

# **BRIGHT SPARKS POLICIES AND PROCEDURES**

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## **Welcome to Bright Sparks Montessori and Daycare**

Our service is located in a bright purpose built building which consists of three classrooms, with a large safety surfaced outdoor play ground with enclosed football area. We are notified to and inspected by TUSLA – The Child and Family Agency.

The team consists of nine women with various qualifications and experience including five qualified Montessori teachers. All members of the team hold current certificates in paediatric first aid and all have many years’ experience in caring for children.

As manager of the service I feel extremely fortunate to have been able to retain the original members of our team since opening our doors in March 2004, along with three new members who have joined us to enhance our skill set. This continuity of care contributes hugely to creating a secure, caring and loving environment for the children who attend our service.

A highly trained, motivated and friendly workforce are the cornerstone of our service and our commitment to ongoing training and upskilling ensures children attending our service will receive care and education of the highest quality, in an environment that supports the child across all areas of their development.

Our service offers fulltime day-care, out of school care, and Montessori preschool sessions. Our fulltime care is offered for the 2 years 6 months to 5 years age group and children may attend this service from 7:30am to 6:00pm. All meals and snacks are provided with nutritionally balanced menus which are rotated on a four weekly basis. Children who attend our out of school service may attend both before and after school and full time for all school holidays.

We also run four Montessori classes. Two of our classes run from 8:45am to 11:45am, one from 9:15am to 12:15pm and we have one afternoon class which runs from 12:30pm to 3:30pm. Our service participates in the Early Childhood Care and Education scheme (ECCE) and The Childhood Education and Training support scheme (CETS).

As the welfare, health and safety of children, their families and staff members attending our service, is of the utmost importance to us, we have developed through consultation and collaboration, the following set of Policies and Procedures. As a team, we will implement and consult this document on a daily basis to ensure the smooth and efficient running of our service.

**Laura Cullen, Manager**

## **OUR MISSION**

**Bright Sparks Montessori and Day Care** is committed to providing the highest quality early education and childcare service, with innovative programmes that provide for the growing physical, intellectual and social needs of the child.

We aim to deliver this service in a caring and nurturing environment that is inclusive of all, and encourages individuality and respect for diversity.

## **AIMS AND OBJECTIVES**

- To provide quality childcare in a caring and nurturing environment.
- To provide a safe and secure environment for children to grow and learn.
- To meet the needs of each individual child across all areas of their development.
- To provide a wide variety of stimulating experiences that will enhance the holistic development of the child.
- To communicate openly with parents, children and staff to show transparency in all areas of the service.
- To include children in decision making around their choice of activities.
- To observe children consistently and record these observations to ascertain their level of development.
- To work in consultation with other agencies and professionals for the benefit of the child.
- To maintain a fully qualified staff with a commitment to constantly upskill to keep abreast of changing regulations and requirements in the sector.
- To ensure that each child has fun and is happy to come to the service every day.
- To ensure the health and wellbeing of children and staff by maintaining rigorous hygiene standards and infection control.
- To comply with and work according to The Pre-School Regulations 2016.



# SERVICES

## **ADMISSIONS AND ENROLLMENTS**

- Children will be admitted to the service on a first come basis.
- Children must be aged between 2years 6 months and 12 years.
- If there are no remaining places available, a waiting list will be drawn up.
- When a place becomes available it will be offered to the first name on the waiting list, if no waiting list exists the place will be offered to the first applicant.
- Parents wishing to secure a place for their child must complete a child record form.
- Child record forms must be lodged with the service prior to the child attending.
- Advance bookings will be accepted for ECCE places and Montessori (non ECCE) places.
- A deposit of €100 is required to secure a place, this deposit is refunded once an ECCE registration has been approved by An Pobail.
- In the case of non ECCE Montessori places, the deposit is redeemable against the first month's fees.
- After school places cannot be booked in advance, except at the end of the school year (June), for the start of the following school year (September), depending upon availability. A place will be held during the summer holidays once a deposit of €100 has been paid.
- Preference will be given to siblings of children already attending the service.

### **Equal opportunity and social justice**

- The service operates a policy of social inclusion
- No child will be excluded on the basis of race, religion or culture.
- Children with additional needs will be assessed on the basis of professional reports from relevant outside agencies.
- Should a report advise that a child is capable of attending a mainstream service and provided a place is available, the child will be accepted into the service.

### **Procedures for children with allergies**

When parents start their children at Bright Sparks they are asked if their child suffers from any known allergies. This is recorded on the registration form. If a child has an allergy, a risk assessment is completed to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
- Control measures – such as how the child can be prevented from contact with the allergen.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Staff will be trained in how to administer special medication in the event of an allergic reaction.
- If a child is identified to have a nut allergy, other parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

### **Life Saving Medication and Invasive Treatments**

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

#### **The Manager must have:**

- A letter from the child's GP/consultant stating the child's condition and what medication, if any, is to be administered;
- Written consent from the parent or guardian allowing staff to administer medication;
- Proof of training in the administration of such medication by the child's GP, a district nurse, children's" nurse specialist or a community paediatric nurse.
- A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.

**Review date for this policy: May 2018**

## **COLLECTIONS, ARRIVALS AND ATTENDANCE**

Bright Sparks Montessori and Daycare is committed to ensuring the safety and care of the children upon arriving and leaving the service. Parents and employees are expected to strictly adhere to the following policies and procedures in order to ensure the children's safety.

### **Attendance Policy**

- If your child will not be attending the service, it is essential that you call to let a staff member know.
- If the reason for their absence is due to illness, please inform us of the nature of the illness so that you may be correctly informed of our exclusion policy in relation to illness.
- If your school age child is absent from school, please remember to inform the crèche in order to avoid a staff member making an unnecessary journey to the school to collect your child.
- Please be aware that if your child is attending under the ECCE or CETS scheme, regular attendance is a requirement, erratic or infrequent attendance can result in your child's place being terminated by An Pobail.

### **Arrivals Policy**

- Our service has an electronic buzzer system and camera at the main garage door. In order for us to establish your identity, you must stand in front of the camera when you buzz in.
- Register your child on arrival with a member of staff.
- Please ensure that all external doors are securely closed for the safety of all the children when you leave.
- As parking is extremely restricted immediately outside the premises, we ask all parents/guardians and visitors to park responsibly. Do not obstruct the driveway or that of neighbouring houses even for the shortest period of time.
- Please be aware that parking spaces are for drop off and collection only, under no circumstances may a car be left parked outside the premises for any period of time.
- If you are contacted by your child's school to collect your child early, please be aware that you will not be able to use Bright Sparks school entrance outside of normal collection time. This is a child protection issue as the schools do not want unannounced visitors having access to the school grounds. In this instance you must go to the main school entrance and be admitted by a staff member.
- Please be aware that once you have left the service and your child is no longer registered, you are not entitled to use the Bright Sparks entrance to the schools. You must drop off and collect your child through the main front entrance of your child's school.

## Collection Policy

- Adherence to staff ratios is a legislative requirement. Therefore, it is important that parents collect their children on time from sessional services, as this will impact on the delivery of other services.
- It is a long day for both children and staff. Your assistance in ensuring that your children are collected on time is appreciated.
- Upon enrolment Parents/guardians are asked to supply two other names of people authorised to collect your child. It is the parent's responsibility to ensure that in the event of their being delayed, one of the authorised names on the record form is available to collect the child.
- If a parent is persistently late collecting their child, it will be deemed that this service is not meeting your needs in relation to our hours of business. In this circumstance you will be asked to seek alternative arrangements for your childcare.
- Children will not be released into the care of a person under the age of 18 years or to a person who appears to be under the influence of alcohol or incapable of caring for the child. Should this situation arise the staff will contact the authorised collector. If no one is available to collect the child, staff will contact the Tusla social work child protection team. Outside of office hours staff can contact the Gardaí at Clondalkin, telephone **01 666 7600**.

<b>Address</b>	Duty Social Work Department, Chamber House, Chamber Square, Tallaght, Dublin 24.
<b>Phone</b>	01 4686289
<b>Office Hours</b>	9:00am–5:00pm
<b>Local Area Office</b>	<a href="#">Dublin South West, Kildare, West Wicklow</a>

## **Separated, Divorced and Unmarried Parents**

- Married parents are automatically joint guardians of their children. Neither divorce nor separation changes this.
- By law an unmarried mother is the sole guardian of a child born outside of marriage. Unless the mother agrees to sign a statutory declaration, an unmarried father must apply to the court in order to become a legal guardian of his child.
- We ask that parents give us information on any person who does not have legal access to their child.
- We cannot refuse either parent (providing the father has legal guardianship) access to their child or information held on file pertaining to their child, unless a court order is in place.
- We require a copy of any such court order to be kept on file confidentially, and will only be made known to relevant staff.
- A parent who has been denied access to a child through a court order will not be permitted onto the premises
- If a parent who has been denied access becomes threatening or abusive and insists on removing the child from the service, this will be viewed as trespassing. The service will in this event contact the local Gardaí

**Review date for this policy: May 2018**

## **RANGE OF CHILDCARE SERVICES**

### **Hours of business**

- Bright Sparks Montessori and Day Care will open from 7:30am to 6:00pm Monday to Friday inclusive.
- The service will close for all bank and public holidays, one week at Christmas, Good Friday and Christmas Eve. The service will also close at 3:00pm the day prior to Christmas Eve.
- Montessori class will run from 8:45am to 11:45am, 9:15am to 12:15pm and 12:30pm to 3:30pm Monday to Friday, from September to June inclusive.
- Children attending Montessori class only will not be permitted before 8:45am, 9:15am or 12:30pm and must be collected promptly at 11:45am, 12:15pm or 3:30pm depending on which class they attend, to facilitate staff changeovers and lunch hours.
- In the interest of staff welfare, this childcare service is committed to staff members finishing their working day at the appropriate time. To this end parents who arrive later than 6:00pm to collect their child will be charged a late fee which is payable on the day to the member of staff who has stayed behind.
- Late fee will be charged at a rate of €10 per half hour or part thereof.

### **Full Daycare**

- Full time care is offered for the 2½ to 5-year age group.
- Children may attend this service from 7:30am to 6:00pm.
- All meals will be provided including breakfast, mid-morning snack, dinner, and afternoon snack.
- Children in this age group will attend the Montessori class from 8:45am to 11:45am.
- Afternoon activities will include outdoor play, table top activities, arts and crafts and free play

### **Out of School Care**

- Out of school care is offered to the 4 to 12 age group. Children may attend from 7:30am to 8:45am and after school till 6:00pm.
- An out of school place converts to full time care during the school holidays.
- A school collection service is offered for children attending Scoil Aine, Scoil Ide and Scoil Mhuire.
- Meals provided will include breakfast, dinner and afternoon snack.
- Help and support will be offered for homework. (See homework policy)
- Other activities available include x box, outdoor play, arts and craft

### **Montessori**

- Montessori is offered for the 2½ to 5 age group. Our Montessori class runs Monday to Friday, 8:45am to 11:45am, 9:15am to 12:15pm and 12:30pm to 3:30pm from the beginning of September to the end of June.
- School closures will coincide with local national schools. Parents will be notified in advance of this.
- An open day is also held in advance of each school year. This provides an opportunity for your child to meet their future classmates and familiarise themselves with their new environment. A brief talk is held for the parents on Montessori. Parents who have registered their child will be notified in writing of this
- Bright Sparks participates in the Early Childhood Care and Education scheme (ECCE) which entitles your child to FREE preschool, consisting of a three-hour session five days per week. This is available once your child turns three.

## **Homework Policy**

- Children will receive help and support with homework.
- Parents will be informed if children are having difficulty with any particular homework.
- If a child is being disruptive during homework they will be asked to put their homework away and finish it at home and the parent/guardian will be informed at collection of the child.
- Homework supervision is for a maximum of one hour. Any homework not completed within this time will have to be finished at home. Parents will be advised of this at collection time.
- If all homework is completed, the staff member supervising will sign the homework journal. We would advise all parents to look over your child's homework at home.

## **Fees Policy**

- Fees are paid monthly in advance.
- Fees are payable by standing order to reach our account on or before the 5th of every month.
- Fees are due in full regardless of your child's attendance.
- One month notice is required before leaving or one month's fees will be due in lieu of notice.
- If you do not require the service for the summer months i.e. July and August, but intend to return for September, fees for Jul /Aug will be charged at half rate and the cost will be spread over ten months.
- Fees are not charged for the week we are closed at Christmas.
- If your child attends for after school and full time for all holidays, the monthly fee is calculated to combine both fees and is divided equally over 12 months.

## **Settling-In Policy**

- Parents are encouraged to visit the service with their child prior to commencement to help familiarise the child with the new environment
- Staff directly responsible for the child will be introduced at that time.
- Parents are free to stay with their child for a period of time when they commence. The length of time it takes for children to settle in will vary greatly. Children will be accommodated in any way possible to ensure their comfort during this time.
- During the settling in period, children may stay for shorter periods of time to allow for the least traumatic transition into the service. Time can be increased gradually until the child is staying for the full session.

- Although parents are welcome to stay for a period of time with their child, they should be informed that this time should be kept as brief as possible and gradually reduced until the child is left at the door, as staying an excessive amount of time only prolongs the settling in period.
- If having exhausted every means of consoling a child, the child remains excessively distressed, the parent or guardian will be asked to return to collect the child.

#### **Staff/Child ratios**

- Bright Sparks Montessori and Daycare will ensure a sufficient number of qualified and competent adults are working directly with the children at all times.
- The adult/child ratio is governed by the Childcare (Preschool Services) Regulations 2006. Bright Sparks will follow the ratios as defined in the regulations.
- In the event of a member of staff being absent unexpectedly, Bright Sparks has in place a qualified staff member who is on call to cover morning shifts, in order to maintain correct ratios at all times.

**Review date for range of services policies: May 2019**



# PARENTS

## **PARENTS**

At Bright Sparks we aim to provide a childcare service which cultivates respect for differences and fosters and promotes dialogue between home and crèche. We feel that by always endeavouring to create a sense of warmth, kindness and high expectations for learning and behaviour, we can hopefully keep problems to a minimum. However we also understand that from time to time problems may arise that are upsetting for parents or staff members. The following are our policies and procedures to guide us in such circumstances.

### **Complaints**

- It is the policy of Bright Sparks to welcome any comments, suggestions or recommendations in relation to our childcare service.
- Any complaints made about the service will be dealt with in an open and impartial manner. Complaints may be made in writing/email, by phone, in a face to face meeting or by a third party acting on behalf of the person complaining.
- A complaint will be documented and remain confidential.
- In the first instance any dissatisfaction can be brought to the attention of the member of staff caring for your child.
- If you are not satisfied after this, the matter will be brought to the attention of the manager or in her absence the assistant manager.
- Every attempt will be made to resolve the matter as quickly and as amicably as possible. All complaints will be recorded and acted upon without delay.
- In the case of a complaint being made against a staff member, the staff member involved will be informed that a formal complaint has been made and given full details.
- The staff member will at a pre-arranged time, meet with management to discuss the lodged complaint. This meeting will be recorded in the interest of fairness and transparency. All matters discussed will remain confidential.
- Management will then review the complaint, considering all relevant information as discussed. A decision will be reached and, if necessary, recommendation made.
- In the unlikely event of a satisfactory solution not being reached, management may seek guidance from an outside agency such as HSE, local County Childcare Committee, or a solicitor.

### **Positive Feedback**

- Parents should feel free to express any compliments they feel may be deserved towards a member of staff for outstanding care and attention in their role.
- We would actively encourage parents to also bring to the attention of the manager, any member of staff whom they feel deserve to be complimented. Compliments are great morale boosters for staff and can contribute greatly to stimulating a quality working environment, which benefits the children in our care.

### **Dealing with an upset or angry parent**

- Listening is the key to dealing with any upset or angry parent. Listen carefully without interruption to what the parent is upset about.
- Thank them for bringing the situation to your attention and assure them that you will investigate the matter thoroughly.
- The parent should be informed of our policy on complaints and that the service takes complaints and parents satisfaction seriously.
- If possible, take an upset parent into the office or somewhere quiet away from eyes and ears that do not need to see or hear the exchange. Children should not be within earshot of any angry exchange.
- If the parent is willing to explain the problem calmly, try to be as open and understanding as possible.
- If a parent becomes verbally abusive or in any way aggressive, calmly explain that they should put their complaint in writing and ask them to leave.
- Any aggressive behaviour should be recorded in the incident/accident report book.

### **Confidentiality**

It is the policy of this service not to discuss details of any child or family outside of the service without written permission. All information, records and observations will be treated with respect and due attention to confidentiality and privacy.

- It is not acceptable to discuss matters relating to a child or family outside of the crèche, except in notification to TUSLA child protection team or to an outside professional agency where advice is being sought on the care or welfare of a child.
- Breaches of confidentiality by a staff member will be dealt with under our disciplinary procedures.
- Staff are made aware, upon commencement of employment, of the designated liaison person (DLP) and the deputy designated liaison person (DDL) within the service. All concerns relating to child protection matters should only be discussed with either of these staff members.
- The importance of confidentiality has been impressed upon all staff members and volunteers.

- Parent's confidence in our service is vitally important to us and parents must be assured that any discussion they may have will be treated in the strictest of confidence.

#### **Partnership with Parents and Carers**

- Staff at Bright Sparks acknowledge and respect that parents/guardians are the primary educators of their children and will work in partnership with you while caring for your child/children.
- Daily routines that children engage in are displayed for your information, any ideas or suggestions that you would like to add will be considered and we will do our best to accommodate you.
- Parental involvement in your child's life at crèche is beneficial for you, your child and the service. You are most welcome to telephone during the day for an update on your child.
- The needs of parents and guardians are always taken into consideration.
- We very much value the input of parents and welcome you to visit or telephone any staff member involved in the care of your child, to discuss any matters relating to their care.

**Review date for parent-related policies: May 2018**

# **ADMINISTRATION**

## **DATA PROTECTION**

Bright Sparks will conform to the provisions of the Data Protection Act 1998 and the Data Protection (Amendment) Act 2003. Under the provision of the Act's, Laura Cullen, manager and owner of the service, will take up the role of Data Controller and in doing so will manage the storage of personal information about staff, children and families in both computerised and manual records within the service.

### **Data Protection Policy and Procedure**

- Bright Sparks will obtain and process information fairly.
- Ensure that subjects know what information is being held and for what purpose.
- Keep information for lawful purposes.
- Process information in ways compatible with the purpose for which it was given.
- Ensure the information is adequate, relevant and not excessive.
- Retain the information no longer than is necessary.
- Give a copy of information held to an individual on request.
- Amend incorrect information immediately it is brought to your attention.
- Adhere to the need to know principal; staff should only be able to access data necessary to carry out their role.

### **Employee Responsibilities**

- Ensure that any information you provide in connection with your employment is accurate and up to date.
- Notify the service of any changes you have provided.
- Ensure you are familiar with and follow the data protection policy.

### **Storage of Data**

- Manual files will be stored in a lockable filing cabinet away from public areas.
- Computerised information will be held under password protected files with limited number of users.
- Any information that needs to be disposed of will be done so carefully and thoroughly.
- Premises will be secured and alarmed when unoccupied.

### **Data collected on behalf of DCYA for ECCE and CETS**

- In order to apply for an ECCE or CETS place parents must supply PPSN's and dates of birth for their child/children and in the case of CETS applications, these must also be supplied for the parent.

- Parents must be aware of and consent to the transmission of this information to the DCYA (Department of Children and Youth Affairs)
- PPSN information will be transmitted electronically through PIP (The Programme Implementation Platform) the online system operated by Pobal.
- Under data protection legislation .i.e. data will only be processed in a manner compatible with the purpose, only information required on the official ECCE or CETS form will be requested from the parent.
- Once the information has been input on the PIP system, the form will be destroyed confidentially.
- A form is then generated on the PIP system with a unique reference number. A copy of this registration is kept on file by the service and a copy is given to the parent.
- In order to retain the information for no longer than is necessary, Bright Sparks will comply with the retention period as set out by the DCYA/Pobal (7 years).

**Review date for this policy: May 2018**

## **FUNDRAISING**

Bright Sparks Montessori and Daycare is a privately run organisation whose sole income is dependent on fees. We do not fundraise for the service but we may on occasion support worthy charities or specific cases. In such cases the following policy and procedures will be followed.

- Fundraising activities carried out by Bright Sparks will comply with all relevant laws.
- Any communication to the public in relation to fundraising shall be truthful and non-deceptive.
- All monies raised via fundraising will be for the stated purpose of the appeal.
- Nobody directly or indirectly employed by or volunteering for the service shall accept commission, bonuses or payment of any kind for fundraising activities.
- No general solicitations shall be undertaken by telephone or door to door, and no pressure will be placed on any parent/guardian to support any fundraising activity.
- All fundraising activities shall have prior approval of the manager.

**Review date: May 2018**

## **RECORD KEEPING**

At Bright Sparks Montessori and Daycare we aim to maintain all records according to the Child Care Act 1991 (Early Years Services) Regulations 2016, to ensure the health and safety of staff and children. In line with this the following records will be kept.

### **Register of all children attending the service**

- A register is kept of every child attending the service.

- The information on the register will be updated on an ongoing basis.
- Child registers are available for inspection by
  - (a) A child's parent or guardian but only in relation to information concerning their child.
  - (b) Staff members with whom the information is relevant.
  - (c) An authorised person.

### **Observations and Programme Planning**

- Staff use regular observations as a means of planning for children's learning and monitoring their development.
- Observations are recorded in the form of written observations, photos and use of children's work. These can be shared with parents and staff to ensure a cohesive approach and ensure the needs of each child is being met.
- Observations may be shared with outside professionals particularly in the case of children with additional needs.
- Daily information will regularly be shared with parents in relation to particular incidents or activities their child has engaged in on that day.

### **Staff Records**

- Personal records will be kept on each staff member outlining their name, address, date of birth, next of kin, and contact telephone numbers.
- A record will also be kept outlining their position in the company, qualifications, and experience.
- Two references will be kept on file for each member of staff.
- A Garda vetting record is kept for each staff member.
- The daily arrival and departure of each staff member is recorded.
- Each staff member's holiday entitlement is recorded and holidays and time in lieu taken is recorded.

### **Records related to the running of the service include:**

- Details of the maximum number of children catered for at any one time.
- Daily attendance records for each child including time in and time out.
- Outline of the type of programme the service operates.
- Opening hours and fees.
- Staff roster.
- Details of any accident, injury or incident relating to any child or staff member attending the service.

### **Fire Safety**

- A written record will be kept of all fire drills which take place on a monthly basis within the service.
- The number, type and maintenance record of all fire fighting equipment on the premises.

### **Hygiene**

- A cleaning programme and schedule is in place for each room throughout the crèche.

- It is the responsibility of staff in each room to leave their room in a clean state ready for the next users. This includes wiping down tables and surfaces and sweeping floors. Cleaning schedules must be filled in at the end of each session.
- An equipment list will be drawn up for each room and an appropriate cleaning schedule for equipment will be maintained.
- Food hygiene practices are guided and recorded under the principals of HACCP (Hazard Analysis and Critical Control Point).
- Pest control is monitored and recorded by OWL PEST CONTROL.

#### **Outings**

- Prior to an outing being undertaken a record of risk assessment will be carried out.
- Any incidents or accidents will be recorded in the incident/accident report book.
- A record of outing authorisations will be checked before any outing.

**Review date: May 2018**



# **CHILDCARE PRACTICE**

## **CODE OF BEHAVIOUR**

We at Bright Sparks Montessori and Daycare believe that staff and volunteers should have a child-centred approach and a clear understanding of what is acceptable with respect to their behaviour with children, in order to protect children from harm, and staff and volunteers from misinterpretations of their actions.

### **We aim to do this by:**

- valuing and respecting all children as individuals
- listening to children
- involving children in decision making as appropriate
- encouraging and understanding children's needs.

### **We do not:**

- engage in or allow inappropriate touching in any form
- verbally abuse or physically punish any child
- condone bullying or abusive behaviour by staff, volunteers or other children
- engage in any practice which demeans children
- undertake intimate care needs without consulting and agreeing arrangements with the child's parents.
- In the case of children over four we will not undertake intimate care needs. Should a child over four have a toilet accident and soil themselves, the parents will be contacted to come and change them and in the case of diarrhoea they will need to take them home and observe our exclusion policy of 48 hours clear of the last incident of diarrhoea.

### **We are aware:**

- of developing favouritism or becoming overly involved with any one child
- that while physical contact is a valid way of comforting or reassuring a child, it should only take place in response to the need of the child and not the need of the adult in an open environment.

**Review date: May 2018**

## **CHILD PROTECTION POLICY**

### **CHILD PROTECTION POLICY STATEMENT**

We at Bright Sparks Montessori and Daycare are committed to practices that protect children from harm. Management, staff and volunteers in this service recognise that the welfare of children is paramount and our service will endeavour to safeguard the wellbeing of all children and young people with whom our staff come into contact. Our policy on child protection is in accordance with “Children First – National Guidance for the Protection and Welfare of Children” and “Our Duty to Care – The principals of good practice for the protection of children and young people “. We are committed to promoting the rights of the child to be protected, be listened to and have their views taken into consideration.

### **Purpose**

- This policy applies to all employees and volunteers who have contact with children and young people on the childcare premises or through their work on behalf of the service.
- It is of vital importance that all employees/volunteers have an ability to recognise abuse as it can be defined in many ways. Please see appendices for the definitions of abuse.

### **Dealing with child protection and welfare concerns**

- All employees and volunteers will be made aware of Bright Sparks Child protection policy through an in-house induction.
- Having completed the induction all employees/volunteers will be asked to sign up to the child protection policy.
- Bright Sparks assigns Laura Cullen (Manager) as The Designated Liaison Person. In her absence Bright Sparks assigns Bernadette Kelly (Assistant Manager) as The Deputy Designated Liaison Person.
- The Designated Liaison Person acts as a liaison with outside agencies and a resource person to any staff member/ volunteer who have child protection concerns. (see full duties of DLP)
- Bright Sparks has put in place a standard reporting procedure for dealing with disclosures

### **Role of the Designated Liaison Person**

The Designated Liaison Person (DLP) has the ultimate responsibility for ensuring that the child protection policy is promoted and implemented.

The role of The Designated Liaison Person involves the following duties:

- To be familiar with *Children First: National Guidelines for the Protection and Welfare of Children* and *Our Duty to Care: the principals of good practice for the protection of children and young people* and to have responsibility for the implementation and monitoring of the child protection and welfare policy.
- The DLP will provide support to staff members dealing with or having dealt with a child protection concern or disclosure.
- To receive reports of alleged/suspected or actual abuse and act on these in accordance with the guidelines.

- To ensure that all new and existing staff at Bright Sparks are familiar with our child protection policy.
- To build a working relationship with Tusla, An Garda Síochána and other agencies as appropriate.
- To ensure that supports are put in place for the child/young person, employee or volunteer in cases of allegations being made.
- To keep up to date and undertake relevant training on child protection policy and practice in order to ensure the relevance and appropriateness of Bright Sparks policy and procedures in this area.
- To review Bright Sparks policy on child protection regularly and amend as appropriate.
- To ensure systems are in place for recording and retaining all relevant documentation in relation to child protection issues.

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

- The employee/volunteer who has received a disclosure of child abuse or who has any concerns about a child should bring them to the attention of the DLP.
- Under no circumstances should a child be left in a situation that exposes him/her to harm. In the event of an emergency where you think a child is in immediate danger and you cannot get in contact with TUSLA, you should contact the Gardaí at any station. (see local number in appendices)
- Where the DLP considers that a child protection concern meets reasonable grounds as set out below, then the DLP will contact Tusla.
  - (a) Specific indication from a child that he/she was abused.
  - (b) An account by the person who witnessed the abuse.
  - (c) Evidence such as an injury or behaviour consistent with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indicators of abuse, dysfunctional behaviour.
  - (d) Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Where the DLP remains uncertain she should contact Tusla for informal advice relating to the allegation, concern or disclosure.
- The DLP will ensure that the parents/guardians are informed that a report/referral has been made to Tusla unless to do so would be likely to endanger the child.
- After consultation with the Duty Social Worker the DLP will then take one of two options:
  - (a) Report the allegation, concern or disclosure to Tusla using the standard reporting form from Children First and in the case of out of hours or immediate danger to An Garda Síochána.
  - (b) In the case where the service decides not to report concerns from an employee/volunteer, said employee/volunteer should be given a written statement of the reasons why the childcare service is not taking such action. The employee/volunteer should be advised that if they remain concerned they are free as individuals to report or consult with Tusla or An Gardaí. The provision of The Protection for Persons Reporting Child Abuse Act 1998 apply providing they

communicate reasonably and in good faith (see paragraph 3.10.1 of Children First National Guidance for the Protection and Welfare of children)

- In making a report on suspected or actual child abuse the DLP must ensure that the first priority is always for the safety and welfare of the child and that no child is ever left in a situation that could place them in immediate danger.
- Reports should be made without delay to Tusla local health office in the area where the child resides. (see contact details in appendices)

### **Who can make a report to Bright Sparks Montessori and Daycare?**

Reports can be made by:

- Children/young people
- Parents/Guardians
- Employees, volunteers of Bright Sparks
- Other advocates on behalf of children/young people.

### **How to handle a report of abuse by a child/ young person**

In the event of a child/young person disclosing an incident of abuse, it is essential that this is dealt with sensitively and professionally by the employee/volunteer involved. In such circumstances the following procedure should be followed:

- React calmly
- Listen carefully and attentively, take the child seriously.
- Reassure the child that they have done the right thing in talking to you.
- DO NOT promise to keep anything secret.
- Ask questions only for clarification, do not ask leading questions.
- Check back with the child that what you have heard is correct and understood.
- Do not express any opinions about the alleged abuser.
- Record the conversation as soon as possible in as much detail as possible. Sign and date the record.
- Ensure that the child understands the procedure which will follow.
- Pass the information to the DLP. Do not try to deal with the problem alone.
- Treat the information with the strictest confidentiality discussing it only on a need to know basis.

### **Allegations against an employee or volunteer**

Upon receipt of an allegation against an employee/volunteer of Bright Sparks, the DLP will notify the DDLP in the first instance and consider all information received. If the allegation is made against the DLP then the DDLP will seek the advice of Tusla and if the allegation is made against the DDLP the DLP will also consult with Tusla. When an allegation is made against an employee/volunteer there are two parts to the process. These are: (a) dealing with the allegation of abuse and (b) dealing with the employee/volunteer accused. Where possible these two parts should be dealt with by two different people. Where neither the DLP nor the DDLP are involved in the allegation then both the DLP and the DDLP will each deal with one of the processes.

### **The reporting procedure in respect of the child**

- The safety of the child is the first priority of Bright Sparks and all necessary measures will be taken to ensure that the child and other young people are safe.
- The DLP will deal with the procedure involving the child and the reporting to Tusla.

### **The procedure for dealing with the employee/volunteer**

- The DLP will work in close cooperation with the HSE and An Garda Síochána.
- If a formal report is being made the Manager will notify the employee/volunteer that an allegation has been made and what the nature of the allegation is. The employee has a right to respond to this and this response should be documented and retained. Furthermore Bright Sparks will ensure that the principal of “Natural Justice” will apply, whereby the person is considered innocent until proven otherwise.
- If deemed appropriate the manager will suspend the employee/volunteer with pay pending an investigation. If the employee/ volunteer is not suspended the level of supervision will be increased.
- The manager will liaise closely with Tusla/An Garda Síochána to ensure that any actions taken by the childcare service will not undermine or frustrate any investigations.

# Appendices to Child Protection Policy

## Contact details, TUSLA:

Address	Duty Social Work Department, Chamber House, Chamber Square, Tallaght, Dublin 24
Phone	01 468 6289
Office Hours	9:00am–5:00pm
Local Area Office	<a href="#">Dublin South West, Kildare, West Wicklow</a>

## Contact details, An Garda Síochána

Clondalkin Garda Station: telephone 01 666 7600

**Emergency: 112/999** (Clearly state the emergency service you require)

## Definitions of child abuse

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time:

[Neglect](#) | [Emotional abuse](#) | [Physical abuse](#) | [Sexual abuse](#)

## Neglect

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child.

Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her wellbeing and/or development are severely affected.

### **Signs and Symptoms of Neglect**

Child neglect is the most common category of abuse. A distinction can be made between "wilful" neglect and "circumstantial" neglect. "Wilful" neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, or contact with others. "Circumstantial" neglect more often may be due to stress/inability to cope by parents or carers.

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance.

The neglect of children is "usually a passive form of abuse involving omission rather than acts of commission" (Skuse and Bentovim, 1994). It comprises "both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation".

Child neglect should be suspected in cases of:

- abandonment or desertion;
- children persistently being left alone without adequate care and supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- 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;
- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child's medical and developmental problems;
- exploited, overworked.

## Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development.

Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

Neglect may be categorised into different types (adapted from Dubowitz, 1999):

- **Disorganised/chaotic neglect:** This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.
- **Depressed or passive neglect:** This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.
- **Chronic deprivation:** This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;

- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;
- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

## Emotional abuse

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:

1. the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
2. conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
3. emotional unavailability of the child's parent/carer;
4. unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
5. premature imposition of responsibility on the child;
6. unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
7. under- or over-protection of the child;
8. failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
9. use of unreasonable or over-harsh disciplinary measures;
10. exposure to domestic violence;
11. exposure to inappropriate or abusive material through new technology.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

### **Signs and Symptoms of Emotional Abuse**

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that "emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted".

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- rejection;
- lack of comfort and love;
- lack of attachment;
- lack of proper stimulation (e.g. fun and play);
- lack of continuity of care (e.g. frequent moves, particularly unplanned);
- continuous lack of praise and encouragement;
- serious over-protectiveness;
- inappropriate non-physical punishment (e.g. locking in bedrooms);
- family conflicts and/or violence;
- every child who is abused sexually, physically or neglected is also emotionally abused;
- inappropriate expectations of a child relative to his/her age and stage of development.

Children who are physically and sexually abused and neglected also suffer from emotional abuse.

## Physical abuse

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

1. severe physical punishment;
2. beating, slapping, hitting or kicking;
3. pushing, shaking or throwing;
4. pinching, biting, choking or hair-pulling;
5. terrorising with threats;
6. observing violence;
7. use of excessive force in handling;

8. deliberate poisoning;
9. suffocation;
10. fabricated/induced illness
11. allowing or creating a substantial risk of significant harm to a child.

### **Signs and Symptoms of Physical Abuse**

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (see below for more detail);
- fractures;
- swollen joints;
- burns/scalds (see below for more detail);
- abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common:

#### **Bruises**

##### ***Accidental***

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

##### ***Non-accidental***

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks

and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

### **Bone injuries**

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

### ***Non-accidental***

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

### **Burns**

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

### ***Non-accidental***

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

## **Bites**

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

### ***Non-accidental***

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

## **Poisoning**

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

### ***Non-accidental***

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

## **Shaking violently**

Shaking is a frequent cause of brain damage in very young children.

## **Fabricated/induced illness**

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

- symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- high level of demand for investigation of symptoms without any documented physical signs;
- unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

## **Sexual abuse**

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

1. exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
2. intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
3. masturbation in the presence of the child or the involvement of the child in an act of masturbation;

4. sexual intercourse with the child, whether oral, vaginal or anal;
5. sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the “grooming” process by perpetrators of abuse;
6. consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

### **Signs and symptoms of Sexual Abuse**

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

- disclosure by the child or his or her siblings/friends;
- the suspicions of an adult;
- physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

#### **Non-contact sexual abuse**

- “Offensive sexual remarks”, including statements the offender makes to the child regarding the child’s sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent “exposure” involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- ‘Voyeurism” involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

### **Sexual contact**

- Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes “frottage”, i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim’s body or clothing.

### **Oral-genital sexual abuse**

- Involving the offender licking, kissing, sucking or biting the child’s genitals or inducing the child to do the same to them.

### **Interfemoral sexual abuse**

- Sometimes referred to as “dry sex” or “vulvar intercourse”, involving the offender placing his penis between the child’s thighs.

### **Penetrative sexual abuse, of which there are four types:**

- “Digital penetration”, involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- “Penetration with objects”, involving penetration of the vagina, anus or occasionally mouth with an object.
- “Genital penetration”, involving the penis entering the vagina, sometimes partially.
- “Anal penetration” involving the penis penetrating the anus.

### **Sexual exploitation**

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- ‘Child pornography’ includes still photography, videos and movies, and, more recently, computer-generated pornography.
- ‘Child prostitution’ for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;

- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:

- depression, isolation, anger;
- running away;
- drug, alcohol, solvent abuse;
- self-harm;
- suicide attempts;
- missing school or early school leaving;
- eating disorders.

All signs/indicators need careful assessment relative to the child's circumstances.

## **CHILD DEVELOPMENT**

Bright Sparks is committed to developing a curriculum that incorporates the holistic development of the child by creating a child-centred environment which enables children to actively pursue their own learning. Each child's learning, development and wellbeing is facilitated through the provision of appropriate opportunities, experiences, activities and interactions. To achieve this, the following policies and procedures will be implemented:

- Staff will provide balanced intervention and support to encourage positive attitudes towards learning and play.
- Staff will monitor each pre-school child's development through observation and assessment, in order to ensure they are meeting their developmental milestones across each area of their development

With regard to each area of child development the following procedures will apply:

### **Physical Development**

To allow children to develop both gross and fine motor skills, physical control and mobility and to promote their physical health and wellbeing, Bright Sparks will provide the following

- Supervision both indoors and outdoors to allow children to play safely
- Gross motor skill development through outdoor play – running, jumping, ball games, slides, climbing frames, scooters and cars etc
- Opportunities for outdoor play every day unless very bad weather persists.
- Fine motor skill development through use of a wide range of classroom equipment – art supplies, scissors, puzzles, pegs, construction play etc
- Balanced nutritious menus which promote healthy eating.

### **Emotional and Social Development**

This area of development concerns children's feelings and actions. It includes their growing ability to adapt to change, to cope with stress and to demonstrate self-control. It also covers their ability to empathise with others and to behave in a socially acceptable way. In order to support children's emotional and social development, Bright Sparks will –

- Ensure that children are treated with respect and dignity at all times
- Support children in forming positive attachments through strong affirming interaction
- Support children to develop a strong sense of self-esteem and self-confidence through creating an environment of emotional warmth and approval
- Provide consistent boundaries so children are aware of what is socially acceptable behaviour
- Never subject a child to any degrading or abusive language or behaviour

## **Intellectual Development**

Intellectual development covers all areas of cognitive development, educational attainment and active learning from their surrounding environment. Bright Sparks will promote each child's intellectual development in the following way –

- Provide an environment that stimulates and supports active learning by providing access to appropriate resources and materials
- Support and encourage peer and adult interactions which stimulate and promote cognitive skills
- Encourage and support children in problem solving skills, allow children to find their own solutions to problems.

## **Language Development**

As childcare workers we should be aware that children's language skills develop at different rates, therefore Bright Sparks will provide as wide a variety as possible of activities and opportunities for language development. We will do this by:

- Talking to children and giving them the opportunity to practice listening and responding
- Providing a wide variety of books, posters and interest tables to talk about and discuss
- Ensure all toy boxes and several other items in the room are labelled with pictures for easy recognition
- Encourage conversation in different size groups from one to one to small groups and to the whole group in circle time
- Provide music and songs and rhymes to improve listening skills.

## **CHILD OBSERVATION AND ASSESSMENT**

In order to plan, prepare and organise for good quality care and education, adults need to observe children, review and evaluate the curriculum regularly and maintain systematic records. Bright Sparks recognises that observation is a useful tool to enable staff plan a curriculum that meets the individual needs of children. The process of ongoing assessment: collecting, documenting and reflecting on information gathered, allows staff to develop a full picture of children as learners and so enhance their future learning. In order to achieve this we will –

- Carry out observations on a regular basis using a variety of methods; narrative, time sample, event sample and checklist. Documentation can also include video footage , photographs or samples of children's work
- Share these with parents/carers at planned meetings or at any time on request
- Ensure all written records are factual
- Give parents/carers information on how and why we carry out observations at the introduction meeting or throughout the year for individuals who enrol at different times
- Ensure that staff carry out observations impartially disregarding their own values or beliefs

- Maintain all records securely and maintain confidentiality regarding records held on any child, only discussing with child's parent/carer or authorised professionals

**Review date: May 2018**

## **CODE OF ETHICS – WORKING WITH CHILDREN**

Young children develop best through close affectionate relationships and positive interactions with adults and other children. Warm relationships are fundamental to meeting the young child's needs for love, security, recognition and encouragement. Bright Sparks will ensure staff and volunteers are fully informed and knowledgeable about their critical role in the lives of children in their care. All staff and volunteers at Bright Sparks will adopt the following practices when interacting with children at the service –

### **DO...**

- Make strong eye contact
- Be at the child's level and focus on the child who is communicating with you
- Check the child is understood
- Give encouragement and positive feedback
- Support the child in developing conflict resolution skills
- Help develop the child's language skills by constantly increasing their vocabulary
- Be clear in your communication
- Show interest in child's activities – ask questions; How did you do that? Tell me about what you're drawing? What's that you're making?
- Be aware of the needs of children – watch out for the shy child and support them in forming friendships
- Organise activities in consultation with other staff member and children in the room, being mindful to reflect children's interests
- Listen, encourage and praise
- Be a positive role model – Remember children learn what they see and hear
- Have fun and enjoy the children

### **NEVER...**

- Use mobile phones while supervising children
- Use abusive or threatening behaviour or language
- Shout at a child
- Isolate a child
- Demean a child in any way.

## **CURRICULUM**

Bright Sparks is committed to offering the children in its care a comprehensive curriculum. Children will follow a play based and Montessori programme combined with other good practice methods. Bright Sparks will offer a range of learning opportunities to children which are appropriate to the child's stage of development and which are guided by the principals of Siolta and Aistear. In doing this we aim to give children a good start which will benefit their long term success in life.

### **Understanding children's learning**

- Children learn through personal experience
- Their understanding of other people's talk is often at the literal level
- They understand best what they can feel (emotionally), see, touch, hear, taste and smell
- Their attachment to particular adults and peers deepens their ability to learn from and with them
- They are egocentric and through experience and guidance they learn how to cooperate, share and play collaboratively

### **The role of staff**

- To be a positive role model
- To offer guidance, support and encouragement
- To be calm and gentle in approach
- To plan the curriculum collaboratively with children
- To plan a curriculum that meets the needs of each child in the group and reflects their interest
- To use a range of learning methods including free play, role play, focused learning programme (Montessori), equipment and play materials
- Celebrate diversity and challenge any racism, inequality and negative attitudes
- Be non-judgemental and be aware of our own values and assumptions
- Work in close partnership with parents/carers
- Collect and record evidence of how children learn through observations

### **Equipment**

- Equipment will be safe and age appropriate
- All toys and Montessori materials will be maintained in a clean hygienic state. This is the responsibility of each member of staff to maintain the equipment in their room
- All broken toys and equipment will be thrown out and the item will be brought to the manager's attention for replacement
- Staff may draw up a list of equipment required for their room and pass it to the manager who will purchase them on an ongoing basis. Items such as replacement art materials will be purchased weekly. Larger or more expensive pieces of equipment will be considered and purchased if and when it is within budget.

- We strongly advise parents not to let their children bring in toys from home as they may get mislaid or broken causing distress to the child.

## **MONTESSORI CURRICULUM**

The Montessori approach was designed to help children grow by letting them explore the world. The classrooms are called “prepared environments” where children are given an array of stimulating learning and purposeful activities. The Montessori Curriculum is based on the research and findings of Dr Maria Montessori (1870–1952). Montessori’s method is structured around, and promotes, the child’s natural, self-initiated impulse to become absorbed in an environment and to learn from it. Based on her observation Dr. Montessori developed specific materials techniques and curriculum areas that assist each child in reaching his/her potential. In Montessori classes the children follow a set programme of tasks or exercises. They learn everyday life skills such as dressing themselves, washing themselves etc. They learn social graces and manners but also cover a wide range of subjects including Mathematics, Reading and Writing, History and Geography, Science, Biology, Music, Irish, Art, Drama and Literature. Subjects may vary slightly.

### **Montessori Curriculum Areas:**

#### ***Practical Life***

The Practical Life section lays the foundation for all other work to be done in the classroom. The activities are everyday tasks that a child needs to learn to master the care of self and care of the environment. Such activities include pouring, sweeping and tying, as well as courtesy. The activities are presented to the child in such a way that concentration, coordination, independence and order are developed.

#### ***Sensorial***

The goal of the Montessori Sensorial Section is to educate the child’s senses. The curriculum area contains Montessori-specific materials that help the child refine his or her experience of sight, sound, touch, taste and smell. In addition, the materials of this section are modelled on scientifically based concepts. Sensory experience, with these specially selected materials provides children with the first step in understanding abstract concepts.

#### ***Maths***

Maths in the Montessori classroom can be separated into a few major categories: beginning counting, advanced counting, the decimal system, rational numbers (fractions) and the operation of addition, multiplication, subtraction and division. Concepts are presented in a very concrete way so that children are not only able to count but work with square numbers and thousands.

#### ***Language***

Montessori language curriculum is an integrated approach that combines phonetics and whole language. The child is introduced to letters and sounds. After several sounds, he can begin to spell and read words by linking these sounds together.

## ***Culture***

This topic integrates geography, history, science, art and music. The children study different areas of the world, and experience concrete examples of that area's language, literature, dress, food, artwork and music, past and present. This increasingly important area introduces the child to our planet's great diversity of people.

## **AFTERSCHOOL**

- After School caters for children for out of school hours operating from 7:30am to 8:45am and from 1:30pm to 6:00pm, Monday to Friday in line with local national school openings.
- The After School Programme will provide a comfortable, relaxed, safe and secure environment for children. The children's welfare and development will be the first consideration of the service.
- The children will be treated and respected as individuals, whose needs are to be catered for. Every effort will be made to gain insight into children's needs by talking and listening to them.
- Staff will act as positive role models for the children and will always encourage positive and good behaviour. All children will be treated with fairness and consistency.
- Staff will avoid favouritism and will further recognise and request the values and beliefs, which result from the child's background, e.g. cultural, ethnic, religious/non-religious background
- The children will be provided with a quiet space for homework, the purpose of which will be to instil the value of education and the importance of good study habits (see homework policy, page 12).
- Positive play opportunities will be encouraged. These offer children support to develop, learn and have fun.
- Creativity in play and learning will be encouraged at all times. Co-operative games will be encouraged.
- Children will be involved in the care and tidy up after each session, thus encouraging a sense of responsibility towards their surroundings.

**Review date: May 2018**



## **Equality and Diversity**

Equal opportunity for children to learn is a fundamental aspect of our services curriculum. At Bright Sparks we operate a service which encourages social inclusion and respect for diversity. We are committed to promoting equality of opportunity for all children and families who seek to access our service. In order to achieve this, we will implement the following policies and procedures:

- Staff will be non-discriminatory and will provide equal attention and care for all children without regard to race, gender, national origin, ancestry or special needs.
- Staff should not develop favouritism or become over involved with any one child.
- Children in the service should be comfortable in the care of any of our staff as staff may cover different shifts on occasion.
- Children should not be made feel isolated or resentful if a staff member favours or over indulges one child over another.
- All children are to be respected and their individuality and potential recognised, valued and nurtured.
- Activities and play equipment will offer children opportunities to develop in an environment free from prejudice and discrimination.
- Through the curriculum children will be given opportunities to explore, acknowledge and value similarities and differences between themselves and others.
- Any discrimination (language, behaviour or remarks) by children, parents/carers or staff/volunteers is unacceptable in the service.
- Discrimination will be positively challenged by supporting the victim and helping those responsible to understand and overcome their prejudice.
- It is our objective to support and encourage each child in their experience and guide them to embrace their own values and the values of others. These experiences help set the child's foundations and potentially shape the people they become.

### **Supporting children and families with little or no English**

- Staff will do their utmost to ensure children feel included by speaking slowly and simply, demonstrating what is meant by the words.
- Staff will support children and parents by trying to learn key words and phrases in their particular language.
- If there is an older child in the service who speaks their language, we will enlist that child's help in communicating with the child.
- Parents are also encouraged to help with key words and phrases in the child's home language.

**Review date: May 2018**

## **Inclusion of children with additional needs**

Bright Sparks is committed to providing all children with the opportunity to access the service regardless of their ability, within the expertise and resources available and in accordance with the best interests of the child.

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

We provide the following guidelines for successful inclusion of children with additional needs into the service:

- We will provide clearly defined enrolment procedures, which endeavour to facilitate access for all children within the resources and expertise available.
- Where additional needs have been identified on a registration form, the service may seek additional information from both the parent/carer and from an outside professional agency before accessing the suitability of the service i.e. whether or not we can meet that child's needs.
- Staff and management will review on an ongoing basis the planning and resourcing provided for children with additional needs attending the service.
- Management will work with staff and families to identify and apply for extra resources and support for children with additional needs.
- The service will ensure parents/carers have given written consent for any action, support or intervention for their child.
- Staff will ensure the programme provides opportunities for participation and interaction with other children, for the child with additional needs.
- The service will encourage a collaborative family approach.
- The service will ensure that any special medical and nutritional needs of the child are catered for.
- We would ask Parents/carers to be fully open and transparent regarding information about their child with additional needs upon enrolment. Only when we are fully informed regarding a child's condition, can we ascertain whether or not we can meet the child's needs.
- Staff at the service will be aware and respond to the needs of the parent/carer of the child, and will provide support and guidance where appropriate, whenever possible.

**Review date: May 2018**

## **Interaction and Communication**

The policy of Bright Sparks is to encourage open and proactive communication within the organisation. In order to achieve this, we provide an open door policy whereby we would encourage each member of staff to communicate any issues or concerns that they may have. We have a Comments and Complaints policy to address any issues that parents may wish to raise and we listen to children's opinions and interests when planning our activities and curriculum.

### **Communicating and interacting with children**

- Effective adult-child interaction is essential to a successful early childhood service. Appropriate language must be used at all times when dealing with children.
- Adult conversations should never take place in front of children.
- When talking with a child it is best to do so at child's eye level. It displays respect and in turn gains the respect of the child.
- Children should never be shouted at or screamed at in the service. Staff should encourage positive interactions between children.
- Staff should actively engage in interactions with children individually and in groups and support the development of relationships between both children and staff and children together.
- Staff will look for opportunities for conversations with children about the activities children are engaged in and make comments about the child's activities that allow the conversation to continue without pressuring the child for a response.

### **Communicating with colleagues**

- Staff should inform the Manager if they are leaving the service premises during breaks or lunch time. This is vital for fire regulation procedures.
- Staff are required to sign in and out when entering or leaving the building.
- Staff in each room should be up to date on all the children in their class especially when there is a change in the child's home background that may induce disruptive or abnormal behaviour, e.g. a new sibling, parents separation, etc.
- Any information received from a parent regarding a child should be passed on to the Manager as soon as possible.

### **Communicating with management**

- The Managers are there to support, advise and help staff where necessary.
- Any incidents that staff are concerned about should be brought to the attention of the Manager no matter how minor or small the concern may seem to be.
- If a staff member is concerned for a child's welfare, development and or behaviour the Manager must be consulted.

## **Building positive relationships with Families**

- A strong connection between families and child care providers is essential for building a positive environment for young children.
- Miscommunication, or limited communication between adults, can lead to situations that adversely affect all of the parties involved.
- Staff may not discuss with parents any concerns about their child without first discussing the matter with the Manager.
- Any developmental or behavioural concerns should be looked at in accordance with the Child Development policy before making any judgements.
- It is important for child care providers to gain knowledge about each individual child in their care. One way to learn about the individual personalities of young children is by observing the interactions between children and their families. For example, what are the good-bye rituals or what do the parents do to comfort their child? The younger the child, the more necessary it is for professionals to acquire this knowledge through relationships with the family.
- Be attentive and open to negotiation if a parent brings a concern or complaint to your attention. Keep in mind that assertive communication - when you tell the truth and care about the listener--is the most effective form of communication.
- Be sensitive to each child's cultural and family experience. Reflect the diversity of these experiences in the toys, books, decorations, and activities you choose in creating your learning environment.
- Make time for communication. Pick-up and drop-off times are often hurried occasions, however valuable information can be exchanged through these daily informal meetings.
- Children benefit most from healthy, reciprocal relationships between staff and families. Like most relationships, these require time to nurture mutual respect, cooperation, and comfortable communication.

**Review date: May 2018**

## **Multimedia**

Bright Sparks recognises that in the childcare service a variety of multimedia can provide entertainment and education to children, provided that the material listened to, watched or played is age appropriate and supervised and is a very small element of the curriculum provided. The policy covers the use of television, DVD's, music/radio, and X Box. Bright Sparks will ensure that the use of multimedia in its service will be age appropriate and supervised when used.

- Access to X Box is on a rostered, timed and turn-taking basis.
- The software for the gaming machine will be purchased by Bright Sparks only.
- The software purchased is age appropriate for the age range that access the machine
- If games are brought to the service by children, they will be checked by a member of staff and only age appropriate games will be allowed.

- Any DVDs shown will be age appropriate and supervised.
- Children are permitted to bring personal Tablets to the service during school holidays. No internet access is permitted and no photographs are permitted to be taken by children.
- Staff will view games on a child's tablet and if the content is not age appropriate the tablet will be confiscated and the parent will be informed at collection.
- Children are not permitted to use mobile phones in the service. If a child has a mobile phone with them, it will be kept in the office until collection.
- Parents should be advised that if they want to contact their child while they are in the service, they are most welcome to telephone the crèche and request to speak to their child.
- Staff mobile phones are not permitted in the classroom. Staff are permitted to use their phones on their breaks.
- Taking of photographs on personal mobile phones is strictly prohibited.
- Under no circumstances may a member of staff bring their phone into the outdoor play area while supervising children.
- Only official crèche tablets will be used for any photographs, videos or recordings of the children.
- Permissions will be vigorously checked and strictly adhered to before any content is posted on Bright Sparks Facebook page.

**Review date: May 2018**

## **OUTDOOR/PHYSICAL PLAY**

Outdoor play, physical activity and fresh air are important to children's overall health and wellbeing. Time outdoors is an important part of our daily curriculum at Bright Sparks. We aim to ensure that children play outdoors every day, as weather permits, enhancing their gross motor skills, co-ordination, balance and body awareness. It also gives children opportunities to socialise freely and use imagination and initiative.

In order to ensure the outdoor environment is a safe haven for our children the following policies and procedures will be adhered to

- Staff should ensure that their presence and position in the outdoor play area allows that all parts of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times
- The outdoor play area must be checked by a member of staff for safety before any children are brought out. This safety check will include
  1. Ensuring that the school gate at the top of the steps is bolted. If the gate is in use while children are outside, it is the responsibility of the staff supervising at that time to re check the gate and again ensure it is bolted closed.
  2. Ensuring that there are no unsafe/sharp objects on the play surface i.e. stones, glass or debris of any kind.

3. The area should be checked for animal droppings.
- Children's clothing should be monitored carefully e.g. unfastened shoelaces and buckles, scarves and ties on anoraks which are too long can easily cause accidents, particularly on wheeled toys and climbing equipment.
  - When children are climbing on climbing frames, staff must be continually aware of any risks (e.g. objects left underneath).
  - Students helping outdoors must never be left in charge of any area.
  - Staff on duty outdoors must always be aware of the safety of the children in their care, be vigilant at all times and never leave the play area for any reason unless another member of staff has taken over responsibility.
  - When older children (7+ years) are using the outdoor football area, staff must check on them frequently, i.e. every 10 minutes.
  - The outdoor play area is viewed by all as an extension to the indoor environment and staff recognise the importance of physical activity both in the outdoor and indoor environment.
  - Staff will ensure that physical activities will be fun and as non-competitive as possible.

#### **SUN SAFETY**

- On very hot days we will reduce children's exposure to sunlight.
- Parents should apply sun cream to their child/children before they attend the service as it is too time consuming for staff to apply sun cream to all children in their group, and to do so would impact on their time outside.
- If a parent has not applied sun cream to their child before arrival at the service, every effort will be made by staff to ensure it is applied before outdoor time, however this cannot be guaranteed.
- Parents should provide a sunhat for their child/children.

#### **OUTINGS**

Should an outing be planned by staff members, the following policy and procedures will apply

- Prior to any outing a risk assessment must be carried out of the planned venue and route.
- A checklist will be drawn up of all items to be brought and procedures to be carried out. This checklist should be brought on the outing and referred to at every stage of the trip.
- Parental consents will be checked for each child going on the outing: no child will be brought on the outing without a signed consent in place.
- Ratio of children to adults will be in compliance with the pre-school regulations and the Insurance policy.
- Each child must have a sticker with (a) the mobile phone number of a staff member actually on the outing, (b) Bright Sparks phone number and (c) the name of the service.
- The supervising staff member must be responsible for listing each child present and assigning them to a specific staff member. This member of staff must be solely responsible for the child/children in their care.

- A safety briefing will be given to all adults involved in the outing.
- Staff members must be responsible for checking numbers of children, doing a head count and recording names of children before leaving the premises and several times while on the outing; and then again before returning, and on return to the service.

**Missing child procedure:**

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person/parent and carry out a headcount to ensure that no other child has gone astray.
- One staff member searches the immediate vicinity but does not search beyond that.
- The Manager contacts the local Garda station and reports the child as missing. Then follow their instructions.
- The Manager contacts the parent, who makes their way to the setting or outing venue as agreed if they are not already with the group.
- Staff take the remaining children back to the setting if applicable.

**Bring the Following on Outings:**

- A portable First Aid box adequately stocked.
- At least one member of staff on the outing must be a trained first aider.
- Buggies, even if children are old enough to walk, it is important to have at least one buggy in case a child gets tired.
- Contact numbers for each child — Parents/Carer.
- Mobile phone, ensure it is charged properly and if credit is needed that there is plenty of credit in the phone.
- Food and plenty of fresh water especially if it is a hot day these should be chilled before leaving.
- Sun cream and sun hats or rainwear, depending on the weather.
- Balls, rings, skipping ropes etc. for the children to play games if appropriate.
- A watch with the correct time. Before leaving the staff should say what time they will be returning. If they are running late they should ring the Manager.
- Always bring a good supply of tissues or baby wipes.

**Review date: May 2018**

## **SUPPORTING POSITIVE BEHAVIOUR**

At Bright Sparks we believe that children should be supported to make choices and accept responsibility for their actions and behaviour. We acknowledge children are continually learning about their emotions and feelings and how to manage them. Through positive and reciprocal relationships with the childcare assistants, positive behaviour is encouraged from all children. Childcare assistants will ensure expectations on behaviour are fair and consistent to all children depending on their age and stage of development.

We aim to ensure all children are treated with respect, by adults and other children alike to allow children to develop and sustain a positive sense of self. As a result, children will feel valued, respected, empowered, cared for, and included.

In supporting positive behaviour, children's wellbeing is crucial. Any disciplinary action which humiliates a child or has a negative impact on a child's sense of self, or makes them feel incompetent is damaging both for that child, and for other children to witness. This is NEVER permitted in this service.

In support of the above principal, the following policy and procedures will be adhered to:

- Staff will act as role models and adopt a confident approach to encourage and support positive behaviour.
- Staff will work in a respectful manner and in partnership with other practitioners, children and parents.
- Staff members should treat one another with respect, use appropriate tone of voice and body language to one another and the children
- Staff will acknowledge and praise positive behaviour as it occurs.
- Staff will provide a calm, safe and stimulating environment which is age appropriate and of interest to all children present within the group.
- Staff will ensure rules are applied consistently to all children within the setting, taking into account expectations regarding the behaviour of children with additional needs.
- Each child should be positively supported and recognised as an individual.
- Childcare assistants will practically engage children in resolving their conflicts using age appropriate methods. In doing this, children can explore their feelings and conflicts in a safe controlled way. Childcare assistants will positively support children in doing this.
- Observation and recording will be used to inform and support staff to decide on appropriate methods and strategies of dealing with behaviour problems.
- All staff should understand how to support positive behaviour, and how to encourage and facilitate it effectively. Where a staff member feels they are not adequately trained in this, additional training will be provided either by another competent member of staff or by outside training.
- The Manager is the person designated as the resource person for staff support on behaviour management issues.

- At an age appropriate level, children will be encouraged and supported in resolving their own disputes.
- Children are kept informed of what is happening and what is expected of them.
- While encouraging positive behaviour, the child's self-esteem should not be negatively impacted. The child should not be labelled through the use of certain words for example bold, mean, disgraceful etc

### **Implementing Positive Steps to Supporting Positive Behaviour**

- Children should be made aware of the expectations and their responsibility.
  - 1. No hurting bodies**
  - 2. No hurting feelings**
- Positive behaviour should be supported and encouraged from all children consistently throughout the day by all childcare assistants.
- Incidents should be dealt with immediately by the early years practitioner who witnesses it.
- Childcare assistants should not speak about the child, or their behaviour in front of other parents, children or the child.
- The child should not be labelled by childcare assistants.
- At an age and developmentally appropriate level, when the child is calm, the early years practitioner should explore the behaviour with the child using prompts. For example: "I noticed you were [feeling] when you were at the [area]... What could you do the next time you feel...? Do you know what I do when I am [emotion]...?" and so on.

### **Procedures for Supporting Positive Behaviour**

#### **ABCD: Action Behaviour Choice Decision**

1. Approach calmly, stopping any hurtful actions.
2. Make eye contact with the child.
3. Acknowledge children's feelings.
4. Gather information.
5. Restate the problem and ensure the child understands.
6. Suggest solutions and choose one together.
7. Be prepared to give follow-up supports for supporting positive behaviour.
8. Observe the child.

#### ***Managing minor inappropriate behaviour***

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

#### ***Managing moderate inappropriate behaviour***

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

be linked to defiance. Staff will take a gentler approach with the younger child and a firmer approach with the older child. Staff will explain to the older child in a calm clear way using simple words why they cannot have what they want. If the tantrum continues and other children are getting upset or hit, the child will be moved to another area until he/she calms down. The staff member should act in a calm and fair manner and allow the child to re-join the activity when they have calmed down as if nothing had happened. Other moderately inappropriate behaviour such as hitting, name calling, excluding a child or generally being mean to a child will be dealt with by a staff member, taking the offending child aside and explaining to them why their behaviour is unacceptable

***Managing challenging inappropriate behaviour.***

More severe and challenging behaviours are frequent and repeated actions by a child that impact significantly on other children and the child themselves. The child may also find it difficult to engage in the activities being undertaken. In this type of situation, the behaviour has not improved using the usual behaviour management strategies and may often require more intensive one-to-one support to the child. Staff should understand that it is important to recognise in managing severe/challenging behaviour that there is a problem. Staff who deal directly with the child involved will discuss the behaviour problem and be consistent in their approach. If having exhausted all manner of approaches, the child continues to consistently upset, hurt or intimidate other children or lashes out and physically injures staff members, it will be deemed that this service is not meeting that child's needs and the parent or guardian will be asked to remove their child from the service.

**Procedures Which Are Unacceptable For Supporting Positive Behaviour**

- Physical punishment.
- Shouting at a child.
- Physical restraint. Holding, for example, will not be used unless it is required to prevent injury to child, other children, adults or property. In cases where it is required to hold a child in such manner, it must be recorded in the accident and incident report. Parents must be informed of the incident.
- Speaking negatively about the child to other staff or in front of the child/other children.
- Labelling the child.
- Placing emphasis on the incident, or continually reminding the child of their behaviour.
- Humiliating the child.
- Failing to reassure or comfort a child.

**Review date: May 2018**

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

It is our policy to work in close collaboration with parents. We recognise and value the role of parent(s)/Guardians in their child's life. In supporting positive behaviour, working in partnership with parent(s)/Guardians is important. It is our policy to inform parent(s)/Guardians at the enrolment stage, of the policies and procedures in relation to behaviour. The supporting positive behaviour policy will be explained, in doing this, a consistent approach can be adopted.

- Parent(s)/Guardians are encouraged to share any difficulties/concerns which they may be experiencing regarding the child's behaviour for example bereavement, illness, a new baby etc.
- Where a child's behaviour is causing concern, it is our policy to do this in a consultative manner, and staff will endeavour to work in partnership with the parent(s)/Guardian to develop a strategy for dealing with the situation.
- Discussing the child's behaviour in front of the child/ other children/parents will be avoided.

### **Bullying**

Bullying can take many forms. It can be physical, verbal or emotional, but it is always repeated behaviour which makes other people feel uncomfortable or threatened. Any form of bullying is **unacceptable** and will be dealt with immediately. At Bright Sparks, staff will encourage all children to acknowledge and celebrate difference. Consequently, children will recognise from an early age, bullying, fighting, hurting and racial comments are not acceptable behaviour. Staff will follow the guidelines below to ensure children do not experience bullying.

- Childcare assistants ensure all children feel safe, happy and secure within the setting.
- Childcare assistants develop positive relationships with all children, and encourage children to speak about their feelings.
- Childcare assistants are encouraged to adopt a policy of intervention when they think a child is not being treated in a fair or appropriate manner.
- Any instance of bullying will be discussed fully with the parents of all involved to look for a consistent resolution to the behaviour.

***Bullying and physical violence, whether inflicted on adults or children, is not tolerated within the service.***

**Review date: May 2018**

## **Biting**

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

### **Procedures to follow when biting occurs:**

- The appropriate first aid is administered.
- The child is comforted, and reassured as to their safety.
- The early years practitioner will explain to the child who has bitten, using a firm but gentle approach, that biting is not allowed.
- The Manager will be informed and details recorded in the accident and incident report book.
- The situation is dealt with professionally, and confidentiality is adhered to. Both parents are informed separately.
- The early years practitioner should explain the methods which will be adhered to so it does not occur again, and highlight the importance of partnership with parents.
- If the child bites again, the child should be observed for a period of time in order to ascertain any pattern of behaviour.
- In the event of a child repeatedly biting, all manner of approaches will be explored. If all avenues have been exhausted, taking into account the age of the child and at the discretion of the Manager, the parent/guardian may be asked to remove their child from the service.

**Review date: May 2018**

# **GENERAL CHILDCARE HEALTH AND SAFETY**

## **ACCIDENTS AND INCIDENTS**

At Bright Sparks it is our policy to promote the health, wellbeing and personal safety of all our children and staff through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow Tusla guidelines, accidents can occur.

### **Policy and Procedure**

#### ***Prevention***

- Children will be adequately supervised in accordance with the recommended child/adult ratios dictated by the Childcare Act 1991 (Early Years Services) Regulations 2016
- Each room is designed for easy and unobtrusive supervision by the adults at all times.
- Our staff knows which children are present at any one time.
- We ensure that no child can leave the premises undetected.
- The main door is locked with a door entry system.
- Only suitable and age-appropriate materials and equipment are available to children.
- Windows and doors have safety appropriate glass.
- All electrical sockets are fitted with safety covers.
- Staff will be particularly vigilant during outdoor play supervision.
- All first aid cabinets are fully stocked and checked regularly
- Staff first aid training is carried out every two years and certificates are updated accordingly.

#### ***In the event of an accident***

- The First Aid cabinet in each room is always fully equipped, easily identifiable and location is known to all staff. Any substances, which may cause an allergy, will not be included.
- Medical supplies are checked regularly.
- A designated First Aider (certified) is on the premises at all times.
- Staff must wear disposable gloves to clean any bodily fluids or spillages.
- If a child is involved in an incident or accident, they will be taken into a quiet area, if possible.
- Minor injuries will be treated by the staff member present.
- All accidents/incidents even minor ones, are recorded in an accident/incident record book.
- The record is signed by a staff member and co signed by a second staff member. The record is signed by the parent on collection and a copy is given to the parent. Records are accessible to all relevant staff in case of an emergency.
- In the case of a serious accident the child's parents will be contacted immediately. If the parent is not contactable the emergency contact for the child will be called. The ambulance will be called and a senior staff member will remain on the phone and follow all instructions given by the emergency services.

- If the child has to go to the hospital immediately a senior staff member will accompany the child. The child's record will be taken to the hospital.
- All serious accidents will be reported to the Insurance Company.
- Following any accident or incident in the service a risk assessment is taken and any changes found necessary to the existing policies will be carried out.

**Review date: May 2018**

## **ANAPHYLAXIS**

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

The purpose of this policy is to minimise the risk to children with severe allergies to potentially life-threatening allergens without depriving the severely allergic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the service.

This policy is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff are trained to deal with an emergency situation.

### **Policy**

While Bright Sparks cannot guarantee an allergen-free environment, the management will take reasonable steps to provide an allergy-safe and allergy aware environment for a child with life-threatening allergies.

The following steps will be implemented.

- A process for identifying an anaphylactic child: Parents are asked on the enrolment form if their child suffers from any medical condition or allergies. If a parent indicates their child suffers from allergies it must be further explored to establish if their child is anaphylactic.
- Parents will be asked, along with their GP, to fill out and sign our Anaphylactic Emergency Action Plan form. This form should include a list of all known allergens and preauthorization for employees of the service to administer medication supplied by the GP. The emergency procedure form should be signed by the GP and the child's Parent/Guardian, and will form part of the child's record.
- Any emergency action plan should include a photo of the child for ease of identification, as there may be more than one child with the same name. A copy of this should be posted in the child's room.
- It is Parents responsibility to supply two doses of the child's medication (auto injectors) to be kept at the service at all times. It is also Parents responsibility to note expiry dates on medication and ensure medication kept at the service is in date. All used medication should be immediately replaced.
- The child's medication should be stored out of reach of children but in an unlocked accessible area to staff. A second dose of the medication will be stored in the office. All staff should be made aware of both of these storage areas.

- All staff will be trained in administering an auto injector. This can be done by a member of staff competent in using an auto injector and will also be included in the on-site first aid refresher courses carried out by professionals in the field.
- Parents are asked not to put nuts or any products containing nuts in lunch boxes or bring into the service for parties etc
- Parents of an anaphylactic child are responsible for making their child aware of triggers and avoidance of same.
- Any known allergen for an anaphylactic child will, as far as possible, be removed from a child's room and common areas.

**Review date: May 2018**

## **PHOTOGRAPH AND VIDEO USE**

At Bright Sparks we are aware of the need for sensitivity when photographing or videoing children in our care. However cameras/videos are a useful tool in the observation and assessment of young children. They also allow us to provide to parents a snapshot of their child's day, or an insight into an activity in which their child is participating. We also post photographs on our Facebook page, which many parents enjoy, offering us positive feedback.

Photographs and videos are always taken with great care and sensitivity to portray positive images of children at play or at work. No photographs or videos are ever taken which could be viewed as inappropriate in any way. We understand also that some Parents may prefer not to have their child photographed and their right to privacy will be respected.

In order to ensure the safety and privacy of all children in our care, the following procedures will be implemented

- Parental permission will always be sought before photographs/videos are taken. Permission to be photographed or videoed is included in the enrolment form and we also have a separate Facebook permission. Parents have the option at enrolment, to sign one, both or neither of the permissions as they see fit.
- Only the service tablets may be used to take photos/videos.
- The tablets will remain on Bright Sparks property at all times unless they are brought on an outing with the children. Permission must be sought from management before a tablet can be removed from the premises.
- Staff are strictly forbidden from using their personal phones or cameras to take pictures of the children.
- If a child objects to having their photo taken, their wish is respected.
- Parents may not photograph or record children on the premises without prior consent from management.

## **CCTV**

**CCTV digital images, if they show a recognisable person, are Personal Data and are covered by the Data Protection Acts, 1988 and 2003.**

A CCTV surveillance system has been installed by Bright Sparks with the primary purpose of ensuring the safety of children in our care, and helping to ensure the safety of all staff, parents/carers and visitors consistent with respect for the individuals' privacy. Images are monitored and recorded and will be used in strict accordance with this policy.

**Data Controller:** The Data Controller is the Manager and she is responsible for the data/information collected using CCTV.

The Manager is responsible for the operation of the system and for ensuring compliance with this policy.

This will be achieved by monitoring the system to:

- Ensure that children are appropriately cared for.
- Assist in the prevention and detection of crime.
- Facilitate the identification of any activities/event which might warrant disciplinary proceedings being taken against staff and assist in providing evidence to the Manager.
- Provide opportunities for staff training.

### **Location**

The following areas are currently monitored by CCTV

- Each of the Playrooms
- Entrance area
- Outdoor areas

Although there will be inevitably some loss of privacy with CCTV, cameras are not used to monitor the progress or activities in the ordinary course of lawful business. They are used to address concerns, deal with complaints or support investigations.

New employees will be informed immediately, at induction that a surveillance system is in operation. Parents will be informed when they enrol their child.

### **Role of the Management:**

- To ensure the system is always operational.
- To ensure that servicing and repairs are carried out as necessary to the system.
- To facilitate any individual's written request to view a recording that exists of him/her, or of his/her children.
- To ensure that areas of privacy (toilets etc) are not monitored using CCTV.

- To ensure confidentiality is maintained at all time. Recorded information will be stored in the office and will only be available to those directly connected with achieving the objectives of the system.

**The system will not be used:**

- To provide recorded images for the world-wide-web.
- To provide images for a third party, other than An Garda Síochána in the course of their enquiries.

**Review date: May 2018**

**CLEANLINESS and HYGIENE**

We at Bright Sparks implement good practice and work effectively to ensure our service is maintained to a very high standard. All employees are required to follow the cleanliness and hygiene procedures.

**Policy and Procedure**

- Bright Sparks will be maintained in a clean, hygienic state throughout the day and a cleaning record is kept.
- Our staff are responsible for the materials and equipment used. They ensure that such items are clean, hygienic and safe at all times.
- Children will be encouraged to care for their environment.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Disposable cloths will be used for all cleaning purposes. They will be discarded regularly.
- Hand washing is the most important defence against the spread of infection, our children and staff will be aware of the importance and the need to wash our hands several times a day.
- Staff should ensure children wash their hands after playing outside, before eating, after using the toilet and after any messy play with sand, paint, shaving foam etc.
- Staff should ensure they wash their hands before and after handling or preparing any food particularly raw meat, after handling bins, after helping a child in the toilet, before and after changing a child who has soiled themselves and after cleaning bodily fluids (blowing noses, cleaning up vomit, urine etc.)
- Children will be encouraged to develop their own personal hygiene routine, self-care and independence will be taught.
- In the event of a spillage (e.g.) blood, vomit, urine (etc.) it will be cleaned up very promptly.
- All cleaning products are stored safely and out of children’s reach.

**Children’s Rooms**

- Staff are responsible for keeping their rooms clean and tidy.
- Cleaning schedules are posted in each room and must be filled in by staff members as cleaning tasks are completed.
- At the end of each session table tops must be cleaned, floors swept and bins emptied. These tasks must be recorded on the cleaning schedule.
- Staff are responsible for cleaning and monitoring all equipment in their room.

- A list of all toys and equipment will be compiled by staff in each room. A monthly cleaning schedule will be drawn up to include the appropriate cleaning of each toy or piece of equipment at least once within the month.
- Where a room is shared it is the responsibility of all staff using the room to share the cleaning and monitoring of equipment. Staff should draw up a rota between themselves.
- Hard surface equipment will be washed in warm soapy water and dried with towels. Soft toys can be machine washed and toys or equipment not suited to being immersed in water can be wiped clean with anti-bacterial wipes.
- Any damaged or broken toys or equipment must be disposed of.
- Toilet areas in use by your room must be monitored throughout the session and cleaned if necessary.
- Sinks and fridges must also be cleaned regularly.

### **Kitchen**

- Kitchen must be kept spotlessly clean at all times.
- Surfaces should be wiped down regularly throughout the day with anti-bacterial spray and clean cloth.
- Press doors and handles should be washed weekly (kitchen staff)
- Inside presses should be cleaned once a month ( kitchen staff)
- Fridge should be washed inside and out weekly (kitchen staff)
- Fridge, freezer, washing machine, dryer and dishwasher should be pulled out once a month and cleaned behind. (kitchen staff)
- All staff are responsible for washing up any utensils used by them for lunch.

### **Toilets**

- Toilets will be maintained in a clean and hygienic state at all times.
- All staff members have a responsibility to check the toilets used by their room throughout their session.
- Any toilet tissue on the floor must be removed.
- Staff should ensure all toilets are flushed by children after use.
- Any spillages or accidents must be cleaned up immediately.
- Correct mop and bucket must be used in toilet areas (grey bucket and yellow mop handle).
- If children use sinks in toilet area to wash their hands after painting, sinks must be checked by staff and any paint in sink or on tiles must be cleaned.

**Review date: May 2018**

## **FOOD HYGIENE**

Food Hygiene is governed by the Childcare Act 1991 (Early Years Services) Regulations 2016 and the European Union Hygiene of Foodstuffs Regulations, 1998 and 2000 in the Preschool. Bright Sparks will comply with the above legislation in the provision of food and food hygiene. Those responsible for preparation of food should fully comply with hygiene, storage and waste disposal regulations.

- Tables used for food and drink should be cleaned before and after use and floors swept where necessary.
- Children will wash their hands after using the toilet and before meals.
- All surfaces coming into contact with food should be in good repair and easy to clean. Food areas will be free from contamination, dust, flies etc.
- All utensils will be kept clean and stored in a dust free place.
- All kitchen equipment is cleaned once a week.
- Cracked or chipped cups will not be used.
- Food is not placed directly onto table surfaces
- Only food that is clean and undamaged is purchased
- All labels are checked and “best” before and “use by” dates are followed
- Any food or drink that requires heating should be served immediately and not left standing.
- Dates will be checked on all perishable food. These foods and drinks will be kept refrigerated.
- Food handlers should be aware of the need for personal hygiene, washing hands regularly throughout the preparation and serving of food, having hair tied back, clean apron etc.

### **Food Preparation**

- Separate chopping boards should be used for raw meat, poultry, fish, vegetables, cooked meat and dairy products.
- Wash boards thoroughly in hot, soapy water after each use or place in dishwasher- Discard old cutting boards that have cracks, crevices and excessive knife scars.
- Fruit and vegetables should be washed well.

### **How to remember what colour chopping board to use**

A colour-coded cutting board in the kitchen is one way to prevent cross contamination and promote safe handling of foods. The colours assigned to each board make it easy to remember and select the proper board each time you are in the kitchen.

**BLUE:** Whenever you are preparing raw fish or seafood, the colour you would choose is blue. Blue is the colour of the sea, and the sea is a perfect way to remember that blue and fish go together.

**YELLOW:** For cutting raw poultry like chicken and turkey, you would use a yellow board. Yellow is the colour of baby chicks and ducks and is easily associated with poultry.

**RED:** For preparing raw meats, the board that you would use is red. The majority of meats used, like beef, are red so the association is easy.

**BROWN:** When the meat is cooked and needs cutting, brown is the board to use. Good-tasting and well prepared meat is always browned to seal in its juices and flavours, so brown is a perfect colour choice.

**GREEN:** Working with and preparing vegetables and fruits should be done using a green board. To help remember that, think of green as freshness and the colour of salad and fresh vegetables.

**WHITE:** Dairy products use a board that seems to be an obvious choice, white. This is the easiest one to remember as dairy products are made from milk.

## **Kitchen**

- No children in the kitchen.
- No items belonging to the children to be kept in the kitchen.
- Matches and sharp instruments must be kept out of sight.
- Surfaces kept clean at all times.

## **Reheating**

- Reheating is done by means of a microwave.
- All foods must be fully defrosted.
- Foods will only be reheated ONCE.
- Unconsumed reheated foods will be discarded.
- A minimum core temperature of 70°C must be reached when reheating foods and recorded in reheating chart. This is taken with a Digital Probe Thermometer.

## **Fridge**

- Fridge will be cleaned once a week using hot soapy water. This is recorded on the cleaning schedule.
- Fridge temperature is recorded every day on the temperature control chart (temperature must be kept below 5°C)
- All use by dates are checked daily and expired food disposed of.

## **Mealtime Practices**

- Staff will ensure that they and the children wash their hands before meals.
- Do not have children sitting at the table too long before the meal is served.
- **Never** blow on or taste the children's food.
- Never give the children food that is too hot. Let it cool before serving it to them.
- Help and encourage the children to eat their meals. Do not force or demand that a child eats their food. Use positive encouragement in a relaxed manner.
- Ensure that mealtimes are enjoyable experiences for the children.
- Teach the children table manners and etiquette. Show them how to use cutlery correctly.
- Never let one child eat another child's food to prevent allergies or cross contamination.
- Clean up the eating area after each meal. Clean down the table etc with a clean cloth, using the anti-bacterial spray.
- Clean the children after each meal, hands/clothes etc. Clean each child's face with individual baby wipes.

**Review date: May 2018**

## **HEALTHY EATING**

Bright Sparks promotes healthy nutritional choices for our children. We feel it is important at this young age to introduce and educate our children about good nutrition and the health benefits of eating well.

- It is the policy of Bright Sparks to supply all products to our children in the best quality and to the highest safety standards.
- All food is cooked and prepared on the premises under a strictly monitored HACCP programme recommended by the HSE.
- Our menus are designed to provide a well-balanced and nutritious diet. Menus are rotated on a four weekly basis
- We ensure children receive food from each of the food groups on a daily basis.
- Food portion sizes are appropriate to the ages of the children.
- If a child is hungry between meals, they will be offered fruit or a slice of toast. Parents will be advised if their child has not eaten well during the day.
- Drinking water is available throughout the day. A water dispenser and beakers are available in each room for children to help themselves.
- Sweet sugary foods, crisps, popcorn and fizzy drinks are excluded from the menu.
- Food is always oven-cooked, grilled or boiled. Children never receive fried food.
- Staff should sit with children while they eat and encourage good eating habits.
- Information regarding children with food allergies or any dietary restrictions will be posted in the kitchen for kitchen staff. Staff serving food will be made aware of this information.
- We ask that Parents of sessional children follow our healthy eating policy and provide a healthy snack in their children's lunch boxes.
- Should parents be unsure what constitutes a healthy lunch they will be advised to consult the Department of Health's Food and Nutrition guidelines.

**Review date: May 2018**

## **HEALTH AND SAFETY**

Bright Sparks will ensure that it takes all reasonable precautions in relation to the health and safety of employees working in the service and children in attendance.

### **Responsibilities of Employees**

#### ***Employees shall:***

- Take reasonable care of their own Safety, Health and Welfare and that of any other person or children in their care that may be affected by their acts or omissions while at work.
- Observe all safety rules and co-operate with their employer to comply with any of the relevant statutory regulations and directives.
- Use any suitable appliance, convenience or equipment in such a manner so as to provide the protection intended for securing their Safety, Health and Welfare while at work.
- Conform to all instructions given by the Manager and others responsible for Safety, Health and Welfare.
- Use only as intended the correct equipment for the jobs, with all appropriate safety devices.
- Direct any suggestions or concerns on matters of Safety, Health and Welfare to the Manager.
- Report to the Manager without delay all accidents, damage, defects or issues of safety. This includes accidents or near misses, whether persons are injured or not.

#### ***Employees shall not:***

- Intentionally or recklessly interfere with, or misuse any appliance or equipment provided for securing the Safety, Health and Welfare of persons arising out of work activities.
- Carry out any tasks, which they feel they are not competent to carry out, or which involves unreasonably high risks.
- Be under the influence of any intoxicants likely to affect their ability to work safely or to supervise children. Please report any medical issue likely to affect your safety or that of the children or your colleagues as soon as possible to management.

### **Staffing**

- It is vitally important the service has the recommended ratio of adults to children on the premises.
- There are at least two members of staff with up to date first aid training.
- The arrival and departure of staff must be made clear and kept on record daily.
- Staff must not drink hot beverages in the room with the children.

### **Supervision of children**

- The arrival and departure of children must be made clear and kept on record daily.
- Appropriate procedures are to be taken to ensure children are always supervised indoors and outdoors.
- Care is taken to ensure children cannot leave the premises undetected.

- Children must be shown and explained the importance of being careful with toys and objects, e.g. How to carry pencils, scissors, and chairs. It is explained that we always sit while eating and never run in the building.

### **Equipment and Facilities**

- In planning the layout of the room, emphasis is given to minimising safety risks and allowing clear space whilst ensuring that activities are carefully monitored.
- All areas to be checked daily upon arrival into rooms, and routinely during the day.
- External exits to be kept clear and unobstructed at all times. In the classroom keep doorway clear and accessible at all times.
- Check all equipment and work areas to ensure it is safe to use prior to using it. Where a defect of safety concern is identified do not use the equipment until it has been cleared for use by the Management.
- There is a phone in the building at all times.
- All water in the children's wash basins are thermostatically controlled, if you suspect that the water is too hot for the children; please report to this to Management.
- Ensure all sockets not in use have safety finger guards in place.
- All equipment should be turned off every evening on locking up, windows and patio doors secured, and all waste material disposed of.
- Toys are to be picked up/tidied away when not in use. Encourage children to pick up Lego or construction pieces that fall on the floor. Do not allow equipment to be left on the floor as it is a tripping hazard.
- All broken toys/equipment are to be discarded.
- Special attention must be paid to the outdoor environment. Any broken or dangerous equipment is to be taken out of use until it can be repaired or otherwise discarded.

### **Health and Illness**

- An exclusion policy applies for all persons suffering from an infectious disease in the service for both staff and children. Any person suffering from diarrhoea or vomiting, any infectious condition (impetigo, conjunctivitis, hand foot and mouth, scarlet fever etc.), communicable parasitic infection on hands/arms (scabies etc.) shall be excluded from the service until symptoms subside and the person has been medically cleared to return. In the case of diarrhoea and vomiting the exclusion period is 48hrs from the last episode of either.
- Any person returning to work following an absence which could have health and safety implications (infectious disease, back complaint) must provide Fitness to Work Cert from their doctor.
- No person may work in Bright Sparks or on Bright Sparks behalf while under the influence of alcohol or illegal drugs.
- Bright Sparks prohibits smoking in all work areas, within the building and on its grounds.
- A worker specific risk assessment shall be completed, when Management is notified of the pregnancy of an employee. Suitable controls shall be introduced in to the workplace to ensure the work completed by the employee in question does not pose a risk of injury or ill health to

mother/baby, so far as is reasonably practicable. In particular issues around, lifting/carrying children/furniture/equipment/materials, seating provisions.

### **Manual Handling**

- Do not lift if you feel the load is too heavy, 2 person lift is advised.
- Don't lift or handle more than can be easily managed.
- If you are moving tables on your own, push tables where possible rather than lifting.
- Know your own limitations and ask for assistance if required.
- Remember the risk of injury is greatly reduced if an object can be picked up or put down at waist height.

**Review date: May 2018**

## **INFECTION CONTROL**

We aim to promote and maintain the health of children and staff through the control of infectious illnesses. Our aim is to minimise the spread of infection for staff and children through the implementation of controls which reduce the transmission and spread of germs.

- All staff are aware of the procedures for dealing with appropriate daily and weekly cleaning routines and bodily fluid spillages.
- Hand washing facilities are available in all toilets, the kitchen, and pre-school rooms. Children are encouraged and reminded to wash their hands after using the toilet, before eating and after playing outside.
- Staff will vigorously comply with the hand hygiene policy.
- Toilet areas, including toilet handles, doors, toilet seats and wash hand basins are cleaned frequently throughout the day in accordance with the cleaning schedule and immediately if soiled.
- Spills of blood, vomit, urine or excreta will be cleaned up as quickly as possible. The area will be sectioned off if possible until the spill has been dealt with. Disposable plastic gloves are worn when cleaning up any bodily fluid spillage.

### **Dealing with an outbreak of infectious disease**

Exclusion guidelines as recommended by the Preschool Environmental Health Officer apply in the case of all suspected infectious conditions. These guidelines are contained in our illness and exclusion policy and are displayed in the service.

- Parents must report any infectious illness to a staff member; staff will then pass this report to management.
- A letter will then be issued to all Parents informing them of the presence of any contagious condition and advising them to watch out for symptoms in their own child.

- Unwell children will be excluded from the service until the appropriate exclusion period for that illness is finished. (See Illness and exclusion Policy).
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children return to the service.
- All staff members will adhere to the exclusions in relation to infectious conditions also and will not report for work with any infectious condition.

**Review date: May 2018**

## **ILLNESS AND EXCLUSIONS**

Bright Sparks has been entrusted by parents to care for their children. We aim to provide as healthy an environment as possible for children and Staff. We will endeavour to minimise your child's exposure to infection by excluding sick children/adults. We will encourage parent's uptake of vaccinations and we will inform parents and the Health Service Executive where necessary of any infections in Bright Sparks.

- In the event of sudden illness, we will contact the parents immediately about our concerns regarding their child's health and wellbeing.
- If a parent cannot be reached the next name on the emergency list will be contacted.
- Parents will be required to take their child home immediately in the case of vomiting or diarrhoea.
- We request that parents inform us if their child is unable to attend due to illness, stating details.
- We advise that sick children must be kept at home (see exclusions list).
- Children attending the service suffering from any contagious infections must have a doctor's clearance certificate before returning to Bright Sparks.
- In the event of an outbreak of any infectious disease, all parents will be informed.
- The HSE recommends that all children in pre-school receive the appropriate vaccinations. This acts as a safeguard for your child as well as protecting other children in Bright Sparks.

### **Exclusion**

In order to ensure the safety and health of all our children and staff those who have any of the following conditions will be excluded from the service:

Acute symptoms of food poisoning/gastro-enteritis.

- An oral temperature over 37.5 degrees which cannot be reduced
- A deep, hacking cough
- Severe congestion
- Difficulty breathing or untreated wheezing
- An unexplained rash (see exclusion list also)
- Vomiting (48 hours from last episode)
- Diarrhoea (48 hours from last episode)
- Lice or nits - see Head Lice Policy and Procedure

- An infectious /contagious condition
- A child who is on an antibiotic for less than 48 hours
- A child that complains of a stiff neck and headache with one or more of the above symptoms

### **Head Lice Policy**

Head lice can be a common problem in pre-school children. Head lice crawl and require head to head contact for transmission. It is our policy to be proactive and manage the treatment. Parents have a responsibility to adhere to all our recommendations, working together to address this common health concern.

It is important to remember that anyone can get head lice, however infestation is more likely among small children due to nature of how they play. Head lice do not reflect standards of hygiene either in the home or school environment

- Parents have the primary responsibility for the detection and treatment of head lice.
- Parents must check their child's head regularly, even if they don't suspect their child has head lice.
- All cases must be reported to the Manager. Parents must state when appropriate treatment was commenced.
- Parents will be informed and advised on the correct procedures to take.
- Notification will be displayed in the service and information given if required.
- Confidentiality will be adhered to in every case reported.
- Children will not be accepted into the service with untreated head lice.
- We suggest children with long hair should have it tied back.
- There are a variety of effective preparations, shampoos and lotions available. It is vital that parents follow instructions accurately.

### **Meningitis and Meningococcal**

Both these diseases are most common in children, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord.

The most common germs that cause meningitis are viruses and bacteria.

Viral Meningitis is rarely life threatening, although it can make people very unwell. Most people make a full recovery, but sufferers can be left with after effects such as headaches, tiredness and memory loss.

Bacterial Meningitis can be life threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects and one in ten will die.

**Signs and Symptoms:** Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be similar to many other more common illnesses, for example flu.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet.

A rash that does not fade under pressure is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises. Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.

However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all. A fever, together with spots or a rash that do not fade under pressure, is a medical emergency.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

#### **Procedure for Managing a Suspected Case of Meningitis**

- If a member of staff suspects that a child is displaying the signs and symptoms of meningitis the child's doctor will be contacted immediately and the child's parents called.
- If the GP is not available the child will be taken straight to the nearest A and E department. A member of staff will escort the child to hospital if the parent is unavailable.

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

- The public health team will usually issue a letter to other parents to inform them of the situation. The aim of this letter is to give information, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be "close contacts". These are usually immediate family members or "household" contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations a vaccine may also be offered. These actions are coordinated by the public health team.
- There is no reason to close the Childcare Service.
- There is no need to disinfect or destroy any equipment or toys that the child has touched.
- The likelihood of a second case of meningococcal disease is extremely small. However, if two or more suspected cases occur within four weeks in the same childcare facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this

time staff and parents should remain vigilant. Parents are advised to contact their GP if they are concerned or worried that their child is unwell.

**For more information [www.meningitis-trust.ie](http://www.meningitis-trust.ie) or their 24 hour helpline:1800 5231**

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

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet and bottom. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease. The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via surfaces which have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

### **Symptoms**

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or 2 days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

### **How Hand, Foot, and Mouth Disease Is Spread**

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons.
- The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected persons are most contagious during the first week of the illness.
- The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Also, some persons who are infected and excreting the virus, including most adults, may have no symptoms.
- HFMD is not transmitted to or from pets or other animals.

### **Treatment of HFMD**

There is no specific treatment and antibiotics are not effective as it is a viral infection. Most children with HFMD recover completely after a few days resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a children's pain relief such as Calpol.

### **Prevention of HFMD**

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices.

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet or especially after changing nappies, after contact with an ill child, after contact with animals and whenever hands are visibly soiled (see Hand Washing and Infection control policies).
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- **Children should be kept away from the service whilst unwell. To minimise transmission within the service, exclusion of children until the spots have gone from their hands will be necessary.**

Note: HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks. The incubation period is 3 to 6 days and the condition may last from 7 to 10 days.

**Review date: May 2018**

## MINIMUM PERIODS OF EXCLUSION FROM THE SERVICE FOR ILLNESS AND COMMUNICABLE DISEASE

Antibiotics Prescribed:.....	First 2 days at home
Conjunctivitis: .....	Kept at home for two days; thereafter until eyes are no longer weeping
Diarrhoea: .....	48 hours from last episode
Chickenpox: .....	7 days from appearance of the rash
Gastroenteritis, Food Poisoning, Salmonellas and Dysentery:.....	Until authorised by GP
Hand, Foot and Mouth: .....	Until child well/seek manager's advice
Infective Hepatitis: .....	7 days from onset of jaundice
Measles:.....	7 days from appearance of the rash
Meningococcal Infection.....	Until recovered from illness
Mumps:.....	Exclude child for five days after onset of swelling
Pertussis (Whooping Cough).....	21 days from the onset of paroxysmal cough or 5 days from the commencement of antibiotics
Poliomyelitis .....	Until declared free from infection by GP
Rubella (German Measles).....	7 days from appearance of the rash
Scarlet Fever .....	Child can return 24 hours after commencing appropriate antibiotic treatment
Streptococcal infection of the throat .....	3 days from the start of treatment
Impetigo: .....	Until the skin is healed
Pediculosis (Lice) .....	Until appropriate treatment has been given
Temperature .....	Over 37.5 degrees
Vomiting .....	48 hours from last episode of vomiting.

The above list is not exhaustive and there are other symptoms that children may have where the service may require the child to remain at home until the condition has been treated. Some of the following may fall into that category:

- Earache
- Deep persistent coughing
- Difficulty breathing or untreated wheezing
- Complaints of stiff neck and headache
- Head Lice.

## **HAND HYGIENE**

Hand washing is the most important way to reduce the spread of infection. In order to limit the spread of infection Bright Sparks will ensure rigorous hand washing and hygiene procedures are followed. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infections. It must be noted that wearing gloves is NOT protection against bacteria or the H1N1 Virus (Swine Flu).

### **Children and employees should wash their hands using the following method:**

- Turn on warm water, to a comfortable temperature (in line with pre-school regulations).
- Moisten hands with water and apply liquid soap/gel to hands.
- Rub hands together vigorously until a soapy lather appears, and continue for at least 15 seconds. Rub areas between fingers, around nail beds, under fingernails, jewellery, and back of hands.
- Rinse hands under running water, no less than 15 degrees C and no more than 43 degrees C, until they are free of soap and dirt.
- Dry hands with air dryer or disposable paper towel.
- Hand washing signs will be displayed. Childcare workers should provide assistance with hand washing at a sink for children who cannot wash their hands independently.
- After assisting the child with hand washing, the employee should wash his or her own hands.

### **Staff should ensure children wash their hands**

- after playing outside
- before eating
- after using the toilet
- after any messy play with sand, paint, shaving foam etc.

### **Staff should ensure they wash their hands**

- before and after handling or preparing any food particularly raw meat
- after handling bins
- after helping a child in the toilet
- before and after changing a child who has soiled themselves
- after cleaning bodily fluids (blowing noses, cleaning up vomit, urine etc.)

**Review date: May 2018**

## **FIRST AID**

Bright Sparks acknowledges that incidents and accidents will occur. By endeavouring to keep them at a minimum we can reduce the number that occur. Always keep a watchful eye. Know what the children in your care are doing at all times. Watch out especially for new children in your group as they are the most vulnerable.

In the event of an accident occurring and on a daily basis the following policy and procedures in relation to First Aid will apply:

- All staff members will participate in First Aid training and will keep First Aid certificates updated every two years.
- Fully stocked First Aid cabinets are wall mounted in each of the three classrooms. Keys for each are kept on top of the cabinets out of reach of young children.
- A list of contents is posted inside the door of each cabinet and will be monitored and reordered as necessary by the appointed First Aid officer who is Amanda Prizeman.
- It is the responsibility of staff in each room to record any items used from the First Aid cabinet to facilitate reordering by the First aid officer.
- Ordering of supplies will be done on a monthly basis.

### **Carrying out First Aid on the premises**

- Where possible First Aid will be performed away from other children. Ensure the other children in your care that you are leaving, are supervised.
- All incidents or accidents requiring First Aid will be recorded in the incident/accident report folder.
- Disposable gloves must be worn when dealing with open wounds, vomit or blood. Always wash hands thoroughly after administering first aid.
- Cotton pads and water or sterile antiseptic wipes are used to clean all wounds.
- Cold compresses can be used for bumps, kicks, pinches and scrapes where swelling or bruising may occur. Cold compresses can be found in the freezers in both the kitchen and the office and must be antiseptically wiped and returned after use.

### **Dealing with a choking child**

1. Ask the child: "Are you choking? Can you breathe?"
2. If the child cannot breathe, talk or cough, stand or kneel behind the child. Start the Heimlich manoeuvre by placing the flat thumb side of your fist between the child's navel and the breast bone. Be sure to keep well off the breast bone. Wrap your other hand around your fist and press upwards towards their stomach.
3. Keep doing this until the object pops out and the child starts to breathe again.

4. If the child becomes unresponsive, gently lower them to the floor. Get someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
  - You must begin CPR (Cardio Pulmonary Resuscitation)
  - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the child's mouth if you cannot see the object.

**Review date: May 2018**

## **FIRE SAFETY**

Bright Sparks will ensure that they comply with all relevant fire safety legislation to ensure the safety, health and welfare of the children, staff and parents/guardians who are in the service. We will do this by implementing the following policy and procedures

- Fire drills will be carried out monthly. A record will be kept by the appointed Fire Safety Person who is Bernadette Kelly. In her absence the manager will assume the role.
- Fire extinguishers and blankets will be stored appropriately, ready for use and in good working order.
- All firefighting equipment will be serviced annually and a record maintained of the service dates.
- Equipment will be serviced by Gendist Fire Safety.
- Staff will be trained on how to use firefighting equipment.
- Smoke detectors will be placed at strategic points in the building and "hard wired".
- The smoke detectors will be checked regularly to ensure they are working. A record will be maintained of the dates on which the detectors are checked.
- Materials contained in internal furnishings within the service will be of EU standard (i.e. kite symbol or CE compliant) in relation to fire retardant properties and will be non-toxic.
- Escape Route and exit doors will be maintained free from obstruction so that they can be safely and effectively used at all times.
- All firefighting equipment will be maintained free from obstruction also.
- Daily attendance records for staff and children will be filled in a timely manner so they are correct if required to be taken for roll call in the event of a fire drill or an actual fire.

### **Fire Drill Policy**

- Have a lesson with the children about fire and why fire drills must be practiced.
- Fire drills will be practiced on a regular basis, at least once a month. All persons on the premises at the time are expected to participate.

- All children and staff members must be signed in and out accordingly onto the attendance record. This record will be used for fire drills.
- The main thing to remember is to stay calm and not to panic. The children should be filed out and brought to the fire assembly point where roll call will take place.
- The fire assembly point for Bright Sparks is inside Scoil Aine's yard at the bottom of our school steps. Our alternative assembly point is at the top of Mr Hegarty's vegetable garden where if necessary children can be evacuated over the wall.
- A record of the fire drill should be kept on file in the office - how long it took, number of children and adults in attendance.

### **Fire Drill Procedures**

- Raise the alarm by turning the key to ARM CONTROLS and pressing the SOUND ALARM button on the fire alarm unit located in the front hall entrance.
- On sounding or hearing the alarm, **STOP** whatever you are doing and leave the building with the children by your designated fire exit route. Using the following routine:
- When the fire bell sounds, the children are asked in a calm manner to form a line without delay.
- Lead by one of the staff members in the room, they leave the building by the shortest route.
- The other staff member in the room takes the role book, checks the premises, cloakrooms and then leaves last.
- Once outside stay outside
- The staff member does a head count and checks against the number on her roll immediately.
- Do not stop to collect personal belongings or to put on coats.
- If possible, close doors and windows en-route.
- Meet at the assembly point, which is at the bottom of the school steps.
- Do not re-enter the building until the fire safety officer or deputy fire safety officer informs you it is safe to do so.
- A roll call will be carried out by a staff member at the assembly point to ensure all persons are accounted for.

### **When Dealing with a Fire**

- Employees should be aware of the location of the firefighting equipment on the premises and the method of operation of this equipment prior to use in an emergency.
- If a person's clothing is on fire, wrap the fire blanket, rug or similar article closely around them and lay them on the ground to prevent flames reaching the head. If electrical appliances are involved, switch off the power before dealing with the fire.
- Shut the doors and, if possible, the windows of the room in which the fire is discovered ensuring the main routes of escape are maintained at all times.
- Call the Fire Brigade: The designated person(s) should call 999 and give precise instructions as to the address, including the name of the nearest main road and/or other landmarks
- Evacuation: Commence an orderly evacuation of the building. The Manager will check that all the rooms are unoccupied including bathrooms. Close the doors and windows as each check is completed. The Manager will take the daily attendance sheets and a list of Parents Telephone Numbers to the Assembly Point

- Assembly: Assemble Children and staff at a safe pre-arranged point. A roll call or head count should be carried out, based on the daily attendance sheets held by the Manager. The group should then proceed if possible to a nearby safe house (The Hegartys or Tim next door) from which the parents can be contacted.
- Staff Report: A member of staff should be on hand when the Fire Brigade arrives to provide any information they require
- Attack Fire: You can try to extinguish the fire but only if it is safe to do so, using proper equipment. Otherwise, wait until trained personnel arrive.
- The above procedure should be practiced as a Fire Drill at regular intervals to familiarize the children with the procedure without frightening them.

**Review date: May 2018**

## **EMERGENCY CLOSURE**

In the unlikely event that Bright Sparks has to close at times other than scheduled in the normal opening hours and dates, the policy will be applied to ensure that all involved in the service have a clear understanding of the procedures which will take place.

Bright Sparks will endeavour to be open from 7:30am to 6:00pm Monday to Friday, 51 weeks of the year (excluding public holidays) without disruption. Where disruption is unavoidable, all involved in the service will be kept informed and Bright Sparks will reopen at the earliest possible opportunity.

### **Procedure**

An emergency closure will be implemented in the following circumstances:

- When the building is unusable through accidental or malicious damage
- When the building is unusable due to required maintenance work. Where possible Bright Sparks will endeavour to negotiate scheduled work to be carried out during times of closure.
- When an outbreak of illness within Bright Sparks requires closure in line with the Tusla recommendations.
- When illness levels within the staff body mean it is impossible to maintain the correct ratios of suitable adults to children as per the Child Care Act 1991 (Early Years Services) Regulation 2016
- When an emergency occurs during the opening hours which requires the service to close early.
- In the event of any of the above incidents occurring which requires Bright Sparks to close on a given day, The Manager will make contact with the families of Bright Sparks affected for that day in advance where practical. Where this is not practical a member of management will remain at the building until such time as it can be determined that all the affected families have been made aware of the situation.
- Parents will be informed about how they can find out when Bright Sparks will reopen and other information according to the circumstances of the closure. This may include asking them to

nominate a preferred contact number/email address, or holding a special meeting to keep parents informed.

### **Emergency closure after a session has started**

- In the event of an emergency closure after the session has started, parents and carers will be informed by telephone that they are required to collect their child as soon as possible.
- If the closure is due to sickness, the children and all staff who are unaffected will remain on the premises until all children can be collected.
- If the closure is due to an emergency which requires the building to be evacuated, the children will be safely evacuated according to the current Fire Drill procedures. Contact information for all the children will be taken out of the building alongside the daily register.
- Once the building is evacuated, the emergency services will be called.
- The children will then be taken to a place of safety until such time as they can all be collected by parents/designated person. Parents will be contacted by the Manager. All staff will remain with the children during this time.

**Review date: May 2018**

## **INTIMATE AND PERSONAL CARE AND TOILETING**

“Intimate Care” can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. In Bright Sparks childcare setting this would involve toileting and changing a child who has had a toileting accident.

“Personal Care” although often involves touching another person, is less intimate and usually has the function of helping the child with tasks such as eating, drinking, washing and dressing.

These tasks do not invade conventional personal space to the same extent as intimate care.

- In Bright Sparks our policy is to support children with their personal and intimate care. Young children who are recently toilet trained often need help with intimate care tasks such as wiping bottoms or undoing trouser buttons and zippers.
- When a child needs to use the toilet allow him/ her privacy to do so. If the child asks you to accompany them to the toilet, do so.
- No two children will be permitted to enter a toilet cubicle together. This is to ensure their privacy as well as their safety.
- If a child asks you to wipe their bottom, assist them by showing them how to wipe from front to back using clean tissue each time until they are clean. Encourage the child to do it for themselves.
- If a child can't manage you may assist them by wiping the bottom. In this case the parent should be informed and asked to practice with their child at home until the child can manage by themselves.
- If a pre-school child has an accident a staff member in the child's room will clean and change the child and the parent will be informed.

- If a school age child has an accident the child will be given wipes and clean clothes and asked to clean themselves in the older children's toilet. The staff member will remain outside the door in case they need assistance.
- At all times a child's privacy and dignity will be respected.
- If a school age child needs help changing their uniform after school a staff member will assist them whilst encouraging them to try do as much as they can themselves.

**Review date: May 2018**

## **SLEEP AND REST**

As Bright Sparks childcare service does not cater for babies or children less than two years six months, we do not have a separate room for sleep. However, should a full time pre-school child become overly tired during the day and require a nap, the following procedure will apply:

- A rest bed will be brought up from the garage where they are stored and placed in a quiet corner of the child's room.
- It will be covered with a clean sheet and blanket.
- The child's shoes will be removed and also any heavy outer garments.
- If possible get the child to use the toilet before his/her nap.
- If the child does fall asleep they must be monitored regularly by a staff member in the room.
- If the child wants to get back up without having a nap, allow them to do so.
- Inform the parent on collection of how tired the child was and that they will possibly need an earlier bed time.
- After the child's nap the rest bed must be returned immediately to the garage. Do not allow other children to lie or play on the bed.

**Review date: May 2018**

## **ADMINISTRATION OF MEDICATION**

At Bright Sparks our aim is to promote the health, safety and wellbeing of children in our care. Medication will only be administered where there is a permission to administer medication form signed by the parent or guardian of the child.

- Parents must keep Bright Sparks up to date on their child's medical history. This information will form part of the child's record.
- Medicines must only be brought into Bright Sparks for administration by the staff when it is essential.

- The Manager and staff must be informed if your child is taking antibiotics.
- We advise that children must be taking antibiotics for two days prior to returning to the service.
- Essential medicines will only be administered where a parent/guardian have signed a consent form.
- We will only follow the dosage as instructed by the doctor.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a staff member what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- If a child refuses to take their medication staff will not force them to do so.

### **Storage of medications**

- Parents must hand staff the medicine, which is then stored in the fridge or the office. Epipens and inhalers may be left in a child's own bag for quick access.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage plus the name of the doctor that prescribed the medication.

### **Use of anti febrile medication**

- If a child becomes unwell in the service and has a high temperature, check that the anti febrile medication permission has been signed in the child's record.
- If so the correct dose of Calpol or similar anti febrile medication may be administered. Before administration check medication is in date and the correct dose for the child's age.
- Have a second member of staff witness the administration of the medication and both staff members sign the administration of medication record book. Remember this book must be filled in and signed along with the permission in the child's record form.
- The parent should be contacted and informed that the child has been given the medication and advised that they should collect their child at their earliest convenience.
- On collection the parent will be asked to sign the administration of medication book and will be given a copy of the record.

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

- The child's name.
- Prescribed dose.
- Expiry date of medicine.
- Written instructions provided by the prescriber on the label or original container.
- Time last dose was given.
- Check parents have signed "Administration of Medicines" Consent form
- Ask for another member of staff to be present. Ask them to confirm the steps above and that the medicine can be administered.

- **Staff MUST have a witness PRESENT to the medicine being administered.**
- **Staff must record the date, time and dosage on the permission form and both staff members present must sign it.**

**NOTE:** Students or volunteers may not administer medicines

#### **Procedures for Children with Allergies Requiring Treatment Oral Medication**

- Asthma inhalers are regarded as "oral medication" Oral medications must be prescribed by a GP and have the manufacturer's instructions clearly written on them.
- The Manager must be provided with clear written instructions on how to administer such medication.
- Bright Sparks must have the parents' or guardians' prior written consent. This consent must be kept on file.

#### **Life Saving Medication and Invasive Treatments**

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

- In the case of an Anaphylactic child the service must have Bright Sparks Anaphylaxis form filled in and signed by the child's GP and by the parent/guardian. This must be kept as part of the child's record.
- For invasive treatments such as rectal administration of Diazepam for Epilepsy, the service must have a letter from the child's GP stating the child's condition and what medication should be administered, the method to be used and the dose to be administered.
- There must also be a written permission from the parent. Both permissions will form part of the child's record.

**Review date: May 2018**

## **SUN SAFETY**

At Bright Sparks we want the children to enjoy the sun safely. In order to do this we request that parents assist us by doing the following:

- On sunny days apply sun cream to your child before bringing them to the service. It is the parent's responsibility to ensure their child is protected from the sun.
- If your child is going to be in the service for more than three hours, please ensure they have their own sun cream in their bag with their name on it so staff can reapply it if they feel it is necessary.
- Older children should reapply their own cream as necessary.
- Supply a sun hat for protection on hot days.

Bright Sparks will ensure the following:

- On very hot days children will have reduced exposure to the sun, particularly during the hottest time of the day (noon–3:00pm)
- Staff will ensure sun hats supplied by parents are worn.
- Staff will reapply sun cream as necessary.
- Water will be available to your child throughout the day.
- Reminder notices will be posted in the service regarding sun protection. Parents will also be reminded verbally to ensure their child has sun cream applied before coming to the service.

**Review date: May 2018**

# STAFF

## **RECRUITMENT AND SELECTION**

It is the policy of Bright Sparks Montessori and Daycare to follow best practice in the recruitment and selection of staff.

Bright Sparks management will recruit and select the best candidate for any vacant position within our childcare service. Our staff are the key resource we have in achieving our aims and objectives of providing good quality care to the children in our service. Our primary concern is selecting the right candidate that will cherish the children in our care and help each one of them to reach their potential.

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

- All applications will be dealt with courtesy and efficiency.
- Candidates will be selected based on their qualifications, experience and suitability for the vacancy concerned.
- Every person interviewed will be given a fair and thorough hearing.
- There will be no discrimination in the selection process based on gender, civil status, family status, disability, sexual orientation, age, race, religion or membership of the travelling community.
- Candidates will be interviewed by the manager and the assistant manager of the service.
- All questions posed to the candidates will be consistent and will relate directly to the person's ability to do the job.
- Candidates will be required to provide details of two previous employers for reference-checking. Successful candidates will have their references checked before an offer of employment is made. References will be checked by telephone to verify the candidate's identity and to check their employment history, qualifications, experience and suitability for the role. References should be recent, relevant to the post and should not be provided by family members. References will be held on the staff members' personnel file.
- The identity of the applicant will be confirmed against an original (not a photocopy) official documentation (such as a driving licence or passport), which includes the applicant's name, address, date of birth and a photograph.
- Successful candidates will be offered a position on a three month probationary period. After this period should they be suitable, they will be offered a permanent position.

**Review date: May 2018**

## **GARDA VETTING**

In accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 we will ensure that all staff members are Garda vetted through Early Childhood Ireland.

- Regulations and best practice from a child protection perspective require that services complete vetting prior to any person being appointed or being allowed access to children. Allowing someone to start work before Garda vetting has been received is regarded as non-compliant under the Childcare Regulations.
- Tusla-The Child and Family Agency inspection standards require Garda Vetting forms to be held on site by childcare providers to ensure the service is compliant under childcare regulations and the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
- For students/employees/volunteers aged between 16 to 18 years, the guidance from Tusla-The Child and Family Agency is they should be subject to Garda vetting only when they have substantial unsupervised access to children. A Garda vetting parental consent form must be signed in relation to applicants in the 16 to 18 age bracket.
- Students/volunteers at Bright Sparks will never have unsupervised access to children.

**Review date: May 2018**

## **EMPLOYMENT/PERSONNEL FILES**

Legislation requires that we keep certain records on file for each of our employees. The following records will be kept:

- Personal details including name, address, contact telephone numbers, name of next of kin, contact numbers for next of kin.
- Proof of identity (copy of passport/drivers licence)
- Two validated references.
- Processed Garda vetting form.
- Sign off sheet on Child Protection Policy.
- Sign of sheet on all other policies and procedures.
- Copies of validated qualifications.
- C.V.
- Training record.

## **STAFF TRAINING AND QUALIFICATIONS**

Bright Sparks are committed to training and developing of staff in order to meet and exceed our customers' expectations.

- Staff are expected to engage in ongoing education and training programmes and adhere to the Child Care Act 1991 (Early Years Services) Regulations 2016
- All staff are expected to hold qualifications required by law or required by any funding scheme (e.g. ECCE Free Pre-school Year)
- Training is organised for each employee or groups of employees to fulfil identified training needs in their current positions. This enables the employees to significantly improve their effectiveness and performance in their current positions.
- Management of Bright Sparks through observation, consultation and meetings will identify the training needs of the staff team and organise same as soon as is possible.
- Staff must attend training programmes such as First Aid, Manual Handling and Fire Safety.
- It is also assumed that staff would participate in external training sessions as part of their Continuous Professional Development.

### **Minimum Qualifications Required**

Manager	Diploma in crèche management, Fetac Level 6, First Aid, Child Protection, Fire Safety, Manual Handling.
Assistant Manager	Fetac Level 6, First Aid, Child Protection, Fire Safety, Manual Handling.
Room Leaders	Fetac Level 6, First Aid, Child Protection, Fire Safety, Manual Handling.
Childcare Assistants	Fetac Level 5, First Aid, child Protection, Fire safety, Manual Handling.
Kitchen Staff	HACCP, Manual Handling, Child Protection, Fire Safety, First Aid.

**Review date: May 2018**

## **STAFF ABSENCE**

At Bright Sparks, management value the level of commitment and dedication of all staff members, which results in a very low level of absenteeism. On the occasion of a staff member being absent, Bright Sparks has a floating member of staff who can cover. The manager can also cover for an absent member of staff.

- Staff are expected to report for work each day unless incapacitated by illness, absent with the prior permission of Management or otherwise unavoidably absent.
- If unable to attend work employees must phone in personally on the day of absenteeism before 7:30am.
- If an employee knows that they will be absent on the day before they should telephone the Manager/Assistant Manager at the earliest time possible.
- When speaking with Management employees should indicate the nature of illness, the possible duration and when they will return to work.
- In the case of absence due to reasons other than personal illness, employees should inform management of the reason for the absence and when they will return to work.
- Certified sick leave will be paid; non-certified sick leave and absence for other reasons may be paid at the discretion of the manager.
- In the case of long term illness, employees will not be paid by the service.

**Review date: May 2018**

## **DRESS CODE**

Bright Sparks considers the way their staff dress and their appearance is of significant importance in portraying a professional image to parents, visitors, clients and colleagues.

Staff's appearance must be professional at all times both within the workplace and when representing the service. All employees of Bright Sparks are expected to present themselves for work in a clean and well groomed manner.

- Uniforms/clothing and shoes must be clean tidy and neat at all times.
- Staff must present for work in the correct uniform i.e. Polo shirt with the service logo, navy trousers or track bottoms, Fleece jacket with service logo and flat comfortable shoes or trainers.
- Jewellery must be kept to a minimum, no drop or hoop earrings or long chains.
- No visible tattoos
- Staff are permitted to wear sleeveless tops during the holidays in July and August but they must be appropriate for the service and not too revealing.
- Chewing gum is not permitted.

**Review date: May 2018**

## **TIMEKEEPING, WORKING HOURS AND BREAKS**

The Organisation of Working Time Act 1997 states that employees are entitled to a break of fifteen minutes for every four and a half hours worked and a break of thirty minutes for every six hours worked. They are not entitled to both. There is no entitlement to be paid; they are not considered part of working time.

- At Bright Sparks all employees will be paid for their break times.
- Staff members should arrive five minutes before their shift to facilitate putting away their coat and bag etc.
- Staff should allow five minutes at the end of a session for collection of children. If children still remain after this time they may be sent to another room to facilitate staff changeovers and breaks.
- Staff are required to sign in on the staff attendance record upon arrival and sign out at the end of their shift.
- Should a staff member need to leave the service for any reason during their shift, this will be facilitated if at all possible. They should sign themselves out and back in again on the staff attendance record. This time will not be deducted from their hours worked.
- Should an employee arrive early for their shift or leave later than their end of shift time, their exact time of arrival and departure must be recorded on the staff attendance record in accordance with fire safety but they are not entitled to accumulate this as time in lieu.
- If an employee is requested by management to come in early or work late they are entitled to time in lieu or payment for this time. Employees may calculate this lieu time as one hour for every hour or part of an hour worked.

**Review date: May 2018**

## **ANNUAL LEAVE**

- A new employee has no legal entitlement to annual leave until they have built up entitlement by having worked the necessary hours.
- Annual leave may be granted at the discretion of the manager on the understanding that, should an employee leave before they have worked up the entitlement, a deduction can be made from salary for time taken though not worked up.
- Staff working more than 1,365 hours per leave year are entitled to four working weeks i.e. 20 days.
- When staff work at least 117 hours per month they are entitled to one third of a working week for that month.
- Where staff work less than 117 hours in a month they are entitled to 8% of the hours worked in the leave year subject to a maximum of 20 days per annum.
- Public holidays are in addition to annual leave.

- If a staff member is not scheduled to work on the day a public holiday falls, they are entitled to a day's pay or a day in lieu.
- All leave, either holidays or time in lieu, must be cleared with management before it is booked on the calendar.

## **JURY SERVICE**

- Staff will be permitted to attend jury service with no loss of pay.
- If having attended, an employee is not chosen to sit on jury service, they will be expected to return to work.

**Review date: May 2018.**

14.06.17