Dear Parent/Guardian

**The Care and Development of your Children is the primary aim of the Management and Team in Anchor Childcare**

We would like to take this opportunity to welcome your child/children to our Centre and hope that their time with us is a very happy time full of new learning experiences and friends.

This Parents Information Pack is for you to take home and read at your leisure. It contains information about the Centre's purpose and function, our staffing structure and policies that help us operate to quality standards. Should you have any questions or need clarification on any item please feel free to contact myself or a deputy manager. The photos of the manager and deputy managers are displayed in reception. The manager can be contacted at manager@anchorchildcare.ie.

Photos of staff assigned to each room are displayed outside the room they are assigned to. From their first day in the centre your child will be assigned a Key Worker who will work closely with you and your child to ensure that the transition from home to crèche life, is as easy and enjoyable as possible. Your child's Key worker or a staff member that works closely with your child will answer any questions you may have regarding your child's daily routine, or their time at the centre so please feel free to speak to them at any time about the care of your child. These first few weeks can be difficult for some parents and children as this may be the first time you have been separated. Please read our settling in policy and allow your child plenty of time to get to know their new surroundings and all their new friends. We have phones in the rooms so do call and speak to a member of staff in your child's room if you have any concerns. If you would like to arrange a discussion away from the children this can be arranged.

Each room follows a daily routine and this routine is displayed in each room. Staff plan activities with the children around this routine and these weekly plans are displayed outside each room so you can see what planned activities your child partakes in each day during their time in the centre. If you have any concerns or issues regarding your child's care please do not hesitate to speak to one of our Team/Room leaders or deputy managers who will be happy to discuss any special requirements with you.

We pride ourselves in providing information for and involving parents so please feel free to take a copy of our parents Newsletter, issued each month with information updates for parents. Also, feel free to use our suggestion box in Reception to comment on any practice you like or changes you would like to suggest to improve quality in the centre. The notice boards in reception area lists our three-week menu and our daily menu is on our main door into the childcare area of the centre.

Parents can help us by reading and becoming familiar with our policies and paying fees by standing order in a timely manner. If you receive a subvention please familiarise yourself with the attendance requirements and notify us if your child will be absent. Queries on your accounts and absence notifications can be sent to accounts@anchorchildcare.ie

Thank you most sincerely for choosing Anchor to care for your child and we look forward to working in partnership with you in order to make your child's stay with us as enjoyable as possible.

Warm regards

***Jean Melia***
***Centre Manager***

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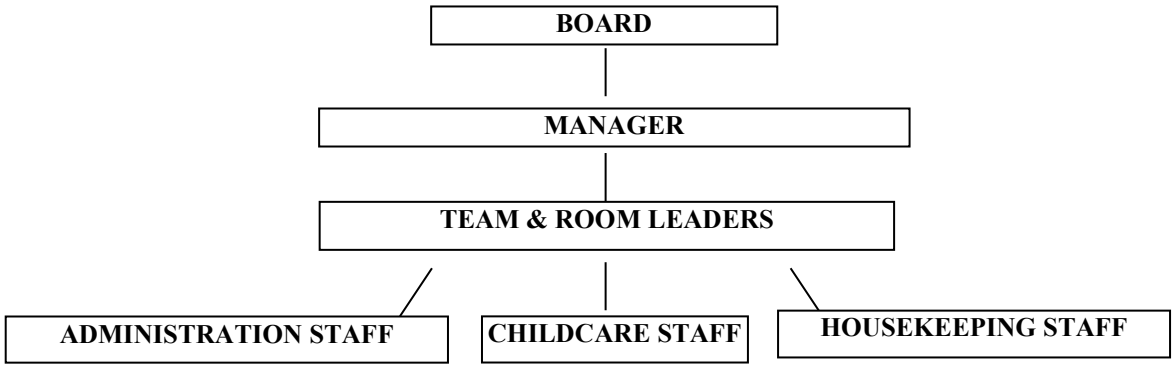
# Anchor Childcare Centre

## MANAGEMENT & REPORTING STRUCTURE




**BOARD OF DIRECTORS**

The Volunteer board is made up of volunteers from the community of Baldoyle and its environs. The role of the Board is to support Anchor Childcare Centre in the development of strategic plans and policies**.** The function of the Board is to provide governance to the organisation and accept the ultimate legal responsibility for Anchor Childcare Centre CLG and its operations. Board members must familiarise themselves with the company policies and procedures and have an understanding of the organisation's operations as an essential component of their duty of care. Board members are volunteers and receive no financial reward for sitting on the board.

**THE MANAGER**

The Manager is responsible for the overall management, organisation, co-ordination and development of Anchor Childcare Centre as a quality, sustainable, community childcare business. Reporting to the board of directors, the manager is accountable to the Board of Directors for the implementation and achievement of the Company's policies and objective and the implementation of all activities in relation to management and policy development of a quality early childcare service, financial and project management and human resource management. In addition to the Manager the service has deputy managers in place to support service delivery. Photos of the manager and deputy managers are displayed in the reception area as you enter the building.

**THE MANAGEMENT TEAM AND ROOM LEADERS**

The management team and room leaders are responsible for the direct supervision and support of staff to ensure competent and accountable performance. The management team and room leaders will ensure the team follow policies and procedures and are compliant in all areas meeting the aims and objectives of the service. The team will work together to support the manager in the provision of leadership and professional development and increase awareness of professional knowledge and resources to provide quality childcare service to children and families. Team and room leaders will coordinate staff and parent meetings to ensure exchange of information and appropriate sharing of knowledge. The team and room leaders will support the manager to respond appropriately to staff absences, reviewing individual rooms and overall centre ratios reassigning staff or children where appropriate. The management team and room leaders will respond appropriately to address safety in the service

**CODE OF ETHICS IN THE SUPERVISION OF CHILDREN AND DELIVERY OF A QUALITY SERVICE**

Anchor Childcare recognises the provision of quality childcare is important to children, parents, families, caregivers and employers and are committed to compliance with relevant childcare legislation and standards of best practice through the following:

- Representing the centre in an appropriate, professional manner consistent with the intentions of the service, maintaining a best practice approach to the provision of quality childcare.
- Conducting themselves with integrity, dignity, trustworthiness and honesty whilst dealing with children, parents, suppliers and colleagues and the broader community
- Maintaining a level of competence required by the centre and to only offer services within their level of competence
- Demonstrating and encouraging equality and respect for diversity when delivering services in a manner consistent with best practice
- Striving for excellence in the childcare field by maintaining and enhancing knowledge and skills through professional development
- Being aware of and conforming to childcare legislation and corresponding policies and procedures.
- Acting in a manner that is fair, reasonable and consistent with expectations of the industry when dealing with children, parents, suppliers and colleagues and the broader community.
- Acknowledging the importance of early years' education and encouraging the development of the potential of each child
- Respecting parents and acknowledging that the responsibility for choosing childcare arrangements lies solely with the parent and building a partnership with parents and caregivers by sharing knowledge that will benefit the development of all children.
- Maintaining confidentiality and protecting the rights of the child and the family to privacy.
- Maintaining a safe, healthy environment and adhering to policies and procedures for best practice.

**MISSION STATEMENT OF PURPOSE AND FUNCTION OF ANCHOR CHILDCARE CENTRE CLG**

The purpose and function of Anchor Childcare Centre is to provide quality, affordable, accessible childcare to the community (Baldoyle) and its environs. This policy is provided to parents at registration and to staff in their induction pack and a copy is made available in the service for easy reference. The policy is reviewed annually or as necessary where changes are made.

INTRODUCTION / FORWARD

Anchor Childcare was established in 2001 and is a registered charity. Anchor Childcare Centre CLG is committed to providing quality childcare. We are affiliated to Early Childhood Ireland and the Fingal County Childcare committee and are committed to implementing all of their Best Practice and Quality Improvement Programmes.

Our research showed that the potential to develop a strong childcare enterprise exists in Baldoyle. This we pursued by the establishment of a total childcare facility, which operates, from early morning until late evening. Recent research has shown that one of the most common barriers to parents choosing to work or participate outside the home is the absence of quality, affordable childcare. The availability of quality childcare presents people with choice and opportunity by facilitating participation in education and training, working part or full time, or becoming involved in local community or political organisations.

We provide not only quality, affordable childcare caring for children in a way that ensures quality of life for children and equal opportunities for all but we also provide an early education service where each child is encouraged to develop to the best of their individual ability. The Centre has a strong focus on development and enables parents to take up employment opportunities which will in turn impact greatly on the Socio Economic regeneration of the community. We recognise the need to combine sessional education services with full day-care and after school care in order to provide the best possible service for parents and children.

**AIMS AND OBJECTIVES OF ANCHOR CHILDCARE CENTRE**

- To provide a safe and secure environment for children in our care, and our prime concern will be for the welfare and development of each child as an individual, and to develop them to their full potential.
- Provide opportunities for people to participate in further training opportunities, return to work or participate in political or community activity.
- Set a standard and become a model for other childcare providers.
- Train childcare workers.
- Be a good employer and provide a healthy work environment
- Promote childcare as a professional career (through networking activities)

**THE SERVICE**

Anchor Childcare Centre is open for 51 weeks of the year and is registered to TUSLA as a full daycare service provider with school age services provided in the form of Afterschool Care. During school closures limited places are available for school age children to attend on a full-time basis. Our service required parents to be responsible and practical and collect at or before their agreed time. Our service is not in a position to facilitate childcare after 5.30pm.

- Full Day Care 08.00 to 17.30
- Full Day Care Shorter 08.30 to 14.30
- Morning Session 09.00 to 13.00
- Afterschool Session 13.30 to 17.30
- Pre-School Session 09.00 to 12.00

There are large spacious rooms in the Centre caring for children aged 6 months to 12 years. Each child is progressed through each room in the Centre based on their developmental stage, age criteria is used as a guideline only. Equipment is chosen with each groups age and developmental needs in mind as well as the ability to clean equipment effectively.

Anchor Childcare is insured for up to 100 children attending between sessions and approved by Tusla for 80 children attending at any one time. Our service adheres to ratios laid down in the preschool regulations 2016 and as amended by the regulation of school age services 2018. The adult:child ratio is followed, and a sufficient number of qualified staff work directly with the children. The manager, housekeepers and administrator are superfluous to ratios.

| Age | Full Time | Part Time | Sessional Preschool Services |
|---|---|---|---|
| 0-1 | 3: 1 | 3: 1 | We do not provide a sessional or part time service for this age group |
| 1-2 | 5:1 | 5:1 | |
| 2-3 | 6:1 | 6:1 | 1:11 for children aged 2 years and 6 months attending up to 3.5 hours after which their normal age based ratio applies. |
| 3-6 | 8:1 | 8:1 | |
| 4-12 | 12:1 | 12:1 | 12:1 |

**Anchor Childcare Centre CLG**
**Centre Policies & Procedures 2026**

Policies are drafted as required and are compliant with preschool regulations the 2018 School Age Regulations. Our policies and procedures are working documents that are reviewed regularly and amended in line with changes needed by the service to encourage smooth operations and to ensure continued compliance with relevant legislation. Policies are split into 4 Sections and some Policies are summarised into child friendly format for school age children

| Child Welfare & Development | PARENTS PACK | STAFF PACK | SCHOOL CHILD | BOARD |
|---|---|---|---|---|
| **Welcome note from Manager** | **Specific to Parents** | **Specific to Staff** | | |
| **Policy Pack Declaration** | **On Registration Form** | **Specific to Staff** | **Specific to child** | **Specific to Board** |
| **Management Structure & Code of Ethics** | √ | √ | √ | √ |
| **Mission Statement of Purpose and function & Child Development** | √ | √ | √ | √ |
| **Arrivals & Departures (drop off & collections)** | √ | √ | √ | √ |
| **Child Safeguarding Statement** | √ | √ | | √ |
| **Child Protection** | √ | √ | | √ |
| **Behaviour Management, Bullying & Biting** | √ | √ | √ | √ |
| **Inclusion, Equality & Diversity** | √ | √ | | √ |
| **Partnership with Parents, Complaints, Settling In & Transitions** | √ | √ | √ | √ |
| Health & Safety | | | | |
| **Safety Policy** | √ | √ | | √ |
| **Nappy Changing &Toilet Time** | √ | √ | | √ |
| **Safe Sleep** | √ | √ | | √ |
| **Head Lice** | √ | √ | | √ |
| **Outings & Form** | √ | √ | | √ |
| **Nutrition Policy & Managing Allergies** | √ | √ | | √ |
| **Infection Control, Cleaning Schedules & Handwashing** | √ | √ | √ | √ |
| **Working Alone Policy & Opening and Closing** | | √ | | √ |
| **Fire Evacuation** | | √ | | √ |
| **Accident/Incident Policy & Form** | | √ | | √ |
| **Multi Media & Photographic Images** | √ | √ | | √ |
| **Closed Circuit Television (CCTV) Policy** | √ | √ | | √ |
| **Biometrics & Security Policy** | √ | √ | | √ |
| **Supervision, Manual Handling, Staff Consumables, Smoking** | √ | √ | | √ |
| **Environmental Policy** | √ | √ | | √ |
| **Medication Policy & Form** | √ | √ | √ | √ |
| **Critical Incident Policy** | √ | √ | | √ |
| Human Resources | | | | |
| **Training Policy, Procedure & Form** | | √ | | √ |
| **Sick Leave** | | √ | | √ |
| **Time off Policy, Procedure & Form** | | √ | | √ |
| **Personal Hygiene & Dress Code, Confidentiality & Use of Appropriate Language Policy** | | √ | | √ |
| **Bullying Policy** | | √ | | √ |
| **Recruitment, Selection & Garda Vetting** | | √ | | √ |
| **Redundancy** | | √ | | √ |
| **Protection of Pregnant Employees, Staff Childcare, Meetings** | | √ | | √ |
| **Breastfeeding Policy** | √ | √ | | √ |
| **Disciplinary Policy** | | √ | | √ |
| **Grievance Policy** | | √ | | √ |
| **Alcohol & Substance Misuse Policy** | | √ | | |
| **Staff privacy Notice** | | √ | | √ |
| Management & Administration | | | | |
| **Application, Registration & Fees Policy** | √ | √ | | √ |
| **Funding/Fundraising & Ordering** | √ | √ | | √ |
| **Record Keeping** | √ | √ | | √ |
| **Parent Privacy Notice** | √ | √ | | √ |
| **Board Code of Conduct** | | | | √ |
| **Board Conflict of Interest** | | | | √ |
| **Reserves Policy (Separate Document)** | | | | √ |
| **Document Management & Approval** | | | | √ |
| **Sample Forms – Communicable Disease, Care Plan, Planning Sheet, Feedback Form, School Aged Child Friendly Policies** | | √ | | |

## CHILD DEVELOPMENT

The centre uses the Aistear curriculum which describes learning and development through four interconnecting themes, adults in the child's environment support children's learning with goals for each theme. Our team recognises the importance of supporting learning through partnership and connections with parents; we have developed weekly plans to communicate to parents how we support children's early learning and development. Everything in the centre, from the layout of our rooms to our curriculum, and our staff training plan supports children's development. Each week childcare workers plan activities to support the learning goals for each theme. Activities are developmentally appropriate and based on children's interests as well as the overall centre curriculum. The curriculum is all the experiences a child has in the service, formal and informal, planned and unplanned and its always evolving as our team completes training and the children's interests are emerging.

Anchor Childcare Centre is committed to ensuring best practice and quality for the children in our care. Using a play based approach to learning children construct their understanding of their environment through active involvement with people, materials and concepts. The children acquire knowledge by actively experiencing the world through hands on interaction such as exploration, manipulation, routine, repetition, practice and experimentation in their environment. Qualified competent staff support children's initiatives and desire to explore their environment. Staff understand that children are self-motivated to explore and that these explorations lead to key experiences, which are a fundamental part of each child's growth and development. Children are at all times encouraged to talk about their activities and experience to encourage language development. In the process the children develop interest, curiosity, resourcefulness, independence and responsibility, habits of mind that will serve them through to their adult life. The teacher focuses on what the child can do and these strengths are built on. Anchor Childcare will continually evaluate and update practices and programs we have in place to ensure best practice quality care is maintained throughout the Centre.

### Daily Routine

The establishment of a daily routine is essential for young children; consistency of routine provides a sense of security for the child and encourages children to plan ahead and feel in control. The sharing of control between adult and child is an important part of the childcare process. Centre Staff plan the routine timetable based on their opening hours, length of session and mealtimes and it will differ from room to room. A planned daily routine in each room allows for repetition and afford children the freedom to explore, practice and gain confidence in their developing skills. Appropriate time is given to each segment of the day and provides opportunities to play individually and in small or large groups and indoors and outdoors. Time is also allocated for children to rest, to eat and drink and to tidy up. Children are not rushed through activities but move smoothly at their own pace from one interesting experience to another. Children need to be able to predict what is likely to happen next so the order of events is planned and communicated to the child. Predictability enables the child to prepare mentally for the next event and helps children to feel secure. Anchor Childcare staff aid this process, by talking to the child about what is happening next, keeping the routine consistent. Visual cues are used also in the form of photographs and drawings at the children's level showing the sequence of events and staff in each room will have a daily routine in visual form on the wall.

### Greetings and Departures/Drop off & Collection (Including School Aged Children)

Each day begins and ends with interaction between the children, staff and parents. Drop off can be an opportunity to share information on each child. We need to ensure ratios are maintained so as a matter of safety, we ask parents to ensure exchange of information is brief and relevant to their own child only. Parents may only drop their children into the centre at or after their agreed time and should not collect their children after their agreed time as per registration form. If a parent wishes to change their agreed service, they must complete and sign a new service fee agreement. At registration, parents nominate designated persons to collect their child and should update this regularly. If someone comes to collect a child and they are not on the list or are considered by staff to be unfit to collect, we will contact a parent or a person listed on the collection list. If a child is not collected at their designated collection time we will contact the parent and/or the persons authorised to collect the child. In the event that a parent or those on the authorised collection list fail to collect the child or a person arrives in an unfit state to collect a child Gardaí and/or Social Services (Tusla) may be contacted.

Collections are on foot from St. Laurence's Junior/ Senior school in Baldoyle only. School collections take place at 1.40pm and 2.40pm at both schools and staff collect children from their designated areas on foot in their staff uniform. We ask parents as a matter of safety to email us if they intend to collect their child from school and to let us know if their child is absent from school on any day so we are kept informed. Anchor Childcare staff will collect children when schools close early, parents are responsible for informing centre staff of changes to agreed collection times as children progress through school. Parents should not drop their children into the service if the child has been absent from school due to illness. Anchor Childcare is insured for school collection.

### How Parents can support our routines

The child's routine is vital and when there is a disruption to routine this can affect children's behaviour. We ask parents to let staff know if there has been a disruption to routine at home so we are aware, this can be as simple as an impending family visit, holiday or medical care. When dropping and collecting your child keep conversations brief and in relation to your child, staff should not be placed in a position where they need to remind parents not to discuss other children as this is not appropriate. Ratios are prioritised, if there is something that needs to be discussed with a member of our team please let us know in advance so we can plan accordingly and arrange cover to discuss away from the children. Working with children can be challenging as friendships are made and evolve; we would encourage parents to support their child by encouraging them to resolve conflicts and not harbour bad feeling. When collecting children, we ask parents to help children focus on their positive experiences.

### Key Worker System

Anchor Childcare Centre operates a Key Worker system to encourage stability and continuity. Children will be encouraged to form relationships with all staff within the Centre, however the Key Worker in each room will link closely with parents in helping a child to settle and will provide parents with updates on progress of their own child.

**Adult Child Interaction**
In Anchor Childcare Centre we recognise the importance of relationships and interactions, and staff support each child by moving within the group during the daily routine as they observe. Staff are encouraged to move to the child's physical level, get on the floor if the children are on the floor, sit beside them if they are sitting and play with them if they are playing. Children learn from example and need to be shown how to interact and socialise, how to ask for help if they need it and how to negotiate for what they need. At Anchor Childcare we strive to create in each room an environment, which is safe, stimulating and happy for the children. Children are given plenty of opportunities to express themselves through painting, modelling, dance, drama, music, arts and crafts activities, and sand and water play. Tables are not pulled back out of the way, and are available for the children if they want to sit and read or do table top activities. Staff in each room will support by watching, listening to, and conversing with the children and are expected to participate in all activities alongside the children. Staff will also look for natural opportunities for interactions and conversations with the children and encourage them to talk about present and past experiences.

**Risky Play**
Risky play can be expressive and exciting and may involve an element of challenge and adventure. Staff in each child's room will supervise and support developmentally appropriate opportunities for risky play and children are encouraged to learn how to assess risk in a safe environment. Balancing activities, roll toy cars on small ramps, den play, stepping stones, supervised games of 'tag', relay races or obstacle courses are all examples of risky play. Children will be encouraged to 'have a go' at something new or challenging to them to think through tasks and problem solve. This type of play can help children overcome challenges and provide a sense of achievement and build a bank of resources to help with life's challenges.

**Record Keeping**
Anchor Childcare Centre sees record keeping as a major contribution in assessing the quality of children's experiences and safety. In addition to children's records, which the Centre is required by law to keep, we also have a comprehensive registration form to provide us with relevant information on each child. Confidentiality in report writing and sharing information is maintained at all times except in Child Protection circumstances. It is important to remember that reports may be used for other reasons than just sharing information with parents. Due regard is given to the Freedom of Information Act when compiling reports. Queries should be directed to your child's key worker or a room leader

**Message books** are kept in childcare rooms to support communication between parents and staff on the day-to-day care of their child.

**Record Sheets** are weekly records maintained in childcare rooms. These records will include details such as nappy changes, eating and sleeping patterns.

**Sign in sheets** are used to record staff and children's time in the room. Each room has a sign in sheet where staff record their time spent in the rooms. Staff sign in and out on these sheets for breaks also. Ratios are checked by a member of the management team on a regular basis to ensure the overall centre ratios are maintained. Mealtime records are kept on this sheet for children attending our preschool and afterschool services.

**Observations** encourage staff to learn more about a child. Observations will be based on what children do and say in the course of their time in the centre. Observations of individual children may be used in planning activities for those children. Feedback is provided to parents through feedback forms, which are circulated to parents on a quarterly basis.

**Plan-Do-Review**
Children are respected as agentic, meaning they have a voice and influence over their own learning and will be encouraged to be competent, and confident. Based on a plan-do-review process, children have a say in their activities and make active choices regarding materials and activities throughout the day. This works because it empowers children to follow through on their interests purposefully and creatively and ensures activities are child led, based on their individual interests. Time is allocated in the daily routine for children to partake in activities followed by time allocated to review their play. Conversing with children about their play supports Aistear as it gives children a sense of belonging and a voice in their play environment and they feel important and valued. By involving the children in the evaluation process, they in turn feel valued which supports their overall wellbeing and sense of identity and belonging to the service.

**Planning a Good Day for Children – Best Practice**
Weekly planning sheets completed by the team ensure there is something deliberately planned for each aspect of the child's development every day to purposely enhance his/her growth. This is useful because it requires staff to plan the purpose of their program carefully and it helps sharing information to parents. Planning involves observations made by staff on what the children's individual interests may be, what areas children use and what equipment is used regularly in the room. Where appropriate, planning also involves sitting with children to discuss their plans and take their interests into account. The program in each room not only offers a variety of levels of difficulty every day but also becomes more challenging and moves from simple to more complex activities as the year progresses and the children mature and gain competence. We have an overall planned service curriculum which will not look the same in May as it did in September. The program will also take into consideration that the class of the present year has completely different needs and wants from the class of the previous year. Weekly plans are placed outside each room and while they are preplanned to ensure developmentally appropriate learning experiences they do allow for emerging interests of the children which may also be identified during the plan do review process outlined above.

**The following Programme of Activities** in each room assists in the development of relationships and interactions between Child/Child Child/Adult and assists in the understanding of sharing and taking turns. Our team encourages diversity and inclusion and will support children to share equipment, tidy up and play with all children to help them to build and foster friendships. To manage infection some equipment may be limited at times to minimise risk. Provocations are resources that are set up to spark curiosity and engagement. The provocations or resources in each area may be open ended or focused on a specific interest or learning goal. These materials can be touched, explored and manipulated as part of the play process. The play process can be free play (child initiated), guided play or educator led experiences.

| | |
|---|---|
| Home Corner | This area contains many items that children will see at home within their family or community such as kitchen related items, uniforms, dress up clothes etc, which give children the opportunity to express their feelings and engage in imaginary situations such as doctors and nurses, role play etc. Children have opportunities to imitate tasks they see performed at home. The children have opportunities to learn, to play together, to share, to use their imaginations and to expand their vocabulary as they converse about their experiences in their home environment. This area is a safe secure environment where children feel supported in their play activities. |
| Book Area | A relaxing area with a sofa and/or big cushions and a collection of books. This area is where a child will have the chance to visit if they want to read, are tired or needs a quiet comfortable environment to relax. The children have access to a range of different picture and word books telling various stories. The book area provides the child with ample opportunities to learn and to listen when a story is being read. Opportunities to act out or read stories describing incidents from a child's own experience helps to develop language. Books relaying tales of children from different countries, their customs and their different cultures help children to become more culturally aware and understand more about the world they live in. Books that tell stories about different types of families and what comprises a family make children aware of similarities and differences in family make-up. Real life social stories are available for children so they can learn about a day in the life of another child or a day at the doctors, dentist etc. Possible upsetting situations can be avoided as the children can discuss fears and reservations through storytelling. |
| Music & Movement Area | This area contains a portable music player with various types of music. In this area the children also have access to various types of musical instruments. Children have opportunities to take part in singing songs, using different instruments and listening to a variety of music from rhymes to classical and pop music. This helps to stimulate a child's awareness and enjoyment of music and gives an opportunity to use music as a form of expression. The children can take part in action songs and may even choose to write and perform their own songs. Children also have opportunities to learn about cultural music and traditional dance. |
| Sand & Water Area | Many children can express their emotions and feeling when playing with sand and water as well as finding it a very relaxing/soothing activity. When engaging in sand and water play children have fun but also develop manipulative and pre-math's skills through exploring and experimenting.<br>Children have opportunities to mix, pour, splash, funnel and channel water and also opportunities to sculpt the sand into various shapes and moulds. Working with sand and water provides opportunities to use imagination and also helps to strengthen muscles in children's hands and develop hand eye co-ordination |
| Arts & Crafts Area | This area contains all the equipment the children need in order to make and do. The children make marks, paint, draw, print, use scissors, glue and use clay. This provides opportunities for 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. Activities such as clay and play dough allow the child to manipulate the material, which may channel such emotions as anger and frustration. These are not just fun activities for children, they can also help strengthen muscles in their hands and develop hand eye co-ordination which will help them become more confident. |
| Block Area | The block area provides children the space and opportunity to explore and create shapes, bringing with it a basic understanding of concepts of space and spacial relationships. In this area children's pre reading, pre writing, hand to eye co-ordination are also developed. The development of reasoning and problem solving is also developed and the movement involved in construction encourages the development of small motor skills. Children are also given an opportunity to compare weights, build and topple blocks bringing an understanding of height, weight and differences. As in all our areas language and early maths skills are developed as children compare and contrast differences and are encouraged at all times to use appropriate language. |
| Indoor/ Outdoor Area | The outdoor environment is an extension of our indoor learning environment and the child's social world and many activities can be brought outside. Organised energetic activities, such as running, jumping, skipping, will be part of the curriculum in order to support children's need for movement, co-ordination and gross motor skills development; as well as aiding physical growth such activities can be a learning area and a great reliever of built up stress or tension. Access to outdoor play, exercise and fresh air is written into each child's daily routine so children have access to fresh air and exercise daily. |
| Spiritual, Cultural, Social and Moral Values | Spiritual, Cultural, Social and Moral Values are encouraged by; providing an environment where children feel safe and valued, learning to share and respect others and the property of others, learning to accept rules of play, rules of the centre and the rights of others and through encouraging respect of other cultures and the celebration of festivals from a variety of cultures. Courtesy is an ongoing lesson where the children learn to treat each individual with respect and kindness. While we recognise children may have conflicts from time to time, our team will help the children work towards resolving their conflicts and fostering friendships. |

## ARRIVALS AND DEPARTURES (DROP OFF & COLLECTION)

This policy is maintained and provided to parents on registration and staff during induction. A separate policy is available for school aged children. We ask parents as a matter of safety to ensure children are dropped and collected by a competent adult. Parents should notify us by email if they intend to keep their child home from creche and include the reason for absence, so we are kept informed.

**Children Drop off Arrivals and Departures**

A biometrics system ensures only authorised persons access the childcare area of the service. At registration, parents designate persons to collect their child and should update this regularly, staff will ask for ID to confirm identity of persons collecting the child. Legal guardians are authorised to collect a child unless a custody/barring/protection order is presented to centre staff. Where custody of a child is granted to one parent, we ask parents to clarify circumstances with us. In the case of shared guardianship, parents can provide a second address to receive a copy of information. We ask parents to inform us of any person that does not have legal access to the child. Parents should drop to a member of the team in their child's room to ensure employees have commences work and are in a position to discuss aspects of their child's care, no discussions should take place outside the service or outside of work. Our service is adequately insured for school collections which are on foot from St. Laurence's Junior/Senior school in Baldoyle and take place at 1.40pm and 2.40pm; staff will collect children from their designated areas in their staff uniform. We ask parents as a matter of safety to notify us if they intend to collect their child from school and to let us know in advance if their child is absent from school on any day, so we are kept informed. Anchor Childcare staff may collect children when schools close early, parents are responsible for informing centre staff of changes to agreed collection times. Parents may not drop their children into the service if the child has been absent from school due to illness. Parents may only drop children into the centre at or after their agreed time and should not collect children after their agreed time. At registration, parents nominate persons to collect their child. Parents should ensure that those nominated are competent, able to follow service policies and to collect their child safely, posing no risk to the children, parents or staff in the service. If someone arrives to collect a child and they are not on the list or considered by staff to be unfit to collect, we will contact a parent, or person listed on the collection list. If a child is not collected at their designated collection time we will contact the parent or the person authorised to collect the child. In the event that a parent or those on the authorised collection list fail to collect a child, Gardaí and/or Tusla may be contacted. Children are signed in and out on room registers by staff as they are dropped off and collected. Anchor Childcare has an electronic tagging system in place to minimise the risk of children leaving the premises unless they have been collected.

| | **Procedure for children arriving and departing the service** |
|---|---|
| 1. | As each child is dropped off by their parent/carer, parents should ensure children sanitise their hands drop their child straight to their classroom where they are greeted by a staff member who signs them in on the relevant register and places an electronic tag on their clothing. Parents should not allow children to touch the buzzer system on the door or the finger print system. |
| 2. | As each child departs the centre, they are collected from their classroom door by their authorised parent/carer they are immediately signed out by a staff member on the register and their electronic tag is removed and stored appropriately. Parents should ensure children sanitise their hands on the way out of the centre. Parents should not allow children to touch the buzzer system on the door or the finger print system. |

**It is the responsibility of staff assigned to each room to minimise risk by:**

- Ensuring children are signed in and out correctly and on time
- Being aware of the number of children in their care at all times including during transition periods and staff changeovers.
- Checking regularly to ensure children are tagged correctly and safely and ensuring tags are stored safely.
- Sharing and transferring of relevant information to relief staff and parents professionally and respectfully.
- Ensuring doors are not held open for long periods and using the internal telephone system to communicate. Time is allocated from 5.30-5.45 each day for telephone conversations between parents and staff to discuss any areas relating to children's development that are not discussed at drop off and collection or if parents have a query in relation to their child's care.

**If during a check you believe that a child is missing please follow the missing child procedure:**

1. Check your register and assigned children to confirm and identify the missing child
2. Check the immediate area for the missing child
3. Ring Reception or a Team/Room Leader to seek cover and alert others to widen the search for the child
4. Check all areas of the service to include cupboards and under equipment such as the caterpillar and hiding places the child may be
5. If necessary, widen the search to outside the building and the surrounding areas.
6. If the child has not been found contact the Gardai to inform of the situation
7. Contact the parents of the child to inform them of the missing child and complete an incident report

**Staff, Students & Visitors Arrivals and Departures**

Work placement student attendance is recorded on the main centre register in reception and on their assigned room register.

Staff attendance is recorded electronically and maintained on file, on their assigned room register, and on the register in reception which is used for fire evacuations. Unless authorised by Management staff may only leave the building during designated breaks and they must at all times use the attendance management system

Visitors to the service are required to sign in and out at reception. Viewing panels enable us to see children at play without accessing rooms. Visitors are not permitted unsupervised access to children.

**Procedure for staff arriving and reporting for work**

| Description. It is the responsibility of each staff member to ensure they use the time management and attendance systems correctly | |
|---|---|
| 1. | As staff enter the building, they sign the fire register in Reception, sanitise their hands; press their finger on the time management system at the security door to record the time they commence work. Where assigned to a room they sign in on the room register. |
| 2. | As each staff member commences a break and resumes work after breaks, they must press their finger on the time management system at the security door to record the duration of their break and sanitise their hands. Where a staff member is assigned to a room they must sign in and out on the room register and wash their hands. |
| 3. | As each staff member finishes at the end of their working day, they must press their finger on the time management system at the security door to record their finish time. Where a staff member is assigned to a room they must sign out on the room register. |
| 4. | As they leave the building staff also sign out on the fire register in reception and sanitise their hands. |

Anchor Childcare Centre
**Child Safeguarding Statement**

Anchor Childcare Centre is a community childcare service caring for children aged 6 months to 12 years and is registered with TUSLA as a full day-care and school aged service. The welfare of the child will be considered paramount and staff in our service respect the rights of all children to live and grow in an environment free from the effects of abuse. Anchor Childcare adheres to Children First Guidelines on the Protection and Welfare of Children (2015).

The board have appointed a Manager and Team leaders who are the designated liaison persons for the organisation to be consulted in relation to all child protection matters. Within the meaning of Part VIIA of the Child Care Act 1991 i.e. all childcare staff, managers, deputy managers, room and team leaders are mandated Persons under the Children First Act 2015. A staff list is maintained and displayed on the Health & Safety notice board.

Our Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, Children First: National Guidance for the Protection and Welfare of Children, and Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice. We carried out an assessment of any potential for harm to a child while availing of our services and listed areas of risk identified and procedures in place for managing these risks. This list is not exhaustive as we safeguard children and minimise risk.

| | Risk of Harm | Procedures in place to manage identified risks of harm |
|---|---|---|
| 1 | **Employee Factors**<br>Examples of risk include but are not limited to: Rough handling of children in a way that causes harm.Shouting at or chastising children causing harm or anguish to a child. Ongoing provision of inadequate food and/or nutrition to the extent it causes harm to a child. Failure to recognise abuse.<br>Medication errors | A recruitment and selection policy and procedure is in place to recruit qualified competent adults to supervise children. Staff, volunteers and students undergo reference checks and vetting. All staff receive an induction on commencement and childcare staff are qualified to a minimum of QQI/ FETAC level 5 in childcare.<br>Training procedure is in place to ensure skills are updated regularly<br>All staff have completed children first training and DLP's have received DLP training.<br>Child protection policy is in place which outlines the signs and symptoms of abuse and includes the procedure for the management and reporting of suspected abuse or allegations of abuse from a child or against employees and volunteers.<br>CCTV cameras are in operation and policies are in place Policies are in place to manage staff leave, confidentiality, communications administration of medications, alcohol and substance misuse and use of appropriate language. |
| 2 | **Environmental factors Parent, Community and visitors factors/Internet and social media related concerns.**<br>Cultural, ethnic, religious or faith-based norms in the family which may not meet the standards of child welfare or protection in our service.<br>Conflictual relationships, Miscommunication, Bullying<br>Missing child/safety on outings | Policies given to parents and staff on what is acceptable behaviour in the service, and they are encouraged to act as role models.<br>Multimedia policy is in place including use of mobile phones and photographic devices. Children's computers do not have internet access. Behaviour management policy is in place which includes Bullying policy. Partnership with parent's policy is in place and the key worker system promotes stronger parent relationships. We will liaise with any outside agencies already involved with the family. Biometrics policy is in place to restrict access to the service. Daily registers policy is in place, visitors are required to sign in and out of the centre. Nappy changing policy is in place and we have viewing panels to all childcare areas.<br>Team Leaders and room leaders are employed to supervise and support staff to ensure policies and procedures are followed and quality is maintained.<br>Safety Statement, outings, accident/Incident policies are in place |
| 3 | **Child factors**<br>Disability/ Additional Needs<br>Malnutrition/Ill health<br>Safe sleeping<br>Bullying<br>Child Absconding | Equal opportunities/Inclusion policy is in place and key workers work with the child and the family based on the child's individual needs and interests.<br>Child protection policy is in place and the board have appointed a manager and team leaders to act as designated liaison persons to handle safeguarding matters.<br>Nutrition, safe sleep, exclusion policies are in place<br>Behaviour management, bullying and missing child procedures are in place.<br>Easy to read policies are available for school aged children to read and understand. |

**Procedures in place are reviewed regularly and provided to parents on registration and staff and volunteers during induction**

Our Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, *Children First: National Guidance for the Protection and Welfare of Children* (2017), and Tusla's *Child Safeguarding: A Guide for Policy, Procedure and Practice*. In addition to procedures listed in our risk assessment, the following procedures support our intention to safeguard children:

- Procedure for recruiting/ appointing and maintaining a list of the persons / childcare staff who are mandated persons
- Procedure for the management and reporting of allegations of abuse against workers/volunteers of a child availing of our service
- Procedure for provision of and access to training and information, including the identification of the occurrence of harm
- Procedure for the reporting of child protection or welfare concerns to Tusla;

Implementation will be an on-going process. Our service is committed to the implementation of this Child Safeguarding Statement and procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement will be reviewed regularly and at least every 24 months or as soon as practicable after there has been a material change in any matter relating to safeguarding. For queries, please contact one of the board appointed Designated Persons below

Signed: _____ Jean Melia (Designated Liaison Person)

Signed: _____ Claire Yates (Deputy Designated Liaison Person)

Signed: _____ Susan Berney (Deputy Designated Liaison Person)

# CHILD PROTECTION POLICY

Anchor childcare has a safeguarding statement in place and respects the rights of all children to live and grow in an environment free from the effects of abuse. The welfare of the child will be considered paramount, while taking into account the rights of the parent and family. The company has a designated Child protection team, to be consulted in relation to child protection matters. The designated persons are listed on the safeguarding statement. All childcare staff, managers, deputy managers and team leaders are Mandated Persons and under the Children First Act 2015 if they know, believe or have reasonable grounds to suspect a child is at risk, they may report to TUSLA.

The legal obligation to report under the act applies only to information acquired in the course of our professional work or employment. It does not apply to information acquired outside of work or information given on the basis of a personal rather than professional relationship.

A staff list will be maintained and displayed in our service on the parent's notice board. Anchor Childcare adhere to Children First Act (2015) and follow the procedures set out below.

## Defining Emotional Abuse

Emotional Abuse is a systematic, emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. It occurs when a child's basic need for attention, affection, approval, consistency and security are not met due to incapacity or indifference from their parent or caregiver. Emotional abuse is not easy to recognise because the effects are rarely seen. Examples of emotional abuse include:

- Rejection
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (eg: fun and play)
- Lack of continuity of care (eg: frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Persistent criticism, sarcasm, hostility or blaming of the child
- Bullying
- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions
- Extreme overprotectiveness
- Inappropriate non-physical punishment eg: (locking child in bedroom)
- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child relative to his/her age and stage of development

## Recognising Symptoms of Emotional Abuse

There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental achievement, risk taking and aggressive behaviour. It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors. **A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.**

## Defining Physical Abuse

Physical Abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. **A reasonable concern exists where the child's health and/ or development is, may be, or has been damaged as a result of suspected physical abuse.** Physical abuse can include the following:

- Physical punishment
- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Female genital mutilation

The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.

## Defining Neglect

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The following are features of child neglect:

- Children being left alone without adequate care and supervision
- Malnourishment, lacking food, unsuitable food or erratic feeding
- Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation
- Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation
- Inadequate living conditions – unhygienic conditions, environmental issues, lack of adequate heating and furniture
- Lack of adequate clothing
- Inattention to basic hygiene
- Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age
- Persistent failure to attend school
- Abandonment or desertion

**Recognising Symptoms of Neglect**

The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect**. A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.**

**Defining Sexual Abuse**

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts or exposing the child to sexual activity directly or through pornography. Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members. Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms. Examples of child sexual abuse include:

- Any sexual act intentionally performed in the presence of a child
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation
- Sexual intercourse with a child
- Sexual exploitation of a child, which includes:
  - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
  - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act
  - Showing sexually explicit material to children, which is often a feature of 'grooming' by perpetrators of abuse
- Exposing a child to inappropriate or abusive material through information and communication technology
- Consensual sexual activity involving an adult and an underage person

**Recognising Symptoms of Sexual Abuse**

Girls or boys may spontaneously describe sexual experiences; also detailed descriptions of sexual acts must be listed in the knowledge that such a description is likely to have a truthful foundation.

- General – sudden changes in mood and altered attitudes to particular adults.
- Inappropriate sexual knowledge, demonstrated by sexual play with peer, toys and through drawings.
- Genital injuries or vaginal discharge, bleeding, itching or soreness
- Sexually transmitted disease – oral or genital
- Associated physical abuse – bruise, bite marks, burns

**DISCLOSURES**

During the course of play or conversation, a child might intentionally or inadvertently disclose information to an adult that is indicative that abuse may have taken place. It is important to remember the following

- Keep calm and remain natural. The child may be testing your reaction to see if it is safe to open up to you
- Most likely you have been approached because the child likes and trusts you.
- Remember that the disclosure (content and description) may be very difficult for the child.
- Let the child speak and listen carefully to what the child has to say. Do not ask leading or intimate questions.
- Let the child disclose at their own pace and in their own language. Give them the time and the opportunity to tell as much as they are able and wish to and expand on what they have said
- Assure the child that you believe them. False disclosures are very rare. Do not promise to keep secrets.
- If possible without disturbing the flow of the disclosure attract the attention of a co-worker to witness the conversation.

# Procedures for managing allegations and disclosures of abuse

The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made.

| Step | Procedure for handling disclosures |
|---|---|
| 1. | Immediately after the conversation, record the disclosure in writing and report to the DLP. In the unlikely event that the DLP is absent from the centre, they should be contacted by mobile phone. |
| 2. | The DLP will consider what is recounted in writing and follow the procedure for managing concerns of abuse. |

| Step | Procedure for managing concerns of abuse |
|---|---|
| 1. | If a staff member has reasonable grounds for concern that a child has been abused they should accurately report these concerns to the DLP in writing. If the DLP is absent from the centre they should be contacted by phone. |
| 2. | The DLP will consider the threshold of harm for the relevant category of abuse and may:<br>1. Discuss the concerns with the parents/guardian/key worker/carers of the child<br>2. Contact TUSLA for advice<br>3. Make a mandated report to TUSLA under Children First<br>4. Record the concerns and the reasons for the decision not to report to TUSLA. |
| 3. | Making a mandated report<br>• Once a decision has been made to make a mandated report, the DLP should complete the TUSLA child protection and welfare form<br>• If the child is at immediate risk, the DLP will alert TUSLA of the concern in advance of writing the report and will submit the mandated report within 3 days. If TUSLA cannot be contacted the Gardaí will be contacted<br>• Mandated staff should be available to complete the report with the DLP. In the unlikely event that the form is completed by the mandated person alone, the mandated person must provide a copy of their report to the DLP within 24 hours. |
| 4. | Not making a mandated repot<br>• If a decision is made by the DLP not to report a concern to TUSLA, any actions taken and the reason for not reporting should be recorded.<br>• The employee who raised the concern will be given a written explanation why the concern was not reported to TUSLA. |
| 5. | The mandated person will be advised that if they remain concerned about the situation they are free to make a report to TUSLA or the Gardaí. If a report is made, they must provide a copy of their report to the DLP within 24 hours. |

| Step | Procedure for managing allegations of abuse against staff, volunteers or students |
|---|---|
| 1. | Allegations of abuse or misconduct involving a child must be made in writing to the DLP. Following an allegation made against a staff member, volunteer or student in respect of abuse or misconduct against a child, the DLP will inform the manager. |
| 2. | The DLP and the Manager will consider the threshold of harm for the relevant category of abuse and may:<br>1. Discuss the concerns with the staff member and parents of the child<br>2. Contact TUSLA for advice<br>3. Discuss the concerns with the board of Anchor Childcare, the legal employer<br>4. Make a mandated report to TUSLA under Children First<br>5. Record the concerns and the reasons for the decision not to report to TUSLA. |
| 3. | If an internal investigation is required, it will commence as soon as is practical. A copy of the complaint will be given to the staff member under investigation. An employee may be placed on administrative leave and will have opportunity in accordance with current labour legislation to have their case fully heard. Absence on administrative leave from the service while an alleged offence is under investigation is not viewed as evidence of guilt, rather as protection for both child and employee during a difficult period.<br>The parents of the child involved will be advised of this and given the option of keeping their child at home pending the outcome<br>Once the internal investigation is complete, the board will decide on further action and inform the employee of the outcome of the investigation. Possible decisions may include but are not limited to:<br>▪ Suspension or limitation of duties within the service<br>▪ Continuance of paid / unpaid administrative leave<br>▪ Mandated report to TUSLA. The board will follow the advice and direction of TUSLA. This service will assist in any external investigation and the employee may remain on administrative leave pending the outcome of the external investigation. If the employee is found to have committed an offence against a child or of being involved in misconduct involving a child disciplinary procedures will be followed up to an including dismissal without liability for compensation. |

# Behaviour Management Policy

Anchor Childcare Centre recognise children benefit from a stable environment with competent adults and wishes to provide a best practice quality childcare setting where confidence, self-esteem and independence are nurtured. Our service does not condone physical punishment of children, and there is no incidence where this would be seen as acceptable from staff or parents. Staff use positive affirmations towards children and words such as 'bold' or 'stupid' will not to be used towards a child or to describe the actions of the child at any time. Adults act as role models for positive behaviour; children are not moved to another room, threatened, physically punished, denied food, sleep or bathroom use due to inappropriate behaviour. Biting is viewed as a normal part of a child's development and may be common in the under three age group, the policy for which is detailed below. Policies are provided for parents at registration and to staff in their induction pack and are reviewed regularly. Employing qualified staff and arranging further training in behaviour management encourages positive behaviour and reduces the need for any form of physical intervention, except in emergency situations where a child appears to be unable to exercise self-control of emotions and whose behaviour is presenting a threat to themselves or others. This policy ensures that physical intervention is used only as a last resort and no pain is inflicted upon the children. Incident reports are completed so the parents are advised. **A member of staff should not intervene in any incident without help if there is a risk they may be injured.** A simplified child friendly policy on behaviour is provided for school age children.

**Self Regulation**

Self-regulation is a person's ability to adjust and control their energy level, emotions, behaviours and attention. Self-regulation skills are linked to how well children manage many tasks during early childhood. With these skills, children are able to manage difficult and stressful events that occur as part of life, such as the loss of a pet, death of a family member or family separation. As a child learns to self-regulate, skills such as concentrating, sharing and taking turns also develop. This enables a child to move from depending on others to beginning to manage by themselves. Most children at some stage will struggle to manage their feelings and behaviours, particularly when they are tired, hungry or facing new experiences. When this happens, they might become upset, sulky or angry. This is all part of being a young child and is not necessarily cause for concern. If however this is problematic on a regular basis and there are seemingly little reasons for a child to be displaying such behaviours it is likely to be problematic and may impact academic performance and social interactions. Our service has put in place the following measures to encourage positive behaviour and self regulation

**The Environment and Daily Routines**

Staff working with children are qualified to a minimum of Fetac/QQI level 5 in early years. Staff supervise, observe and interact with children and are proactive in order to avoid conflict. They arrange stimulating activities and encourage self-care and manageable tasks according to children's age and stage of development to ensure children are kept busy. Behaviour management training is provided to ensure staff have the skills to manage behaviour positively and consistently. Staff are encouraged to view conflict as an opportunity to teach children essential relationship skills. During their time in the centre staff point out and positively affirm when children are sharing or taking turns. As children encounter problems staff encourage them to be vocal about the problem and ask them to come up with possible solutions so they develop a thought process and are less likely to react to conflicts. We have routines in place, where the same things happen in the same way at the same time each day. Routines are very important for supporting children's positive behaviour as they provide a sense of security so children feel more settled and confident in their environment as they know what to expect.

What can parents do to help?

Parents can encourage self-discipline and respect for each other, our surroundings other children and centre property. Parents should be proactive and share information on the child that may affect their behaviour. Do not use food as a reward for behaviour or withhold it as a punishment. Use positive affirmations to acknowledge positive behaviour and establishing routines for bedtime, meal times, bath time, homework and other things that happen regularly each day. Parents should be mindful that conflicts will occur with small children as they navigate relationships. While injuries can't be prevented, they can be minimised by keeping children's nails short, parents using social stories at home such as hands are not for hitting and encouraging children to use their words to communicate their needs.

**Rules, Limits and Boundaries**

Children need adults to demonstrate adult like behaviours and be reliable and predictable. When promoting positive behaviour it is important to teach the behaviour you would like to see rather than punish the child as punishment focuses on showing the child what not to do rather than helping them learn what to do**.** Setting limits helps children control their own behaviour. Children are involved in making and displaying rules according to their age and stage of development. Rules should be age appropriate, kept to a minimum and depending on the age and stage of development discussed regularly at group times with the children. It must be made known to children that they have equal rights and sharing and turn taking in activities are encouraged. Use simple language, sometimes a simple 'no' will suffice. Positive affirmations can be used to acknowledge and reward positive behaviour in children. For example, the child may be rewarded with a warm smile, eye contact, a well done or a hug for positive behaviour. Providing positive affirmation to children when they are doing something positive makes it more likely they will continue to seek attention through positive rather than negative behaviour. Simple acknowledgements are very effective ways for parents and carers to provide positive attention to children, for example: "Thanks for picking up your toys," "Well done for finishing your homework before dinner," or "You played really well today. It's great to see you getting along and having fun." It's important to give the affirmation and name the behaviour that you want to continue. Offer comfort and support to any child hurt in an accident or incident. Be consistent in approach so children have the security of knowing what to expect and what is expected of them. Provide children with strategies and opportunities to resolve their own conflicts, release feelings creatively through planned activities to help explore and name feelings. Staff should risk assess behaviour management situations. If a child has a temper tantrum and is no danger to themselves, it may be of more benefit to ignore their behaviour until they have calmed down.

What can parents do to help?

Parents can be positive role models for children and follow our rules of the centre. It is very important to follow through on your expectations. Being consistent shows that you mean what you say and can be counted on. When expectations are applied inconsistently (e.g. some days you don't bother about the mess they leave and other days you insist that they must clean up), children are more likely to test or ignore the limits you set.

## Giving children the tools needed to help self-regulate their behaviour

**Conflict resolution** is a learned skill so children will be encouraged to participate in the process of resolving conflicts which helps teach the value of compromise; through simple language children can learn that bullying, fighting, hurting and racist comments are not acceptable behaviour. Children are encouraged to use words instead of actions to express themselves. Efforts, achievements and feelings are acknowledged in order to help grow self-esteem and self-discipline. When communicating with a child the adult demonstrates respect for children by listening and being interested in children's explanations for their actions. Adults need to offer and show reasoning in conflict situations, for example if the word 'no' is used, the reasons why should be explained.

**Handling disappointment** is a learned skill and we can help our children practice ways to handle disappointment before a potentially disappointing incident occurs. Turn taking and helping others when an accident occurs should form part of interactions. Offering alternative choices of activities while waiting on your turn should form part of interactions.

**Language** is a powerful tool. As children's emotional vocabularies grow, their ability to read their own and other's emotions grows, too. Staff help children understand that their feelings can change, they may wake up grumpy, but they don't have to stay grumpy. Staff help children learn that they can express more than one feeling and they can feel differently from someone else about the same thing, but all feelings are valid it's what we do with them that counts. Staff use music and movement to help children describe emotions and when reading they create opportunities to describe emotions in books. Recognising and naming their own emotions and feelings is an important step for children in learning how to control their emotions. A child has to recognise that they feel angry before they can learn how to control that emotion. Staff arrange calm down and relaxing exercises which will ensure that when a child is asked to calm down that they understand what that means.

**Making choices** is an important skill needed for decision making. Staff encourage children to be argent learners, independent and make choices which allows children to understand that how they react and behave is under their control. Presenting children with (appropriate) choices, letting them make (appropriate) decisions and praising their responsible choices supports the development of positive social values. As part of interactions staff ask probing questions encouraging discussions on interests, choices and decisions.

What can parents do to help?

Parents can help by being mindful that conflicts are a normal part of developing early relationships and support children to focus on moving forward and not focus on the conflicts. Children should be encouraged to interact with all children in their group and not isolate themselves from other children. Talk about and help children explore their feelings. Be a model, use the skills yourself and show children how they work. Turn difficulties into learning opportunities, discuss your problems verbally, oh no my car won't start how am I going to solve that. Let your child hear your thought process as you go through possible scenarios and decide on a solution. This teaches the children to stop and think rather than react. It's important to recognise that social and emotional skills develop over time and develop differently. Parents should help us to assess risk and inform staff if they believe their child has difficulties self-regulating their behaviour. Parents and staff working together to help children develop social and emotional skills can really make a positive difference. Parents and staff don't have to be perfect; showing children you can make a mistake and learn from it can be really helpful too. If there are specific issues talk them through with your child and their teacher so they can be resolved rather than escalated.

**Procedure for managing a conflict**

1. Change the tone and note of your voice to get the child's attention, use eye contact and speak one to one at the child's level.
2. Using simple language, name emotion for the child (I know you're upset, angry, frustrated), name the behaviour that is not acceptable and why it's not acceptable, so expectations are clear.
3. Suggest an appropriate behaviour (maybe you'd like to go get another toy)
4. Be calm in approach, do not get into a power struggle.
5. Offer comfort and support to any child hurt and encourage the child/ren to communicate their feelings.
6. Record any accident/incident that results in a child being seriously injured or visibly marked in accordance with procedures, parents are informed of such incidences and co-sign the accident form.
7. In some conflict situations it may be necessary direct a child away from a situation to calm down and reflect on their behaviour. A child may be asked to stop partaking in an activity and reflect for a short time to avoid further conflict. In such cases the child will be redirected to a quieter activity in the room; this helps to teach them how to manage emotions that may be running high. In some instances, a child may choose and ask to retreat to an area to calm down. When children need quiet time to calm down, it's important to encourage them back to the group after a few minutes, welcome them back to the activity and follow up with positive affirmation for positive behaviour as soon as possible. The layout of the child's environment should take into account the need for an area where a child may retreat to calm down.
8. Physical intervention - As a last resort and only after all other procedures for managing behaviour have been exhausted, staff may need to physically hold or restrain a child to prevent harm. No matter what age the child is, physical restraint must only ever be used for immediate safety reasons, with minimum force and for a minimum amount of time. The purpose of this intervention can only be to prevent injury or to prevent serious damage to property. This intervention will only be used in an age appropriate way, e.g. it may be appropriate to pick a very young child up but not an older one. Great care will be taken when holding a child with particular attention paid to their individual needs. The intent of this action is to keep the child and others safe until their self-control is regained and they feel contained, but it will only be used in exceptional and rare circumstances. A calm and caring attitude on the part of the adult is critical ensuring this is supportive and in no way a punishment. Times when holding or restraining a child may be used:
    - To prevent an accident such as a child running across a road.
    - To prevent injury, e.g. if a child is having a temper tantrum and is throwing furniture.
    - Where a child is expressing feelings of anger, anxiety or frustration, in a way which is unsafe for themselves and others and where reasoning has not stopped the behaviour, a staff member may assist the child in re-establishing control by holding them, to contain their feelings safely, as a last resort and for the minimum length of time.

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

## Bullying Policy

All children are entitled to attend a service free of bullying, which encourages harmonious, respectful and dignified friendships and relationships. Bullying is totally unacceptable behaviour and it will not be tolerated in Anchor Childcare Centre. We aim to provide a safe and secure environment where children can grow and learn without fear or anxiety. This policy is designed to support the centres behaviour management and equal opportunities policies and encourages a consistent response to bullying and is provided for staff and parents when they start in the service. Bullying may not just be delivered on a personal, face to face basis, but also by using existing and new technology, known as cyber bullying. Our service does not allow mobile phone or internet use by children. Staff should be aware of and implement this policy to deal with bullying.

**Definition**

Bullying is a premeditated act and the misuse of power by an individual or a group by engaging in offensive behaviour that is vindictive, cruel, malicious or humiliating by the misuse of position to intimidate another. Examples of bullying can be: Physical- pushing, kicking, hitting, pinching and other forms of violence and threats, Verbal- name calling, sarcasm, spreading rumours, persistent teasing, Emotional- tormenting, ridicule or humiliation, Racist- racial taunts, graffiti or gestures. Social- unwanted physical contact or abusive comments, Homophobic- any hostile or offensive action against gay, lesbian or bi-sexual or those perceived to be these. Bullying can occur in different forms and none should be tolerated.

***Knowing the difference between Normal Peer Conflict and Bullying.***

| **Normal Peer Conflict** | **Bullying** |
|---|---|
| Equal power or friends | Imbalance of power; not friends |
| Happens occasionally | Repeated negative actions |
| Accidental | Purposeful |
| Not serious | Serious with threat of physical or emotional harm |
| Equal emotional reaction | Strong emotional reaction from victim and little or no emotional reaction from bully |
| Not seeking power or attention | Seeking power, control, or material things |
| Remorse - will take responsibility | No remorse - blames victim |
| Effort to solve problem | No effort to solve problem |

**Rough and Tumble play**

Staff recognises rough and tumble play as distinct from inappropriate or aggressive behaviour. Television or films which include Superheroes may often influence young children and staff understand children may mimic this behaviour through their play and this may be social play rather than aggressive. Staff will not allow guns, bow and arrows, play knives or any weapons into the service. Our staff will set boundaries for games and use planning opportunities to discuss the concept or 'good' and 'bad' and support play to find alternative solutions to weapon play, exploring different scenarios.

**Hurtful Behaviour**

Very young children are 'egocentric' which means they put their own feelings before others and even the most considerate child may have the occasional outburst due to frustration, anger or over exuberance. If hurtful comments are made staff will recognise that very young children are not always able to manage their own feelings and deliver them appropriately and assist in this management to support their development offering support to both parties and discuss the issues through play, story time and circle time activities.

**Anti-Bullying Procedure for staff and parents**

- Staff ensure that children have a sense of belonging in our service; when children feel they belong, bullying is less likely to occur.
- Staff will take all forms of bullying seriously and intervene to prevent incidents from taking place.
- If staff witness an act of bullying behaviour they will explain that bullying wrong and that it is unacceptable behaviour.
- Staff will do all they can to support the person or persons who are being bullied. This will involve supporting all parties to understand that it is not acceptable to be bullied, to be the recipient of bullying or to bully others.
- A record is kept of incidents of bullying; If bullying patterns repeat the child's parents will be asked to meet with the key worker.
- Parents who are concerned that their child might be being bullied, or who suspect their child may be the perpetrator of bullying should contact their child's key worker immediately to discuss the situation.
- Parents should support the centres policy on bullying and actively encourage their child to be a positive member of the service.
- Parents are expected to help develop their child's social, emotional and self-regulation skills to support the centres ethos.

**Recurring Problems**

Communication and co-operation between parents and staff is important, as consistency of approach is vital to behaviour management. Parents are expected to respect and continue the centre's attitude towards non-physical methods of discipline. Parents will be supported to manage their child's behaviour and may be asked to meet with their child's key worker or a room leader to review our policy and discuss their child's behaviour to work in partnership to develop a plan if necessary to ensure consistency in approach to managing behaviour. Staff will not discuss a child's behaviour with anyone outside the centre without a parent's permission. It may be necessary if there is persistent or recurring challenging behaviour to seek the help of other professionals, as sometimes, challenging behaviour may be the result of an underlying issue. In such cases it would be expected that parents co-operate with this request and share information with their child's key worker. Such support is viewed as impacting positively on the child, the parents and the centre.

It is not our standard practice to ask parents to remove children from the centre, we work in cooperation with parents to improve their child's behaviour and lay foundations from which children will grow into happy, confident, well-adjusted individuals. However, if a parent refuses to co-operate, seek professional advice, or the behaviour of the child is considered to be hazardous to themselves or others we would have no alternative but to ask a parent to remove them from the centre. We have a grievance procedure in place should any parent wish to challenge any decision made by centre staff.

# Biting Policy

Anchor Childcare Centre wishes to provide a best practice quality childcare setting where confidence, self-esteem and independence are nurtured. We recognise that biting is unfortunately not unexpected in childcare centres and can be upsetting for children and parents. No one can predict which children will bite and when, we cannot promise to eliminate biting from our centre, but will deal with each case individually and professionally. While we believe that biting is never the right thing for children to do, as professionals we recognise that children bite for various reasons.

**Reasons children bite?**

- Teething pain or discomfort
- Sensory exploration of their environment
- Learning about cause and effect, learning to hold on and let go
- Learned behaviour, imitating others or attention seeking
- Expression of feelings such as frustration, anger tension, anxiety, excitement.
- A reaction to abuse or physical aggression
- The child may be in an environment that is overcrowded, too stimulating, or not stimulating enough
- Inappropriate expectations such as expecting small toddlers to share or expecting small toddlers to meet a rigid schedule not allowing time for food or sleep.

**What parents and staff can do to manage biting**

- Have patience, understand that there are many reasons for biting and not all of them are within the child's, parents, or centre's control.
- Observe and supervise children effectively. Continually review the child's routine, interact with children and provide developmentally appropriate activities in a calm cheerful atmosphere.
- Be consistent in approach, expressing disapproval of biting so children understand it is not acceptable.
- Parents and staff should be proactive and share information on the child that may affect their behaviour.
- Parents of the child who has been bitten should not chastise the child who has bitten or his/her parents. While this may seem logical and justifiable at the time, it does not help the situation and certainly does not stop the biting.
- Maintain confidentiality. We have chosen to develop a policy of confidentiality, which is a cornerstone of professionalism in the field of early childhood care and education. In line with this policy, centre staff will not divulge the name of the child who has bitten. Parents may often find out the name of the child who has bitten from their own child or from the child who was bitten. We are all adults working or using the services of this centre and to honour confidentiality should not discuss the behaviour of another child or label the child. Referring to any child as 'a biter' labels them in a negative way and makes it more difficult to work quickly and positively towards stopping the biting.

**Procedure for managing a biting situation**

1. Give immediate comfort, support, attention and first aid if necessary, to the child who has been bitten. Put a cold compress on the injury if the child is willing and if the skin is broken, wash the wound with warm soap and water and cover it.
2. Change the tone and note of your voice to get the child's attention, speak one to one at the child's level and using simple language, make clear to the child that it is the biting and not the child that is unacceptable.
3. Encourage the child/ren to communicate their feelings.
4. Record any serious accident or incident that results in a child being seriously injured or visibly marked in accordance with our standard accident reporting procedure.
5. Observe the child who has bitten to ensure there are no recurring incidences. What to observe for:
    a. Is the biting occurring at a certain time each day?
    b. Is the child hungry or tired?
    c. Does the biting occur at times of transition from one activity to another?
    d. Does the biting occur in one area of the room?

**Recurring biting**

- Recurring biting will be dealt with in an inclusive manner. The child's key worker or team leader will meet with the parent to discuss reasons for their child's biting, and to work together to discuss strategies to stop future biting episodes.
- It may be necessary at times to seek the help of other professionals; as sometimes ongoing biting may be the result of an underlying issue. In such cases, it would be expected that parents would co-operate with this request and share information with their child's key worker.
- It is not our standard practice to ask parents to remove children from the centre, we work in cooperation with parents to improve their child's behaviour and lay foundations for children to grow into happy, confident, well-adjusted individuals. However, if a parent refuses to co-operate, seek professional advice, or biting is continuous and considered to be hazardous to other children or staff we would have no alternative but to ask a parent to remove their child from the centre.
- We have a grievance procedure in place should any parent wish to challenge any decision made by centre staff.

# Inclusion / Equality & Diversity Policy

Anchor Childcare Centre recognises and respects the rights of all adults and children and welcome all families. We recognise that learning is individual and respect the right of all children to quality care with equal access to developmentally appropriate activities in an environment free from prejudice and discrimination. **Children are respected as agentic with a voice and influence over their learning and are encouraged to be competent, and confident.** Children are valued and accepted for who they are and staff actively encourage equality through:

- Anchor Childcare is an equal opportunities employer and promotes equal opportunities by ensuring all staff perform a variety of tasks not related to gender.
- Staff will understand children learn from example and that they have a responsibility to demonstrate that they are respectful of differences and value all abilities, cultures, social and racial backgrounds.
- Discriminatory actions or language by staff, parents or children will be challenged and will not be accepted. Discrimination will be positively challenged by supporting the victim and helping those responsible to understand and overcome their prejudices.
- Staff are not permitted to buy presents, treats or gifts for children so as to ensure equality and an inclusive service. When Santa arrives at Christmas, there is a present purchased by the centre for each child and will take equality and developmental needs into consideration. Parents should be aware that our service is a team effort and parents are discouraged from purchasing individual gifts for staff and should support an inclusive culture in the service.
- Staff should not develop favouritism or become over involved with any one child. Children should be comfortable in the care if any of our staff as there may be different staff working with groups or individual children.
- All children, including those with additional needs will be encouraged where appropriate to be independent and agentic, meaning they will be encouraged to develop self care skills to be competent, and confident.

**Curriculum & Equipment**

- The service purchases a diverse range of equipment and plans activities based on the developmental needs of the children. Equipment purchased considers the needs of all toddlers and young children from all social and cultural backgrounds and all abilities. Children should not bring their own toys and equipment into the centre.
- When planning the curriculum and our learning environment, we aim to support the meaningful inclusion and participation of all toddlers and young children attending the centre. The provision of planned developmentally appropriate activities help develop positive attitudes to inclusion and diversity. All children have equal opportunities and are actively encouraged to partake in all activities.
- When purchasing dress up, home corner, jigsaws, books and activities we will endeavour to offer a range of items that reflect a variety of cultures and social situations to extend children's knowledge and experiences. Staff ensure all children are given equality of opportunity to participate in all activities and to explore books, toys, play and equipment and provided with opportunities to explore various culture, types of behaviour, roles and feelings through activities, stories, food, and clothing. It is important for children to experience a variety of cultures at an early age so they realise that cultural diversity is part of everyday life.
- Relationships is at the heart of learning and development; we welcome families to share their own cultures, religions and traditions with staff so all values are respected and celebrated in the service. We aim to acknowledge festivals celebrated by all families and wider society through stories, activities, food and clothing reflecting diversity of life. On special days such as birthdays, Easter and Christmas parents are asked not to bring in cakes, sweets or gifts for individual children. The centre will use special days to plan additional age-appropriate activities and learning experiences. Staff may plan baking activities with the children ensuring special dietary requirements remain uncompromised. Staff will have a sensitive approach to fathers/mother day and welcome parent's contributions.
- Staff will use positive strategies to support children, using personal greetings, giving appropriate encouragement and accepting children's best efforts.
- Staff acknowledge some children may have little or no English when starting and will speak slowly and simply. Staff in the child's room will ask parents to provide key words in the child's own language such as hello, toilet, goodbye, hungry, thirsty, and do you need help.
- Staff will encourage children to talk to each other and will not discourage children from using their home language as this may help them to settle in the service.
- Where appropriate, dual language books may be used as they may be helpful in learning other languages. Staff will ensure they correctly pronounce and spell children's names.
- Growth in spiritual, social and moral values is encouraged by providing an environment where children feel safe and secure and through the constant implementation of the service policies. Everyone is encouraged to learn to share and respect centre property and the property of others. Learning to accept the rules of play and the rights of others is all part of the child's daily routine and independence is fostered as children will be encouraged to take their own activities from the shelves, complete the activity and tidy up independently and as part of the group.

**Inclusion of children with additional needs**

All children are valued and supported in all their needs, the individuality of each child is respected and nurtured. Staff treat all children as equal and encourage hands on participation in centre activities and the daily routine. Staff may adjust the level of support provided to children depending on the child's abilities, allowing for children's partial participation and participation with support.

As we take children from early on in their development, at times staff may observe a child struggling in a particular area of development, discuss this with the parent and the parent may be advised to seek specialist advice and support for their child. Staff will only provide information on a child where a parent provides written permission.

During the application and registration process additional needs may be identified and parents complete a care plan in conjunction with the agency already supporting the child e.g Tusla, HSE, Early Intervention Team. Parents should provide appropriate information to ensure staff are in a position to meet additional needs, however staff may need to link in with other groups in order to support the needs of the child.

Our team will work in consultation with parents and other professionals working with the family to determine if there are any additional resources required to meet the functional and developmental needs of the child and the suitability of our service to meet those needs.

Anchor Childcare recognises that not every child with additional needs will require additional support and the development of children with additional needs may be enhanced through equal access to quality care. Staff work within recommended ratios and understand that all children's needs are important. Our service operates strict adult to child ratios and while we cannot provide one to one care, every effort will be made to cater for each child's individual requirements. Staff will work in partnership with parents and monitor children, if a child shows an additional need, which is beyond the capabilities of centre staff, parents will be contacted and advised to seek specialist advice. Staffing levels may not support full time care for children with additional needs and parents should be mindful that reduced hours of care with reduced transitions and interactions may be necessary in order to meet the needs of some children.

**Access and Inclusion (AIM)**

There are 7 levels of AIM supports provided through the Early Childhood Care and Education Programme (ECCE). The main supports are grouped into universal or targeted supports. Universal supports are designed to create a more inclusive culture in Early Learning and Care settings, through training courses and qualifications for staff. Where universal supports are not enough to meet the needs of an individual child, targeted supports are available to ensure the child can meaningfully participate in pre-school. In addition to targeted and universal supports, AIM also provides universal design guidelines for Early Learning and Care settings and AIM Inclusive Play resources. Where a child receives AIM support that may incorporate individual goals to support their additional needs. This may involve additional observations, evaluations, development of intervention strategies and reports. Staff will work with parents and other professionals to support the child during their time in the service.

**Universal Supports AIM Levels 1-3**

Additional training for staff entitled Leadership for Inclusion in the Early Years (LINC) is made available to services so an employee may become a Linc Coordinator. Other formal and informal training may be available through the county childcare committees in collaboration with the HSE and other agencies.

**Targeted Supports – AIM Levels 4-7**

Where a service provider in partnership with a parent or guardian considers that universal support levels 1-3 are not adequate to meet the needs of a particular child, they may apply for targeted supports. Applications for targeted supports are made on the ECCE programme implementation platform and consist of expert advice, mentoring and support from early years specialists in The Better Start National Early Years Quality Development Service. Recommendations may consist of specialised equipment or grants towards minor building alterations necessary to support a child's participation in the ECCE programme. Therapy services which are critical to a child's participation in the ECCE programme may be provided by the HSE.

A very small number of children may require further additional support in order to participate in the ECCE programme and may require level 7 Aim support. In such cases an application may be made for AIM level 7 which provides an additional capitation to fund extra support in the classroom.

# Partnership with Parents and Complaints Policy

A copy of this policy is available in the service for staff and parents receive a copy of this policy on registration. All families will be welcomed into the centre. We understand parents may not always be in agreement with centre policy whether it is in regard to curriculum, gender roles or child discipline methods. However, we will encourage parents to share their beliefs and will always discuss options and offer explanation if what a parent wants goes directly against centre policy or values of the service. It is important to us that all families feel a sense of belonging in the centre and we will strive to work in partnership with parents.

**Parent Communications**

In Anchor Childcare we recognise the importance of using a variety of media in our communication to parents and children and in the interest of best practice, have the following in operation:

- We operate an open door policy welcoming parents visit the centre to see their child participating in activities during the day.
- During registration parents are given a pack containing information and policies and procedures to encourage consistency of approach and parents have an opportunity to discuss their child's needs and have any questions answered.
- Family photos are incorporated into the learning environment.
- Staff will work in co-operation with parents to ensure consistency in approach to best practice quality childcare. We support two way communication and encourage parents to share information on their child's interests and experiences outside of our service. Parents can support our team by letting us know if there are any impending absences or special events planned.
- We provide parents to contribute and utilise their skills as they are encouraged to participate and work with us in a variety of ways such as planning special events, fundraising, volunteering to partake in centre activities, or providing input into program development, and policy making.
- We have a parents complaints policy and procedure in place and where age appropriate our policies are simplified for older children attending our afterschool ensuring they have a say.
- Staff make equal efforts to communicate with each parent in their group and when giving feedback will concentrate on positive aspects of the child's day. Any criticism of the child should only be constructive in order to be of benefit. Parents can support staff by asking their child about the positive aspects of their time in the service.
- We have an internal telephone system in place so parents can contact staff during the day if they have concerns. In certain circumstances it may be necessary for staff to meet with parents individually to discuss their child's progress. Every effort will be made to ensure the time and place of meetings are chosen with respect to confidentiality, maintaining ratios and to parents and staff working hours. Parents can support this by keeping conversations relevant to their child and ringing through to the room to inform a member of the team if they have specific concerns that may require discussion away from the children so they can arrange cover.
- A monthly newsletter is available for parents with various updates and information.
- We have a community notice board where parents and families can post or view notices relative to childcare, the community of Baldoyle and its environs.
- We have a health and safety notice board where information on policies is posted regularly regarding health and safety.
- We display TUSLA preschool inspection reports, staff qualifications etc. for parents and prospective parents.
- Children under 2 years have message books exchanging information such as food, drinks, sleep patterns, nappies.
- We have a suggestion box in reception providing parents, staff and children with an opportunity to provide feedback or provide suggestions on improvements in the service.
- The daily routine and room plans for each room are displayed to keep parents informed of activities their child is partaking in and parents can follow on this work at home. The daily routine is also a valuable tool for children as they feel secure in regular routine and they know what happens next.
- Feedback forms are provided to parents on a regular basis.
- An annual survey is circulated to parents and the report is placed on our notice board.

**Parent/Guardian Code of Conduct**

Parents should be mindful of their interactions with children (their own and others'), employees and management in our setting. It is expected that parents will support the respectful ethos of our service by setting a good example in their own speech and attitude towards all members of our community. This code of conduct aims to foster a collaborative and respectful relationship between parents/guardians and our team. The following guidelines to respectful interactions from parents are:

- Refrain from asking staff questions about other staff, families or children in the service and never discuss other parents, staff or children in front of the children or outside of the service
- Refrain from inappropriate social conversations when dropping/collecting so keeping information relevant to their child. When dropping and collecting your child keep conversations brief and in relation to your child, staff should not be placed in a position where they need to remind parents not to discuss other children as this is not appropriate
- Refrain from bringing family pets/dogs into the service (even if on a lead)
- Be courteous to other parents, staff and children.
- Working with children can be challenging as friendships are made and evolve; we would encourage parents to support their child by encouraging them to resolve conflicts and not harbour bad feeling. When collecting children, we ask parents to help children focus on their positive experiences.
- Do not allow children to touch the buzzer system or fingerprint access, these systems are for adults only.
- Supervise their children when dropping and collecting including in the car park, drop off and pick up their child(ren) on time, respecting the service schedule and ensuring minimal disruption to the daily routine.
- Parents/Staff should model positive behaviour and attitudes for their child, promoting kindness and inclusivity in play
- Follow the service complaints procedure should there be an issue and be mindful in communications and discussing children to ensure sensitivity and confidentiality.
- Respect the crèche environment, including keeping it tidy by not littering
- Refrain from using mobile phones on the premises and refrain from taking photographs of their own child or other children whilst on the premises - any photographs distributed by service will be done with prior consent. Follow the service procedures and do not send your child in with a multimedia device, smart watch.
- Refrain from contacting staff directly outside of childcare environment to discuss your child (i.e. as staff are arriving or leaving the premises); please contact office to arrange a meeting if required.
- In order to foster a peaceful and safe crèche environment, the following are not tolerated: -
  - Disruptive behaviour which interferes with the operation of the crèche
  - The use of loud and/or offensive or racist language or temper displays
  - Threatening harm or the use of physical aggression towards another adult or child. This includes approaching someone else's child in order to discuss or chastise them
  - Any form of intimidation
  - Physical punishment against your own child on our premises
  - Damaging or destroying our property
  - Abusive or threatening emails, phone or social network messages
  - Smoking or consumption of alcohol or other drugs or accessing our premises whilst intoxicated
- The Centre is committed to preventing bullying and expects that its employees will be treated and treat each other with respect. The Centre treats cases of bullying seriously. Our team are professionally educated persons who have spent years understanding the different aspects of child development. Their role is to provide a safe environment for your child but also the other children in their care. Childcare workers have a responsibility to follow the service policies and procedures which dictate how care should be provided but also to recognise when a child is not healthy enough to attend the setting. In such cases they have a responsibility to inform parents when their child is too unwell to remain in the setting and parents have a responsibility to arrange for collection of their children. An acceptance of a childcare place Anchor Childcare Centre means that you are making a commitment to accept and uphold the service policies and procedures

**Parents Complaints Policy**

| Step | Description |
|---|---|
| 1. | The parent or concerned person should raise the issue with the Manager Jean Melia or Deputy Managers Clare Yates, Niamh Leddy or Susan Berney either verbally or in writing. |
| 2. | Verbal complaints are dealt with informally as they arise, a discussion will take place and the parent will receive a response within 7 days or as soon as is practical. Written complaints are dealt with as soon as is practical and are recorded. Every attempt is made to respond to the complaint and resolve the matter as amicably as possible within 1 month; an investigation and consultation with staff may be necessary. If the complaint is made against an employee, the employee will be informed and will be given details of the written complaint and an opportunity to respond in writing. If a complaint involves a child protection concern Children First procedures will be followed reporting to Tusla, or An Garda Siochana if necessary. |
| 3. | If you do not gain satisfaction from this resource and wish to appeal to the board please send your complaint in writing to The Chairperson of Anchor Childcare Centre CLG, Racecourse Shopping Centre, Grange Road, Baldoyle, Dublin 13. The Chairperson and the board will deal with the matter promptly and efficiently and will respond in writing as soon as is practical. The complainant and other people involved in the complaint will be informed of the outcome. The decision of the board is final. Complaints will be maintained on file in line with our data protection policy. |

## MANAGING TRANSITIONS & SETTLING IN POLICY

Transitions are changes that may occur in life over a long or short period. Our service cares for children from a young age and we recognise that managing transitions effectively will support early development. At Anchor Childcare Centre we want children to feel safe and happy in the absence of their parents and to recognise other adults as a source of warmth, authority, help and friendship. Some children embrace transitions with great enthusiasm which can leave parents feeling confident and comfortable, or perhaps even a little left out. Other children may feel afraid, upset or anxious. It may be the first time they have been in the care of adults who are not part of their family, or the environment could be noisy and crowded compared to being at home, making it all feel a bit too much. It is actually quite common for children to show some signs of discomfort when they first start in a service. While this can be worrying for parents and carers, it is normal for children to find the transition to childcare upsetting, and it is important to remember the distress is often short-lived. No child will be taken on an outing until they have settled in.

Anchor childcare staff recognise that for many children their first visit to the centre will be their first experience of being away from their parents and close family. This time can be stressful and worrying for children and their parents so the following procedure has been put in place to make the transition from home to the centre as comfortable as possible.

| **Transition** | **Procedures and Measures we have in place to support children during this transition** |
|---|---|
| Starting in our service | During registration parents are encouraged to provide adequate information on their child to make their children's time in the centre as comfortable as possible. At this time parents and child have an opportunity to view the Centre and meet the centre staff. |
| Settling in their room | Before a child starts in the centre we encourage parents, where appropriate, to separate from their children for brief periods, gradually building up to longer absences. Let your child play alone for periods and encourage them to be independent, feed themselves where age appropriate and tidy up after their activities.<br>Centre staff will work in partnership with parents to provide adequate time to settle each child into the Centre environment. Staff will have realistic expectations of children's behaviour, due care and attention will be paid to a child's need for time to settle into any new environment.<br>Daily routines are established and displayed in each room in the centre. Routines play a central role in children's lives and it is through consistency, repetition and expectation of what will happen next that they increase in confidence. These routines help the children to gain security, as this will help them settle in and make friends. Dropping and collecting at designated times forms a routine which will aid the separation process and minimise anxiety for the parent and the child. We operate an open-door policy and parents can check on their child or telephone the centre and briefly talk to a childcare worker working with their child at any time. Viewing panels are in place and during the settling in period a parent may observe briefly from outside the room, so they feel comfortable about separating from their child. Childcare staff assigned to each room are responsible for settling the child and caring for them if distressed. During the first weeks, a childcare staff member / key worker will work with both parents and child and discuss ways of making the transition from home to the childcare centre as comfortable as possible for the child and will provide feedback to parents on the child's progress. If a child does not understand the primary language of the Centre, staff will encourage parents to translate words of particular interest to the child so we can learn key phrases in the child's language.<br>Parents whose children seem to be taking a long time to settle in will be reassured and information shared on their child's time in the centre. In cases like these parents should work closely with their child's key worker exploring additional ways to ease the transition from home to the centre. Where a child has particular difficulties settling in parents may be advised by staff to drop later or collect earlier to avoid busy periods in the service. Where difficulties continue and a child continues to become upset, staff will work in the best interest of the child and may suggest a reduction in a child's session times. |
| Moving Rooms | As children grow their developmental needs change and they may move to other rooms in our service where equipment and routines are more appropriate for their needs. At our service we will work with parents to ensure that transitions to other rooms are as smooth as possible. Before a move to another room, staff will arrange for your child to visit the room, starting with brief short visits and building the duration. During these visits children will have opportunities to interact with other children and staff, benefit from a new stimulating learning environment. Once staff are happy your child is ready to move to their new environment they will inform parents of the impending move and invite parents to drop and collect their child from the room and familiarise themselves with the staff that will be caring for their child. |
| Other predictable transitions | Other predictable transitions will be supported by our staff. When purchasing costumes, puppets, role play items and books for the service, staff will be mindful of other transitions in a child's life such as going to primary school, bereavements, visiting the doctor or dentist, hospital stays, moving home, getting a new brother or sister etc. The child's routine is vital and when there is a disruption to routine this can affect children's behaviour. We ask parents to let staff know if there has been a disruption to routine at home so we are aware, this can be as simple as an impending family visit, holiday or medical care. |
| School | To support transitions for school we have uniforms available in our dress up box. Staff discuss the child's transition from crèche to school with parents and will provide feedback forms on the children's progress so parents can provide this information to future teachers. We will have pictures of the local school and support any visits that may be arranged so children can visit their school in advance of their September start. When children visit their prospective schools with their parents, we encourage them to talk about their experience. |

# ANCHOR CHILDCARE CENTRE
# Child Friendly Policies for School Aged Children

Childs Name: _____

**1. Statement of Purpose & Function - Why are we here and how do we do things?**

We provide after school for children until parents or guardians collect them. Policies comply with the 2018 School Age Regulations and are given to staff and parents; this policy is written especially for school aged children. We provide a happy & safe place where children can play, do homework, eat meals and snacks and have fun with other children. Anchor has a lot of people helping to keep you safe. There is a manager in the office, staff that wear blue t-shirts and a cook wearing a white uniform. Look out for their pictures around the centre near rooms they work in.

**2. Complaints and problems**

Children can have a problem about afterschool, an adult or another child. If you have a problem, you can talk to your afterschool teacher. If you don't want to talk to your afterschool teacher about your problem, you can talk to any staff wearing a blue uniform who will help you or the manager in the office. Don't keep your problems to yourself, it's always better to talk and get help.

**3. Safety Policies**

It is very important that medicines or inhalers are not kept in your bag because this is not safe. Make sure you give your medicine to your teacher. Please don't bring in any toys or food as we have enough food and toys here and some food and toys can make small children sick. External communicating devices, mobile phones, tablets or smart watches that allow text messaging, phone calls, photographs & videos are not allowed. We hope you can help us keep everyone safe by not bringing in items from home. You can also help keep everyone safe by tidying up after yourself and putting everything back where you got it when you're finished. We don't just want you to <u>be</u> safe, we want you to <u>feel</u> safe too.

**4. Infection Control Policy**

In Anchor we help children stay healthy and stop germs spreading. You can help us by washing your hands when you arrive, after coming in from the outdoor play area, after going to the toilet, after coughing/sneezing/blowing your nose and before you eat food. Please don't touch the buzzer system on the front door or the access control system as these are for adults only. If you don't feel well or you get sick its important you tell your parents, they will keep you at home until you feel better.

**5. Managing Behaviour**

In Anchor we want everyone to feel happy and safe. You can help with this by helping us make the rules, helping everyone get to know the rules and following them yourself. Hitting, pushing, bullying or hurting anyone is not allowed in our service so please don't do this. Shouting and being mean is not allowed so please don't do this and if anyone is mean to you please don't be mean back, please tell your teacher. Your feelings are important so if anyone hurts you, please tell your teacher or anyone in a blue uniform. If you have had a bad day in school please tell your teacher, they can help and will try to help you have a better day in afterschool. Don't keep things to yourself, it's better to talk so staff can help you end your day on a positive note.

**6. Dropping Off and Collection Policy**

We want children to be safe and to feel safe, that is why we have a policy on who can collect each child and how they travel to us from their school. We will only have special staff wearing blue t-shirts collect you from school so always wait with your teacher in school until you see our Anchor staff in a blue t-shirt or a blue jacket, never go with anyone else. You can help us keep you safe by having your coat on and carrying your own school bag and by listening to what our staff ask you to do when you are dropped off and collected from school. Please walk beside our staff and hold hands or stay in your group. If you forget something in your school don't run off to get it as that would worry us, please tell your afterschool teacher. You are important to us and to your parents, they will make sure you are dropped safely into a staff member and will make sure only certain people can collect you from afterschool, you must never leave afterschool on your own. Once your parent collects you from the afterschool please stay with them and don't run off or hide.

**7. Fire Safety**

We sometimes have surprise fire drills pretending there's a fire and practising where to go to be safe. You can help to do this safely by following your teachers instructions and moving towards the fire exit in a group. It's important that everyone is safe so please never press a fire alarm button unless there is a real fire as this would upset small children.

If you want to come to our afterschool, please read all of the special policies we wrote for you then sign your name and we can welcome you to Anchors Afterschool.

Childs Signature: _____

Parents Signature: _____

Date: _____

# HEALTH & SAFETY

# POLICIES

# Safety Policy

**Anchor Childcare Centre CLG**
**Racecourse Shopping Centre, Baldoyle, Dublin 13**
**Tel: 01 8399025. Email: manager@anchorchildcare.ie**

It is the policy of Anchor Childcare Centre to comply with the terms of the Safety, Health and Welfare at Work Act 2005 and subsequent legislation and to provide and maintain a healthy and safe working environment. Anchor Childcare Centres health and safety objective is to minimise the number of instances of occupational accidents and illnesses and ultimately to achieve an accident-free workplace.

All employees will be provided with such equipment, information, training and supervision as is necessary to implement the policy and achieve the stated objective.

Anchor Childcare Centre recognises and accepts their duty to protect the health and safety of all visitors to the company, including contractors and temporary workers, as well as any members of the public who might be affected by our operations.

While Anchor Childcare Centre will do all that is within its powers to ensure the health and safety of its employees, and the children in its care. It is recognised that health and safety at work is the responsibility of each and every individual associated with the organisation. It is the duty of each employee to take reasonable care of their own and other people's welfare and to report any situation which may pose a threat to the well being of any other person.

Anchor Childcare Centre will provide every employee with the training necessary to carry out their tasks safely. However, if an employee is unsure how to perform a certain task or feels it would be dangerous to perform a specific job then it is the employee's duty to report this to their Manager, deputy manager or safety officer. An effective health and safety programme requires continuous communication between workers at all levels. It is therefore every worker's responsibility to report immediately any situation, which could jeopardise the well being of themselves or any other person.

All injuries, however small, sustained by a person at work must be reported to the Manager, deputy manager or a safety officer. Accident records are crucial to the effective monitoring and revision of the policy and must therefore be accurate and comprehensive.

Anchor Childcare Centres health and safety policy will be continually monitored and updated, particularly when changes in the scale and nature of our operations occur. The policy will be updated at least every 12 months.

The specific arrangements for the implementation of the policy and the personnel responsible are detailed within the company safety statement.

**Signed** ..... **Date** .....

**Dave Dennehy - Chairperson for the Board of Directors**

Anchor Childcare Centre CLG Safety Officers are as follows:

**Claire Yates** ..... **Date** .....

**Susan Berney** ..... **Date** .....

**Jean Melia:** ..... **Date** .....

**Niamh Leddy:** ..... **Date** .....

**Nappy Changing, Toilet Time & Personal Care**

Policy

In the interest of Health, Safety and best practice, cameras are in place when these procedures are followed. For child protection reasons service staff only should enter this area, visitors/parents should be accompanied by a staff member should they need to enter this area. The changing room has a viewing panel in the door, this panel must never be covered. For safety reasons only one child is to be changed at any time. To ensure consistency and reduce risk of upset it is preferable for nappies to be changed by a staff member or cover staff member known to the child from their group.

**How parents can support toilet training**

Parent as primary caregivers should inform staff in their child's room they are about to commence toilet training their child as communication is important and this is a transition for the child. Toilet training is most successful when your child is developmentally ready. Look for signs like dry nappies for longer periods, pulling at a wet nappy, the ability to follow simple directions. Parents should choose a time the child is at home with their parents to start the process on a one-to-one basis. Establish a routine by placing them on the potty/toilet after meals, before and after naps, for short periods. To support your child, no shaming, use positive reinforcement, celebrate their attempts and successes rather than accidents. Show your child how to pull up and down their own clothing. Keep clothing simple, avoid dungarees, tights, jeans, anything with difficult buttons. Demonstrate for your child how to use toilet roll and flush the toilet safely and wash their hands. Empty soiled nappies into the toilet so children understand the process.

**If they struggle, pause and try again in a few weeks. Keep service staff up to date with the process as it is important the service supports your toilet training efforts.**

| | Nappy Changing Procedure |
|---|---|
| | **Staff must adhere to ratios and arrange cover before leaving their room to change a nappy** |
| 5. | Check room is available and there is a clear, safe pathway to the changing area/toilet and room is ventilated |
| 6. | Ensure all the child's requirements are at hand for the change and the viewing panel is not covered |
| 7. | Wear personal protective equipment when changing soiled nappies or cleaning up bodily fluids. |
| 8. | Invite the child to the nappy change and where appropriate encourage the child to use steps to the changing counter. |
| 9. | Place the child on the changing mat and, ensuring you supervise the child closely, change the child using only nappies and creams supplied by parent. |
| 10. | Be gentle in approach and keep conversing and interacting with the child during this procedure. |
| 11. | Ensure you wipe the child clean from front to back. |
| 12. | Bag and place soiled nappy in soiled nappy bin provided and wet nappies in second bin provided. |
| 13. | Place used gloves in the soiled nappy bin. |
| 14. | Perform the cleaning procedure and wash your and the child's hands thoroughly using antibacterial soap. |
| 15. | Children are never to be left unsupervised in this area. |

| | Cleaning Procedure |
|---|---|
| 1. | **Spray the changing mat and area using the approved sanitizer solution provided** |
| 2. | Wipe the changing mat using the paper towel and dispose of the paper towel in the bin provided |
| 4. | Wash your hands thoroughly using the antibacterial soap after the clean-up is complete. |
| 5. | Ensure there is a clear and safe pathway to your room, return to your room and record the nappy change. |

**Toilet Time & Personal Care**

Children may require assistance with toileting and personal care such as eating, drinking, washing, dressing and staff will care for children with dignity and respect for their privacy. Staff should be aware of safe practice and encourage the child to be independent and care for their own toileting, personal care and washing hands where age appropriate and ask the children if they need assistance. Where there are a number of children in a group toilet training, they may be brought to the toilet regularly in groups to reinforce hygiene. Please note that the toilet area has a viewing panel, this panel must never be covered. In the interest of Health and Safety and best practice, staff should be aware that there are cameras in place when this procedure is followed.

| | Toileting Procedure |
|---|---|
| | **Staff must adhere to ratios and arrange cover before leaving their room.** |
| 1. | Staff should ensure there is a clear, safe pathway to the toilet. Younger children are supervised at all times when brought into the toilet area. Older children need privacy, they should be asked if they need assistance when they are training, and the viewing panel may be used discretely during supervision. |
| 2. | Wear personal protective equipment when handling soiled clothing or cleaning up bodily fluids. |
| 4. | Empty potties down the toilet, rinse and disinfect using the approved sanitizer after each use. |
| 5. | Ensure children flush the toilet after use and wash their hands after using the toilet. |
| 6. | Support staff and housekeeping staff may support childcare staff manage accidents when toilet training small children, however, feedback to parents should always be given by the child's key worker. |

| | Hygiene Procedure |
|---|---|
| 1. | Toilets and sinks are cleaned and disinfected when needed and at least twice daily |
| 2. | Spot checks are made on the toilets regularly and are recorded |
| 3. | Soap, paper towels and toilet roll supplies are checked regularly and replaced when necessary |
| 4. | Bin is emptied a minimum of each evening and before full |
| 5. | Floor is cleaned using the bathroom mop only |
| 6. | Personal Protective wear should be used when cleaning the bathroom area |

## Safe Sleep Policy

Daytime sleep has a huge impact on night-time sleep. Children need adequate sleep and well-napped children sleep better at night and are less likely to have accidents during the day. Sleep aids development and helps children concentrate, learn better and process what they learn. The centre sleep routine is built around the child's daily routine and their activities throughout the day. Use of cellular blankets and safe sleep practices reduce the risk of Sudden Infant Death Syndrome (SIDS) and the spread of communicable diseases. Anchor Childcare Centre is a smoke-free environment. Staff encourage a minimum of 1 hours sleep up to 3 years and will avoid waking a child, however the sleep time is gently brought to an end after 2 hours. In the interest of Health and Safety and Best Practice, staff will ensure children do not sleep in bouncers, every child has their own clean bed linen (refer to blanket list) and there is one child per standard cot/floorbed at any time.

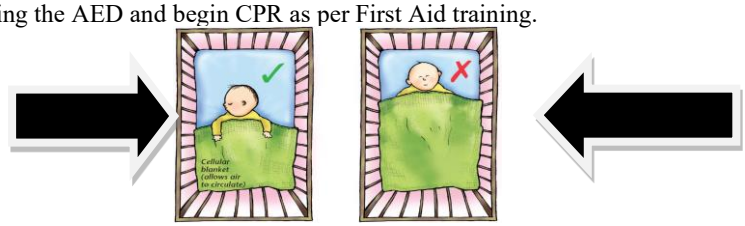
**Sleep Equipment**

- Children under 15 months sleep in a cot; children over 15 month and developmentally ready may move to a floor bed once a sleep plan/risk assessment has been completed with the parent. Mattresses and bedding are cleaned and checked regularly for wear and tear.
- The minimum depth of the mattress for under 2's is 6cm.
- Each cot/floorbed must be 50cm apart from the next cot/bed on all sides.
- To minimise risk room thermometers and visual monitors are in place.
- Overheating is one of the risk factors for SIDS. To avoid overheating use cellular blankets only; do not use travel cots, duvets, quilts or pillows and avoid excessive clothes blankets and bedding. All in one sleeping bags are not recommended for children who stand/walk.
- Amber necklaces are prohibited in the centre as they pose a choking risk so parents should not send children in wearing them.

**In order to maintain safe sleep practices, the following safe sleep procedure will be followed:**

1. Ensure safe manual handling, bring the side of cots down when placing or removing children from cots. Use colour coded blanket list.
2. Place the child into the cot/floorbed ensuring necklaces, bibs, shoes, clips, any other choking hazards and heavy clothing are removed.
3. Place the child in a safe sleep position. Children should be placed to sleep on their backs as side sleeping is not as safe as back sleeping.
4. Gently transition to sleep; draw blinds, use soft music/lullabies. The sleep room has a viewing panel; this panel must never be covered.
5. Children should be supervised at all times. Ensure visual and baby monitor where available is switched to the on position.
6. If a blanket is used for extra warmth, the child is placed in the feet-foot position with the feet up against the foot of the cot with a thin blanket that reaches only as far as the child's chest. The blanket is placed under the child's arms and tucked around the cot/bed. This position prevents a blanket from slipping up over the face or the child slipping under the blanket.
7. If there are more than 6 children sleeping in cots in the room, a staff member must stay in the room. Staff must stay in the room at all times when supervising children on floorbeds.
8. Check a sleeping child every 10 minutes and record it. Always check on a crying child. Check the sleep position is safe and the head remains uncovered while a child sleeps. Check the child's skin colour is normal, and the chest is rising and falling as they are breathing.
9. In the event of finding a child who appears to be unresponsive a staff member should respond immediately and appropriately. Call reception to ring an ambulance and bring the AED and begin CPR as per First Aid training.

SAFE SLEEP POSITION




UNSAFE SLEEP POSITION

**Risk Assess**

- Ensure the room thermometer is in use and the room temperature is taken and recorded on the daily sleep record sheet a minimum of once before the children use the sleep room and once while they are asleep.
- Never give food or a bottle to a child in a cot/floorbed or allow a child to sleep more than two hours at a time.
- Ensure the floor is clean and as far as practical, maintain a restful environment.
- In a shared sleeping space the temperature should be maintained between 18-22°C while children are sleeping.

**How to control the temperature in the sleep area:**

1. Control temperature naturally as natural ventilation is best to control temperature, open the windows.
2. Use safe mechanical means such as a fan or heater to bring the room to a temperature of between 18-22°C. Note a heater should only be used before the children are put to sleep not while children are sleeping.
3. Check the radiator is off or at a safe adequate temperature to assist in maintaining the room temperature at 18-22°C.
4. Remove blankets from sleeping children and open the door to the sleep area to allow air to circulate between rooms.

**In the event of extreme weather conditions contact a safety officer for further support. The safety officer will risk assess the situation and if the temperature cannot be controlled make the decision to take further action such as;**

Opening the main room window wider while it is not used by children to allow more ventilation. Using a portable air cooler/air conditioning unit or move cots or children to another area.

**Notes on communicating with parents**

1. Where a parent requests a child sleep with their blanket explain centre policy is to provide cellular blankets with a colour coding system.
2. During the settling in process a child may need a comforter to settle into sleep. Where this is absolutely necessary for the well being of the child the parent should supply a comforter for exclusive use in the creche that is washable. The staff member should remove the comforter from the child once the child is asleep and place it at the end of the cot should the child wake up and need it. Once the settling in period has passed the comforter should be returned to the parent.
3. If a parent requests their child be put to sleep in a position other than on their back, the parent must provide a note from the child's doctor explaining how the child should be put to sleep and the medical reason for this position. This note will be kept in the child's file and all staff will be notified of the infant's prescribed sleep position.
4. Soothers may be used in the centre if they are offered at home. When used they will not be attached by a string or to the child's clothing. Soothers will not be reinserted if they fall out after a child is asleep.
5. If through observation, a key worker believes there is a risk of children climbing out of their cot they should record this, speak to the child's parent complete a sleep plan/risk assessment with the parent.

# ANCHOR CHILDCARE CENTRE

# INDIVIDUAL SLEEP PLAN/RISK ASSESSMENT

Anchor Childcare Centre has a safe sleep policy in place and follows safe sleep guidelines at all times. This sleep plan/risk assessment supports staff to plan and risk assess processes in Anchor Childcare in relation to the safe use of floor beds. This record is used in conjunction with observations of the individual child's sleep routines and sleep requirements which are determined and agreed in collaboration with parents. Anchor Childcare will consider the child's developmental readiness to be moved from a cot to a floorbed and will support the child's transition. When planning for sleep provision, the child's best interests will come first and best practice guidance will always be followed by centre staff.

| | |
|---|---|
| Childs Name: | Date: |
| Childs DOB: | Age in months at time of sleep plan completion: |
| Name of person completing sleep plan: | Role of person completing sleep plan: |
| **To be completed with parents/guardian** | |
| The service routine involves a gentle transition to sleep time No dancing, tv or stimulating activities before sleep; we draw the blinds, play soft music/lullabies and maintain a calm atmosphere.<br>What is your child's routine for daytime naps at home? | |
| In our service children nap in individual cots or beds.<br>Where does your child nap at home? | |
| In our service nap time is between 12pm and 2pm.<br>What time does your child nap? | |
| How long does your child nap for? | |
| In our service we only use cellular blankets.<br>What type of blanket/cover does your child nap with? | |
| If your child uses a comforter at nap time please describe: (teddy, soother, special blanket, etc) | |
| Does your child have any comforting sleep rituals such as thumb sucking, stimming, rocking movements etc. | |
| Do you have any concerns about your child sleeping in a cot/do you have any plans to move your child from a cot to a bed at home? | |
| **To be completed by Centre Staff** | |
| Describe the current sleep equipment cot or floorbed? | |
| Is this child developmentally ready to move from a cot to a floor bed? If yes please provide further information.<br>☐ Yes<br>☐ No | ☐ Physical- child may be climbing out of a cot, pull their body up towards the side rail, parents report that the child is showing signs of readiness at home<br>☐ Emotional- child can settle independently, upon waking the child indicates an urge to move independently from the area in which they sleep<br>☐ Cognitive- child understands and responds positively to sleep routines and boundaries in the sleep area, child may give non-verbal cues related to sleep or understand simple words associated with sleep<br>☐ Other (Please state) |
| Individual Sleep Plan Agreed by parents/staff | |
| What is the agreed sleep equipment cot or floorbed? | |
| If the child is to move from a cot to a floorbed describe the plan to support this child's transition | |
| I have read the sleep policy and agree with the above sleep plan for my child | Signature of Parent: Date:<br>Signature of Staff: Date: |
| Safety Officer Signature: | Review Date: |

# Head Lice

## Policy

All children should be checked by their parents regularly for signs of headlice. Regular checking for head lice is the only effective method for ensuring the prevention of a head lice outbreak in the Centre.

For communicable disease prevention children with lice or nits may be sent home and may only return to the Centre when they are lice and nit free. Anchor Childcare Centre will endeavour to follow best practice guidelines as set out below:

## Procedure

| Step | Description |
|---|---|
| 1. | It is important that children not be singled out for a head check in front of other children, even if the child has had repeated cases of head lice. |
| 2. | An effective way to administer regular checks is during morning circle time or when the children first come into the classroom with their parents. In this case, if the child has lice or nits they can be sent home with their parent at that time. |
| 3. | If a child comes to the centre with lice or nits in their scalp the parent or one of the persons on the emergency consent form will be called to come and take the child home as soon as possible. |
| 4. | If live lice are found all members of the family should be treated (except children 2 years and under). |
| 5. | Parents should be advised that all linens including pillows, stuffed animals, clothing and furniture must be washed and laundered following each head lice report. |
| 6. | The Centre staff will inform other parents, verbally or in writing, in the event of an outbreak of headlice |
| 7. | Confidentiality should be maintained |

# Outings

## Policy

In the interest of Health, Safety and best practice, staff will ensure that ratios are maintained at one adult to five children for children of school-going age and at one adult to three children for all other age groups, and that there is always a minimum of two adults present on all outings. The non-smoking and use of bad language policies and all other centre policies apply on all school collections and outings from the Centre.

## Procedure

| Step | Description |
|---|---|
| 1. | Ensure the children are prepared and dressed appropriately for outdoors |
| 2. | Ensure the children have the Centre fluorescent clothing |
| 3. | Ensure there is adequate staff to cover ratios for outing |
| 4. | Ensure you have access to a mobile phone and first aid kit |
| 5. | Complete the outings form to record the venue, a mobile contact number, and names of children and staff leaving premises |
| 6. | Use buggies where appropriate |
| 7. | Ensure children have gone to the toilet or have been changed before leaving the Centre |
| 8. | When leaving the building ensure children use the handrails |
| 9. | Staff and children must use footpaths and pedestrian crossings when on outings and staff should advise children of road and Centre safety |
| 10. | On arrival at outing location designate a play area for the children and check area removing any dangers before allowing children to play |
| 11. | Children are to be supervised at all times |
| 12. | Under no circumstance is a child to be allowed to go to the toilet or to be changed in an open or unsuitable area. Children are to be accompanied by staff to all toilet facilities outside the Centre |
| 13. | On arrival back at the Centre ensure the outings form is completed recording time, names of children and staff returning safely to the centre. |
| 14. | In the event of a missing child please follow the missing child procedure<br>1. Check assigned children to identify the missing child<br>2. Check the immediate area for the missing child<br>3. Ring the centre to seek additional staff to return children to the centre<br>4. Contact the Gardai to inform of the situation<br>5. Contact the parents of the child to inform of the situation |

# NUTRITION POLICY

It is the Policy of the Centre to endeavour to provide for the dietary needs of all children attending our service. Anchor childcare centre operates a HACCP (Hazzard Analysis Critical Control Points) safe system of food and believes that good health and good food in the early years helps to safeguard children's well-being. It is important that children develop healthy eating habits from a young age for both the pleasure of having a wide variety in their diets and gaining knowledge about nutrition. Meal times are treated as an opportunity for social interaction as well as laying the foundations about making healthy choices. Staff receive training in relation to healthy eating and food safety.

## MENU PLANNING

Anchor Childcare operates to a three-week rotating menu, developed in line with nutritional guidelines and with the input of parents, staff and children. A daily menu is displayed for parents each day and ingredients and allergen information are listed for parents. Parents will be informed immediately if their child's eating habit varies from their normal eating pattern. Anchor Childcare may change the daily menu without notice due to spoilage, supplier issues or staffing demands. Meals may be substituted to a dish from another day on our approved three-week menu. Menu changes must be authorised by a manager/deputy manager.

## FOOD PREPARATION & SERVING

- All food served in the Centre is stored, prepared and served using good food safety practices.
- No sugar or salt is added to children's meals.
- The Centre will provide snacks and meals for all children attending the centre.
- Potable drinking water will be available at all times, milk will be offered at meal times.
- Fizzy drinks and fruit squash will not be provided as per nutritional guidelines.
- Mothers will be supported to continue breastfeeding their children.
- Withholding food will not be used as a form of punishment.

## MEALTIMES IN THE SERVICE

- In line with Aister guidelines, children are respected as agentic and encouraged to be competent, and confident. Staff encourage self-feeding. Self-feeding provides a fun and easy way for a child to explore different sensory experiences and is a great opportunity for the child to play with and feel crumbly, rough, wet, squishy, spongy, and slippery textures. Foods also provide different sounds, smells, and tastes. Self-feeding can be messy, but being allowed to be messy will help a child gain confidence, become comfortable with different textures, and develop strength and coordination in the hands and fingers. In addition, using forks, spoons, and cups are some of the earliest opportunities for a child to learn how to use tools which is important as the child grows and starts to draw with crayons, write with pencils, and cut with scissors. A child who is practicing and learning self-feeding skills is also improving strength in their back, arms, and hands, co-ordinating both arms and hands together and hand-eye coordination.
- Our service recognises that the provision of a healthy environment as well as adequate nutrition is essential to the well being of children in our care. Our staff understand that they have a duty to feed children responsibly, offering nutritionally good food and discouraging potentially harmful food. We also recognise the need for a relaxed emotional state that will aid digestion and the importance of allowing children to eat together to provide the opportunity to socialise and learn.
- Children will sit when eating or having a drink. Staff sit with children at mealtimes to socialise, encourage good eating habits and observe children's intake of food.
- Where developmentally appropriate, children participate in activities which encourage knowledge of hygiene and health issues, basic nutrition, food preparation, various tastes and textures, and the food traditions of a variety of cultures. Children are encouraged to wash their hands before mealtimes, after outdoor play and after toileting and messy activities.
- Children will be encouraged to play outside every day, weather permitting, to ensure they receive sunlight which helps their bodies to make vitamin D.
- Staff will encourage children to taste all foods and will discourage faddy eating.
- Foods and textures will be introduced gradually to ensure children develop their palate and receive a balanced diet.
- Staff will work in partnership with parents to encourage healthy eating and ensure children receive a balanced diet with no foods eliminated or restricted unless for religious or medical reasons.
- Children aged 1 year and over do not need a bottle. Free flow beakers are offered to children aged 1yr-2yrs until children are developmentally ready to use a cup without a lid.

## HOW PARENTS CAN SUPPORT US/ FOOD FROM HOME

In order to minimise risk in our service parents are asked not to bring in <u>any</u> food from home as our service provides all meals and snacks. On special days such as birthdays, Easter and Christmas parents are asked <u>not</u> to bring in cakes, sweets or gifts for individual children. Under no circumstances are chewing gum, sweets, crisps etc. allowed into the rooms or given to the children in our care. Staff in the centre will use special days to plan age appropriate activities and learning experiences. Staff will plan baking activities with the children ensuring any special dietary requirements remain uncompromised. On special occasions staff may prepare Ice-cream, fruit, sugar free jelly and rice crispy buns to help mark special occasions.

## MANAGING ALLERGIES

An allergy is where the body has an exaggerated response to a substance e.g. food. For children with an allergic condition this service requires guardians to provide a written care plan from a qualified medical practitioner i.e. child's GP, explaining the condition, defining the allergy triggers, detailing any required medication or first aid response to the allergic reaction. There is a medicine cabinet in each room to safely store children's medication including allergy medication, eg: epi-pen. A dietary list is maintained regularly and displayed for staff in each room outlining children's allergies/dietary requirements. To minimise risk children with allergies/special dietary requirements are provided with a red bowl/plate and cup at mealtimes. To support children's understanding of nutrition, all children use a placemat at mealtimes which shows the food pyramid and outlines any allergy/dietary requirement specific to each child.

The top allergens & how we manage them are:

| Allergen | How the service manages risk | How parents manage risk |
|---|---|---|
| Eggs | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Milk | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Fish | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Mustard | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Soya | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Sesame seeds | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Cereals containing gluten | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Celery | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Lupin | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Sulphur Dioxide | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Nuts | Where this is used as an ingredient it is listed on our menu in reception. | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Molluscs | Not used as an ingredient in our service | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Peanuts | Not used as a food ingredient in our service and banned from the centre | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Crustaceans | Not used as an ingredient in our service | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. Parents are not permitted to bring food into the service other than pre prepared bottles of formula |
| Natural latex rubber | We use latex free gloves | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. |
| Wasp or bee stings | Staff are trained in first aid | Parent defines the allergy and details any required medication or first aid response to the allergic reaction. |
| Penicillin and other drugs | Staff only administer medication on parent's instruction. Children receive first 48 hours dosage at home | Parents should monitor their child and inform centre staff in writing of any allergic reaction so its documented |

# BREASTFEEDING POLICY

Anchor Childcare recognises the importance of breastfeeding for both mother and baby and provides facilities and support necessary to enable mothers returning to the workplace to breastfeed so balancing breastfeeding and work. We expect all employees and parents using our service to assist in providing a positive atmosphere of support for breastfeeding.

## Facilities

- Breastfeeding mothers of babies registered and attending our service are welcomed in our Nursery which has a comfortable chair, refrigerator and hand washing facilities.
- Bearing in mind we can be busy at times and mothers and babies may need quiet time we also provide a comfortable chair in the sleep area of our Waddler room which is more private. This room may be used by employees on a breastfeeding break or breast feeding mothers of children registered and attending our service between 10.00am to 11.00am and 3.00pm to 5.00pm. The Waddler room also contains a comfortable chair, refrigerator and hand washing facilities.
- Parents and employees must apply centre procedures and no mobile phones or media devices may be used. If parents/employees wish to express and store milk they must provide their own personal pumps and bottles and ensure bottles are labelled correctly in the relevant refrigerator.

## Breastfeeding breaks for Employees

Paid breastfeeding breaks are for employees who have given birth in the past six months/26 weeks. These paid breaks are based on a total of 60 minutes per 8 hour working day and pro rata for part time workers and can be broken into 2 x 30 minute breaks or 3 x 20 minute breaks.

- Employees considering breastfeeding once they return to work must notify the manager in writing one month before returning to work.
- Breastfeeding breaks may be used to breastfeed your baby in the service or to express milk.
- Breastfeeding breaks may be taken to leave the service and breastfeed at another location if the child is not attending the service.
- The timing of the breaks must be agreed in advance by the mother and the team leader/manager.
- We will continue to support breastfeeding employees who wish to continue breastfeeding after their baby is six months until the child is 1 year old. Anchor Childcare Centre will endeavour to be flexible in this regard, and allow lunch breaks to be taken to coincide with feeding times. Any time off from work once the baby is six months will be unpaid. Anchor Childcare will consider that breast feeding breaks will stop once a baby is 12 months.

## Information

All staff will be made aware of this policy so all women who are going on maternity leave will be provided with information on how they can combine breastfeeding and work.

All parents will be made aware of this policy as it will be provided to them on registration in their parents pack.

# INFECTION CONTROL CLEANING SCHEDULES & HANDWASHING POLICY

We want to provide quality safe environment for children to play and learn and for staff to perform their duties safely and we will follow the guidance of the HPSC in relation to infection control. The potential for the spread of infection exists where people congregate and in order to safely control and minimise the risk of the spread of infection, persons who display symptoms of an infectious illness will be excluded from the centre for the period outlined in the policy or until a doctor has certified the symptoms are not associated with infection and they are no longer a threat to the health of others in the Centre. We recognise that not all illnesses are infectious for example ear infections may be caused by germs but are not passed from child to child, so this is an illness not an infectious illness. However, any infection can make a child very unwell so parents should make alternative childcare arrangements for their child when they are unwell. Children are resilient and may be affected by illness and infection differently and in most cases the child will recover quickly and be fit to partake in centre activities. However, if a child is unwell and needs 'one to one' attention parents are advised to keep the child at home. If parents are unsure whether a child should attend the crèche, they should consult their doctor for advice. Fresh air and exercise significantly enhance the health and growth of a child and our service will maximise outdoor play as part of the daily routine. Parents, who feel their child is too ill to participate in outdoor activities, will be advised by staff to keep their child at home an extra day to ensure a complete recovery. The Health and Safety Officer reserves the right to exclude a child from the centre when they are ill and in order to prevent the spread of infection will review all doctors' notes provided by parents. This policy is provided for parents on registration and to staff when they commence employment with our service. Copies of policies are also available in rooms.

**Immunisation:** On enrolment, parents/guardians are asked for their child's immunisation record. Parents/guardians of children who are **not** immunised are made aware of the dangers of infectious diseases. Parents are encouraged to keep to up to date with HSE requirements and to keep the service informed and update the child's record as required. Parents/ guardians are not required to have their children immunised to gain admission to the service but where a child's immunisation record is not up-to-date parents/guardians are encouraged to have their child vaccinated. In line with public health advice if a child is not immunised, parents/guardians may be advised that their children will be excluded from the service during outbreaks of some vaccine preventable diseases such as Measles, Whooping Cough etc., even if their child is well. This is to protect their non-immunised child. Some reasons why a child may not be immunised: The child's young age, medical contra-indications, conscientious or religious objection, natural immunity, the appropriate vaccine is currently unavailable. The service will follow the public health advice on exclusion in the event of any outbreak.

**Cleaning schedules and hand washing** form a large part of our infection control measures to minimise risk. Our cleaning schedule is detailed below and is reviewed regularly in line with public health advice and the needs of the centre.

**In the interest of Health, Safety and best practice, copies of this policy are made available through the following:**
Parents are given a copy of this policy on registration and staff are given a copy of this policy during induction.
The policy is displayed on the Health and safety notice board for easy reference. A copy of this policy is available in each childcare room.

**Staff are not medically trained to diagnose, if a child becomes unwell while in the care of centre staff they will advise parents to seek medical advice and where necessary, apply the exclusion periods outlined in this policy and follow the exclusion procedure in order to minimise the spread of infection.**

## *Procedure*

1. If a parent knows/suspects their child is unwell they should exclude the child, consult the exclusion policy or their doctor and email the service to inform the service that the child is unwell and will not be attending.
2. If a child becomes unwell while in the centre, staff monitor their symptoms and will consult and follow the exclusion policy.
3. If a child needs to be excluded, staff will contact the child's emergency contact on the collection list to inform them the child is unwell and/or showing symptoms of an infectious illness and may need to see a doctor.
4. Parents of children who have been excluded from the centre due to a suspected infectious illness must follow the exclusion period in the policy or provide a doctor's note stating clearly that symptoms are not associated with infection and the child is not a threat to the health of others in the Centre.
5. In the absence of a doctor's note the Health and Safety Officer will enforce the exclusion period outlined in the Exclusion Policy document in order to minimise the spread of infections in the centre.
6. When an infectious illness is confirmed, a report is filed on the child's file, and an information notice is displayed on the Health and Safety notice board and on the door of the child's room for a minimum period of two weeks. If the management team deem it necessary a "Textaparent" notification may be sent to notify parents.
7. All exclusions by our service are recorded on the child's file.

**Notifiable Diseases** must be confirmed in writing by a doctor. As required by the Childcare Act 1991 (Early Years Services) Regulations 2016 Anchor Childcare will notify Tusla the child and family agency in writing within 3 working days of becoming aware of any of the following:

- Should we be contacted by the Department of Public Health & Medicine to inform us a staff member or child attending the service has been diagnosed with an infectious disease within the meaning of the Infectious Diseases Regulations 1981.
- An incident that occurs in the service and that results in the service being closed for any length of time.
- A serious injury to a pre-school child while attending the service that requires immediate medical treatment by a registered medical practitioner whether in hospital or otherwise.
- Notification of incidents form www.tusla.ie/services/preschool-services/notification-of-incidents-form
- Covid-19 is listed as a notifiable illness and will be recorded accordingly.

## EXCLUSION PERIODS TO CONTROL INFECTION

| Disease/Illness | Minimal Exclusion Period from the centre |
|---|---|
| Prescribed Antibiotics | As children are only prescribed antibiotics when ill the centre doctor advises that a child should be excluded for 2 days, ie: 48hrs from commencement of antibiotic treatment in order to minimise the risk of infection and to monitor for allergic reactions. Children on long-term prevention are not excluded provided there is no threat to the health of others in Centre. |
| Temperature<br>Normal Temp 37°C | Parents should be advised that a raised temperature can be a symptom of an infectious illness and they must actively work with staff to minimise risk. If excluded with a temperature of 38°C or higher a child must not return to the centre until a note from their doctor confirming the child is infection/virus free or their temperature has returned to normal for 48 hours without the use of temperature reducing medication. |
| Vomiting and/or Diarrhoea | Normally- A parent is contacted if their child suffers from vomiting/diarrhoea twice in children under 2yrs and three times in children over 2yrs. In order to prevent the spread of infection a child must be kept at home for 48 hours **after** symptoms stop or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. Parents should be advised that as diarrhoea may be a symptom of infectious illness in children, staff will consider the wellness of the child and risk asses on a case-by-case basis and may contact a parent to collect their child after one incidence. |
| Gastroenteritis, food poisoning, salmonellosis | 48 hours after first normal stool or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Bacterial, Viral & Fungal Infections | Only a doctor can diagnose a fungal, bacterial or viral infection. A note from the doctor describing the condition and when it is okay for the child to return must be furnished before a child is readmitted |
| Colds | In most cases the child will be fit to partake in centre activities. However, if a child is unwell and needs 'one to one' attention parents are advised to keep the child at home |
| Flu | Children with influenza should remain home for 7 days from when their symptoms began. Children should not re-enter the childcare facility until they are symptom free and their temperature has returned to normal for 48 hours or until a note from a doctor is provided stating the child is free from infection and there is no threat to the health of others in the Centre |
| Scarlet fever, tonsillitis and streptococcal | 48hrs after appropriate medical treatment has been given or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Respiratory Symptoms- fever, runny nose, sore throat, cough, croup, wheezing | In the event that children appear to have breathing difficulties parents will be contacted and requested to seek professional medical advice. Children should not re-enter the childcare facility until they are symptom free and their temperature has returned to normal for 48 hours without the use of temperature reducing medication or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre |
| Skin Rash | Staff are not medically qualified to diagnose, therefore all skin rashes which occur will be treated as suspicious, parents will be contacted and requested to seek professional medical advice. |
| Chickenpox | Child should be excluded until **all** spots have dried and at least 7 days from appearance of rash or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Shingles | Those whose legions which cannot be covered should be excluded until all scabs have dried. |
| Mumps | 7 days from onset of illness and when all swelling has subsided or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Pediculosis (lice) | Long hair should be tied back to minimise risk. In order to prevent the spread of infection it is important the child receive appropriate treatment. However, once treated there is seldom need for exclusion |
| Thrush | In order to prevent the spread of infection it is important the child receive appropriate treatment. However, once treated there is no need for exclusion |
| Mouth ulcers/ Cold sores | In order to prevent the spread of infection it is important the child receive appropriate treatment. However, once treated there is seldom need for exclusion |
| Impetigo | Child should be excluded until skin has healed and at least 48hrs from the commencement of antibiotic treatment or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Planter warts | No exclusion provided appropriate treatment has been given and warts are covered |
| Bacterial / Viral Conjunctivitis | Only a doctor can diagnose bacterial or viral conjunctivitis so parents are asked to seek professional medial advice. A doctors note stating diagnosis and recommended exclusion must be furnished to the centre staff before a child is readmitted. |
| Ringworm | In order to prevent the spread of infection it is important the child receive appropriate treatment. However, once treated there is no need for exclusion |
| Worms in stools | In order to prevent the spread of infection it is important the child receive appropriate treatment. However, once treated there is no exclusion |
| Scabies | In order to prevent the spread of infection it is important the child receive appropriate treatment. However, once treated there is no need for exclusion |
| Slapped Cheek Syndrome | A note from the doctor describing the condition and when it is okay for the child to return must be furnished to the centre staff before a child is readmitted. Pregnant women who have been in contact with slapped cheek syndrome should contact their medical practitioner for advice. |
| Hand, Foot & Mouth | Child should be excluded until **all** blisters have dried or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |

**NOTIFIABLE ILLNESS**

| | |
|---|---|
| Covid-19 | Children with Covid-19 should remain home for 7 days from when their symptoms began. Children should not re-enter the childcare facility until they are symptom free and their temperature has returned to normal for 48 hours without the use of temperature reducing medication or until a note from a doctor is provided stating the child is free from infection and there is no threat to the health of others in the Centre |
| Poliomyelitis | Very specific exclusion criteria apply and will be advised by the Department of Health. |
| Meningococcal infection | Until recovered from the illness or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Food poisoning (other than salmonella) | 48 hours after first normal stool or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Gastroenteritis | 48 hours after first normal stool or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Measles | 7 days from appearance of the rash or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Rubella (German measles) | 4 -7days from appearance of the rash or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Tetanus | Children with the illness will be too ill to attend until a note from a doctor is provided stating the child is free from infection. |
| Tuberculosis | Exclusion depend on the particulars of each case. The Department of Health will advise on individual cases. |
| Typhoid & Paratyphoid fever | Very specific exclusion criteria apply and will be advised by the Department of Health. |
| Infective hepatitis | 7 days from onset of jaundice or until a note from a doctor is provided stating the child is free from infection and no threat to the health of others in the Centre. |
| Pertussis (Whooping cough) | Excluded until child has received 5 days of antibiotic treatment or 21 days from the onset of illness if no antibiotic is given. |

## Centre Cleaning Policy

In the interest of Best Practice Health and Hygiene and to minimise the risk of infection and cross contamination in our service our safety officers review and approve cleaning agents. We use a sanitiser which is a product that combines a detergent and a disinfectant and is therefore used to remove dirt, dissolve grease and reduce bacteria to a safer level. The environment is cleaned using colour coded cleaning cloths and mops and the approved sanitiser or detergent followed or combined with a chlorine-based product such as sodium hypochlorite (household bleach) if necessary. Chlorine based products are available in different formats including wipes. If you are not familiar with chlorine-based disinfectants, then please refer to the HPSC Management of Infectious Diseases in Schools available at https://www.hpsc.ie/az/lifestages/schoolhealth/. Chlorine based products are strong and are not used while the children are in the room.

**Tasks in Place**

| Step | Description of Task | Cleaning Agent | Schedule/Frequency | Responsibility |
|---|---|---|---|---|
| 1. | Hoover/sweep/mop rooms at end of day | Hoover/brush<br>Approved sanitiser floor maintainer/ pads | At least Daily | Housekeeping/childcare Staff |
| 2. | Clean sleeping mats and cots including frames | Approved sanitiser or detergent | When visibly soiled<br>At least Weekly | Housekeeping/childcare Staff |
| 3. | Ensure bins in each room are emptied daily before full and contain a bin liner | N/A | Before full<br>At least Daily | Housekeeping Staff |
| 4. | Children's rooms and toys cleaned by wiping or in dishwasher/washing machine where appropriate | Approved sanitiser or detergent | When visibly soiled<br>At least Weekly | Childcare staff<br>Housekeeping Staff<br>All staff vigilant |
| 5. | Offices, toilets, kitchens, staff room, communal areas cleaned | Approved sanitiser<br>Household bleach | When visibly dirty<br>Twice per day | Housekeeping Staff<br>All staff vigilant |
| 6. | Bins are washed out | Approved sanitiser | Weekly | Housekeeping Staff |
| 7. | Hoover offices, stairs, entrance hall daily | Hoover | Weekly | Housekeeping Staff |
| 8. | Wash radiators, pipe covers, skirting, worktops, viewing panels & window ledges in all areas | Approved sanitiser<br>W5 window cleaner | At least Weekly | Housekeeping Staff<br>All staff vigilant |
| 9. | Clean door handles, tables and contact points such as lids of bins regularly | Approved Sanitiser | At least Twice Daily | Housekeeping Staff<br>All staff vigilant |
| 10. | Clean all doors and door frames | Approved sanitiser | Daily | Housekeeping Staff |
| 11. | Ensure toilets are cleaned a minimum of twice daily and maintained signing the toilet checklist | Approved sanitiser | When visibly soiled<br>At least Twice Daily | Housekeeping Staff |
| 12. | Ensure all toilets & rooms have an adequate supply of toilet rolls, hand paper towels, liquid soap. | N/A | Daily | Housekeeping Staff |
| 13. | Ensure blue bins are out for collection before full | N/A | Weekly | Housekeeping Staff |
| 14. | Ensure green bins are out for collection before full | N/A | Weekly | Housekeeping Staff |
| 15. | Ensure brown bins are out for collection before full | N/A | Weekly | Housekeeping Staff |
| 16. | Ensure the outside play area toys are cleaned and the areas is kept clean and safe | Approved sanitiser | When visibly soiled<br>At least Weekly | Housekeeping Staff<br>All staff vigilant |
| 17. | Monitor entrance to Centre disposing of all litter and potential hazards | N/A | Daily | Housekeeping Staff<br>All staff vigilant |
| 18. | Clean and disinfect the ball pool and indoor play area equipment | Approved sanitiser | At least Monthly | Housekeeping Staff |
| 19. | Spray balls from ball pool and place in net bag, take to outdoor area and rinse well with hot water. | Approved sanitiser | At least Monthly | Housekeeping Staff |
| 20. | All chairs in the centre cleaned | Approved sanitiser | At least Daily | Housekeeping staff<br>Childcare Staff |

**During an outbreak of a communicable illness the following additional tasks are completed**

| Step | Description of Task | Procedure/schedule | Responsibility |
|---|---|---|---|
| 1. | Notice displayed for parents and advising exclusion criteria | Exclusion policy | Reception staff |
| 2. | Communicable illness form completed<br>Original on child's file Copy on Health & Safety file | Exclusion policy | Reception staff |
| 3. | Suspend use of Soft toys, **dress up,** Ball pool, sand, and water play, Cooking activities, Playdough activities | Cleaning | Childcare staff supported by housekeeping and all cover staff |
| 4. | All surfaces in affected room cleaned and disinfected | Approved Sanitiser | Childcare staff supported by housekeeping and all cover staff |
| 5. | All equipment in affected room cleaned and disinfected | Approved Sanitiser | Childcare staff supported by housekeeping and all cover staff |
| 6. | Restrict Visitors | Verbal/ Door Notice | Health & Safety Officer/Administrator |
| 7. | Inform public health of outbreak if necessary | | Health & Safety Officer |

**Please note**

- **When spraying any chemical, spray on the cloth not the surface and do not use bleach when children are in the area**
- **Use correct colour coding for the area**
- **When using noisy equipment or equipment with flex be vigilant and exercise caution with regard to children**

## Individual Room & Equipment/Toy Cleaning

**Policy**

HPSC Management of Infectious Diseases in Schools. We have a cleaning regime in place for the service and equipment is also cleaned when visibly soiled. Cleaning during the day should take place whenever there is a break in action – in the middle of the day, while the children are eating or napping or at the end of the day once all the children have gone home. In the interest of Best Practice Health and Hygiene and to minimise the risk of infection and cross contamination in our service the following tasks are completed at the following frequencies.

**Tasks in Place**

| Step | Description if Task | Procedure | Schedule | Responsibility |
|---|---|---|---|---|
| 1. | Purchasing of toys that are easy to clean and disinfect | Budget approval<br>Capital Requisition | Annually | Centre Manager |
| 2. | Purchasing of soft/cloth toys which are machine washable | Budget approval<br>Capital Requisition | Annually | Centre Manager |
| 3. | Team Training in prevention of infection | Training Plan<br>Budget approval | Every 2 years<br>During outbreaks | Centre Manager |
| 4. | Check play equipment regularly for damage. Discard broken equipment | Centre staff check all toys on a daily basis | Daily | Childcare Staff |
| 5. | Draft & review cleaning schedule | Review of procedures | Annually/<br>when risk is identified | Centre Manager<br>Safety Officers |
| 6. | All toys cleaned using a brush if necessary, to remove dirt | Dishwasher 3-minute cycle<br>Using approved sanitiser disinfectant, Leave to air dry | As necessary<br>At least Weekly | Childcare staff |
| 7. | All shelves cleaned | Wipe with correct colour cloth<br>Using approved sanitizer disinfectant. Leave to air dry | Max Weekly | Childcare staff |
| 8. | Clean and disinfect sink and fridge area | Approved sanitiser | When dirty Daily | Childcare staff |
| 9. | Touch points Children's rooms, offices, kitchens and communal areas | Approved sanitiser | Twice Daily | Housekeeping Staff<br>All staff vigilant |
| 10. | Sweep all classrooms | Brush | Max Daily | Childcare Staff |
| 11. | Mouthed toys sterilised | Sterilised | After each use | Childcare Staff |
| 12. | Soft toys cleaned | Washing machine 65°C or above | Max Weekly | Coast Cleaners |
| 13. | Bed linen Cleaned | Washing machine 65°C or above | When visibly soiled<br>Max Weekly | Coast cleaners |
| 14. | Cloths | Washing machine 65°C or above | Daily | Housekeeping |
| 15. | Bibs | Washing machine 65°C or above | Daily | Housekeeping |
| 16. | Soiled clothes | All soiled clothes are bagged and sent home to parents for cleaning | Daily | Childcare Staff |

**During an outbreak of a communicable illness the following additional tasks are completed**

| Step | Description of Task | Procedure/schedule | Responsibility |
|---|---|---|---|
| 1. | Text sent to parents advising of outbreak | Exclusion policy | Reception staff |
| 2. | Notice displayed informing parents and advising exclusion criteria | Refer to exclusion policy | Reception staff |
| 3. | Communicable illness form completed | Original on child's file<br>Copy on Health & Safety file | Reception staff |
| 4. | Suspend use of the following activities:<br>Soft toys, Ball pool, dress up, sand and water play, Cooking activities, Playdough | | Childcare staff supported by housekeeping and all cover staff |
| 5. | All surfaces in affected room cleaned and disinfected | Approved sanitiser | Childcare staff supported by housekeeping and all cover staff |
| 6. | All equipment in affected room cleaned and disinfected | Approved sanitiser | Childcare staff supported by housekeeping and all cover staff |
| 7. | Restrict Visitors | | Health & Safety Officer supported by all staff |
| 8. | Inform public health of outbreak if necessary | | Health & Safety Officer |

**When spraying any chemical, spray on the cloth not the surface**
**Use correct colour coding for the area**
**Wear apron & gloves when cleaning, when finished wash gloves while still on you and wash hands after removal**
**Do not use bleach when children are in the area**
**When using noisy equipment or equipment with flex be vigilant, exercise caution with regard to children**
**If you are not sure what to use refer to the displayed list of approved products in the laundry area**

## Hygiene Practices & Handwashing Procedures

Staff should avoid touching their face, especially their eyes nose and mouth. Respiratory viruses can be washed off surfaces and need access to these body sites in order to transmit infection.

Respiratory Viruses are spread mainly through tiny droplets scattered from the nose and mouth of an infected person. The droplets can be scattered when the infected person coughs, sneezes, talks or laughs. In order to infect you it has to get from an infected person into your eyes, nose or mouth.

Staff must be mindful of runny noses and eyes and deal with both immediately.

- Children's temperatures will be checked if a child seems any way off form, unwell or displays symptoms of an infectious illness.
- Infection control is important, be aware of the exclusion policy.
- Handwashing is the single most effective way to prevent the spread of infections, including respiratory illnesses. Both employees and children should wash their hands at regular intervals throughout the day
- Our Handwashing Policy must be **strictly** adhered to by **all** employees at all times.

**Employees** should wash their hands;

- Upon entry to the premises and prior to entry to any of the care rooms.
- Before and after eating, smoking, handling/preparing food snacks or drinks or assisting/feeding a child.
- After using the toilet or helping a child to use the toilet, nappy changing/handling potties
- After, handling secretions e.g. from a child's nose, mouth, from sores or cuts.
- After cleaning up vomit or faeces
- After cleaning tasks, handing or dealing with waste
- Removing disposable gloves and/or aprons
- After handling pets/pet litter, animals/cages/animal soil etc.
- After using public transport
- Moving from one room to another or from outside to inside areas
- Before and after having physical contact with a child from another group other than their own
- Whenever hands are visibly dirty
- After their shift ends

**Children** should wash hands:

- Upon arrival to their designated room & before they leave the service
- Before and after eating & drinking
- After toileting
- After using tissues, wiping noses or sneezing
- After playing outside or handling items outside e.g. sand, toys, water
- Whenever hands are visibly dirty
- After direct contact with animals
- After coughing into their hands if practice occurs

**HOW TO WASH HANDS**

- Handwashing should be performed as follows and should take a **minimum of 20 seconds** to complete.
- Wet hands under warm running water to wrist level.
- Apply liquid soap and lather it evenly covering all areas of the hands for at least 20 seconds. Include thumbs, fingertips, palms and in between 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 special care between the fingers. Use the disposable paper towel that has been used to dry hands to turn off taps.
- Children should learn and sing the handwashing song while washing hands to re-enforce handwashing routine.
- Dispose of the disposable paper towel in a waste bin

**Cough Etiquette**

- Cough and respiratory etiquette must be observed by all employees.
- Children should be taught and encouraged to observe cough etiquette, and this should be reinforced through daily interactions and brought into the daily routine where age appropriate.
- Cover mouth and nose with a clean tissue when you cough or sneeze, or cough/sneeze into the bend of your elbow.
- Dispose of the used tissue and wash your hands following the hand washing procedure.

## Multi-Media Policies

In the interest of Best Practice, Safety and ensuring a child focused environment in Anchor Childcare Centre the following policies in relation to multi media will apply:

**Mobile Phones/Smart Watches**

- In order to maintain a sense of calm staff, parents and visitors should ensure their mobile phone is switched off before they go through the main security doors into the childcare area of the Centre.
- Staff are not permitted to use their mobile phones during working hours; personal mobile phones are to be left with staff personal property in staff lockers, phones should not be left in the staff room or in any communal area. There is an internal phone system in place and calls can be made and received through the main telephone line if necessary.
- The manager or their designated person may authorise use of personal mobile phones on school collections or outings during working hours. Staff may not take photos of children on their personal phones or media devices.
- Children are not permitted to bring mobile phones or media devices into the centre.
- Some Smart Watches have features which allow for text messaging, phone calls & photographs. To minimise risk, staff are not permitted to wear/use these media devices during working hours.

**Photographic & Media Devices**

- An authorised Centre Camera is available for taking special occasion photographs. This Camera is kept in reception and returned to reception when ready for processing.
- Unauthorised Photographic or media devices are not allowed inside the Centre at any time. This includes devices such as personal radios, CD players, ipods, mp3 players, handheld games, laptops, etc.
- All processed photographs to be viewed by a team leader before circulation.
- All photographs of children must be kept in the Centre and never be taken from the Centre premises without permission.
- Children are not permitted to bring in their own media devices from home.
- Portable compact disk players and a choice of CD's with various types of music are provided in the children's rooms. Usage is monitored by staff and material has been previewed by staff and deemed developmentally appropriate.
- Computers and computer games are provided for the children's use. Usage is monitored by staff and material has been previewed by staff and deemed developmentally appropriate. Children's computers do not have internet access.

**Television Policy**

Use of television/DVD is limited to weekly, special circumstances and learning activities that require the use of developmentally appropriate material. We only purchase material suitable for all ages so children should not bring in DVD's, Toys or equipment from home. Television activities are planned and alternative activities are available for children who do not wish to partake.

**Photographic Images**

At Anchor Childcare centre we use photographic images to record children's progress and development during their time in the service. We also use images for publicity and promotion. This policy details procedures we have in place to safeguard children.

**Purpose of photographs/ At Anchor Childcare photographs are typically used for the following purposes:**

- The daily routine is displayed for children in photographic form and displays show children as they partake in activities
- For identity and belonging to show children where personal items are stored and personal records of achievement
- We may use images for media such as our newsletter or advertising. In such circumstances we obtain written permission from parents. If a photographer visits our service parents are notified and the photographer is supervised at all times
- Students on work placement from college may need to document evidence of learning. In such circumstances we obtain written permission from parents

**Parents/Guardians may be invited to take photographs at special events such as the graduation. In such cases the manager or their designated person will invite parents in writing and the following guidelines are followed**

- Parents may only take photos of their own child. Group photos should only be taken where they include their own child
- Be courteous and don't let your enthusiasm for a photograph spoil the event or frighten children
- Bear in mind that flash photography can upset small children and distract from the event
- Parents should not distribute or publish photographs and videos if they include any child other than their own. This includes the posting of images and videos on social media sites such as facebook.

**Guidelines for taking photographs**

- Children must be appropriately dressed and adults should be sensitive to the needs of the child and respect their privacy
- Children should be captured partaking in activities, images must have a purpose and linked to an aistear learning context
- Do not take/use photos that are likely to cause upset, distress or embarrassment
- Remember your duty of care and challenge any inappropriate language or action
- Photographs must not be taken in toilet or nappy changing areas report concerns of inappropriate use of media devices

**Storage of Photographs**

Photographs are stored electronically and are password protected. Stored images are reviewed regularly and unwanted material is deleted or shredded. Personal photos may be circulated to parents of individual children where appropriate.

# Anchor Childcare Centre

## Closed Circuit Television (CCTV) Policy

### Purpose of CCTV

- Health & safety of children, staff, parents, volunteers and all visitors
- To assist in the prevention, detection and investigation of criminal activity and prosecution of offenders
- Security of the premises and protection of centre property
- To assist in staff training and supervision
- To ensure adherence to policies and procedures and a best practice approach

### Responsible Person

Operation of the CCTV system and this policy will be assigned to the Health & Safety Officer to ensure that the system is considered part of centre operations. Escalation procedures are in place for the Health & Safety officer to reach the board of directors in a case where the officer deems this necessary. Current Health & Safety Officers are listed on our Health and Safety notice available in each room and in reception.

### Quality Control

Anchor Childcare Centre uses a digital recording system and has made every effort to position cameras so that they cover all areas of the premises.

- Cameras are positioned so they will capture images relevant to the purpose for which the scheme has been established.
- Cameras are properly maintained, serviced and maintenance logs are kept.
- Cameras are protected from vandalism where appropriate so that they are kept in working order.
- In the event of cameras break down or are damaged, they will be repaired within a reasonable period.

### CCTV Recording

- Images and recordings will be held in accordance with the centre data protection policy.
- Anchor Childcare Centre will display one or more signs so staff, parents, children, students, volunteers and visitors are aware they are entering an area covered by CCTV.
- CCTV images will be retained on the server and will be overwritten on a recycling basis once the drive is full.
- Anchor Childcare Centre will ensure the date/time of the recording system is accurate, documenting maintenance/repairs.

### Access to Images

Access to, and disclosure of, images recorded on CCTV will be restricted and carefully controlled to ensure the rights of individuals are retained, and that the images can be used as evidence if required. Images can only be disclosed in accordance with the purposes for which they were originally collected.

- Access to recorded images will be restricted to those authorised to view them, and will not be made more widely available.
- Monitors displaying images should only be seen by those authorised to use the equipment.
- Viewing of recorded images should take place in a restricted area to which non authorised individuals will not have access while viewing is occurring.
- If media on which images are recorded are removed for viewing purposes, this should be documented.
- Images retained for evidence should be securely stored.

The following information will be documented when media footage is removed for viewing:

1. Date and time images were recorded and removed
2. The name(s) of the person(s) viewing the images and reasons for viewing the images
3. The signature of the person to whom the images have been transferred.
4. The name of the person removing the media
5. Any crime incident number, if applicable.
6. The date the media is returned to Anchor Childcare and the person to whom it is returned.

## Requests for access to CCTV images:

- The request must be in written form, specifying the date and time (as far as possible) of the image/s requested.
- The location of the CCTV camera
- The reasons the images are required and further information to identify the individual, if necessary
- Should any images be required by the HSE or An Gárdai Siochána, we will follow additional protocol:
    1. The rank of the requesting officer must be at least Sergeant
    2. If the decision is taken not to release the images, then the image in question must be held and not destroyed until all legal avenues have been exhausted.

## Disclosure of images

The Data Protection Act gives individuals the right to access personal information about themselves, including CCTV images but individuals have no right to view images of persons other than themselves. All requests for access to images by individuals (when they are asking for access to images of themselves) and disclosure of images should be made in writing to the health and safety officer and documented. The health and safety officer will respond promptly once a written request and sufficient information to identify the images is received. The Health & Safety will liaise with the board to determine whether disclosure of the images will reveal information or images on any third-party. Under the Freedom of Information Act, a copy of this policy will be provided to anyone making a written request for it. Only the board can authorise disclosure of information to the Gardai, the HSE or other third parties. If disclosure is denied, the reason should also be recorded. Disclosures to third parties will only be made in accordance with the purpose(s) for which the system is used and will be limited to:

- Gardai and other law enforcement agencies, where the images recorded could assist in a specific criminal enquiry and/or the prevention of a crime
- HSE and other supervisory agencies, where the images recorded could assist with incident investigations
- Prosecution agencies on written request
- Relevant legal representatives on written request
- In exceptional cases, to others to assist in identification of a victim, witness or perpetrator in relation to a criminal incident where the board deems footage could assist in a specific criminal enquiry and/or the prevention of a crime
- Members of staff involved with disciplinary processes. In these cases the staff member may view footage in the presence of an appropriate person, however will not receive a copy.

## Monitoring Compliance and Training

The board will undertake occasional reviews with the Manager to ensure updating of knowledge and compliance with this policy and relevant legislation.
The board will ensure that staff handling CCTV images or recordings receive appropriate training.

## Complaints

Complaints and enquiries about the operation of Anchor Childcare CCTV systems should be addressed to the board under our complaints procedure.

# Anchor Childcare Centre
## Biometrics & Security Policy

### Purpose of Security System

Anchor Childcare Centre has installed the following security measures to ensure the safety and security of the service and all children, parents and staff on the premises.

- Access buzzer control system positioned on the main front door of the centre. A release button is pressed to exit the centre.
- Biometrics finger print reader positioned at the door to the childcare area of the centre to ensure access to this area is restricted to only those persons authorised by parents to collect their children, and individuals authorised by management. A release button is pressed to exit the childcare area.
- CCTV System, refer to separate policy

### Responsible Person

Operation of the security and biometrics system will be assigned to the Health & Safety Officer to ensure that security systems are considered part of centre operations. Escalation procedures are in place for the Health & Safety officer to reach the board of directors in a case where the officer deems this necessary. Current Health & Safety Officers are listed on our Health and Safety notice available in each room and in reception.

### Quality Control

- The biometric and security system will be properly maintained, serviced and protected from vandalism where possible
- In the event of break down or malfunction the system will be repaired within a reasonable period of time.

### Data Control

- All staff and persons authorised to collect children will be invited to input their data.
- Information will be held on a pass worded system until the child leaves the service.
- Encrypted data will be retained for the period the person is authorised to collect a child.
- Anchor Childcare Centre will ensure the information is accurate by only recording fingerprints of individuals identified and authorised by parents to collect their child and fingerprints of individual's authorised management in the system.
- Anchor Childcare will maintain a system in place for individuals who do not have their fingerprints stored in the system. Such individuals will announce themselves at reception and once it has been verified that they are on a child's collection list they will be allowed access to the childcare area.

### Monitoring Compliance and Training

The board will undertake occasional reviews with the Manager to ensure updating of knowledge and compliance with this policy and relevant legislation. The board will ensure that staff handling biometric information receive appropriate training.

### Complaints

Complaints and enquiries about the operation of Anchor Childcare biometric & security systems should be addressed to the board under our complaints procedure.

## Supervision of Children

- Children are under the care of a suitably qualified staff member at all times in the centre while they play, eat and sleep. Staff are responsible for supervising children as they partake in activities in the centre. Supervision is primarily by observation/sight; however, children may be supervised out of sight for short periods, e.g. when they go inside a tent, or go independently to the toilet. This will be risk assessed and monitored by staff in the child's room as they support independence.
- Staff are responsible for knowing how many children are in their care at all times and doing regular checks in the room to ensure they match the register. Staff should be mindful of transitions checking numbers after moving from area to area and during staff changeovers. Staff must be vigilant and observant in their supervision of children at all times and should ensure their presence and position allows for constant supervision. Staff should not sit to the side of a room but should ensure they support and supervise children's activities and lead games or play where appropriate.
- Staff acknowledge children may want alone time e.g. to calm down or help them regulate, reflect, or read a book, and should ensure spaces have visibility in mind that allows constant supervision in an unobtrusive way.
- Staff should bear in mind that equipment and activities are purchased to suit the age and developmental ability of children and are not suitable for use by adults. Staff should not use bouncy castles, slides, scooters etc as well as the risk of damaging equipment there is a potential risk to the safety of employees and level of supervision of the children.
- Staff should risk assess activities they plan. Do not leave equipment e.g. trolleys, slides, bouncy castles unsupervised. Be aware of balls overflowing from the ball pool and be vigilant in the indoor and outdoor play areas, ensuring children pick up balls and toys to keep this area safe. Balls should not be used in the uncovered outdoor area. Adhere to policies and procedures at all times and ensure children are made aware of safety procedures such as hand washing, holding the handrails, clean as you go/tidy up etc.
- When communicating with parents about their children please be vigilant and ensure the other children under your care are supervised. Conversations with parents should be brief, to the point and only relevant to their own child's development. Doors should not be held open for long periods to facilitate discussion. Formal meetings can be arranged if necessary.
- Parents drop their child off and collect from a member of staff. Parents should ensure they supervise their children closely as they enter and leave the service and not encourage children to push buzzers, finger print access pads, release buttons or open the front door.

**Manual Handling & Safe Systems of Work**

Where possible the company will purchase mobile equipment which will not need to be lifted for use. When working with children, there will be times when manual handling is necessary, e.g., feeding and changing small non walking babies or placing babies in a cot. The company will organise manual handling training as part of the employee training programme. Employees should remember that they should not lift or swing children in their care. They should move to the child's level and avoid picking a child up unless it is a small baby. Children must never be lifted by the arms or legs and any type of rough play should be avoided. The law requires employees to take reasonable care of themselves, and other people affected by their work and employees should take the following measures to ensure safe systems of work.

1. **Assess the task, the area and the load to be lifted:**
   - If it's a child, does the child need to be lifted? If a child can walk they should, staff should not carry children that are able to walk.
   - Does the task involve stooping, climbing, repetitive movements etc?
   - Is the load heavy? Did you test it? Do you need a second person to help?
   - Is the area safe, do you have a clear path to lift/move an object?
   - Is the load safe, heavy, stable? remember moving children can twist and turn awkwardly so take caution
2. **If you have assessed the task and decided that an object or person needs to be lifted:**
   - Keep your feet flat on the floor, hip width apart for stability. Bend your knees. Keep your back straight
   - Maintain a firm grip on the object to be lifted, keeping your arms in line with the trunk of your body
   - Keep your feet turned in the direction you are moving, face forward, never walk backwards
3. **When using ladders in the centre**
   - Assess the risks carefully and ensure you check the ladder for defects or hazards before using.
   - Working from a ladder should be viewed as a last resort. Two staff should be present, one holding a ladder when it is in use and only staff with a head for heights should climb the ladder.
4. **When using machines with flexes in the centre**
   - Assess the risks carefully before progressing with the task and avoid using such machines when other people are in the area.
5. **When working with paint, sand and water or other messy play in the centre**
   - Ensure children are supervised closely and in small groups. Ensure spills are wiped up immediately

## No Smoking/Vaping Policy

In the interest of Health, Safety and best practice, Anchor Childcare operates a non-smoking/Vaping policy and Smoking/Vaping is not permitted in any area of the building or on outings from the centre involving the children. Smoking/Vaping is prohibited in view of any child in our care.

## Staff Consumables Policy

In the interest of Health, Safety and best practise food, tea/coffee and all hot drinks are not to be consumed outside of the staff room during hours of operation. All staff consumables are to be labelled and kept in the staff room, no staff foods are to be brought to the childcare rooms except for bottled water. Nuts must not be brought into the centre as they are an allergen to many children.

# Environmental Policy

Anchor Childcare Centre CLG is an environmentally conscious organisation, which acknowledges the impact that our operations may potentially have on the environment. Anchor Childcare Centre CLG are committed to conducting our activities with due care and with regard for the environment. We continually strive for improvement to achieve a high level of sustainable environmental performance and this policy is a statement of commitment. This policy is the driver for implementing and improving our Environmental Management System so that we can maintain and potentially improve our environmental performance.

All employees and contractors are obliged to co-operate and implement this policy.

Anchor Childcare Centre CLG will take all practical steps to ensure that potential hazards and risks to the environment are identified and that suitable and effective preventative and control measures are implemented. All employees will be provided with necessary resources, equipment, information, instruction and training to fulfill the requirements of this policy.

Currently we recycle all possible equipment that is not viable for reuse eg. paper etc. Our waste is segregated into green bins for recyclable waste and brown bins for food waste and is collected and disposed of by Panda. Soiled nappies are considered hazardous, we commission the services of an approved waste management company to dispose of these appropriately. When Anchor Childcare Centre CLG goes off site (into the community, day outs etc.) waste will be disposed of responsibly or brought back to the centre to dispose of.

Under this Policy we commit to:

- Reduce the company's negative climate impact.
- Contribute to recycling processes and ensure waste is handled in a safe and environmentally friendly manner.

Our environmental performance will be reviewed annually, or sooner if required, in order to monitor our progress and ensure compliance.

# MEDICATION MANAGEMENT POLICY

**Parents have the prime responsibility for their child's health and to work with their medical practitioner to manage short term and long-term illness. Parents must provide the service with information on their child's medical needs and update this information regularly. Parents should as far as is practical stick to a medication routine. Medications should only be brought into the centre for administration by centre staff when it is essential. Medicines that can be given at home should be given at home for example if a preventative inhaler needs to be given twice a day it can be given by parents at home in the morning and evening and rescue medication can be left in the service for administering in an emergency. If an antibiotic needs to be given 3 times a day parents should give it in the morning and evening and if the child is full time staff can give it in the afternoon.**

**Communication between parents and staff is the most appropriate pathway for the sharing of information to keep children safe. Children may arrive to the service from their home, a family members home, school or recreational activities so it is the responsibility of the parent to keep themselves informed if their child has had any accidents or injuries, been unwell and/or has required medication before they arrive in the service and inform centre staff so to avoid an overdose of medication and/or delayed actions in the event of an emergency. Medications should not be placed in children's bags, particularly school bags; all medications should be handed to centre staff with the relevant medication form completed by the parent/guardian.**

**It is important that if a child is unwell, has an unexplained rash or has vomiting or diarrhoea at home parents do not bring them into the service in order to minimise the spread of infection. If an afterschool child is absent from primary school due to illness or is unwell while at primary school, it is the responsibility of the parent to collect their child from the primary school and inform our service there is no school collection required on that day and refer to the centre exclusion periods. Children should not be brought in to the service if they have been given medication to reduce their temperature as this could mask other symptoms.**

Staff will endeavour to ensure that the administration of medication to a child in the service, when required, is not refused or unnecessarily delayed, and the child's care is not compromised and will endeavour to ensure that medication is given as close as is practicable to the time requested by parents bearing in mind we work with small children with varying needs. Obtaining and recording consent is both a regulatory requirement and an indication of good practice. Prescribed and non-prescribed medication will only be administered with prior written parental/guardian permission by completing a medication form. Staff will not administer the first dose of any medication in case of reaction. Children will not be allowed to self-administer their own medication; staff will administer all medication.

Medication will be administered by a childcare worker who works in ratio with the child who is competent and authorised to do so. As our team work within ratios any member of the team including auxiliary staff may witness medication once they are trained in medication procedures. Where the administration of medicine requires specific medical or technical knowledge or equipment it is the responsibility of parents to provide the equipment and relevant training by a healthcare professional. Records of the details of who provided the training, when the training was delivered and who received the training will be stored in the centre training file. Medication is not added to a child's bottle/food unless a registered medical practitioner has directed that this is how it should be administered.

It is the responsibility of parents to ensure the service has adequate supplies of medication their child needs and renewing any medication for chronic conditions. All medication supplied must be in its original container which contains dosing information and expiry date, instructions enclosed with medication are written in English. The service will only accept prescribed medication in the original container, with original pharmacy label, marked with the child's name, date of prescription, name of the dispensing pharmacist, prescribed dosage, expiry date along with clear directions for administration and storage as required. Parents should ensure where possible all medications brought into the centre have child-proof caps. Staff will clearly label all child medication with the child's name, date received from parent and date medication is opened. All medication will be stored in the secure medicine cabinet, out of reach of children, in the child's classroom or in the Nursery room fridge if it requires refrigeration. Parents must provide staff with information and guidance on how to store controlled medications (e.g. Ritalin) should they be required by children in the service. Medication that is out of date will not be administered and will be returned to the parent for disposal and noted in the comment section of the medication form. All parents receive a copy of this policy on registration and staff receive a copy on induction. A separate school age appropriate policy is available.

## Anti Febrile Medication

Non-prescription Anti Febrile medications such as Paracetamol or Ibuprofen may be administered to reduce a raised temperature of 38° or higher while the child is awaiting collection by a parent. However, they will not prevent febrile convulsions and will not be given specifically for this purpose for children with temperatures under 38° unless directed by a medical professional on a care plan.

## Prescribed Medication

Children are only prescribed medication when unwell so parents must keep their child at home for their first 48 hours of any course of antibiotic treatment**.**

## Non-Prescribed Medication

Non-prescription medications are not administered routinely and are administered only when a child is presenting with symptoms that need to be treated. Medication can only be administered where specific consent has been obtained from the child's parent/guardian. Only medications suitable for children will be given to a child. Non-prescription medication will be given as per manufacturers instructions unless a registered medical practitioner provides written instructions otherwise. Young children should not be given aspirin to treat a raised temperature and pain. Medicated creams and ointments are generally not required for minor bumps, bruises, cuts, burns, rashes and stings as long as the area is kept clean and dry. If they are required to treat a specific condition, the cream, powder, or ointment must be supplied by the parent/guardian and a medication form completed. Parents should be informed, and a record maintained of any actions taken including any medication administered in response to a minor injury or rash. Medication may be required to manage short term pain following a minor injury or surgical procedure. However longer term use is not advised by the manufacturers so if a child requires medication to manage chronic pain this requires completion of a care plan.

## Procedure to follow when a child becomes unwell

Childcare staff working with the child may observe a child is unwell, has a rash, is out of sorts and/or not partaking in centre activities. If a child has a suspected temperature their temperature will be taken using the centre thermometer. When a child's body temperature becomes 38° or higher it is important that appropriate measures are taken to reduce the child's temperature. Staff may seek permission from the parent, via telephone/email, to administer anti-febrile medication while the child awaits collection. Staff may advise parents to seek medical advice where necessary; it is the responsibility of parents to apply the exclusion periods as outlined in the exclusion policy in order to minimise the spread of infection. It is the parents responsibility if they cannot collect their child within a reasonable period (max 1 hour) to arrange collection by someone on the collection list. Where a child has a temperature and consent is not given to administer antifebrile medication children must be collected immediately i.e within 15 minutes.

## Procedure for Administering Medication

Two staff members must be present to administer medication and confirm, by signature, that the correct procedure has been followed.
If there is any doubt about any aspect of administration a member of staff will check with parents/guardians before taking further action.

1. Wash your hands and ensure you have the medication form and any PPE and any medical device you need to hand e.g. spacer.
2. Check the medication form to ensure consent has been given by the parent, if there is no consent do not proceed, contact the parent.
3. Check the Form -
   Does the name of the child on the form match the child's name on the register and the medication label
   Does the name on the medication form match the name of the medication on the medication label
   Check the date, time and dosage of the medication to ensure they are correct.
   Check if the child has received the medication in the previous 24 hours. If it is not safe to administer do not proceed.
   Check the administration route e.g. Is medication to be taken by spoon, inhaled.
4. Administer the correct dose at the correct time as stated on the label/container/instructions and permission form.
5. Complete the medication form record
6. If a child refuses to take medication, the parent/guardian will be contacted straight away to collect their child

After administering the medication and in order to minimise risk, staff must:

- Complete the medication form correctly
- Thoroughly clean dosing spoons and medical devices after each use
- Return medication to its appropriate storage area
- Note on the medication form the outcome, eg: did the temperature come down?
- Observe the child for any reaction and the reaction (if any) should be recorded on the medication form
- If the child appears to have an adverse reaction to the medication, inform a First Aid Officer immediately so the parent or emergency services can be contacted by reception depending on the severity of the reaction.
- Parents should sign on collection daily to confirm their child has received the required medication. Persons authorised to collect a child should sign on behalf of the parent at collection confirming they will give feedback to parent.

## Care Plan

A care plan documents any illnesses, conditions, or health issues that a child requires specific treatment and care for. The service will ensure that the care provided to each child is in line with that child's individual plan.

It is the responsibility of the parent to inform the service if a child has a medical condition diagnosed by a medical practitioner or requires regular medication to manage a chronic condition. A care plan will be given to the parent which must be completed by the child's GP or medical practitioner managing the condition. This care plan will also provide specific instructions from the medical practitioner on what to do in an emergency for the child, for example a child could potentially require the administration of an emergency medication, eg: inhaler or EpiPen. The parent is responsible for arranging appropriate training for staff, specific to the child concerned. The care plan will detail the child's condition, signs & symptoms, triggers, medication to manage the condition and procedures to guide practice if an emergency arises in the service. The care plan will detail the service's responsibilities in relation to the administration of medication, treatments and interventions required. In cases where a child requires emergency intervention as outlined in their care plan the parent will be contacted and informed of the situation as they may need to collect their child or seek appropriate medical advice.

## Suncream

In line with public health messaging, centre policy and best practice guidance, parents are required to apply suncream to their child each morning prior to arrival at childcare and supply a bottle of suncream for top-ups throughout the day for their child between the months of April and September. Written parental/guardian consent is required upon registration for the application of suncream and only suncream provided by parents will be used on their child.

## Record Keeping

The service will maintain a record of the following on the child's file:
• Medical history of each child to include medications required
• GP contact details
• Written parental/guardian consent for administration of specific medication to seek emergency medical treatment if necessary
• Parental/guardian signature to indicate they have been informed of the administration of medication on collection of their child

Medication forms completed by the child's parent/guardian will be stored securely in the child room for the duration of the need for the medication and filed on the child's file in reception once a course of treatment has been completed.
Care plans completed by the child's GP will be stored securely in the child's classroom and a copy on the child's file in reception.
Care plans and medication form are treated as confidential and is shared only with staff on a need to know basis.

## MEDICATION FORM – PARENTS PERMISSION SECTION

Anchor Childcare has a medication management policy in place and obtaining and recording consent is both a regulatory requirement and an indication of good practice. Parents are required to complete this medication form, which authorises staff to administer medication to a child. Consent can only be obtained for a specific medication and individual child so parents should complete a separate form for each medication and each child. Consent to administer a medication will be time limited depending on what the medication was prescribed for, for example: the normal prescription for antibiotic medication is 7 days, but this may vary so it must be given only for the exact time indicated by the prescriber. Medication will not be given when consent has expired. For emergency medication eg inhaler or Epipen a care plan must be completed by a medical practitioner. When a medication from is full parents will be asked to complete a new permission form. It is the responsibility of parents to ensure there is an adequate supply of medication for their child and to allow enough time to get a new prescription filled, and a fresh supply of the medication brought to the service.

It is the responsibility of parents to keep their child at home if they have been given medication at home to reduce their temperature as this could mask other symptoms.

Parents must give consent by completing the medication form in BLOCK CAPITALS and should update the form daily as required.

| | | | | | |
|---|---|---|---|---|---|
| **Name of Child** | | | **Name of Parent** | | |
| **Reason you require medication to be administered to your child** | | | | | |
| **Name of Medication** | | | **Dosage** | | |
| **Date/s to be given by staff** | From / / To / / ☐ Tick if ongoing medication | | ☐ Oral ☐ Topical/Rub In ☐ Inhale/Puff ☐ Other please state | | |
| **Times to be given by staff** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Times medication will be given by parent in previous 24hrs** | Monday | Tuesday | Wednesday | Thursday | Friday |

**I confirm I am the parent/guardian of the above child and request my child receive the medication detailed above, at the dosage dates and times set out above by centre staff. I confirm this medication is in date and it is not the first time my child has been given this medication. I confirm I will inform staff if there are any changes to the above administration schedule.**

**Signed:_____(Parent/Guardian)** **Date: _____**

## MEDICATION ADMINISTRATION PROCEDURE–STAFF RISK ASSESSMENT

There must be a minimum of two staff present when medication is administered, and their full names should be recorded appropriately.

**Before administering any medication, in order to minimise risk staff must:**

- Wash your hands and ensure you have the medication form and any PPE and any medical device you need to hand e.g. spacer.
- Check the medication form and ensure consent has been given by the parent, if there is no consent do not proceed, contact the parent.
- Check the Form -
- Does the name of the child on the form match the child's name on the register and the medication label
- Does the name on the medication form match the name of the medication on the medication label
- Check the administration route, the date, time and dosage of the medication to ensure they are correct.
- Check if the child has received the medication in the previous 24 hours. If it is not safe to administer do not proceed.

**During administration of medication, in order to minimise risk staff must:**

- Administer the correct dose at the correct time as stated on the label/container/instructions and permission form.
- If a child refuses to take medication, the parent/guardian will be contacted straight away to collect their child.

**After administering the medication in order to minimise risk staff must:**

- Complete the medication form
- Thoroughly clean dosing spoons and medical devices and return medication to its appropriate storage area
- Observe the child for any reaction and note on the medication form the outcome, e.g. did the temperature come down?
- If the child appears to have an adverse reaction to the medication, inform a First Aid Officer immediately so the parent or emergency services can be contacted by reception depending on the severity of the reaction.

**Parents should inform staff if their child received medication before arrival and sign on collection daily to confirm they have been informed their child has received the required medication while in the service. Persons authorised to collect should sign on behalf of the parent at collection confirming they will feedback to parent**

| Date | Time | Name of Medication | Dosage | Date, Dosage, Name checked medication administered by | Witnessing Staff signature | Parents/authorised collector |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Comments** | | | | | | |

**Signature : _____ (Centre Safety Officer)** **Date : _____**

**This Form must be left in the child's room until course of medication is finished and then brought to Reception area**

# Anchor Childcare Centre Critical Incident Plan

The board and management of Anchor Childcare will endeavour to ensure that staff and children are safe and cared for at all times and in the event that the building needs to be evacuated staff will follow this plan safely and children will be supervised during any period spent outside the premises. The board will liaise with the management team to ensure that the facility remains in compliance with Child Care Act 1991 (Early Years Services) Regulations 2016.

**Definition of Critical Incident & Emergency Preparedness**

A critical incident is any incident or sequence of events which overwhelms the normal coping mechanisms of the Service. Emergency preparedness is the preparation and planning necessary to effectively handle a critical incident. It involves the board assessing the likelihood of specific critical incidents occurring and developing an emergency plan that identifies services resources needed in such an incident. The aim of this document is to prepare to respond quickly and effectively in the event of a critical incident.

**Responsibilities and Roles in Emergency Planning and Response**

**In preparation for an emergency situation, the board has procedures in place and the following measures:**

- A current list of staff names addresses and contact details for next of kin are maintained. Staff addresses are on personnel files.
- A current list of children including additional needs requirements and care plans where necessary is on file.
- Attendance registers for children and staff in each room are maintained.
- A current list of parents/guardians and nominated collection persons including contact details is maintained.
- Adequate first aid resources in reception and a current list of staff first aiders beside the first aid box.
- Emergency contact details for the management team and essential services maintained close to the phone and available for staff.
- A clearly defined evacuation procedure which identifies a designated assembly area and if necessary, a relocation shelter site.
- First Aid & Medical Assistance in a medical emergency – Accident policy includes referral for further medical care/doctor.
- Outings policy and missing child policies are in place.
- Management and staffing – Recruitment and training policy in place to ensure competent qualified staff are recruited. Staff receive an induction pack and training when they commence employment.
- Registering of children & Records – Registration procedure in place, fire drill, medication and accident records are maintained.
- Information for Parents/guardians – Parents policy in place.
- Fire safety measures – Fire safety procedures in place and equipment is inspected regularly by Irish Fire Protection.
- HACCP system in place and food policy in place with procedures and training to manage allergens food safety etc.
- Premises and Facilities – Safety statement in place, procedures in place for pest control, waste management, fire prevention.
- Procedures ensure children are prepared for the provisions of Emergency Preparedness Plan(s) by including them in fire drills.
- Records are maintained, policies reviewed regularly and amended based on changing needs of the service and risk assessments.
- Responsibilities are assigned to staff as required, with regard to individual capabilities. – Job descriptions in place.
- Parents/guardians and staff are informed of the Emergency Preparedness Plans and revisions.
- Regular safety checks of equipment and toys and records kept – Regular room risk assessments and evaluations completed.
- Identify shut-off valves and switches for gas, oil, water and electricity.
- Where there is a gas leak or chemical spill the evacuation procedure will be followed.
- Where there is prolonged utility disruption and during times of natural disaster, floods, icy weather, pandemic, or bomb threats where there is a risk of closure the board will liaise with the management team to assess risks and make final decisions on closures.
- Where the service has to close due to unforeseeable events parents or nominated persons on the collection list will be contacted by staff to collect their children and staff will endeavour to ensure this is done calmly with as little upset to children as possible.
- In the event a critical incident deems the building unsafe our landlord has agreed children and staff can use the racecourse inn located as a temporary relocation shelter site while awaiting collection by parents. In such circumstances, parents will be informed of the alternative collection point and they should collect their children without delay.

**How staff can support this plan:**

- Participate in developing the service policies and procedures, assess risk and remain vigilant in relation to health and safety.
- Participate in emergency preparedness training drills and know how to use fire extinguishers, defibrillators and first aid equipment. Where you don't know how to use equipment in your workplace please inform a manager or deputy manager.
- Help children develop confidence in their ability to care for themselves.
- Provide leadership during a period of emergency, remaining calm and professional.
- Conduct periodic safety inspections of their assigned areas and report hazards in writing to management.
- Know where the emergency shut-off off valves are in your workplace.
- Be vigilant of safety, do not hold doors open or allow unauthorised persons into the building.

**How Parents/guardians support this plan:**

- Parents/guardians should become familiar with the service policies and procedures and follow them.
- Follow the directions of staff should you arrive during a drill or in the event of a threat.
- Ensure that the information the Service has on the children and parents/guardians is current and correct.
- Collect your child in a timely manner if you receive communication from staff (text a parent, call or email) to collect.
- Support your child to develop selfcare skills to help them meet their own needs, build confidence, self esteem and self regulation.
- Be vigilant of safety, do not hold doors open or allow unauthorised persons into the building.

**Critical Incident Procedure**

When an incident occurs, a senior member of the team should be alerted i.e. the board, manager, deputy manager or designated liaison person. It is the responsibility of this person to determine whether the incident is deemed to be critical. The board/manager/deputy manager will lead the emergency response and be guided by the Critical Incident plan.

**Immediate Response - within 24 hours**

- Identify the nature of the critical incident and implement the appropriate emergency plan e.g. fire, children first, evacuation.
- Delegate immediate first aid to trained staff and contact emergency services if necessary.
- If applicable, secure the area and ensure safety and welfare of children and staff.
- Identify children and staff members most closely involved and at risk and contact their parents/family members.
- Liaise with emergency services, hospital and medical services and contact the manager if they are not on site.
- Liaise with the board and manager to manage media and publicity where necessary and maintain a record of events.

**Evacuation Procedure**

1. Children will be safely evacuated according to the current evacuation procedures to the designated assembly point.
2. Registers containing contact information for children and staff will be taken out of the building along with the floor plan.
3. Once the building is evacuated, the emergency services will be called.
4. Children will only be escorted back into the building under the advice of the emergency services or the person in charge once all threats to safety have been cleared.
5. Parents/guardians may be informed by telephone that they are required to collect their child as soon as possible from the Emergency Assembly Point. In such cases parents should collect their child as soon as possible.

**Lockdown Procedure**

1. The front door to the reception area of the service is released through an access control system. Individuals ring the buzzer and the door is opened by staff in offices or kitchen who can see on a monitor who is requesting access. If there is a dangerous person or a threat inside or immediately outside the Service, the best procedure may be to deny access and/or keep this main front door locked manually to protect staff and children in the service.
2. Should someone enter the building the door to the childcare area has restricted access (finger print) and this door should remain locked. Efforts to get the dangerous person(s) to leave the premises should **only** be taken if it is safe to do so.
3. Where a threat is identified, staff in the rooms will be notified through the internal phone system and children will be kept inside the rooms, away from doors or windows where they can be seen and Gardaí, ambulance, or emergency services contacted.
4. Staff should only unlock the doors when they are instructed so to do by the Manager/deputy manager/emergency services.

**Shelter in the Facility:**

If it is unsafe for the staff and children of the service to go outside, staff and children will remain inside the building. The manager/deputy manager will liaise with emergency services until it is safe to move individuals outside. All windows should be closed to protect the atmosphere inside in the event we are being kept inside because of smoke or toxic chemicals outside.

**A safe area is deemed as inside the building, preferably in the child's room they are familiar with. Children may need to be kept away from glass that may shatter.**

**Procedure for Dealing with a Trespasser**

**If a trespasser is found on the premises the Manager/Deputy Manager or another nominated person (Reception staff) will:**

1. Establish their name and why they are on the premises.
2. Inform another member of staff that they are dealing with a trespasser and activate the lock down procedure if required.
3. Offer help to the person or to call someone for them in the event that the trespasser is distressed, or it is suspected that they are under the influence of alcohol or other intoxicants.
4. Request that the person leaves quietly. If the person refuses to leave the Gardaí should be called.
5. Under no circumstances must staff put themselves in danger if the trespasser is aggressive or violent the Gardaí should be called.

**Post Assault/Post Trauma: Procedures and Guidelines**

In the event of any incident the Board and Management team should offer as much support as is reasonably possible to those involved and remain aware of the effects of assaults/serious incidents.

- The following areas need to be addressed for staff:
  - Debriefing as soon as practical after an assault/incident and completion of incident report.
  - Follow up to check how injured person is doing.
  - Individual should consult their own GP and follow their advice.
  - Outside/independent support sought if appropriate, get medical help if necessary.
  - If appropriate avail of counselling service provided by an outside agency.
- Report assaults and serious threats to the Gardaí; it is acknowledged that it is up to individual staff to make a decision on pressing charges. The service address may be used for staff members making a statement to the Gardaí not their personal address.
- The Manager/deputy manager or other designated person may accompany the staff member when making a report to the Gardaí and also to Court if charges are brought and the staff member is required as a witness.

**Secondary Response - 24–72 hours:**

1. The board will assess the need for support and counselling for those directly and indirectly involved. Managing stress following a critical incident, involvement in, or exposure to, abnormal workplace incidents can lead a person to experience distress. It is normal to react emotionally to a critical incident. The manager/deputy manager should provide support, consider convening a meeting for those involved, summarise the incident, invite questions, discuss concerns and clarify uncertainties. The board will draw up a plan of action, taking into account the needs of staff; make short-term arrangements for work responsibilities if necessary. Management will ensure that staff are happy to leave the facility and may be escorted home if necessary.
2. The board will arrange debriefing for all parents/guardians, children and staff most closely involved and at risk.
3. The board and management team will endeavour to restore the service to routine and service delivery as soon as practicable.
4. The board and management team will complete incident report which may be in consultation with external services.

**Ongoing Follow-up Response:**

- Identify any other persons who may be affected by the critical incident and circulate information on support services available.
- Provide accurate information to parents/guardians and staff.
- Maintain contact with any injured and affected parties to provide support and to monitor progress.
- Monitor individuals for signs of delayed stress and onset of post-traumatic stress disorder, refer for medical advice if necessary.
- Evaluate Critical Incident Plan.
- Be sensitive to anniversaries and manage any possible longer-term disturbances e.g., inquests, legal proceedings.

**Evaluation and Review of Management Plan**

After a critical incident, a meeting of the board and/or management team will be held to evaluate the critical incident report, the effectiveness of the management plan and to make modifications as required. A review will include:

- Completing an incident report form with a full report of how the situation was dealt with.
- A report of any children or staff that have been distressed or upset during the incident or subsequent evacuation.
- Evacuation and Security procedures to avoid trespassers accessing the building.
- The evaluation process may incorporate feedback gathered from staff, parents and emergency services

**Information/Training**

- These procedures should be known to all staff incorporated into the induction programme and reviewed on a regular basis.
- Under no circumstances must staff be made feel incompetent for activating the emergency procedures.

**Managing the Media**

Some events draw a great deal of media attention, and this can add complexity and stress to what is already a difficult situation so it is important that all those involved understand how the media will be managed at times of crisis. The media can be used to dispel rumour and give a clear factual message but may also sensationalise a story. In the event of a crisis, emergency or controversial situation, the board will appoint a person in charge to manage all contacts with the media and coordinate the information flow from the Service to the public and draft a press statement. The board will ensure the press statement is factual, accurate, brief and carefully considered, avoiding sweeping statements or generalisations and considers privacy of families concerned. Staff should refer calls from the media to the board of directors. Staff may not talk to the media or post in relation to the incident on social media unless authorised to do so; a breach of this may invoke disciplinary procedures. The primary concern during a crisis is to protect the privacy of those affected and to ensure any media attention is handled sensitively. The board will decide if the service wishes to partake in media interviews and in such cases will use designated times and a specific area. Parents/guardians should be advised not to let children be interviewed alone.

**Business Continuity Planning**

The board is ultimately responsible for service operations and business continuity. Business continuity planning is working out how to continue operations after a critical incident, under adverse conditions, national incidents like pandemic illnesses, funding deficits and financial sustainability fluctuations. In fact, any event that could impact operations will be considered by the board. This may be done at board meetings, Annual General Meetings and at times of concerns in Extraordinary General meetings. The board will consider risks to operations to endeavour to maintain a service to the community.

# MANAGEMENT & ADMINISTRATION

# APPLICATION, REGISTRATION AND FEES POLICY

Applications for places within the Centre will be considered without regard to race, colour, religion, sex or national origin. In the interest of the Community of Baldoyle when processing applications the management of the Centre will consider the current age range and ratios in the service and:

- Are the children siblings of children already registered with the Centre?
- Are the children residing in the area?
- Are the children, children of parents working or training in the area?

### *Application Procedure*

| | Enquiry/ Centre Visit/ Application Form |
|---|---|
| 1. | On enquiry some basic information about the Centre is provided and the applicant is invited to visit the Centre. This visit introduces the applicant to the childcare environment and allows them to view the Centre during a working day. This visit will often prompt applicants to ask questions and to talk about their child's needs. Most importantly a visit allows the applicant to assess the overall service provided. |
| 2. | The applicant fills in an Application Form providing details of the service they require, the age of the child and the date they require a place. |
| 3. | The application is then signed by a member of staff, dated and placed on the Centre Waiting List until a place is available. |
| 4. | As soon as a place becomes available the applicant is notified and questioned as to whether they are still interested in a place. If they are still interested, they are invited to visit the Centre for registration. The applicant is told at this time that they need to pay the relevant deposit/s and their first week's fee in advance payable at time of registration. |

### *Registration Procedure*

| | Registration Form |
|---|---|
| 1. | A member of staff will email the parents pack to the parent/applicant. The Registration Form is completed by a guardian of the child and signed where appropriate by a member of staff. The parent should return the completed registration form within a reasonable time of no less than one month before their child is due to start so as not to delay the registration process. |
| 2. | The following are payable on registration:<br>1 week's crèche deposit which is refundable when a child is leaving the Centre and the parent completes the centre leaving form providing the service with one month's notice. 1 week's service fee is also payable in advance at registration. |
| 3. | A Parents Information Pack is given/emailed to the parents/guardians and the child's start date is confirmed |
| 4. | A File is set up for that child. The file is colour coded to indicate what room the child is placed |
| 5 | The child is issued with a unique registration number and an individual manual file is set up on that child containing initially the following information; Application Form, Registration Form, Registration Number, Payment Details. |
| 6 | The child's name is entered into Financial accounts package, financial spreadsheet and attendance register for required room |
| 7 | The Nominated text a parent contact is put on the text a parent database and nominated email address contact input |

## Fee Payment Policy

It is the policy of Anchor Childcare Centre CLG that all fees are payable in advance plus the relevant deposits. A crèche deposit is refundable when parents complete the centre leaving form providing one months' notice in writing that their child is leaving. Invoices are run each week and relevant funding allocated to parents is applied to accounts. Fees are payable on Mondays at the start of each week in advance of childcare provision and accepted by standing order. Full fees are payable when a child is absent from the centre. Additional hours may not be provided to any parent when their account is in arrears. Parents should be aware that funding has attendance conditions and if they collect their children early on a regular basis, or are absent for more than two weeks, funders may revoke funding. In such cases parents are liable for paying the difference and any outstanding fees to our service. Where disputes occur, parents will be expected to pay all legal costs incurred in the collection of their debts.

## Late Payment of Fees Procedure

| | |
|---|---|
| 1. | Fees are payable each Monday in advance of childcare provision and parents may pay fees monthly in advance if they wish. In all cases the account must be in credit each Monday when invoices are charged to the parents account. |
| 2. | Where fees are not paid by the second day of the relevant week the parent will receive a polite verbal reminder and an opportunity to bring their account up to date. Parents who have not paid by the end of the relevant week will be informed in writing that their account is in arrears and given a second opportunity to bring their account up to date. |
| 3. | If the account is not brought up to date the parent is invited to attend a meeting with the manager or accounts administrator where they are reminded they are in breach of their fee agreement and they are offered a third and final opportunity to bring their account up to date and retain their child's place in the service. |
| 4. | Where a parent breaches their fee agreement they lose their place in Anchor Childcare Centre. In accordance with procedures, the crèche deposit will be retained and we seek legal advice on seeking fees due to the company. Parents will be expected to pay all legal costs incurred in the collection of their debts. |
| 5. | A €10 administration charge will be added to accounts for returned / unpaid / refer to drawer cheques and the parent will be informed verbally their payment has been cancelled. |

# ANCHOR CHILDCARE CENTRE FUNDING

Anchor Childcare is committed to the provision of affordable childcare for the community of Baldoyle and its environs and will continue to monitor the sustainability of the service so that it can remain a sustainable business offering quality childcare at affordable prices to parents. We recognise the current main source for these funds is Government agencies, however, we will endeavour to identify and source funding to fund the difference between the cost of supplying the service and the fees charged to the parents the children attending our service.

In order to maintain a high level of quality care for children and affordable fees for parents Anchor Childcare will ensure all funds received from funders is used for the explicit purposes of the actual funder and apply funding appropriately and meet actual costs of provision through parent's fees. We will review service costs on a regular basis to establish the cost of childcare provision.

## FUNDRAISING POLICY

Anchor Childcare Centre recognises and values the many and varied contributions made by individual staff and parents in raising funds for charity organisations. However, the Board has a duty to ensure it is aware of fundraising efforts on behalf of the organisation and to ensure the direction and results of fundraising initiatives withstand any possible scrutiny and are administered appropriately. The Board will thus require application procedure set out below.

This procedure relates to all staff led initiatives aiming to raise funds for specific projects on behalf of the centre or seeking public participation. All such initiatives should only proceed with the approval of the board obtained through following this procedure.

## PROCEDURE

1. A written proposal must be made to the manager by the person leading the initiative. The proposal should contain basic information regarding the proposed initiative including the following:
   - Purpose and planned duration of the initiative and fundraising method
   - Fundraising target
   - Name and details of the lead person

2. The Manager will receive all proposals and ensure an appropriate recommendation at the next convenient meeting of the Board. If the Service Manager is satisfied the objective and fundraising method are appropriate, the proposal should be countersigned and referred to board for approval

3. All proposals will be considered by the board and decisions noted. The Manager will communicate the outcome of application to the initiative proposer, including the reasons for refusal or conditions to be applied where appropriate.

## FINANCIAL PROCEDURES

- Any money raised through fundraising is recorded and reconciled with the cash balance.
- Money raised through fundraising is lodged to master account until required for it's purpose.
- Funds will be issued to the approved charity organisation for the sum raised, funds will not be issued to individuals.

## DISCIPLINARY CONSIDERATIONS

In no circumstances will staff undertake fundraising initiatives on behalf of the centre or involving the public without first making application under this procedure and receiving the approval of the Board. Failure to comply with this requirement may result in disciplinary proceedings.

## Ordering Policy

It is the policy of Anchor Childcare that all orders for supplies, support and capital purchase is made by way of an official order in writing to the company in question stating the item and the amount quoted for the item. It is the responsibility of the Administrator to prepare this order form, which much then be authorised by the Manager before a purchase is made. A Capital Requisition Form must be signed by two directors for any single item over €500, which has not already been sanctioned in the Capital Expenditure Budget.

| Step | Ordering Procedure |
|---|---|
| 1. | Report to the administrator who has been assigned to ordering duties |
| 2. | List the items or support required |
| 3. | Request the administrator to prepare an order form |
| 4. | An order is prepared by the administrator, printed then filed and saved on the computer in the accounts folder/ order forms in numerical order. |
| 5. | Authorisation must then be given in writing, by the Manger to place the order |
| 6. | When authorisation is received the order is then made and a copy of the signed order form put in the manual accounts folder so that the invoice when received can be crossed checked. |

# RECORD KEEPING

Anchor Childcare needs to collect and use data (information) for a variety of purposes with regard to its children, staff, students and other individuals who come in contact with our service. The purposes of processing data include provision of quality care, recruitment and payment of staff, compliance with statutory obligations and legislation such as the preschool regulations, etc.

**Data Protection**
Anchor Childcare has overall responsibility for ensuring compliance with Data Protection legislation. However, all employees of Anchor Childcare who collect and/or control the contents and use of personal data are also responsible for compliance with Data Protection legislation. Anchor Childcare will provide support, assistance, advice and training to all departments, offices and staff to ensure it is in a position to comply with the legislation.

Data Protection is the safeguarding of the privacy rights of individuals in relation to the processing of personal data. The Data Protection Act 1988 and the Data Protection (Amendment) Act 2003 confer rights on individuals as well as responsibilities on those persons processing personal data. Personal data, both automated and manual, are data relating to a living individual who is or can be identified, either from the data or from the data in conjunction with other information. This policy is a statement of Anchor Childcare's commitment to protect the rights and privacy of individuals in accordance with the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003.

**Policy**
This policy supports the provision of a structure to assist in Anchor Childcare's compliance with the Data Protection legislation, including the provision of best practice guidelines and procedures in relation to all aspects of Data Protection. Anchor Childcare will administer its responsibilities under the legislation in accordance with the eight stated data protection principles outlined in the Act as follows:

1. **Obtain and process information fairly**
   Anchor Childcare will obtain and process data fairly and in accordance with the fulfillment of its functions.
2. **Keep it only for one or more specified, explicit and lawful purposes**
   Anchor Childcare will keep data for purposes that are specific, lawful and clearly stated and the data will only be processed in a manner compatible with these purposes.
3. **Use and disclose it only in ways compatible with these purposes**
   Anchor Childcare will use and disclose personal data that is necessary for the purpose/s or compatible with the purpose/s for which it collects and keeps the data.
4. **Keep it safe and secure**
   Anchor Childcare will take appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of, the data and against their accidental loss or destruction. Anchor Childcare is aware that high standards of security are essential for all personal information. Confidential children's and staff files are kept in a locked storage facility with controlled access. Access to children's files is limited to staff, authorized persons and parents regarding their own children.
5. **Keep it accurate, complete and up-to-date**
   Staff will ensure all information is maintained up to date. Parents should acknowledge their responsibility in updating children's registration form details data such as emergency contact details, addresses, authorised persons to collect etc.
6. **Ensure that it is adequate, relevant and not excessive**
   Personal data held by Anchor Childcare will be adequate, relevant and not excessive in relation to the purpose/s for which it is kept.
7. **Retain it for no longer than is necessary for the purpose or purposes**
   Anchor Childcare will retention data for an appropriate period of time.
   - Children's files are maintained for a period of 20 years after the child has left the service.
   - Staff files are maintained for a period of 5 years after they leave the service.
   - Selection and recruitment files are maintained for a period of 12 months after a vacancy is filled. Financial records are maintained for a period of 6 years after the relating financial year.
8. **Make available for inspection personal data on request**
   Anchor Childcare will make appropriate data available on request to ensure data subjects can exercise their rights under the Data Protection legislation.

# ANCHOR CHILDCARE CENTRE
# PARENTS PRIVACY NOTICE

Anchor Childcare Centre is the 'Controller' of the personal data you provide to it and will only use personal information about you and your child to provide the services you have requested from us and administer your account. We respect your privacy and your rights to control your personal data. We will be clear about what data we collect and why we collect it, how we will use it and how we protect it. We have a Data Protection Policy in place to oversee the effective and secure processing of your personal data. Our service is a registered company and is the data controller, so the board is therefore ultimately responsible for implementation. However, staff employed by the company are designated data processors who deal with day to day matters.

**Why our service needs your data/purpose of the processing**
We collect a variety of personal data to be able to deliver the service requested by you. Most of this data is captured on our Registration Form which includes your name, address, details of your child including date of birth plus further detail on any specific medical and other relevant health-care details and history necessary to allow us to ensure the welfare and safety of your child. You are required to consent for us to collect and hold the information before your child commences.

The form also collects the contact details and phone numbers of your child's emergency contacts and authorised collectors. You are required to ensure these persons agree to their information being stored and you will be asked to confirm you have their permission when you give their names.

We have a biometrics access system in place to ensure restricted access to the childcare areas. You will be required to agree to your information being stored on this system as a person authorised to collect your child before your child commences. You will be asked to confirm you have the permission of the persons you nominate to collect to have their information stored on our files as persons authorised to collect your child.

We have a CCTV system in place, you will be required to agree to your images being stored on our system and you will be asked to confirm you have informed the persons you nominate to collect your child that their images will be stored on our files as persons authorised to collect your child.

We use pictures and images of children to document our curriculum and communicate a sense of identity and belonging in our service. You are required to agree to your/their images being stored and displayed before your child commences in our service.

We collate information through surveys and funding forms may collect personal data including your PPS number, date of birth and social welfare status to allow us process funding applications on your behalf to access subsidies or free care and education for you where eligible.

**Who do we share the data/information with?**
All the personal data is processed by management or by staff designated by Management. To deliver our services effectively, we may need to exchange your details with key staff in the service and:

- Relevant funding bodies and scheme administrators such, Pobal, and the Childcare Committees
- Regulators such as TUSLA or the Revenue Commissioners.
- Inspectors such as TUSLA, Department of Education and Science and Health & Safety Authority.
- External personnel such as accountants, the centre doctor, auditors, training suppliers, payroll and human resource contractors, authorised photographer at special events, Early Years Specialists and professional advisors.

No other third parties have access to your personal data unless the law allows them to do so. Should you wish us to share data with someone such as speech therapist, play therapist etc. you will be asked to provide permission in writing.

**How long do we keep your data/Retention Period and Criteria Used**
The Service will keep you/ your child's personal data for as long as they remain in the Service, and for the period afterwards required by the relevant statutory and legislative guidelines that apply. Current recommendation from our insurance company is 60 years.

**How do we keep your data/information safe?**
No organisation can guarantee complete security; however, we use appropriate technical, organisational and administrative security measures to protect all personal data we hold in our records and keep it secure.

**What are your rights?**
If you wish to see what information the Service holds on you or your child, simply contact the Manager either by post or email and we will endeavour to respond to you within 30 days of receipt of your request.

You should inform us of any changes in contact details, if at any point you believe the information the Service processes on you is incorrect, you may request to have it corrected.

If you wish to raise a complaint on how the Service has handled your personal data, you can contact the Manager. If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain directly to the Office of the Data Protection Commissioner.

**Please sign below and we will retain a copy of this notice for compliance purposes and to ensure our files are up to date.**

**Signed by parent/Guardian of the child/ren in the service:**_____ **Date:** _____