying relevant staff as appropriate. This response will include any recommendations and details of any changes to policies or procedures resulting from the investigation.

The Centre Business Manager will arrange a meeting with the complainant and relevant parties to discuss the outcome. The Centre Business Manager will decide whether a joint meeting or separate meetings are most suitable.

If the Complainant Remains Dissatisfied

If the complainant is not satisfied with the Centre Business Manager's response, the original complaint and response will be forwarded to the Chairperson/Committee.

The Chairperson/Committee will provide a detailed written response to both the Manager and the complainant within 15 working days, including any actions to be taken.

If the matter remains unresolved, the complainant will be informed of their right to make a formal complaint to TUSLA.

Date Policy Last Reviewed
02 nd July 2025

28. PARTNERSHIP WITH FAMILIES

Policy Statement:

At FDCL we regard the role of parents/guardians as the most important in the life, culture and education of a child. We also appreciate the fact that every family, as much as every child, is different and might have particular needs or requests from us. We also understand and value the desire of every parent/guardian/carer to be involved in their children's daily routine as the children spend some of their day with us and to be involved in decisions and discussions about their child's education and wellbeing.

At FDCL we promote the active participation of parents/guardians in the planning and development of our service. We encourage a close working relationship between staff and the parents/guardians of the children attending the centre. We strive to create an environment that encourages parents/guardians to be actively involved. We recognise that it is in the best interest of the child too that parents/guardians and childcare services work together in partnership to support children in early years care and education.

Procedure:

The Childcare Setting

- A parent/guardian's area is provided where possible, so that parents can discuss matters confidentially.
- A parent/guardian noticeboard is provided and updated regularly by staff.
- Ensure parents/guardians' views and needs are heard, valued and incorporated; parents/guardians' rights are respected in regard to all cultural and religious differences.
- Ensure we always adhere to and respect confidentiality
- We welcome comments, complaints, and feedback. Parents/guardians are encouraged to follow our comments/complaints procedure in relation to any issues they may have regarding the services provided
- We will facilitate appointments/meetings with parents/guardians
- If parents/guardians are separated, we may contact both parents/guardians to discuss a child's progress

We aim to make all families welcome and feel a sense of belonging. Images and posters will be used to reflect the diversity of children and families in our service.

Communicating with Parents/Guardians

- Employees have daily informal contact at the beginning and end of each day to discuss with parents/guardians their child's care and progress.
- Every child has their own file on our Child Paths application, which is updated daily

by their child's key worker, informing parents/guardians of children's care and activities during the day. The information is available to any parent that signs up to use the application. Parents/Guardians are asked to update staff on their child's care at home to facilitate shared communication between the parent/guardian and the key worker on a child's individual care.

- Parents/guardians are invited to discuss their children's needs, care, progress, interests, achievements and difficulties – both informally on a daily basis and formally at arranged meetings.
- Parents/guardians receive updated information about the pre-school service and events, via email, Child Paths, Facebook and parents/guardians notice board located in reception.
- Parents/guardians are provided with a handbook giving details of the service in advance of the child entering the service.
- Where English is not the first language of the parents/guardians;
 - Staff will make every effort to communicate with the parent/guardian using verbal/non-verbal methods of communication
 - Staff will undertake to learn key phrases in the parents/guardians language
 - Parents/guardians will be invited to become involved in the service and share with staff and children the culture/history of the country of origin

Parents/Guardians as Partners

- In the event of a child having specific learning needs, an Individual Education Plan (IEP) will be planned and developed in consultation with parents/guardians.
- Parents/Guardians are given regular information on key policies and procedures of the service to ensure they are aware of the services systems and policies in place.
- Parents/Guardians are welcome to visit the centre at any time and see it in operation.
- Parents/Guardians are invited to become involved in any decision-making policy or aspect of the service that affects their child's education or experience.

- Parents/Guardians are given opportunities to contribute their own skills, knowledge and interests to the activities of the centre.
- Parents/Guardians are encouraged to work as volunteers in the centre (if appropriate and in line with our garda vetting policy). This provides parents/guardians with experience of the day-to-day activities of the centre. All volunteers will be given an induction and will undergo Garda Vetting procedures, in order to comply with the Child Care Act 1991 (Early Years Services) Regulations 20176.
- Parents/Guardians are invited to contribute in other appropriate ways to the successful development of the centre e.g. becoming a member of the management committee or a fundraising sub-committee.

Open Door Policy

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

- All parents/guardians are welcome to visit the service at any time. However, parents/guardians should be aware that we might not be able to give them our full attention, as the supervision and needs of children in our care come first. Therefore, it may be more helpful to the parent/guardian to arrange a meeting in advance; if they need to discuss issues.
- We would welcome that parents/guardians advise staff each morning of any significant happenings at home that we should know of e.g. Child had a poor nights sleep and they may be tired
- We work together when difficult issues arise.

Babysitting

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

Date Policy Last Reviewed

02 nd July 2025

29. ACCIDENTS AND INCIDENTS

Policy Statement:

At FDCL the health and safety of the children in our care, the parents using our service and our staff is of paramount importance. We are committed to having proper systems in place for accident prevention and for the recording of all accidents and incidents. As prevention and a prompt and adequate response to emergency can make the difference in the outcome of an emergency, we at FDCL commit to implement the following procedure at all times.

Procedure:

How do we prevent accidents?

At FDCL we prevent accidents by doing the following:

- We follow our Health and Safety Policies and Procedures and our Fire Evacuation Policy and periodically update them to make sure our premises are safe and properly equipped for an emergency (for more details please see our Health and Safety policy, which can be found on our website and within the Parents Handbook).
- At enrolment of their child, parents are asked to sign an emergency consent form to enable us to act in the best interest of the child in a situation of emergency and in absence of the child's parents. At the same time the parents are also required to provide us with all relevant information on the health of their child (such as medical condition, allergies, special dietary requirements) and with the name, address and telephone number of the family doctor, should we need to contact them in case of an emergency.
- At FDCL at least 50% of our staff have First Aid Responder training and one staff with valid (obtained not longer than longer than three years ago) First Aid Training is always present in the premises.
- All employees are informed of who is trained in first aid.
- Moreover, two members of staff are always present in our facility at all times, so that one of those can concentrate on the injured/sick child and if necessary promptly bring him to the hospital as the second staff can attend the rest of the children present in our facility at the time of the emergency.
- Each room has its own First Aid Box. We keep the contents of each of them updated according to the HAS Guidelines of First Aid Places of Work, 2008 and the content of each box is checked and replenished monthly by staff.
- A list of emergency numbers is displayed in each room, beside the phone.
- Children's records and telephone numbers for the parents are kept in each room

easily accessible in case of an emergency.

- Our local registered doctor is Dr Michael Henry, Kelly Henry Medical Centre, Castlerea, County Roscommon, and is contacted in case of accidents or sudden illness.

How do we respond to an emergency?

In case of a child/adult being injured or becoming seriously ill while in our care the following actions are taken:

- The staff witnessing the accident/illness immediately seeks help from the staff trained in first aid.
- Assess the situation to the best of their ability looking for immediate dangers for the casualty and themselves.
- Make the area safe protecting the casualty from further danger.
- Immediately seek help from the first aid staff.
- Promptly make sure that all other children in the facility are safe from harm and properly supervised.
- The first aid staff will deal appropriately with the emergency and depending on the circumstances might ask another staff to call 999 or 112.
- The staff calling 999 or 112 will provide them with all information on the location of our premises.
- If necessary, the injured/sick child/adult will be promptly brought to the hospital via the fastest mean of transport.
- As soon as the casualty is being dealt with appropriately, the emergency contact for the casualty will be contacted and told of the accident.
- In case of an accident, an accident record form is filled up with all relevant information and kept until the child is 21 years of age. This report is completed by the staff member via our Child Paths app. This is then sent directly to the parent where they are asked to read and electronically sign the form.

Date Policy Last Reviewed
02 nd July 2025

30. RISK MANAGEMENT

Policy Statement:

FDCL is committed to ensuring the health, safety and welfare of all children, staff, and visitors on our premises and during offsite activities. We actively manage risks through clear procedures and regular assessments to maintain a safe environment.

We conduct risk assessments for:

- Daily checks of classrooms, sanitary areas, sleep areas, and outdoor spaces.
- Incidents or accident (post-incident reviews).

- Outings and travel.
- Children with specific illnesses, conditions, or allergies (via individual care plans).
- Pregnant employees.
- Garda vetting disclosures.
- Critical incidents (please see separate Critical Incident Plan).

Procedure:

1. Safety Responsibilities

Employees shall:

- Take reasonable care of their own health, safety, and welfare and that of others (including children) who may be affected by their actions,
- Familiarise themselves with and always adhere to FDCL's Safety, Health and Welfare policies.
- Observe all safety rules and comply with statutory regulations and directives.
- Use equipment and protective clothing correctly to ensure safety.
- Use only the correct equipment for each job, with appropriate safety features.
- Report any safety concerns, accidents, damage, defects, or near misses immediately to the Health and Safety Officer.
- Conduct daily hazard checks in their own work areas.
- Participate in required training (e.g. First Aid, Manual Handling, Food Hygiene, Fire Safety).
- Follow procedures for staff absence, training, and ratios, supported by robust recruitment and Garda vetting procedures.

Employees shall not

- Intentionally or recklessly misuse any equipment or safety measures provided.
- Perform tasks beyond their competence or that involve unreasonable risk.
- Work under the influence of intoxicants.
- Fail to report medical conditions that may affect their own or others' safety.

2. What is a Risk Assessment?

A risk assessment is a systematic process to identify potential hazards, evaluate risks, and determine measures to eliminate or control those risks.

Steps in Risk Assessment

1. Identify hazards (anything that may cause harm).
2. Determine who might be harmed and how.
3. Evaluate risks and decide on precautions.
4. Record findings and implement measures.
5. Review and update regularly.

Examples of Hazards

- Uncovered electrical sockets.
- No trained first aider on duty.
- Improper lifting of sleep mattresses.
- Serving food without gloves.

Understanding Risk:

- *Hazard*: anything with the potential to cause harm.
- *Risk*: the likelihood of that harm occurring.

3. Identifying Hazards

- Walk through the premises (inside and outside).
- Use risk assessment checklist.
- Consult staff in each area for their observations.
- Review manufacturer's instructions to ensure proper use of equipment.
- Check accident and incident records for recurring issues.

4. Managing Risks

- Eliminate the hazard if possible (e.g. remove a tripping mat).
- Control the risk to reduce the chance of harm (e.g. cover sockets, ensure safe lifting practices).

Date Policy Last Reviewed
02 nd July 2025

31. EMERGENCY CLOSURE

Policy Statement:

FDCL is committed to providing consistent, uninterrupted service from 8am to 6pm, Monday to Friday. However, when unavoidable disruptions occur, all families will be kept fully informed, and FDCL will reopen as soon as it is safe and feasible to do so.

Procedure:

When Emergency Closure May occur

An emergency closure will be implemented in the following circumstances:

- The building is unusable due to accidental or malicious damage.
- Essential maintenance work renders the building unsafe or inaccessible (scheduled work will be planned during closures where possible).

- An outbreak of illness requiring closure in line with Tusla recommendations.
- Insufficient staffing levels due to illness making it impossible to meet adult-child ratios as required under the *Child Care Act 1991 (Early Years Services) Regulations 2016*.
- Direction to close from the DCEDIY, e.g. in the event of severe weather warnings, public health emergencies, or pandemics.
- Any emergency arising during operating hours that requires the service to close early.

Communication with Families

- Where closure is known in advance, the person in charge will inform affected families as early as possible.
- If advance notice is not practical, the person in charge will remain at the premises until they can confirm that all families have been notified.
- Families will be informed about how to check for reopening updates and other relevant information.

Emergency Closure During Operating Hours

- Parents/guardians will be contacted by telephone and asked to collect their child as soon as possible.
- In the case of illness-related closures, unaffected children and staff will remain on site until all children are collected.
- If evacuation is necessary (e.g. fire), children will be safely evacuated following the service's Fire Drill procedures:
 - Contact information and the daily register will be taken out of the building.
 - Emergency services will be contacted immediately.
 - Children will be taken to a designated place of safety until parents or authorised emergency contacts arrive.
 - Staff will remain with the children at all times until they are collected.

Record Keeping

- A detailed record of any emergency closure will be maintained.

- Incidents will be reported to Tusla as required (see Accidents and Incidents Policy for details).

Date Policy Last Reviewed
02 nd July 2025

32. FIRE SAFETY

Policy Statement:

The purpose of this policy is to minimise the risk of fires occurring, and where a fire or other emergency occurs to ensure that children and staff/other adults on the premises are evacuated safely and without delay. All current Fire Safety legislation is followed and enforced by all staff members of FDCL.

Procedure:

We will ensure that:

- Fire drills will be carried out by setting off the fire alarm every month and at the start of each new school year, and more frequently if necessary.
- Fire drills are carried out on different days of the week and at various times of the day.

- There is a designated Fire Officer to carry out Fire Drills, and who is responsible for the implementation and overseeing of the fire safety programme.
- Fire drills include a complete evacuation of the service to a pre-arranged, designated assembly point (staff car park).
- A written record of Fire drills carried out will be kept on file and will be available for inspection.
- Fire extinguishers and blankets will be stored appropriately, ready for use, and in good working order.
- There are a sufficient number of fire extinguishers available which are suitable and appropriate for the type of service being operated.
- A record of the number, type and maintenance record of all fire-fighting equipment and smoke alarms will be kept, and they will be serviced annually with a record maintained of the service dates.
- All employees will be trained on:
 - Where 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.

A record of this training will be recorded and kept on file for inspection. All staff members undertake mandatory fire training at least every 2 years.

- Smoke detectors will be placed at strategic points in the building and 'hard wired'.
- The smoke detectors will be checked regularly to ensure they are working and are maintained in line with the requirements set out in 'Fire Safety in Pre-Schools 1999'. A record will be maintained of the dates on which the detectors are checked.
- All fire extinguishers will be inspected quarterly to make sure that appliances are in their proper position, have not been discharged or lost pressure (in the case of extinguishers fitted with a pressure indicator) or suffered obvious damage.

- A more thorough examination of extinguishers will be carried out annually by a person with the necessary training and experience, and with access to the requisite tools, equipment, and information.
- Extinguishers will be discharged periodically in accordance with the provisions of I.S 291:2992. When discharge is taking place the opportunity to train staff in the use of extinguishers will be availed of.
- Weekly/Quarterly an inspection will be carried out to check that
 - Every lamp in a maintained system is lighting (including EXIT signs).
 - The LED in each emergency lighting unit is illuminated.
 - Any fault found, and the action taken, is recorded in the fire safety register.
- Annually, the fire officer will ensure that the annual inspection and test procedures as described in I.S. 3217: 2008 are carried out by the manufacturer, supplier or installer, or by an employee who has received special training with the manufacturer, supplier or installer.
- A check will be made every day to ensure the Fire Detection and Alarm systems control panel indicates normal operation (and if not, that any fault indicated is recorded in the Fire Safety Register and is receiving urgent attention) and any fault warning recorded the previous day has received attention.
- The Fire Detection and Alarm System will be set off weekly from a detector or call point (break glass unit) to test the ability of the control and indicating equipment to receive a signal and to sound the alarm. A different zone should be tested each week in turn; the zone and trigger device should be recorded in the register. Any defect should be recorded in the Fire Safety Register and reported to the Fire Officer, with action being taken to correct it.
- Quarterly, the Fire Officer will ensure that the quarterly inspection and test procedures as described in I.S 3218:2009 are carried out by the manufacturer, supplier or installer or by an employee who has received special training with the manufacturer, supplier or installer.
- Annually, the Fire Officer will ensure that the annual inspection and test

procedures as described in I.S 3218:2009 are carried out by the manufacturer, installer or by an employee who has received special training with the manufacturer, supplier or installer.

- 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 warning in the event of fire must be provided.
- Escape Route and exit doors must be maintained free from obstruction so that they can be safely and effectively used at all times.
- Fire doors are never obstructed or propped open.
- Fire exits are clearly identified and easily opened from the inside.
- Window restrictors, when in use, are able to be opened in case of fire using a child-resistant catch.
- 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.
- The accumulation of waste materials will be prevented.
- Waste receptacles such as dustbins are made from non-combustible materials.
- Cooking equipment is safely used.
- Particular care is taken with decorations, especially during Christmas or other special events.
- Portable heating appliances of any type will not be utilised.

Fire Drill Policy

FDCL has a notice of the procedures to be followed in the event of a fire drill or evacuation posted on the walls in all areas. All staff members should be familiar with their

responsibilities with regard to fire drills and the procedures in case of the fire alarm going off. The fire alarm procedure must be shown to all students and relief employees commencing work in the service.

Fire drills will be practiced on a regular basis, at least once a month. All persons on the premises at the time are required to participate. All children and staff members must be signed in and out according to the attendance record. This record will be used for fire drills (ChildPaths). The main thing to remember is to stay calm and not panic. The children should be filed out and brought to the fire assembly point where roll call will take place. A record of the fire drill will be kept on file – how long it took, equipment needed, how you dealt with it, how the children dealt with it etc. If a child in your group was upset this should be noted in their individual file.

Fire Drill Procedure

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 and using the following routine:

- When the fire alarm sounds, the children are asked in a calm manner to form a line without delay.
- The children are led by one of the staff members to leave the building via the shortest route.
- Any sleeping children should be given high priority in the evacuation procedure.
- The staff member will take the tablet which has access to the attendance on ChildPaths, check the room to ensure all children have exited or lined up, and close the door behind them when exiting the building.
- Once outside, stay outside.
- The staff member will take a roll call immediately.
- Do not stop to collect personal belongings or to put on coats.
- If possible, close doors and windows en-route.

- Meet at the assembly point.
- Do not re-enter the building until the management of the fire brigade/fire safety officer informs you it is safe to do so.
- Management will check the premises to ensure everyone is out and will check toilets/cloakrooms and will be the last out.
- A roll call will be carried out by management at the assembly point to ensure all persons are accounted for.

General

Employees should follow procedures for operating the fire alarm as outlined in the Health and Safety Statement. All employees should be aware of:

- All escape routes from the premises.
- Method of operation of fire doors.
- The importance of keeping fire doors closed.
- How to isolate power supplies where appropriate.
- The importance of general fire precautions and good housekeeping.
- FDCL employees are made aware of the potential fire hazards as a result of their activities and smoking/vaping on site or adjacent to the building is forbidden.
- All employees will take reasonable care in their work activities to ensure that they do not generate any potential fire hazards. Any flammable liquids used on site will be stored away from heat sources in suitable containers which will be kept sealed to avoid build-up of flammable vapours.
- All firefighting equipment located on the premises will be in accordance with the requirements of the area that it is being located and will meet the required classification for that area based on the classifications as per I.S. 290: 1986 standard.
- All firefighting equipment is tested and serviced annually by certified contractors.

When Dealing with a Fire

Employees should be aware of the location of the firefighting equipment on the premises and the method of operation of this equipment prior to use in an emergency.

If a person's clothing is on fire, wrap the fire blanket, rug or similar article closely around them and lay them on the ground to prevent flames reaching the head. If electrical appliances are involved, switch off the power before dealing with the fire.

Shut the doors and, if possible, the windows of the room in which the fire is discovered, ensuring the main routes of escape are maintained at all times.

Call the Fire Brigade - The designated person(s) should call 999 or 112 and give precise instructions as to the address, including the Eircode (F45 Y860) and the name of the nearest main road and/or other landmarks.

Evacuation – Commence an orderly evacuation of the building. The Manager will check that all rooms are unoccupied, including sleep rooms and bathrooms. Close the doors and windows as each check is completed. The Manager will take a tablet with access to the daily attendance sheets and Parent/Guardians telephone numbers to the assembly point.

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

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

Attack Fire – You can try to extinguish the fire, but only if it is safe to do so, using proper equipment. Otherwise, wait until trained personnel arrive. Such an intervention should not delay evacuation or calling the fire brigade. The chart outlines the correct use of the most commonly available fire extinguishers. Please note that the CO2 extinguishers should not be used on paper or light material as they may spread burning fuel causing the fire to further spread.

Types of the Fire Extinguishers

their uses and their colour coding according to BS EN 3 : 1996



Water

For wood, paper, textile and solid material fires

DO NOT USE on liquid, electrical or metal fires



Powder

For liquid and electrical fires

DO NOT USE on metal fires



Foam

For use on liquid fires

DO NOT USE on electrical or metal fires



Carbon Dioxide (CO₂)

For liquid and electrical fires

DO NOT USE on metal fires



Fire Blanket

Fire Blanket

Text to be supplied Kitchen

Date Policy Last Reviewed
30 th October 2024
02 nd July 2025

33. FIRST AID

Policy Statement:

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

Procedure:

We will ensure that:

- At least one adult, qualified in giving First Aid, should always be present on site.

This qualification should be current.

- All members of staff are familiar with simple First Aid procedures, such as mouth to mouth resuscitation, and for staff training to be given on this subject.
- First Aid boxes are provided and sited in designated areas. These areas are easily accessible to adults, but beyond the reach of children. Contents of the boxes are checked and replenished frequently.
- The First Aid box must not contain any substance which may cause allergies. In addition, cotton wool for cleaning wounds and a multi-purpose bowl are recommended.

Materials	1-10 children	11-25 children	26 – 50 children
Hypoallergenic plasters	20	20	40
Sterile eye pads (bandage attached)	2	2	4
Individually wrapped triangular bandages	3	6	6
Small individually wrapped sterile unmedicated wound dressings	2	2	4
Medium individually wrapped non—stick, sterile unmedicated wound dressings.	2	6	8
Large individually wrapped non-stick, sterile unmedicated wound dressings.	2	3	4
Individually wrapped antiseptic wipe	10	20	40
Paramedic shears	1	1	1
Gloves (pairs)	5	10	10
If no running water, sterile eye wash	1x500mls	2x500mls	2x500mls
Pocket face mask	1	1	1

Water-based burns dressing (small)	1	1	1
Water-based burns dressing (large)	1	1	1
Crepe bandage (7cm)	1	2	3

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

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

First Aid Officer Duties:

- We have a designated First Aid Officer.
- An Accident and Incident report must be filled in and kept in the First Aid file. All reports to be signed by the person in charge.
- The First Aid Officer will supervise children who are under observation, as a result of accidents/sickness while on the premises
- The First Aid Officer will keep an up-to-date list of contact numbers for parents/guardians, doctors and hospitals in an easily accessible place.
- The First Aid Officer will be responsible for re-stocking the First Aid kit at regular intervals, at least once a month.
- Report faulty electrical equipment immediately.
- Daily attendance records are kept.
- All flammable materials are safely stored outside of children's areas.

Carrying out First Aid

- Antiseptic creams or wipes are never applied. To prevent an infection occurring, a band aid may be applied. Where this is the case, please ensure that the band

aid is the correct size. Please note that some children are allergic to band aids/plasters. This will be noted on their General Information Form.

- Disposable gloves must be worn when dealing with open wounds, vomit, or blood. Always wash hands thoroughly after administering first aid.
- Tissue/cotton wool and water is used for all injuries. Never, ever, use soap on wound.
 - Cold compresses are used for minor bumps, kicks, pinches, falls, scratches, where slight swelling and/or bruising may occur.
- Cold compresses are used for major bumps, bites, pinches, falls where swelling and bruising will occur. An ice pack can be found in the freezer compartment of the fridge in the kitchen. Ice packs should be replaced as you use them and when necessary.

First aid should be performed where possible away from other children. Ensure that the children you are leaving are left supervised. If this is not possible then administer first aid on the spot.

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

The first aid box is located in the designated areas clearly labelled. All items removed from the box must be replaced immediately after use. Incidents and accidents will occur. By endeavouring to keep them at a minimum we can reduce the amount that occurs. Have a watchful eye. Know what the children in your care are doing at all times. Watch out especially for new children in your group as they are the most vulnerable.

Choking and Strangulation

Food, hard sweets, peanuts, and marbles are the most common cause of choking. Blind cords, curtain cords or clothing (e.g., ribbons and belts) are a serious strangulation risk to children.

Dealing with Infant Choking (under 1 year):

1. Turn the infant face down with their head lower than their body. Support their head, jaw, and neck.
2. Give 5 back blows using the heel of your hand between the infant's shoulders
3. Turn the infant onto its back while still supporting their head and neck.
4. Give 5 chest thrusts by placing two fingers over the lower half of the infant's breastbone, below the imaginary line between the nipples. Keep doing 5 back blows and 5 chest thrusts until the object pops out and the infant begins to breathe again.
5. If the infant becomes unresponsive, call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
 - You must begin CPR (Cardiopulmonary Resuscitation).
 - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the infant's mouth if you cannot see the object.

Dealing with a Child Choking (over 1 year):

1. Ask the child: Are you choking? Can you breathe?
2. If the child cannot, breathe, talk, or cough, stand or kneel behind the child. Start the Heimlich Maneuver by placing the flat thumb side of your fist between the child's navel and the breastbone. Be sure to keep well off the breastbone. Wrap your other hand around your fist and press upwards towards their stomach.
3. Keep doing this until the object pops out and the child starts to breathe again.
4. If the child becomes unresponsive, gently lower them to the floor. Call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
 - You must begin CPR (Cardiopulmonary Resuscitation).
 - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the child's mouth if you cannot see the object.

Anaphylaxis

This is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

FDCL recognises that it has a duty of care to children who are at risk from life threatening allergic reactions while under our supervision. The responsibility is shared among parents/guardians and health care providers

This policy is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation While the service cannot guarantee an allergen-free environment, the management will take reasonable steps to provide an allergy-safe and allergy-aware environment for a child with life-threatening allergies.

The following steps will be implemented

A process for identifying an anaphylactic child.

- Keeping a record with information relating to the specific allergies for each identified anaphylactic child to form part of the child's Permanent Child Record.
- A process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic child to form part of the child's child record.
- Procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic child.
- All incidents will be recorded, and the process reviewed.

Anaphylaxis Procedures:

Description of Anaphylaxis - Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rare cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- Skin: hives, swelling, itching, warmth, redness, rash.
- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhoea.
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock.
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic child expresses any concern that a reaction might be starting, the child should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the child’s Child Emergency Procedure Plan.

The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- Breathing difficulties caused by swelling of the airways.
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Identifying Individuals at Risk

At the time of registration, parents/guardians are asked to report on their child’s medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a child’s life-threatening conditions will be recorded and updated on the child’s Permanent Child Record annually.

It is the responsibility of the parent/guardian to:

- Inform the Manager when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the Child Emergency Procedure Plan which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The Child Emergency Procedure Plan should be posted in key areas such as in the child's playroom, the office. Parental permission is required to post or distribute the plan.
- Provide FDCL with updated medical information at the beginning of each year, and whenever there is a meaningful change related to their child.

Record Keeping Monitoring and Reporting

For each identified child, the Manager will keep a Child Emergency Procedure Plan on file. These plans will contain the following information:

- Child-Level Information
 - o Name
 - o Contact information
 - o Diagnosis
 - Symptoms
 - o Emergency Response Plan
- service-Level Information
 - o Emergency procedures/treatment
- GP section including the child's diagnosis, medication, and GP signature.

Emergency Procedure Plans

Child Level Emergency Procedure Plan

The Manager must ensure that the parents/guardians and child (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each year or as soon as possible to develop/update an individual Child Emergency Procedure Plan. The Child Emergency Procedure Plan must be signed by the child's parents/guardians and the child's GP. A copy of the plan will be placed

in readily accessible, designated areas such as the playroom and office

The Child Emergency Procedure Plan will include at minimum:

- The diagnosis.
- The current treatment regime.
- Who within FDCL is to be informed about the plan – e.g. childcare staff , volunteers, playmates.;
- Current emergency contact information for the child's parents/guardians.
- A requirement for those exposed to the plan to maintain the confidentiality of the child's personal health information.
- Information regarding the child, is parent's responsibility to advise FDCL about any change/s in the child's condition.
- It is FDCL'S responsibility for updating the child's records.

Emergency Plans

Management will consult with parents and staff to decide on an appropriate emergency plan on a case by case basis to ensure that an appropriate course of action is taken for the child. The following two plans A and B will be used in consultation with parents/guardians and then an individual plan will be written up. Parents/guardians will be required to sign a declaration that they are happy for the staff to follow the decided emergency plan. In the event of an emergency designated staff will follow the plans as decided by parents/guardians and management.

Emergency Procedure Plan A (sample):

We will use the following emergency procedure:

1. . FIRST Call emergency medical care 999, 112 or 911
2. Follow the instructions from the emergency services and only administer the child's auto-injector or inhaler under their instruction. Note time of administration.
3. Contact the child's parent/guardian.
4. Under the instruction of the emergency services only a second auto-injector or inhaler may be administered within 10 to 15 minutes or sooner, after the first

dose is given IF symptoms have not improved (i.e., the reaction is continuing, getting worse, or has recurred).

5. If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).

6. One person always stays with the child.

7. One person goes for help or calls for help.

The person in charge, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings)

Emergency Procedure Plan B (sample)

We will use the following emergency procedure

1. Administer the child's auto-injector (single dose) at the first sign of a reaction.

The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.

2. Call emergency medical care 999, 112 or 911

3. Contact the child's parent/guardian.

4. A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).

If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).

6. One person stays with the child at all times.

7. One person goes for help or calls for help.

The person in charge, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings)

Provision and Storage of Medication

The location(s) of child auto-injectors must be known to all staff members

Parents/guardians will be informed that it is the parents/guardians' responsibility to

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

Allergy Awareness, Prevention and Avoidance Strategies:

a) Awareness

The person in charge should ensure:

- That all staff and persons reasonably expected to have supervisory responsibility of children receive training, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.

That all members of staff including substitute employees, employees on call, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

- With the consent of the parent, the person in charge and the staff must ensure that the child's playmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the child, and that strategies to reduce teasing and bullying are incorporated into this information.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may

include playrooms, staff room, etc.

b) Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the child's family FDCL must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy causing substances. Parents/guardians are asked to consult with staff before sending in food to playrooms where there are food-allergic. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Non-food allergens (e.g. medications, latex) will be identified and restricted from playrooms and communal areas where a child with a related allergy may encounter that substance.

Date Policy Last Reviewed
02 nd July 2025

34. ILLNESS AND EXCLUSION

Policy Statement:

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

Procedure:

- Parents/guardians will be informed of our concerns and the procedures we are taking.
- If a parent/guardian cannot be reached the next name on the emergency list will be contacted.
- The child's temperature will be monitored and recorded.
- If staff feel that a child needs medical attention, the parents/guardians will be notified and with their permission, we will contact the doctor on call. Parents/guardians will be responsible for the doctors fees.
- Parents/guardians will be required to take their child home immediately in the case of vomiting or diarrhoea.
- We request that parents/guardians inform management if their child is unable to attend due to illness, stating details.
- We advise that sick children be kept at home (see exclusions list).
- In the event of an outbreak of any infectious disease, all parents/guardians will be

informed.

- We advise all persons who enter FDCL to inform the manager if they have come in contact with an infectious or contagious disease.
- The HSE recommends that all children receive the appropriate vaccinations. This acts as a safeguard for your child as well as protecting other children in attendance.

Exclusion

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/gastroenteritis.
- A temperature over 38 degrees.
- 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).
- An infectious/contagious condition.
- A child who is on antibiotics for less than 48 hours.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.
- Headlice must be treated before returning.

Fresh air and exercise significantly enhance the health and growth of a child. Parents/guardians who feel their child is too ill to participate in outdoor activity are advised to keep the child at home for an extra day to ensure a complete recovery.

Infectious Disease Control

- Children/adults with infectious diseases should not attend FDCL.
- Employees suffering from a contagious illness should not work with children (e.g. gastro-enteritis) and must inform Management immediately.
- Should there be an outbreak of any infectious disease or incident, a dated notice clearly stating the situation must be posted on the doors of the three entrances. Parents/guardians should also be informed verbally and in writing. This notice should be updated when relevant.
- Any children of staff who are ill should not accompany their parents/guardians to work.
- Headlice is a contagious condition and if a case is noticed it should be brought to the attention of parents/guardians immediately. Parents/guardians should notify management if noticed at home.
- Observation of children following immunisation is essential; parents/guardians should inform staff of immunisation. It is good practice to encourage two-way communication on all health issues.

Headlice Policy

Head lice can be a frequent problem in children. Headlice 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 headlice.
- 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 has commenced.
- Parents/guardians will be informed and advised on the correct procedures to take.
- Notification will be displayed for the parents and information given if required.
- Confidentiality will be adhered to in every case reported.

- Children will not be accepted into the service with untreated headlice.
- We suggest children with long hair should have it tied back.
- There are a variety of effective preparations, shampoos and lotions available for treatment.

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 the nature of how they play. Headlice do not reflect standards of hygiene either in the home or preschool environment.

Meningitis and Meningococcal

Both these diseases are common in children; there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surrounds and protects 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 septicemia (blood poisoning) are not always easy to recognize, and symptoms can appear in any order. Some may not appear at all. In the initial

stages, the signs and symptoms can be like many other more common illnesses, e.g. flu.

- Trust your instincts. If you suspect meningitis or septicemia, 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 septicemia. The rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.
- The spots or rashes are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look at 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 obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.



Procedure for Managing a Suspected Case of Meningitis

- If a member of staff suspects that a child is displaying signs and symptoms of

meningitis, the child's doctor/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&E department. A member of staff will escort the child to hospital if the parent is unavailable.

Procedure when a case of Meningococcal Disease (Meningitis and/or Septicemia) 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 reducing anxiety and preventing uninformed rumors.
- Meningitis literature (outlining 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 of 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 for the service to close.
- There is no need to disinfect or destroy any equipment or toys that the child has touched.

The likelihood of a second case of meningococcal disease is extremely small. However, if two or more suspected cases occur within four weeks in the same childcare facility, then antibiotics may be offered to all children and staff, on the advice of the public health doctor. During this time staff and parents/guardians should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried that their child is unwell.

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. 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 initial stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible to infection.

Symptoms

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or two 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 a rash or mouth sores.

How Hand, Foot and Mouth Disease is Spread

- Infection is spread from person to person by direct contact with infectious viruses. Infectious viruses are found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by people with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected people 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 they appear well. Also, some people who are infected and excreting the virus, including most adults, may have no symptoms.

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 of resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a child'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.

- Handwashing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet or especially after changing nappies, after contact with an ill child, after contact with animals and whenever hands are visibly soiled (see handwashing and infection control policies).
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chloring bleach (made by adding 1 part bleach to 4 parts water).
- Avoid close contact (kissing, hugging, sharing eating utensils or cups, etc.) with people with HFMD.
- Children should be kept away from FDCL whilst unwell.

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

Exclusions

Antibiotics Prescribed:	First 48 hours at home.
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Chickenpox:	Until scabs are dry; this is usually 5-7 days after the appearance of the rash.
Conjunctivitis:	Exclusion of affected children until they recover.
Diarrhoea:	48 hours from the last episode.
Diphtheria:	Extremely specific exclusion criteria apply and will be advised by the Department of Public Health.
Food Poisoning:	Until authorised by the GP.
Glandular Fever:	Exclusion not necessary.
Hemophilus Influenzae Type B (Hib):	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Hand, Foot and Mouth Disease:	While the child is unwell, they should be kept away from the service.
Headlice:	Headlice must be treated before returning to the service.
Hepatitis A (yellow jaundice, infectious hepatitis):	Recommended to stay home while the child feels unwell, or until 7 days after onset of jaundice, whichever is later.
Hepatitis B (serum hepatitis):	Children will be too ill to attend the service and families will be given specific advice about when their child is well enough to return.
Impetigo:	Until lesions are crusted and healed, or 48hours after commencing antibiotics.
Influenza and influenza-like illness:	Remain at home for 7 days from when their symptoms began. Children

	should not return to the service until they are feeling better and their temperature has returned to normal.
Living with HIV/AIDS:	Exclusion not necessary.
Measles:	Exclude the child while infectious, i.e. up to 4 days after the rash appears.
Meningitis:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Meningococcal Disease:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Molluscum Contagiosum:	Exclusion not necessary.
MRSA (Methicillin-Resistant Staphylococcus aureus)	Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the childcare setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from the childcare setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
Mumps:	The child should be excluded for 5 days after the onset of swelling.
Pediculosis (lice):	Until appropriate treatment has been given.

Pharyngitis/Tonsillitis:	IF the disease is known to be caused by a streptococcal (bacterial) infection, the child or member of staff should be kept away from the service until 48 hours after the start of treatment. Otherwise, a child or member of staff should stay at home while they feel unwell.
Polio:	Extremely specific exclusion criteria apply and will be advised by the Department of Public Health.
Poliomyelitis:	Until declared free from infection by GP.
Pneumococcus:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Respiratory Syncytial Virus:	Children with RSV should be excluded until they have no symptoms and their temperature has returned to normal. Contacts do not need to be excluded.
Ringworm:	Children need to be excluded from the service once they commence treatment.
Rubella (German measles):	For 7 days after onset of the rash, and whilst unwell.
Scabies:	It is not necessary to exclude once treatment has commenced.
Scarlet Fever:	Once a patient has been on antibiotic treatment for 48 hours, they can

	return to the service, provided they feel well enough.
Shingles:	Until the scabs are dry.
Slapped Cheek Syndrome:	An affected child may need not be excluded because they are no longer infectious by the time the rash occurs.
Temperature:	Over 38°C.
Tetanus (lockjaw):	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Tuberculosis (TB):	Recommendations on exclusions depend on the particulars of each case, e.g. whether the case is infectious or not. The Department of Public Health will advise on each individual case.
Typhoid and Paratyphoid:	Extremely specific exclusion criteria apply; your local Department of Public Health will advise.
Viral Meningitis:	Children with the disease will usually be too ill to attend the service. Contacts do not need to be excluded.
Vomiting:	48 hours from the last episode of vomiting.
Whooping Cough (Pertussis):	The child is likely to be too ill to attend the service and should stay at home until they have had 5 days of antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.

Worms:	Exclusion not necessary.
Verrucae:	Exclusion not necessary.

Date Policy Last Reviewed
02 nd July 2025

35. MEDICAL ADMINISTRATION

Policy Statement:

The purpose of this policy is to ensure that medications are administered safely and appropriately to children, that the appropriate procedure is followed by the staff, and that there is thorough documentation of medication administered. A clear policy understood and accepted by staff and parents/guardians provides a sound basis for ensuring that children with medical needs receive proper care and can attend the service regularly.

All prescribed medications are administered by authorised staff members only, as necessary, in a way that ensures the safety and wellbeing of children. All medication is stored safely away from children's reach and refrigerated if required. All medication administered is fully and accurately recorded. In general, FDCL tries to **avoid administering medicines wherever possible** and to encourage parents/guardians to ensure medicines are administered to children before arrival at the centre and after they have left. In circumstances where this is not possible, for instance where it would be detrimental to a child's health if the medicine were not administered during the time that the child was in the care of the service, then the **written** consent of the parents/guardians must be obtained using the Medical Administration Form. In respect of those children who have long-term medical needs such as chronic conditions (e.g. asthma, epilepsy), written consent of the parent/guardian is renewed monthly. We also ask the parent/guardian to complete a Medical Emergency Care Plan.

We only accept medicines that have been prescribed by a doctor or dentist (with the exception of anti-febrile medication, see information below). The service reserves the right to contact a health care professional if staff are unsure about administering medication to a child, even if the parent/guardian has requested the medication to be administered.

Procedure:

- For safety and insurance reasons we cannot administer any medicine to the children under our care unless we have a signed medical authorization form signed by a child's parent/guardian.
- This form must be filled in daily by the parent/guardian with the help of the childcare practitioner attending to the child. The form has to be filled up fully, and it is then to be kept as a record within the specific Child Record documents.
- Medicines administered must be witnessed by a second staff member.
- Any child who has been administered medicine while in our care must be closely monitored for adverse reactions.
- This includes over-the-counter medicines like Calpol and Nurofen.
- The medicine administration form must be signed by both members of staff.
- The staff member must record the child's name, date, time, dosage and route of administration of the medicine and give a copy to the parent/guardian.
- Parents/guardians will be required to sign and say they were informed of the dosage of the medicine upon collection of the child.
- All medicines must be provided by the parents/guardians and should be labelled with the child's name. Those are stored either in a locked press or in the fridge in a separate container or suitable plastic bag and always out of the children's reach.

Anti-Febrile Medication

Anti-febrile medication is a medication used to reduce body temperature. The most common anti-febrile medications used are Paracetamol (ParaLink, Calpol) and Ibuprofen (Nurofen). Anti-febrile medication is an important treatment for elevated temperatures to prevent febrile convulsions. Parents/guardians are required to complete a form authorizing the administration of such medication if the child develops a temperature over 38°C. This medication should not be used unless indicated for elevated temperature or pain as overdose can cause significant medical problems.

In the case of an extremely elevated temperature (39°C and above) anti-febrile

medication will immediately be administered (once permission has been signed) Parents/guardians will always be notified by telephone prior to the administration of an un-prescribed anti-febrile medication in the case of temperatures between 38°C - 39°C. 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 upon returning to the service must then be required to sign the correct permission forms.

Medication forms will be reviewed regularly by the Manager to identify children who require frequent or repeated anti-febrile medications. A child in this category may require to be seen by their doctor. Parents 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 upon returning to the service must then be required to sign the correct permission forms.

Procedures for Children with Allergies Requiring Treatment

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.

Frenchpark & Districts Childcare Clg must have the parents' or guardians' prior written consent. This consent must be kept on file.

Life Saving Medication and Invasive Treatments

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

Parents/carers/guardians 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; and
- Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community pediatric nurse.

A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.

Managing medicines on trips and outings

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

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details given above.

On returning to the setting the card is stapled to the medicine record book and the parent signs it.

Date Policy Last Reviewed
02 nd July 2025

36. INFECTION CONTROL

Policy Statement:

FDCL has been entrusted by parents/guardians to care for their children. FDCL aims to provide as healthy an environment as possible for children and staff. We will endeavour to minimize your child's exposure to infection by excluding sick children/adults. We will encourage parents/guardians' uptake of vaccinations. We will inform parents and the Health Service Executive where necessary of any infections in FDCL. It is the policy at FDCL that our children's welfare is the first and most important consideration. In the event of sudden illness, we will contact parents/guardians immediately about our concerns regarding their child's health and wellbeing.

Procedure:

- Parents/guardians will be informed of our concerns and procedures we are taking.
- If a parent/guardian cannot be reached, the next name on the emergency list will be contacted.
- The child's temperature will be monitored and recorded.
- If the senior practitioner/manager feels that a child needs medical attention, the parents will be notified and with their permission, we will contact the doctor on call. Parents will be responsible for the doctor's fees.
- The management of the service will always seek medical advice if necessary. Every effort will be made to contact parents prior to this. However, in the event of a serious incident/emergency and contact with parent/guardian is delayed for any reason, the child will be taken to the nearest available GP on duty.
- In the event of a child requiring one-to-one attention, parents will be contacted and asked to collect their child.
- Parents will be required to take their child home immediately in the case of vomiting or diarrhoea.

- We request that parents inform FDCL if their child is unable to attend due to illness, stating details.
- We advise that sick children must be kept at home (see the exclusions list).
- Children attending the service suffering from any contagious infections must have a doctor's clearance certificate before returning to FDCL.
- 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.
- Incidents of all infectious diseases under the Infectious Disease Regulations 1981 (S.I. No.390 of 1981) must be notified to Tusla within 3 working days.
- We advise all persons who enter FDCL to inform the educators/manager if they have come in contact with infectious or contagious diseases.
- The HSE recommends that all children in pre-school receive appropriate vaccinations. This acts as a safeguard for your child as well as protecting other children in FDCL.

Standard Precautions

Standard precautions are basic good hygiene measures (e.g. handwashing, go respiratory hygiene, appropriate use of protective clothing, environmental cleaning etc.) that are practiced by all Early Years Educators and staff at all times and with all children. It is not always possible to tell who has an infectious disease; infection can be spread by a person who has no signs and symptoms of illness (asymptomatic) or is incubating an infection e.g. flu, Chickenpox. For this reason, it is essential that good hygiene practices are routinely applied in all childcare settings.

Handwashing

Handwashing is the single most effective way of preventing the spread of infection; its purpose is to remove or destroy germs that are picked up on the hands. Germs can be

picked up in many ways. They can be transferred onto our hands when we touch other people, animals, contaminated surfaces, food, and body fluids. These germs can then enter our body and make us ill, or they can be passed to other people or to the things that we touch. Germs picked up onto the hands can be effectively removed by thorough handwashing with soap and running water. Handwashing protects both children and staff. Antibacterial liquid soap and disposable paper towel are available in all sanitary areas and at all hand wash stations throughout the building. Please see Handwashing Policy for more info.

How to use hand rub/gel

- Apply the required volume of the product to the palm of one hand and rub the hands together. The amount of gel used should be sufficient to keep the hands wet for at least 15 seconds.
- Ensure all surfaces of the hands and fingers are covered with the gel and keep rubbing until the hands are dry. As with any other household product or chemical, care should be taken to ensure that children do not accidentally ingest handwashing products.
- Children should not have independent use of containers of alcohol gel. Avoid touching the area around a child's eyes just after using an alcoholic gel as the child may experience a stinging sensation.

Alcohol based hand rubs/gels are not a substitute for handwashing with soap and running water.

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.



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Respiratory hygiene

Tissues are readily available throughout the service

Used tissues are disposed of in closed bins and these bins are emptied regularly

Staff must:

- Adopt good respiratory hygiene and cough etiquette
- Ensure they are familiar with and follow respiratory hygiene guidance.
- Cough or sneeze into your elbow or into a tissue
- Wash hands after coughing or sneezing
- Assist children to practice good respiratory hygiene
- Wash hands after assisting a child
- Basic protective clothing is provided for all staff this includes
- Disposable Aprons
- Disposable Gloves

Staff must wear disposable gloves and aprons when dealing with blood, body fluids, broken/gazed skin and mucous membranes (e.g. eyes, nose, and mouth). This **includes** activities such as:

- Nappy changing
- Cleaning potties
- Cleaning up blood – e.g. after a fall or a nosebleed
- General cleaning
- Handling waste Gloves should be individual use and well fitting.

Change gloves;

- After caring for each child
- After doing different care activities on the same child
- Wash hands after gloves are removed.
- Remember gloves are not a substitute for handwashing.

Latex rubber gloves provide better barrier properties; however, Latex free gloves are provided for staff who have latex allergies or for those working with a child who has latex allergies.

Prevention of Cross Contamination

Chain of infection.

All infections get from their source to an individual along a small number of stages, often called links in a chain of infections. The more links in this chain that can be broken, the smaller the chance that germs will infect a child. There are four necessary stages in the transmission of any infection. They are:

1. The infected person must spread the germ in their environment (e.g. sneezing)
2. The germ must survive in the environment (this includes the air, food, water, on toys, door handles, surfaces)
3. Another person must come in contact with the waiting germ (e.g. pen in mouth)
4. This person then must become infected (e.g. signs of flu)

Preventing the spread of infection

Three basic principles, therefore, underlie all infectious disease prevention in childcare settings. These are:

1. Handwashing should be used at every opportunity (see handwashing policy above)
2. Immunisation: ALL children and staff should be appropriately immunised
3. Exclusion: Any unwell staff member or child should be excluded

To protect staff and children from the spread of infections, childcare staff need to understand how diseases are spread, and which measures interrupt their spread.

The spread of germs can be greatly reduced if standard precautions are used consistently and regularly.

All staff at FDCL have completed the following HSE training: ([hse.ie](https://www.hse.ie))

- Introduction to Infection prevention & Control
- Breaking the chain of infection
- Hand Hygiene for non-clinical staff

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

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

Cleaning and Disinfection

Cleaning procedures are in place for all areas in the service and are adjusted to comply with the latest public health advice. To minimise the risk of cross contamination, regular cleaning and disinfection will take place. Cleaning schedules will be completed and signed off daily. Cleaning is carried out with Hot water, detergent and disinfectant e.g. Milton.

Staff have received training around the cleaning procedures

- All staff are responsible for cleaning/disinfecting shared items e.g. laptops, keyboards, tablets, before and after use
- Staff will not bring personal items into the service, bags, coats, mobile phones will be in locker at all times
- All frequently touched surfaces will be cleaned regularly
- Each room/team will be responsible for cleaning/disinfecting before, during and after session
- All Surfaces must be washed with detergent and hot water regularly
- All toys' resources will be capable of being washed and disinfected with Milton

(Appendix C).

- Dress up, soft toys, any item that can be machine washed will be washed weekly or when necessary.
- All resources/toys will be cleaned/disinfected after each session
- Bins will be emptied at least twice daily
- Reusable cloths / mop heads are washed at 60° and dried before use
- Disposable cloths, cleaning wipes are disposed of daily

Blood & Body Fluid spillages

Basic protective clothing is provided for all staff this includes

- Disposable Aprons
- Disposable Gloves

Staff must wear disposable gloves and aprons when dealing with blood, body fluids, broken/gazed skin and mucous membranes (e.g. eyes, nose, and mouth). This includes activities such as:

- Nappy changing
- Cleaning potties
- Cleaning up blood – e.g. after a fall or a nosebleed
- General cleaning
- Handling waste Gloves should be individual use and well fitting.

Change gloves;

- After caring for each child
- After doing different care activities on the same child

Wash hands after gloves are removed. Remember gloves are not a substitute for handwashing.

Management of spillages of blood or other body fluids

General points

- Blood and body fluid spillages will be dealt with immediately.
- Children should be kept away from any spillage until the area has been cleaned and disinfected (if required), e.g. a spill occurring on a floor where infants are crawling.
- Spills will be removed using absorbent material e.g. disposable paper towels before the area is cleaned and then disinfected.
- A chlorine-based disinfectant is used to disinfect the area (see Appendix F).
- The area should be well ventilated if a chlorine-based disinfectant is used.
- Liquids should not be added directly to spills as it increases the size of the spill.
- Supplies of gloves, aprons, disposable paper towels/kitchen paper, and plastic waste bags are readily available for managing spills.
- Disposable cleaning cloths/mop heads are used to clean up spillages.
-

Spillages of body fluids (e.g. urine, faeces or vomit)

- Put on a disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towels roll to soak up the spillage.
- Clean the area using warm water and a general-purpose neutral detergent, using a disposable cloth. 4. Apply a chlorine-based disinfectant (diluted to a concentration of 1000 ppm⁷ available chlorine) to the affected surface, (see Appendix F).
- 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 from coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.
- Blood Spillages

- Put on a disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage
- Apply a chlorine-based disinfectant (at a concentration of 10,000 ppm available chlorine) (see Appendix F) 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 from 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.

Management of cuts, nose bleeds, bites or needle-stick injuries

- Staff should avoid getting blood on their skin if at all possible. If it happens, they should wash it off immediately with soap and warm water
 - Cuts, abrasions or sores should be covered with a waterproof dressing
 - Absorbent material should be used to stop a child bleeding
 - Disposable latex or vinyl gloves should be worn by care staff when there is a lot of blood, or they are dealing with open cuts.
 - Hands should be washed immediately with soap and water after gloves are removed
- Dealing with cuts and nose bleeds. When dealing with cuts and nose bleeds, childcare staff should follow the preschool's first aid procedure. (see first aid policy)

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 from coming in contact with the blood, i.e. bag separately prior to disposing in a general domestic waste bag.
- Wash and dry your 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.

Human bites

Human mouths carry a wide variety of germs, some of which can be transmitted to others by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to certain blood borne viruses (e.g. HIV and Hepatitis B) and other bacterial infections therefore it is essential that they are managed promptly.

If a child is bitten by another child:

- First aid – gently rinse area with warm running water.

If a bite does not break the skin:

- Clean with soap and water.
- No further action is needed.

If a bite breaks the skin and bleeds

- Encourage the wound to bleed if not bleeding freely (apply pressure to the sides of the wound).
- Wash the wound thoroughly with warm, running water.
- Cover it with a waterproof dressing.

- Record the incident in the accident book.
- If the bite is on the hand, the arm should be elevated.
- If the biter has blood in the mouth, they should swill it out with tap water.
- Children who may have been exposed should be medically evaluated either by a GP or in a hospital emergency department.

Animal bites

Most animal bites do not become infected unlike human bites, but they should still be taken seriously. Bites, which do not break the skin, should be washed with soap and water. If a bite breaks the skin, wash with soap and water then seek medical advice about the possible need for treatment to prevent infection. If someone becomes generally unwell or the bite looks infected, they should seek medical advice.

Confidentiality

Childcare managers should be aware that if standard precautions are used by childcare staff in every circumstance, there should not be any need to routinely disclose to them confidential information or sensitive diagnoses. If all childcare staff are adequately trained in the use of Standard Precautions on every occasion, with every child, there is no reason for staff to know an individual child's medical history. All children have a right to be treated equally, just as each child has a right to be protected from exposure to germs.

Toilets /Sanitary areas

- Toys, play materials, or resources are not allowed in the toilet areas.
- Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled.
- Toilet seats, toilet handles, door handles and wash hand basins, taps are disinfected using Milton solution.
- Each child is assigned their own potty
- Potties are emptied into the toilet and cleaned with hot water and detergent, wiped

over with a disinfectant and dried thoroughly using disposable paper towels

- Separate cloths are used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.
- Where trainer seats are used, they should be thoroughly cleaned and disinfected after each use.

Nappy Hygiene Nappy Changing Facilities:

- The nappy changing facilities does not communicate with any occupied room or food room, except by means of a hall, corridor, ventilated lobby or ventilated space
- The changing area provided with adequate ventilation either via openable window
- The surfaces of the area (i.e. worktop surfaces, walls, floor and ceiling) are durable and easy to clean
- One nappy changing unit (wash hand basin and changing mat) is provided for every eleven children in nappies
- Each wash hand basin has running cold and hot water, disposable liquid soap and paper towel dispensers.
- A pedal bin should be provided for the disposal of paper towels
- Changing mats are waterproof and cleaned/disinfected after every use, have an easily cleanable cover and be in a good state of repair, i.e. no breaks or tears. •
- Individual-use disposable gloves are available at the unit.
- Appropriate shelving/safe storage is provided to accommodate all necessary nappy changing equipment, i.e. gloves, individual children's nappy supplies and creams/lotions.
- Nappies, gloves, and aprons are disposed of in a dedicated sealed nappy disposal unit.

Cots/beds/sleep mats

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

- There is one cot for each baby up to 9 months
- Enough cots for $\frac{2}{3}$ of the children aged 9–18 months
- Enough cots for $\frac{1}{2}$ of the children aged 18 months – 2 years.
- Children aged 2–3 years are each provided with individual stackable beds.
- There is a minimum of 50cm between cots, and beds.
- All cots' mattresses are well-fitting and covered with waterproof material which is
- Aired and dry daily
- Cleaned and disinfected weekly
- Cot bars are cleaned and disinfected weekly or daily if necessary.
- Individual bed linen is provided for each child – it is hygienic, easily accessed, labelled for each child, and reserved for that child's sole use.
- Each child's bed linen is laundered weekly and when soiled.
- Separate storage is provided for clean linen and linen that is due for washing
- Comfort toys/blankets are for each child's individual use and are washed weekly.

Solid food

- Children transitioning are offered the daily menu in FDCL pureed or mashed as appropriate for the age and ability of each child.
- Feeding equipment is cleaned in the dishwasher
- Feeding equipment is cleaned in the dishwasher after every use
- Staff involved in the preparation of food have HACCP training
- Highchairs/tables are cleaned and sanitized after each use

Soothers/teething aids

- Each child has their own soother clearly labelled with name
- Soothers are stored in individual containers
- Soothers are washed and sterilised after each use using Milton solution
- Toys which children put in their mouth are not shared and are washed and sterilised regularly

Date Policy Last Reviewed
02 nd July 2025

37. HANDWASHING AND NOSE BLOWING

Policy Statement:

The aim of this policy is to reduce the spread of infection within the service by ensuring rigorous hand washing and hygiene procedures.

Procedure

Hand Hygiene

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

The Do's and Don'ts of Hand Washing:

Do

- Keep nails short, clean and free of nail varnish, nail extensions, and false nails.
- Care for your hands; moisturize your hands regularly to keep the skin in good condition.
- Use warm running water and liquid soap and pat hands dry with disposable paper towels, rather than rubbing them, to prevent skin irritation.
- Cover any cuts or abrasions with waterproof dressing and change as necessary.
- Supervise children's handwashing and assist where necessary.

Don't

- Wear jewellery – one ring e.g. plain gold or silver band is permitted.
- Use nailbrushes as germs multiply on wet nailbrushes.
- Carry out direct care if you have moist lesions on your hands e.g. weeping dermatitis – seek medical/occupational advice.
- Assume children know how to wash their hands – show them.
- Use a single cloth or a bowl of water to clean a group of children's hands.
- Allow children to eat without washing their hands.

Staff must wash their hand:

Before

- The start of the work shift.
- Eating, smoking, handling/preparing food or assisting/feeding a child.
- Preparing meals, snacks and drinks (including babies' bottles).

After

- Using the toilet or helping a child to use the toilet.
- Nappy changing/handling potties.
- Playing with or handling items in the playground – e.g. toys, sand, water.
- Handling secretions e.g. from a child's nose or mouth, from sores or cuts.
- Cleaning up vomit or feces.
- Handling or dealing with waste.
- Removing disposable gloves and/or aprons.

Hand Washing should be performed as follows:

- Wet hands under warm running water to wrist level.
- Apply liquid soap. Lather it evenly covering all areas of the hand for at least 10 seconds. Include the thumbs, fingertips, palms and inbetween the fingers, rubbing backwards and forwards at every stroke.
- Rinse hands off thoroughly under warm running water.

- Dry with paper towel using a patting motion to reduce friction, taking particular care between the fingers.
- Use the disposable paper towel that has been used to dry the hands to turn off the taps.
- Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.
- Staff should provide assistance with hand washing at a sink for infants who can safely be cradled in one arm and for children who can stand but not wash their hands independently.
- A child who can stand should either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water.
- After assisting the child with hand washing, the employee should wash their own hands.

Hand Washing and Young Children

Good handwashing habits should be taught to children as early as possible. This can be done by:

- Showing children a good handwashing technique.
- Supervising and assisting children to wash their hands.
- Always leading by good examples. Remember, babies also need their hands washed as often and as thoroughly as older children.

Nose Blowing Procedure

Tissues are available at all times, and children will be taught the following etiquette for nose blowing.

1. Grab a tissue.
2. Fold it in half.
3. Blow your nose gently.
4. Wipe your nose clean.

5. Throw tissue away in the bin.
6. Wash hands.
7. Staff supporting children to clean their nose must wash their hands before and after helping them.

How to hand wash

Wash hands when visibly soiled. Otherwise, use handrub with hand sanitiser.

 Length of time to spend washing: 40-60 seconds



www.hse.ie/infectioncontrol

Date Policy Last Reviewed

02nd July 2025

38. HEALTH AND SAFETY

Policy Statement:

At FDCL it is our aim to comply with all legislation in force in safety and hygiene including:

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

Procedure

Staffing

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

Supervision of Children

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

Equipment and Facilities

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

Cleanliness and Hygiene

- Cleaning and disinfection policies are documented and monitored daily.
- A clean as you go policy is in place, floor space in classrooms and walkways must be kept tidy and unobstructed. Storage is provided in each classroom and must be used to reduce hazards. Food is consumed at tables only and areas are cleaned after meals to remove spillages. All spillages must be cleaned immediately, and wet floor signs displayed.
- All work rooms, in particular toys or child contact surfaces cleaned and disinfected regularly. All body fluids to be cleaned up and area disinfected; cloth used to be disposed of. Disposable gloves to be used. Regularly sanitize

hands during the day.

Fire Safety

- Fire exits are kept clear at all times with fire extinguishers close to the main exit.
- Fire extinguishers are checked annually.
- A standard fire drill is carried out monthly, and records are kept. Accidents and Incidents
- Any injury must be reported, and details of the accident are to be recorded in the accident book or Accident /Incident Form.
- Incidents of violence against staff, including verbal abuse, will be investigated and appropriate action will be taken by management with the members of staff.
- Minor accidents/injuries will be treated on the premises, and parents/guardians will be notified of the injury and action taken.
- First Aid box easily identifiable and located in an area known to all staff members. The contents of the First Aid Box are checked once a month.

Medicines

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

Health and Illness:

- An exclusion policy applies for all persons suffering from infectious disease for both staff and children. Any person suffering from diarrhoea or vomiting, infectious

cough/upper respiratory tract infection, communicable parasitic infection on hands/arms (scabies etc.) shall be excluded from until symptoms subside and the person has been medically cleared to return.

- Any person returning to work following an absence which could have health and safety implications (infectious disease, back complaint) must provide a Fitness to Work Cert from their doctor.
- No person may work on FDCL's behalf while under the influence of alcohol or illegal drugs, as this may affect their personal health and safety or that of any other person.
- FDCL prohibits smoking in all work areas, within the building and on its grounds.
- A worker specific risk assessment shall be completed, when Management is notified of the pregnancy of an employee. Suitable controls shall be introduced into the workplace to ensure the work completed by the employee in question does not pose a risk of injury or ill health to mother/baby, as far as is reasonably practicable. In particular issues around, lifting / carrying children / furniture / equipment / materials, seating provisions

Dress Code

- All staff must wear the correct uniform.
- Gloves and aprons are used for nappy changing.
- Staff handling food wear appropriate protective clothing.

Manual Handling

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

Partnership with Parents/Guardians

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

Pest Control

- Adequate proofing will be made to the structure to prevent infestations of vermin and insects – provided by anti-pest solutions.
- Record of pest control, will be kept on file in office

Date Policy Last Reviewed
02 nd July 2025

39. HEALTH AND NUTRITION

Policy Statement:

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

“Children have the right to be as healthy as possible, live and play in a safe, healthy, unpolluted environment and benefit from preventive health care and education”.

Frenchpark & Districts Childcare Clg promotes healthy nutritional choices for our children. We feel it is important at this early age to introduce and educate our children about good nutrition and the health benefits of eating well. All food is prepared under HSE guidelines and

Healthy Ireland Nutrition Standards for Schools.

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/heal-docs/nutritional-standards-for-school-meals-2017.pdf>

Health <https://www.gov.ie/en/publication/b01555-healthy-ireland-food-plans-and-guides/>

The following meals and snacks are served at Frenchpark & Districts Childcare CLG:

- All children attending full day care will be provided with a healthy breakfast, hot meal at lunch and snack in the afternoon as well as drinks throughout the course of the day.
- Sessional children receive a snack and drink during their session.
- A hot meal is provided for all children attending our After School service.
- FDCL operate a 4-week rotating menu which is displayed for parents at the kitchen and on the notice board at the outside front door. (See appendix 1)
- Portion sizes adjusted according to the age and individual appetite of each child. Food will be pureed, mashed, chopped as appropriate to each child's needs. (See appendix 2)
- Finger food is served to young children to encourage self-feeding and independence.
- While there are set mealtimes in FDCL there will be snacks and drinks (e.g. Toast, fruit,) available through the day for any child who is hungry or requests food.

Procedure

- We implement the “Food & Nutrition Guidelines for Pre-School” by the Department of Health & Children.
- We provide healthy snacks & meals for all children within the center.
- Children are supervised at all times when eating, staff eat meals with the children.
- Snack/mealtimes will be enjoyed and conversation and interaction encouraged.
- Children with allergies and special diets will be carefully supervised.
- We do not provide fizzy drinks, sweets, chocolate, crisps, popcorn, nuts or nut spreads.
- Refrigerators are maintained in a safe hygienic condition and fridge temperature monitored and recorded.
- Children will be encouraged to help tidy up after snack/mealtimes.
- Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, outings, cookery etc.

Special Diets

We are aware that not everyone is able to eat all foods safely. If a child has a medically diagnosed allergy or intolerance or health condition, we work with parents/guardians and health professionals to develop an individual menu for that child.

- Special therapeutic dietary needs are catered for e.g. diabetes, autism, coeliac. Parents are requested to give *FDCL* staff a copy of the diet sheet provided by their dietician.
- For children under 12 months’ parents will be asked to supply any special milk e.g. goats’ milk, soy milk etc.
- Parents/Guardians/Carers of children with specific dietary needs or allergies are asked to supply alternative items for their child/children i.e. butter, milk, yoghurts
- Cultural dietary requirements are respected. Parents/guardians are requested to provide details of foods eaten (and not eaten) by the child.

- Religious dietary requirements are respected. Parents/guardians are requested to provide details of foods
- Cultural dietary needs are respected. Parents or carers are requested to provide details of foods eaten (and not eaten) by the child.
- Vegetarian diets will be catered for.

Details of special dietary requirements are kept on the child's file and displayed discreetly together with the child's picture in the

- Kitchen
- Dining Room
- Relevant care room

Cooks and kitchen staff are trained in the provision of special diets and the associated precautions needed in the preparation and serving of meals for children on special diets.

Meals

- Mealtimes are used as an opportunity to encourage good social habits.
 - Children and adults eat together.
 - Good table manners will be encouraged
 - Children will also be engaged in conversation if they wish
 - Children that are slow eaters will be given time to eat and will not be rushed
- Children will be encouraged to sit down when eating and/or drinking.
- Children are encouraged to make choices, drink and feed themselves in order to develop independence and life skills.
- Mealtime will be engaged with in a positive way with the children. Staff must not use any negative association with food at any time with the children.
- Meals are well balanced and provide for a wide variety of food from the four main food groups each day:
 - Carbohydrates (rice, cereal, bread, pasta)
 - Fruit and Vegetables

- Dairy products (Milk, yoghurt, cheese)
- Meat/Fish /Vegetarian alternatives
- Processed meats such as chicken nuggets, burgers and sausages are served no more than once a week. If provided, a healthier cooking method such as baking or grilling is used.
- Fizzy drinks are not served in the centre.
- Full fat milk or water is served with all meals and snacks. Desert is offered after dinner each day and is fruit or milk based.
- Children are allowed to have dessert regardless of finishing their dinner.

Snacks and Drinks

- Snacks and Drinks are available throughout the day.
- Snacks such as fruit, vegetable, cheese, crackers, yogurt, and sandwiches are offered as part of our healthy eating policy.
- Fruit is washed, chopped and sliced appropriate to the age/ability of the child
- Grapes are seedless and halved lengthwise.
- Parents are encouraged to promote healthy eating by providing healthy snacks for their children at home.
- Suggestion for healthy snacks are made available for parents at the beginning of each year.
- Sweets, fizzy drinks, squashes, sugary snacks, cereals, crisps etc. are not allowed in the centre.
- Whole milk, (full fat unless requested otherwise by parents/guardians), and water is provided for children as a drink with and between meals.
- Fruit juices and fruit squash is not offered in the centre.

Activities

Early childhood educators use food and nutrition to support children's learning daily, talking about food offers lots of reciprocal learning opportunities. Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, outings, cookery etc. *FDCL* participates in special campaigns and initiatives where

appropriate

The implementation of this Healthy Eating Policy will not only relate to the provision of healthy foods and drinks in the service, in order to promote the nutritional and general wellbeing of the children, but it will also address food related activities involving the children which should encourage and enable them to make healthy choices in the future.

Aistear Principle: How children learn & develop. Theme: Wellbeing Aim 2 Learning Goal 6 Siolta Standard 9: Health & Welfare Component: 9.4.

Date Policy Last Reviewed
02 nd July 2025

40. CLEANLINESS AND HYGIENE

Policy Statement:

FDCL is obliged to ensure the Health and Safety of the children who use our service along with our employees. We will ensure that proper housekeeping systems and procedures

are in place to maintain a clean and healthy environment to minimise the spread of infection.

FDCL is committed to the promoting a healthy environment and a high standard of personal hygiene for adults and children. It is our policy to comply with current regulations including the Child Care (Pre-School services) Regulations 2006 and Food Hygiene Regulations including any subsequent amendments. The centre will maintain links with health visitors and gather health information and advice from the local health authority, information services and/or other health agencies.

Procedure

To prevent the spread of infection, adults in the service ensure that the following good practices are observed:

- Mops for general floor washing must be disinfected using rubber gloves and they should be left to dry, mop head up and replaced regularly.
- All toilets, surrounding walls and wash basins must be cleaned and disinfected every day and between sessions if there is more than one session.
- Potties are washed and disinfected after every use.
- Colour coded mops are used for different areas, e.g. kitchens and bathrooms.
- All cleaning schedules are completed daily.
- The service has a daily and weekly cleaning routine with respect to floors, tables, playroom and outdoor equipment, toys and frequently mouthed objects.
- Sand is sterilized regularly and covered when not in use.
- The washing up is done thoroughly in hot water with detergent, using rubber gloves.
- All cleaning cloths/towels are changed every day and between sessions, if there is more than one session. Different cleaning cloths are used for the kitchen and bathroom.
- Any leftover food is properly disposed of.

- Routine cleaning, which may pose a safety risk, should not take place when children are on the premises.
- All materials, including bed linen, are washed on a regular basis.

Food

The service observes current legislation regarding food hygiene, registration and training.

Each adult:

- Always wash hands under running water before handling food and after using the toilet.
- Is not involved with the preparation of food if suffering from any infectious/contagious illness or skin trouble.
- Does not smoke anywhere in the premises.
- Does not cough or sneeze or sneeze over food.
- Uses different cleaning cloths for kitchen and toilet areas.
- Prepares raw and cooked food in separate areas.
- Keep food covered and either refrigerated or piping hot.

Pest Control

- All door and window openings to the food storage and preparation rooms are effectively screened to prevent the ingress of birds, vermin and insects.
- Adequate proofing is in place to prevent infestations of vermin and insects.

Disinfection of Commonly Used Areas

All areas used by the children must be cleaned/disinfected after every session/group using Milton solution

Milton Sterilising Fluid and Tablets:

- Fluid dilution: Use 2 capfuls (60 mL) in 1L of cold water
- Tablets dilution: Use 2 tablets in 1L of cold water

- Contact time on surfaces and by submerging > 15 minutes

Surfaces (tabletops, work surfaces, fridges, bins, chopping boards, bathroom, toilets, etc.)

1. USE GLOVES to protect your skin as the solution might be irritating
2. CLEAN. Wash surfaces in warm soapy water.
3. PREPARE SOLUTION. Fill your unit with 5L of water, add 300 mL of Milton Fluid or 10 Milton Tablets
4. WIPE SURFACES and wait for 15 minutes
5. RINSE with clean water as this concentrated solution might damage surfaces.

Toys, activities, resources that can be safely submerged in water

1. Wash in warm soapy water
2. Fill plastic basin/bucket/container with Milton solution
3. Submerge items in solution ensuring all are covered
4. Leave for 15 minutes
5. Rinse with clean water and leave to dry
6. It is recommended that resources are rotated to avoid having to use cleaned/sterilised item immediately to insure item are fully dry before children use them again.

Date Policy Last Reviewed
02 nd July 2025

41. PERFORMANCE MANAGEMENT

Policy Statement:

The purpose of performance management is to promote and provide accountability, decision-making, support, development of the work and development of the staff member. Staff development provides chances for greater knowledge, improved skill and better understanding, not as an end in itself but as a means to develop and improve the level of service to children and their families.

Procedure

Supervision and appraisals are core parts of the staff development process. Appraisals allow for the setting of new goals and contribute to identifying the training/development needs of staff. All staff members must have regular, consistent and uninterrupted performance management based on a negotiated contract to:

- Support them in their work.
- Ensure the quality of service for children and families.
- Ensure that they are clear about their roles and responsibilities.
- Ensure competent and accountable performance.
- Ensure that in their respective roles they meet the centre's standards and objectives.
- Ensure a positive atmosphere for practice.
- Assist their professional development.
- Reduce stress.
- Increase awareness of new areas of professional knowledge.
- Ensure that they are given the resources to do their job.
- Provide an opportunity to voice their ideas and concerns.

All staff members are entitled to:

- Respect in their role and as a person.
- Clarity about the boundaries of confidentiality.
- Clarity about expectations.
- Have their experience and contribution acknowledged.

- Be briefed about centre changes.
- Participate in problem solving and not just be told what to do.
- Access to on-going training relevant to their job.
- Clarification about the organisations policies and procedures.
- Clear performance targets.
- Be allocated an appropriate and manageable workload.
- Clarity on the basis of decisions.
- Regular and uninterrupted supervision.
- Regular formal appraisal.

The performance management system will be reviewed at least annually to ensure that it is effective. Staff will receive a full induction within one month of the appointment which will lay down expectations of the job. Staff will then review every quarter and will receive an annual appraisal every 12 months.

Quarterly Review (Supervision)

Quarterly reviews should be scheduled every three months following induction. There will be an agreed agenda, and staff will be given the opportunity to review their action plan and amend where necessary. The supervisor will complete the quarterly review form following discussion with staff members and this will be maintained on their personal file. Both supervisor and staff members will sign the quarterly review form to ensure that it is an accurate and fair reflection of the discussion and decisions. Decisions made at one session should be followed up at the next session to ensure they were acted upon.

Appraisals

All staff members will receive an annual appraisal to review the previous years' work and to agree on targets for the following year. The staff members will be given the pre-appraisal form at least a week before the appraisal and will be required to return this to their supervisor at least two days before the meeting. The pre-appraisal form is for the staff member and supervisor to

reflect on the previous 12 months and put down items for discussion.

The supervisor will complete the appraisal form during the interview noting down the discussion that takes place. Action plans will be completed following discussion and in agreement with the staff members. A training and development plan will also be drawn up during the appraisal. The action plan and training plan will be reviewed and amended throughout the year at quarterly reviews. Appraisals will relate to the person's job description and focus on areas of performance relevant to the persons role. Appraisals will be recorded on the standard forms used for everyone and all performance management records will be maintained on the staff members personal file.

Date Policy Last Reviewed
02 nd July 2025

42. RECORD AND REPORT

Policy Statement:

At FDCL we maintain all records according to the Child Care (Pre-School Services) (No 2) Regulations 2006 to ensure the health and safety of staff and children, and to promote the learning and development of all children attending the service.

- We aim to ensure that all records are factual and written impartially.
- Under the Freedom of Information Act 1997, parents/guardians have access to all records pertaining to their child.
- Staff members only have access to records of children in their care and are used to inform staff on how best to meet the needs of each child and plan for further learning.
- The centre only shares information with other professionals or agencies, with consent from parents/guardians or without their consent in terms of legal responsibility in relation to the welfare of the child.
- Employees follow Siolta: The National Quality Framework for Early Childhood Education guidelines in relation to various aspects of record keeping within the service.

Procedure

Procedures relating to children

Register of Pre-School Children

- A register of every child attending the service is maintained.
- The information on the register is updated on an ongoing basis.

Health and Safety

- Records are maintained in relation to medical administration and accident report forms which are co-signed by parents/guardians and staff.
- Written parental/guardian consent is obtained to allow the service to seek medical assistance for a child in case of an emergency.
- Information on children's allergies will be displayed in their play area and in the kitchen so

that all employees are aware of allergies. Staff access only.

- The daily arrival and departure time of each child is required in the attendance register in each room.
- An individual care plan may be used to support the individual needs of children. These will be developed in partnership with parents and relevant professionals involved in the child's care.

Observation, Assessment and Programme Planning

- Staff use regular observation and assessment as a means of supporting and planning children's learning and development. Observations and assessments are recorded via our Child Paths app. We use the app also to take photos and show children's work. These are shared regularly with staff and parents to ensure a cohesive approach to ensuring the needs of each child are met.
- A record of the planned programme/activities is clearly documented through short-, medium- and long-term plans. Observations and assessment records are used to inform the plans and ensure that activities are suitable for the age, stage, and interests of children in the service.
- An Individual Educational Plan (IEP) may be used to support the individual needs of children. These will be developed in partnership with parents and relevant professionals involved in the child's care.

Records of each child will be available on the premises for inspection by:

- A child's parent/guardian but only in respect of information concerning their child.
- Staff members with whom the information is relevant.
- An authorised person e.g. Tusla Early Years Inspectorate.

Programme of care for children

- Daily information is recorded and shared with parents/guardians via Child Paths, outlining settling in periods, 1:1 experience with key worker, activities carried out, food and drink, nappy changes, sleep etc. Also, any communications that need to be made between

parents and staff members can take place via Child Paths.

Staff Records

- A recruitment policy and procedure are in place, and written evidence is kept in relation to recruitment procedures for all staff positions.
- Records outlining the name, position, qualification and experience of each staff member, volunteer and student are maintained.
- Records are kept in relation to all documents and records relating to Garda Vetting and references from previous employers for all staff members.
- Written records are kept relating to staff appraisals and performance management.
- The daily arrival, departure and meal break times of each staff member is recorded,
- All staff records are strictly confidential.

Records Related to the Running of the Service include

- Details of the maximum number of children catered for at any one time.
- Details of the type of service and age range of the children using the service.
- Adult: Child ratios within the service.
- An outline of the type of programme under which the service operates.
- Opening hours and fees.
- Policies and Procedures currently in place.
- Staff roster.
- Details of any accident, injury or incident involving any of the children attending the service.

Fire Safety

A written record is kept of

- All fire drills which take place on the premises

- The number, type and maintenance records of firefighting equipment and smoke alarms in the premises.

Hygiene

- A cleaning programme and schedule for furniture, work and play equipment is in place.
- Food hygiene practices are guided and recorded under the principles of Hazard Analysis Critical Control Point (HACCP) and the Food Hygiene Regulations 1950-89 and the European Communities (Hygiene of Foodstuffs) Regulations 2000.
- Each child has their own linen for use during sleep/rest periods. In cases where cots or mattresses are shared, linen is changed each time it is used. All linen changes are documented.

Date Policy Last Reviewed
02 nd July 2025

43. FUNDRAISING

Policy Statement:

At FDCL, we are committed to ensuring that we provide quality, affordable, and

sustainable service. FDCL is committed to ensuring that fundraising activities are carried out in an ethical manner. This policy is to identify FDCL's position on fundraising practice and to document the standards expected in raising funds. This policy applies to the management, casual, permanent and contract staff and volunteers.

Procedure:

FDCL's guiding fundraising principle is that we only use techniques that we would be happy to use on ourselves.

In doing so, the organisation adheres to the following procedures:

- Fundraising activities carried out by FDCL will comply with all relevant laws.
- Any communications to the public made in the course of carrying out a fundraising activity shall be truthful and non-deceptive.
- All monies raised via fundraising are put towards the running costs of the centre and will comply with the organisations mission and purpose.
- Nobody directly or indirectly employed or volunteering for the centre accepts commissions, bonuses or payments for fundraising activities for personal gain.
- No general solicitations are undertaken by telephone or door to door.
- All fundraising activities must have prior approval from the Centre Business Manager.
- Fundraising activities will not be undertaken, if they may be detrimental to the good name or community standing of FDCL.

Date Policy Last Reviewed
02 nd July 2025

44. ANIMALS

Policy Statement:

It is our policy to ensure that any visiting animals are kept under control and that children

have safe, enjoyable interactions with 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 adults regarding the animals and their care. The children's hands are always washed after handling animals.

Procedure

Precautions

- Appropriate risk assessments must be carried out, and account must be taken of any allergies that anyone coming into contact with the animals may have, and appropriate precautions are taken.
- Parents must be informed before an animal visits FDCL 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 at an animal outside.
- Staff should be aware that all species of reptiles may carry salmonella organisms; 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 animal's environment.

Care of Animals

- Any animals brought into the FDCL by visitors are to be their responsibility, however staff are still responsible for assessing any risks and taking all necessary precautions to ensure the animals are not mistreated or suffer from any harm.

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 people working with animals.

Common Zoonoses

Escherichia coli 0157

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

Cryptosporidiosis

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

Salmonella

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

Orf

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

Ovine chlamydiosis (enzootic abortion of ewes - EAE)

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

Date Policy Last Reviewed
02 nd July 2025

45. PEST CONTROL

Policy Statement:

Children and staff should not be exposed to pests, pest residue, or the chemicals used to

control them. At FDCL we work to keep a clean and hygienic environment for children, staff and parents/guardians. The Childcare Manager is the designated person to act as a liaison between the service and a pest control company if required.

Procedure:

Regular inspections will be performed by ISS Facilities services or a pest management professional (who is knowledgeable about pest control) or another person who is knowledgeable about pest biology and habits.

Staff should report to the Manager immediately if they have any concerns regarding pests of any kind. Staff should be alert to the possibility of infestation on discovery of any of the following:

- Direct sightings of vermin/pests.
- Droppings near food sources.
- Evidence of nesting.
- Evidence of gnawing.

Preventative Measures

- Food should be kept covered or stored in airtight pest proof containers.
- Spillages should be promptly cleaned up.
- Proper sanitation will be maintained, and correct disposal of rubbish and food waste will be maintained to prevent conditions for pests.
- Water leaks will be repaired and standing water will be eliminated whenever possible.
- Repairs will be performed as needed to prevent pest access to buildings or to hiding spaces in walls and equipment.
- Pest management decisions will be based on the results of regular inspections.
- If a pesticide is needed, the least hazardous pesticide is selected that will effectively control the pest problem.
- Pesticides will not be applied when children are present at FDCL. Toys or other items mouthed or handled by the children will be removed from the area before pesticides are applied. Children will not return to the treated area within two hours of a pesticide

application or as specified on the pesticide label, whichever time is greater.

- In the event of an emergency where pests pose an immediate health threat to children and staff (e.g. wasps) and pesticides are applied, ensure that children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.
- At least two days' notice, but not more than 30 days advance notice, of pesticide application will be given to parents/guardians and staff except in emergencies where pests pose an immediate health threat to children or staff (e.g. wasps).
- Parents/Guardians and staff will be notified as soon as possible when advance notice is not provided and include an explanation of the emergency, the reason for the late notice, and the name of pesticide applied.
- Access to bait boxes and other forms of pest control will never be accessible to children at FDCL.
- A record of pest control measures will be kept.

Individual Pests

Houseflies

Significance

Houseflies can transmit intestinal worms or their eggs and are potential vectors of disease such as food poisoning and gastro-enteritis. They will frequent and feed indiscriminately on any liquefiable solid food, putrefying material or food stored for human consumption.

Control

Flies have rapid, prolific breeding habits and high mobility. To break the life cycle, control measures should be directed against larval and adult flies.

Hygiene/Management

Satisfactory hygiene is necessary to limit potential breeding sites and food sources. Entry of flies into buildings can be prevented by 1.12mm mesh fly screen, air curtains, bead screens or self-closing door equipment with rubber seals.

Cockroaches

Distribution

Cockroaches are common in premises associated with the production or handling of food. Gregarious and nocturnal they spend the day hiding in cracks and crevices around areas such as sinks, drains, cookers, the backs of cupboards and in refrigerator motor compartments. They favour buildings with service ducts and complex plumbing installations which allow them to travel freely.

Significance

Cockroaches are potential vectors of diseases such as food poisoning and gastroenteritis and can spread antibiotic resistant bacteria of many types. Their diet is omnivorous and includes fermenting substances, soiled dressings, hair, leather, parchment, wallpaper, faeces and food for human consumption.

Control

Monitoring and control is essential although successful control of cockroaches is a complex subject and depends very much upon tailoring control measures to the species concerned. Infestations can be difficult to control as cockroach eggs are poorly penetrated by insecticides. Consequently, surveillance of the area by the pest control contractor may need to be prolonged.

Hygiene/Management

A high standard of hygiene will deny sources of food and hiding places.

Ants

(a) Black Ants:

Foraging worker ants cause a nuisance as they travel widely in search of food, following well-defined trails and clustering around the food source. Sweet foods are preferred. They are obviously an unpleasant sight and may damage food for human consumption.

(b) Pharaoh's Ants:

These 2mm omnivorous light brown ants are half the size of the black ants. They cannot breed without artificial heat, are very persistent and pose a serious cross infection risk. The ants may be found in wall cavities, heating pipes, behind sinks and ovens and therefore in laundry, linen rooms or kitchens. They are particularly attracted to sweet or light protein.

Wasps

Wasp stings cause pain and distress. Some individuals are particularly sensitive. Wasp nests are only used for one season, so it may be possible to put up with the problem temporarily. They are often found in cavities in brickwork, in air bricks and roof vents. The nest can be treated by the Trust's pest control contractor; such work may be best carried out in the evening or weekend as poisoned stupefied wasps can cause problems. Particular attention should be paid to areas around rubbish bins that should be kept in a hygienic condition.

Other Insect Pests

There are many other insect pests. The most common of these being flies of various species, crickets, silverfish and the stored product insects and mites who can be found infesting dried foods such as flour weevils.

Mice and Rats

These are the vertebrates with greatest potential for damage. Modern rodenticides are extremely efficient in the eradication of mice and rats.

Rodents have been known to gnaw through electric cables and cause fires. All sightings and other evidence of their presence should be reported to the Management.

All food and organic waste shall be kept in rodent proof containers.

Squirrels

The most severe damage in urban areas arises where the squirrel enters the roof spaces of houses by climbing the walls or jumping from nearby trees. Once inside, they chew woodwork, ceilings, and insulation on electrical wiring or tear up the loft insulation to form a drey. The best method of control is to proof the building/loft. Prevention is better than cure.

If a cure is required, the best form of control is trapping with the use of a squirrel trap.

Foxes

Foxes may occasionally spread disease such as toxocara and leptospirosis, but the risk is believed to be small. More significantly, foxes do cause nuisance in a number of ways. There may be damage to gardens caused when digging for food, and course the indiscriminate depositing of faeces.

Killing foxes is both unnecessary and unlikely to provide a long-term solution as other foxes move into vacant territories.

Birds

The nuisance of birds can be controlled in the first instance by preventative measures, e.g. blocking of nesting holes and the application of devices to discourage perching. Netting and trapping can also be considered with the aim of immediate release away from the area/location of capture. Whatever method is employed it should take into account whether the birds are currently in a nesting season or whether they are protected by law. Advice should be sought from the Irish Society for the Protection of Birds (ISPB).

Date Policy Last Reviewed
02 nd July 2025

46. MEITHEAL

Policy Statement:

Meitheal is a national practice model designed to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and realise their rights. It is an early intervention, multi-agency

(where necessary) response, tailored to the needs of an individual child or young person.

We will engage in the Meitheal process to support local identified families in a coordinated process for ensuring that needs, strengths and desired outcomes are identified and, where necessary, support is planned, delivered and reviewed in order to meet the identified need, capitalise on the identified strengths and achieve the desired outcomes.

Procedure

The underpinning principle of Meitheal are as follows:

- Parents are made aware at the outset that child protection concerns in relation to their child or children will be referred to Tusla Child Protection and Welfare Services in line with Children first: National Guidance for the Protection and Welfare of Children.
- Meitheal is a voluntary process. All aspects – from the decision to enter the process, to the nature of information to be shared, the outcomes desired, the support delivered, the agencies to be involved at the end point of the process – are led by the parent/guardian and child/young person.
- A Meitheal support meeting cannot take place without the involvement of at least one parent.
- The Meitheal model looks at the whole child in a holistic manner, in the context of his or her family and environment. It takes into account strengths and resilience, as well as challenges and needs.
- The Meitheal process privileges the voice of the parent/guardian and child, recognising them as experts in their own situations and assisting them to identify their own needs and ways of meeting them.
- The Meitheal model is aligned with the wider Tusla National Service Delivery Framework.
- The Meitheal model should be outcomes-focused and should be implemented through a Lead Practitioner.

The Meitheal Process

- A family can access support through Meitheal in a number of ways, directly, as a result of a discussion between a parent and a practitioner, who initiates a Meitheal by completing the Meitheal Request Form and forwarding it to the Child and Family Support Network Coordinator.
- When a referral under Children First is deemed to not reach the threshold necessary for the involvement of the Child and Family Agency Social Work Department but due to outstanding unmet need, that requires child and family support services, is diverted, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.
- When a referral is accepted to the Child and Family Agency Social Work Department, assessed by the Social Work Department and is deemed suitable for closure either after assessment or after a period of intervention but has outstanding unmet need, that requires child and family support services, and is stepped down, with the consent of the parent, via the Child and Family Support Network Coordinator for a Local Area Pathways Response. This may result in a single agency response or a Meitheal.

For the steps of the Meitheal process see Appendix 1

Lead Practitioner

The Lead Practitioner can be any practitioner who is working with the specific child/young person and can be drawn from the statutory or community/voluntary sectors. We have identified that the manager as the Lead Practitioner.

There are five core tasks involved in the role of Lead Practitioner:

1. To introduce the option of Meitheal to the family and encourage them to initiate the process.
2. To facilitate the parent and the child or young person to identify the child/young person's strengths and needs.

3. To act as a single point of contact for the child/young person and their family and to build a trusting working relationship with them.
4. With the assistance of the Child and Family Support Network Coordinator, to ensure Meitheal Support meetings are convened and facilitated to enable the coordinated action plan for the child/young person to be developed and to be reviewed on an ongoing basis.
5. To attend all Meitheal Support Meetings and to coordinate the delivery of the agreed actions in response to the identified needs of the child/young person in the Meitheal Strengths and Needs Record Form and to focus on achieving the desired outcomes for the child/young person.

For further information on the role of the Lead practitioner see **Meitheal Toolkit 2015**

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

How do I decide if a child/young person requires a Meitheal?

Not every child/young person with whom you work will require a Meitheal – if they are progressing well and their needs can be met by universal services; there is no need for a Meitheal to be carried out. A Meitheal may be useful for the child/young person when:

There is a concern about how well a child/young person is progressing and their ability to realise the 5 national outcomes set out in *Better Outcomes, Brighter Futures* (DCYA, 2014) (the Pre-Meitheal Checklist is extremely helpful in clarifying this).

Their needs are unclear and/or broader than the remit of a single service provider.

A Meitheal would help identify the strengths and needs of the child and family and provide a basis for getting other services involved.

There are a number of agencies already involved and a Meitheal would help to agree desired outcomes, coordinate and review the supportive interventions.

A child/young person or a parent raises concerns with you, and these may require a Meitheal.

Remember, it is important to remind parents, children and young people that if you have a child protection or welfare concern, then *Children First: National Guidance* (2011) must be followed.

The **Pre-Meitheal Checklist** can be used to help identify if a Meitheal should be carried out or not and also helps to guide the conversation with the parent in introducing the Meitheal and securing their consent for the process.

The decision on whether to undertake a Meitheal should be made jointly with the parent and their informed consent is required for the Meitheal to progress. Children and young people should always be encouraged and supported to discuss the Meitheal process with their parents and their views should be taken into account.

Parents

Parental participation is key to the success of the Meitheal process. Therefore, it is important to ensure that parents are fully briefed in relation to the Meitheal process and that they are prepared and supported to participate fully in it. The Lead Practitioner is tasked with carrying out this role and with being the key point of contact with the parent/family.

First Meeting

Once a completed Meitheal Strengths and Needs Record Form has identified the strengths and challenges the child/young person is facing, the next step is to identify the services/organisations needed to bring around the table to form the Meitheal Group and to name specific individuals within those services/organisations. It is important that this discussion takes place with the parent because their consent is required to invite new or additional services not currently working with the family to be involved and to share with them the information in the completed Record Form.

Meitheal Action Plans

The completed **Meitheal Strengths and Needs Record Form** provides the basis for the discussion and focuses on the following six areas in particular:

- being healthy;

- learning and achieving;
- emotional and social development;
- behavioural development;
- parents and carers;
- community resources.

Strengths and challenges are considered, and the desired outcomes are identified along with what actions and resources are required to realise these outcomes and respond to the needs identified.

Reviews

Action plans are reviewed and Meitheal closed when it has been decided that the child's needs are being met.

Forms

Meitheal Request Form

Meitheal Strengths and Needs Record Form

Meitheal Planning and Review Form

Meitheal Closure and Feedback Form

Meitheal Parents Information Leaflet

Download Forms from here

<http://www.tusla.ie/services/family-community-support/guidance-documents/>

APPENDIX 1 Meitheal Process

STAGE 1: Preparation

Step 1: Consider whether a Meitheal is necessary, use **Pre-Meitheal Checklist** to support this decision.

Step 2: Introduce the Meitheal Model to the family using **Meitheal Information Leaflets**.

Step 3: Secure written consent using the **Meitheal Request Form**.

Step 4: Forward the Pre-Meitheal Checklist and the Meitheal Request Form to the Child and Family Support Network Coordinator.

Step 5: The Child and Family Support Network Coordinator will check if a Meitheal is in place for this family or if the family is open to the Social Work Department.

Step 6: The Child and Family Support Network Coordinator will advise you to proceed.

Date Policy Last Reviewed
02 nd July 2025

47. MANUAL HANDLING

Policy Statement:

FDCL is committed to ensuring that all lifting practices carried out in the centre are carried out in a safe manner. Under the Manual Handling of Loads regulation in SI 299 of 2007, FDCL will take appropriate measures, or use the appropriate means to avoid manual handling which involves risk. There are other duties where risk assessments of the manual handling tasks will be carried out and appropriate measures will be put in place to avoid or reduce risk taking account of the factors in Schedule 3 of the Regulation.

Manual handling can be defined as lifting, lowering, pushing, pulling, carrying, moving,

holding, or restraining any object, animal, or person. Research has shown that a systematic approach which aims to assess the entire range of probable causes of injury during manual handling is the most successful way of reducing hazards in the workplace.

FDCL abide by 'The Safety, Health & Welfare at Work Act, 2005' which states:

'Requirements to be imposed with respect to the safe lifting or handling by persons at work of any load likely to cause injury to a person lifting or handling it.'

It is the policy of FDCL to ensure that all staff have undergone suitable Manual Handling training at regular intervals during their time working in the centre.

Procedure

Management will:

- Assess risks to the health and safety of their employees and others who may be affected in order to identify the measures needed to comply with relevant Health and Safety law.
- Plan to implement the measures identified as being required by the risk assessment.
- Appoint competent people to help with implementation.
- Provide information to employees that can be understood, as well as adequate training and instruction.
- Set up emergency procedures.
- Ensure that staff complete Manual Handling training.
- Avoid hazardous Manual Handling operations as far as is reasonably practicable.
- Make suitable and sufficient assessment of any hazardous manual handling operations that cannot be avoided.
- Reduce the risk of injury from those operations as far as is reasonably practicable.
- Provide proper equipment such as nappy changing steps.

Employee Duties:

- Report dangerous situations and any shortcomings in their employers' health and safety

arrangements.

- Take reasonable care not to endanger themselves or anybody else.
- Use any equipment provided such as nappy changing steps.

Principles of Safe Handling

The simple steps below are not a guaranteed way of protecting you from manual handling injury. By following the steps below, you are reducing the possibility of an accident and the injury that could result from it.

The basic principles are:

- Avoid manual handling whenever possible.
- Use equipment (if available).
- Assess the task (consider the use of equipment or breaking it down into easy stages).
- Assess the load (try a test lift).
- Know your own limitations and do not be afraid to ask for assistance if required.
- Prepare the area, remember that whatever you pick up must be put down at some point (and vice versa).
- Position yourself correctly.
- Perform the task applying safer lifting techniques.
- Evaluate the task (how could it be made easier next time?)

The key message when performing manual handling is THINK before you do it.

Performing a Safer Lift

When performing the task, there are accepted practices that should be used to make any handling task safer. They are:

- Think before handling/lifting.
- Keep the load close to the waist.
- Adopt a stable position.

- Ensure a good hold on the load.
- Moderate flexion (slight bending) of the back, hips, and knees at the start of the lift.
- Do not flex your back any further while lifting. Avoid twisting the back or leaning sideways, especially while the back is bent.
- Keep your head up when handling.
- Move smoothly.
- Don't lift or handle more than can be easily managed.
- Put it down, then adjust it.

Remember the risk of injury is greatly reduced if the object being moved is picked up or put down at waist height.

Date Policy Last Reviewed
02 nd July 2025

48. NON-CONTACT TIME

Policy Statement:

It is the policy of Frenchpark & Districts Childcare Clg to ensure that staff provided with sufficient non-contact time to support a child-centred approach. This time enables staff to plan around each child's needs, interests, and abilities, to observe children's play regularly, use those observations to inform future planning, and to record children's development effectively.

Procedure:

- Each educator is allocated one hour per week of non-contact time to complete paperwork and planning.
- Each room leader is allocated two hours per week of non-contact time.
- All rooms hold a monthly staff meeting, allowing key workers to share ideas for their core

groups and seek input from team members.

- A monthly Room Leader meeting is held to discuss medium and long-term plans, such as organising cultural days for the centre.
- The curriculum is reviewed regularly to ensure it continues to meet the needs of the organisation.
- On a daily basis, staff discuss children's individual interests and abilities with parents/guardians to gather their input, which is then used to develop activities tailored to each child's needs.

Date Policy Last Reviewed
02 nd July 2025

49. ADVERSE WEATHER

Policy Statement:

In the event that a Status Red warning is issued due to adverse weather conditions, FDCL will follow the guidelines of the National Co-ordination Emergency Group and the DCDEIY. The health and safety of all users is our highest priority under these circumstances. A risk assessment will be carried out on the day of reopening to ensure that all safety concerns have been evaluated and addressed.

Procedure:

- FDCL will act in accordance with National Guidelines and warnings related to adverse weather.
- If a nationwide Status Red is issued, FDCL will close due to health and safety

concerns.

- Arrangements will be made for a risk assessment following the weather event to ensure that reopening can occur safely and contractual obligations can be met.
- FDCL will notify parents and staff of any closure as soon as possible.
- All weather warnings and related guidance will be communicated promptly to parents and staff so that appropriate arrangements can be made in line with FDCL's service policy.

Date Policy Last Reviewed
02 nd July 2025

50. RECRUITMENT

Policy Statement:

FDCL is committed to ensuring that all staff and volunteers are carefully selected in line with the Service Recruitment Policy and the *Child Care (Pre-school Services) Regulations 2016*.

Procedure:

Recruitment Process

The following steps will be undertaken:

- Develop a clear job description outlining the qualifications, skills, and experience required for each post.
- Advertise vacancies both internally and externally as widely as practicable.

- Require candidates to complete an application form supplying personal information.
- Conduct interviews with an interview panel of more than one person; no individual alone will appoint staff/volunteers,
- Ensure all processes are consistent and transparent (e.g. interview questions agreed in advance, use of scoring sheets, feedback to candidates).
- Obtain and verify two references from previous employers (including the most recent) before making an offer of employment.
- Prior to starting the position, obtain proof of identity (e.g. passport, driving licence, ID card) and proof of address, to be kept on file.
- Ensure satisfactory Garda Vetting is in place for all staff/students/volunteers before they commence.
- Apply criteria for decision-making regarding suitability in the event of a vetting disclosure (see Garda Vetting Policy).
- Obtain International Police Check where applicable.
- Address any child protection or welfare concerns arising during recruitment through the reporting procedures in the Child Protection Policy,
- Make all new appointments subject to a probationary period, with a review meeting held before the post is confirmed.
- Provide all employees with a written employment contract.

Personnel File

An up-to-date and accurate personnel file will be maintained for each member of staff. It will include:

- Proof of identity and confirmation that the person is over 18 years of age.
- Proof of satisfactory Garda Vetting.
- Two validated references, including one from the most recent employer.
- Verification of qualifications.
- Investigation and explanation of any gaps in employment history.
- Completed induction record form.

Induction, Training, Supervision and Support

Induction

- All new management, staff, volunteers, and students will complete an induction process that includes a briefing on:
 - The Child Protection and Welfare Policy
 - The ethos of the service
 - Child-centred practice
 - The Code of Behaviour
- This briefing will occur within the first week of employment.
- All management, staff, volunteers, and students must confirm in writing that they have read and understood the Child Protection Policy.

Training on Child Protection

- The Designated Liaison Person (DLP) and Deputy DLP will attend Always Children First training and/or other relevant training, at minimum every 3 years.
- All management, staff, and volunteers will be encouraged to attend child protection and other identified training.
- Staff will also receive information about and access to skills training that promotes professional development and best practice.

Staff Supervision and Support

- Regular supervision and support will be provided to all staff and volunteers through one-to-one meetings or group sessions.
- Staff dealing with child protection concerns will receive appropriate support, including access to external services if required. Costs for such support will be covered by the service.

Date Policy Last Reviewed

02 nd July 2025

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51. OUTINGS

Policy Statement:

FDCL aims to enrich children's experiences by organising occasional day trips and outings. We are committed to ensuring the safety and well-being of all children during these activities through careful planning, risk assessment, supervision, and management.

Procedure:

Managing Routine Outings

FDCL will:

- Inform parents/guardians at enrolment about the types of outings, methods of

travel, and supervision arrangements.

- Obtain written consent from parents/guardians in advance. Children cannot participate without this consent.
- Ensure appropriate staff-child ratios and that children are supervised at all times.
- Complete and review annual risk assessment of venues/facilities.
- Ensure the person in charge carries a mobile phone for emergencies.
- Verify that adequate insurance is in place for all outings.
- Ensure staff are familiar with emergency procedures.

Managing and Planning Day Trips/Outings

When planning day trips or special outings, FDCL will:

- Plan all trips in advance and conduct a risk assessment covering:
 - Method of transport and related safety
 - Facilities and activities
 - Accessibility for children with additional needs
 - Emergency procedures
- Ensure all transport used meets safety requirements and is properly insured.
- Maintain staff-child ratios in line with the Preschool Regulations and the risk assessment.
- Provide parents/guardians with written details of each planned trip, including activities, and obtain their specific written consent.
- Request updated information on any child allergies.
- Invite parents/guardians to accompany their children on trips where appropriate.
- Bring emergency contact information for all children if the entire staff team is leaving the service.
- Ensure children are supervised at all times with appropriate adult-child ratios.
- Use additional safety measures as needed (e.g. head counts/roll calls at key points, name tags, hats, or armbands).

Managing Emergencies and Critical Incidents

- A fully stocked first aid kit will be brought on all outings, with at least one staff member present who holds a valid First Aid Certificate.
- The person in charge will carry a mobile phone for emergency use.
- A specific emergency plan will be developed for each outing to address potential critical incidents (e.g. a missing child).
- Staff will review relevant policies and procedures before the day trip.
- FDCL is committed to minimising risk and prioritising the safety of all children at all times.

Date Policy Last Reviewed
02 nd July 2025

52. STUDENTS

Policy Statement

FDCL recognises the valuable contribution that students on placement make in the Early Years Setting. We also recognise the importance of gaining experience through work placement for students studying Early Learning and Care. We are committed to providing students with a safe, inclusive and supportive environment where they can gain practical experience in line with their training, while ensuring the health, safety and well-being of the children in our care.

Procedure:

- A formal agreement must be in place between FDCL and the educational institution before placement begins.
- All students will be Garda Vetted by FDCL before beginning their placement.
- All students must provide insurance (usually given by educational institutions), a letter

from their educational institutions and garda vetting.

- All students will receive a full induction, including reading and understanding of all policies and procedures in place in FDCL, including child protection policies, confidentiality and health and safety policies.
- All students will be supervised at all times and will not be left unattended with children.
- Students will work under the guidance of a qualified staff member and will receive regular feedback.
- Students must respect confidentiality and adhere to all creche policies.
- Any breaches of confidentiality will result in immediate termination of the student's placement at FDCL.
- Students are not permitted to carry out nappy changing, toileting, changing of clothes or one to one care without qualified staff member's supervision.
- If the student has any comments, complaints, or concerns, they must report to the manager.
- Any concerns relating to child protection must be immediately reported to the Designated Liaison Person (DLP) and must be dealt with confidentially and professionally.
- Any observations and/or activities will be discussed with room leader to arrange a time suitable to do them
- Students are not permitted to take any photos of the children, any photos that may be needed must be agreed with parents and can only contain children's hands.
- students are not permitted to use any personal information from any of the children attending FDCL
- Any educational institution in person visits must be arranged with the manager

Date Policy Last Reviewed
11 th June 2025

53. CHILD PROTECTION

Overview of policy:

- We ensure that all employees, students, and volunteers at FDCL are aware of and familiar with our services child protection policy by sharing the policy with them when they first join FDCL. Staff and students will be required to sign a statement of acknowledgement that they have read and understood the policy.
- We have a Designated Liaison Person (DLP) and a Deputy Designated Liaison Person (DDL) who acts as a liaison with outside agencies and a resource person to any employee, student or volunteer who has a child protection concern. The DLP is responsible for reporting any allegations or suspicions to Tusla the Child and Family Agency or An Garda Síochána.
- FDCL has put in place a standard reporting procedure for dealing with disclosures, concerns, or allegations of child abuse, which is outlined below.

Designated Liaison officer

Our appointed Designated Liaison Officer is Grainne Gibbons.

Our Deputy Designated Liaison Officer is June Murphy & Nadine Carrig.

Role of the DLP and Deputy DLP:

The Designated Liaison Office (DLP) in our service is responsible for ensuring that the child protection and welfare policy is promoted and implemented.

The duties and role of the DLP include:

- To be familiar with “Children First”, National Guidance for the protection and welfare of children and our child protection policy. They are also responsible for the implementation and monitoring of the child protection and welfare policy.
- The DLP provides support to staff members who are dealing with/have dealt with a child protection and welfare policy.
- To receive reports of alleged/suspected or actual child abuse and act on these in accordance with the guidelines.
- To build a working relationship with TUSLA the Child and Family Agency, An Garda Siochana and other agencies, as appropriate.
- To keep up to date and undertake relevant training on child protection policy and practice, in order to ensure the relevance and appropriateness of the services policy and procedures in this area.
- To ensure that systems are in place for recording and retaining all relevant documentation in relation to child protection issues.

Reporting procedure for dealing with disclosures, concerns, or allegations of child abuse:

1. If an employee, student, volunteer or parent/guardian has concerns about a child or has received a disclosure of child abuse, then the DLP should be informed immediately. (refer to section “How to handle a report of abuse)

2. Where the DLP considers that the concern meets the reasonable grounds criteria outlined below, then they will follow the reporting procedure and report to TUSLA immediately.
3. If an employee, student, volunteer or parent/guardian feels that leaving the child in the situation would expose them to harm or risk of harm, then the child should not be left in that situation pending an investigation by TUSLA. If TUSLA cannot be contacted and the event is an emergency, then An Garda Síochána should be contacted immediately.
4. If the DLP is unsure if the disclosure meets the criteria, they will contact TUSLA for informal advice relating to the allegation, concern, or disclosure.
5. The DLP will arrange a meeting with the parents/guardians of the child in question to inform them that a report has been made to TUSLA unless in doing so would be likely to endanger the child.
6. Should the DLP decide not to report the concern raised to TUSLA or the Gardaí then the employee, student, volunteer or parent/guardian who raised the concern should be given a clear written statement of the reasoning why the concerns are not being reported. If they remain concerned about the situation, they are free as individuals to consult with or report to TUSLA or An Garda Síochána themselves. The provisions of the Protections for Persons Reporting Child Abuse Act 1998 (revised 1 October 2015) apply once they communicate 'reasonably and in good faith'.

Reasonable grounds for a child protection or welfare concern (in line with www.tusla.ie) 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 concerns 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.

Record keeping

We will ensure that all data in relation to child protection records will be stored in a safe and confidential manner in a secure locked room or cabinet. For information on our processing of personal and sensitive data and the rights of the data subject, please see our data protection policy.

Child protection and recruitment

In line with our recruitment policy, we will not employ, contract or involve as a volunteer, any persons to work with children or young adults who has a criminal conviction for violent crimes, sexual crimes, drugs related offences or any other offences deemed inappropriate in relation to work with children. Garda vetting will be undertaken by all staff, students and volunteers before they begin working in FDCL.

Allegations against an employee/volunteer

If an allegation is received with respect to an employee or volunteer, the DLP will notify the manager immediately. Where it is necessary or deemed appropriate, the manager will inform the voluntary board at FDCL. If the allegation relates to the manager the DLP will report straight to TUSLA. The safety of the child is a priority at our service.

With respect to allegations against employee, students or volunteers the following process will be followed:

- The DLP and manager will work with each other and Tusla and An Garda Siochana where appropriate.
- If a formal report is made, then the employee/student or volunteer will be notified that the allegation has been made and what the nature of the allegation is. Depending on the nature of the allegation, the employee has a right to respond, and any response should be documented and retained. “Natural justice” will apply whereby a person is considered

innocent until proven otherwise.

- Whilst the allegation is being investigated the employee will be suspended with pay (where appropriate) or asked to work with increased supervision (where possible if appropriate) or they may be asked to work away from the children doing administrative or auxiliary duties.
- When the concern has been investigated and it is deemed that there is no further action or that the allegation has been resolved, the staff member can then return to work as normal or under extra supervision.

Reporting Guide

The following procedure is from TUSLA guide to reporting which can be found at:

https://www.tusla.ie/uploads/content/4214-TUSLA_Guide_to_Reporters_Guide_A4_v3.pdf

Everyone who works with children has a responsibility to keep them safe. Protecting children is rarely straightforward; it includes considering past and potential harm to the child and their family. If you have

received a concern it is important to keep the following in mind:

- To get any information of the incident at hand, children feel safe and comfortable. This can be done by just listening to the child. It is not advisable to ask the child too many questions as this can make them feel uncomfortable.
- Always reassure the child that they can speak to you but do not promise that you will not tell anyone as this can break trust if the concern needs to be reported.
- It is important to get any information about past, present and potential safety and strengths of the family. To create a complete picture of the concern being raised.
- If you believe it is an emergency situation, TUSLA should be notified right away before filling in a written report or if TUSLA is not available, you should contact An Garda Síochána.

Date Policy Last Reviewed

12 th June 2025

