



Childminding

Sample Policies and Procedures

This document has been developed by the Childminding Development Officer Team, September 2020.

The Childminding Development Officers provide support to the local City and County Childcare Committees to work with existing and potential childminders to deliver a high-quality early learning and care and/or school age service to meet the requirements of individual children, families and communities.

The Childminding Development Officer team would like to acknowledge that the material in this pack has been adapted from resources previously developed and published by the City and County Childcare Committees (CCCs) and Tusla.

Disclaimer:

The Childminding Development Officers have made every effort to ensure that all the information included in this publication is accurate and correct. However, under no circumstances will the board of any City/County Childcare Committee be liable in respect of any error(s), omissions, typographical errors or incorrect information therein.

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INTRODUCTION

The professional Childminder develops their own Policies and Procedures which clearly sets out their work practices and assists them to run their childminding business. Policies and procedures should be signed and dated and can be shared with parents accessing their childminding service. Records should be stored safely.

COVID-19 INFECTION CONTROL POLICY

In the current climate, it is essential that a Covid-19 Infection Control Policy sets the corner stone for policy development within the childminding service. All Childminders must have a Covid-19 Infection Control Policy to ensure that safe practices and procedures are in place within the setting.

Standard infection prevention and control procedures in my home are always important but even more so in a pandemic situation. A heightened awareness by myself, parents and children (where age appropriate) is required so that we know how to protect each other and how to recognise and report symptoms of COVID-19 infection.

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep informed and make sure you are using the most up to date guidance available. This information is available from the following links:

- HSE-HPSC: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- HSE Hub: <https://www2.hse.ie/coronavirus/>
- Department of Health: <https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-Coronavirus/>

Please note this guidance was accurate at the time of publication. It is advised that Childminders check the above links regularly for the most up to date information in relation to COVID-19.

SYMPTOMS OF COVID-19

Symptoms of Covid-19 include

- fever (high temperature)
- cough
- shortness of breath
- difficulty breathing
- loss of taste and/or smell

IN MY CHILDMINDING HOME I WILL DO THE FOLLOWING TO REDUCE THE RISK OF COVID-19 SPREAD:

- If I have symptoms, my service will not operate and no children will attend. I will not work if I or any member of my household are ill or identified as a close contact and will follow HSE guidance on self-isolation.
- I will advise parents not to present their children for childcare if the child has symptoms of a viral respiratory infection or if there is someone in the household suspected or known to have COVID19.
- I will limit contact between people, by having a Welcome Back area, for drop off/settling in and collection in an outdoor space. Drop off and Collection times will be staggered to avoid overlap, if a parent arrives at the same time as another family, one family should remain in the car until the other parent has left.
- I will raise awareness by sharing information on Covid-19 and of the symptoms, with parents and children. I will make sure that all parental information is communicated electronically to avoid long conversations at greeting time or home time.
- I will promote good hand and respiratory hygiene as described below and display posters.
- I will promote good respiratory hygiene by:
Encouraging the children and ensuring that I cover our mouths and noses with a clean tissue when we cough and sneeze and then promptly dispose of the tissue in a bin and wash our hands. If we do not have a tissue, we will cough or sneeze into the bend of our elbows instead, not into our hands. Posters on preventing spread of infection are available on the HPSC website.
- I will promote good hand hygiene, by:
 - washing our hands regularly.

- washing our hands with soap and running water when hands are visibly dirty. If our hands are not visibly dirty, we will wash them with soap and water or use a hand sanitiser.
- We will wash our hands:
 - Before and after we prepare food
 - Before and after eating
 - Before and after we prepare food
 - Before and after caring for sick individuals
 - After coughing or sneezing
 - When our hands are dirty
 - After using the toilet
 - After changing a nappy
 - After handling animals or animal waste
- We will follow the HSE hand hygiene guidance at <https://www2.hse.ie/wellbeing/how-to-washyour-hands.html>
- I will restrict any unnecessary visitors to my home during childminding hours. Where it is considered necessary for a parent or guardian to enter my home, e.g. to help settle in a new child, social distancing between the parent/guardian and other adults will be observed. I will keep a record of anyone in my home on each day to facilitate Contact Tracing in the event of an episode of infection.
- I will use a cloth face covering in enclosed indoor settings where it is not possible to keep a distance of 2 metres from others, when not caring for children.
- I will not observe physical distancing measures with the children in my care, but I will try to maintain physical distancing from parents as far as possible.
- Hygiene measures and cleaning regimes:
 - Where possible I will teach children how to clean their hands and about respiratory hygiene.
 - Tissues and hand sanitisers / hand gel will be available at all times and will provide bins for disposal of tissues.
 - I will ensure hand-washing facilities, including soap and clean towels/disposable towels, are well maintained.
- I will increase the frequency and extent of cleaning regimes and ensure that they include:

- clean regularly touched objects and surfaces using a household cleaning product
- paying particular attention to high-contact areas
- wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash my hands after I take them off.
- I will select and manage toys from an infection prevention viewpoint, by:
 - Toys and equipment will be cleaned and disinfected (when necessary) in line with HPSC guidelines.
 - storing clean toys/equipment in a clean container or clean cupboard.
 - always following the manufacturer's cleaning instructions.
 - always washing my hands after handling contaminated toys and equipment.
- I will clean toys in the following way:
 - All toys (including those not currently in use) will be cleaned on a regular basis, i.e. weekly. This will remove dust and dirt that can harbour germs.
 - Toys that are used by very young children will be washed daily.
 - Toys that children put in their mouths will be washed after use or before use by another child.
 - All toys that are visibly dirty or contaminated with blood or body fluids will be taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.
- Cleaning Procedure as per current HPSC guidelines,
 - Toys will be washed in warm soapy water, using a brush to get into crevices.
 - Toys will be rinsed in clean water and thoroughly dried
 - Hard plastic toys if suitable will be cleaned in the dishwasher.
 - Toys that cannot be immersed in water i.e. electronic or wind up should be wiped with a clean damp cloth and dried.
- Disinfection procedure: In some situations, toys/equipment may need to be disinfected following cleaning. For example:
 - Toys/equipment that children will place in their mouths.
 - Toys/equipment that have been soiled with blood or body fluids.
- During an outbreak of infection:

If disinfection is required:

- Use a chlorine based disinfectant at a concentration of 1,000ppm available chlorine (See <https://www.hpsc.ie/a-z/lifestages/childcare> Appendix F on Chlorine Based Disinfectants).
- Rinse and dry the item thoroughly.
- I will follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.
- I will create a plan for dealing with myself or a child, becoming ill with symptoms of COVID-19.
 - I will have a small supply of surgical masks in a readily accessible place for use if someone develops symptoms of COVID-19.
 - If I or a child is in my home at the time that they feel unwell and develop symptoms, I will call my backup person and parents of the unwell child
 - If a child, or I, develop any symptoms of acute respiratory infection including cough, fever, or shortness of breath during the childminding day, I will keep my distance or the child at a distance from the other children until my backup persons arrive. I will then remove myself or take the child to a designated area where the child can be isolated and attended to and stay with the child until the parent arrives. My backup person will stay with the remaining children until their parents collect them.
 - In an emergency, I will call the ambulance, and explain that the child is unwell with symptoms of COVID-19.
 - The room will be cleaned and contact surfaces disinfected once they leave.
 - If the affected person needs to use the bathroom whilst waiting for medical assistance, they will use a separate bathroom if available and it will be cleaned and contact surfaces disinfected before use by others.
- I will follow HPSC guidelines if there is a suspected or confirmed case of COVID-19 in my home, which are:
 - All individuals with symptoms of COVID-19 should contact their GP for further advice.
 - If the doctor arranges testing for them, they (or their parent) will be contacted by Public Health to identify anyone who has been in contact with them during the period when they were likely to have been infectious.

- The childcare setting will then be contacted by local Public Health staff of the HSE to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.
 - An assessment of each childcare setting where this may occur will be undertaken by HSE public health staff.
 - Advice on the management of children and staff who came into contact with the case will be based on this assessment.
 - The HSE Public Health staff will also be in contact individually with anyone who has been in contact with the case to provide them with appropriate advice.
 - Symptomatic people should self-isolate and arrange to get tested for COVID-19.
 - Confirmed COVID-19 cases should continue to self-isolate at home for a minimum of 14 days and should not return to the childcare setting until they are advised that it is safe to do so.
 - Close contacts of a confirmed case should go home and restrict their movements for 14 days. They should not attend the childcare facility during that time. They will be offered
 - Testing for COVID-19 and will need to stay away from the childcare centre for 14 days even if the virus is not detected on the tests. This is because some people who are infected do not have a positive test at the time the test was taken.
-
- I will follow the HPSC advice on how to clean my childminding settings where myself or the children had suspected or confirmed COVID-19

Adapted from Childminding Ireland COVID-19 Infection Control Policy for Childminders in line with HPSC guidance, available at: <https://first5.gov.ie/userfiles/files/download/889849ab15e8e142.pdf>

CHILDMINDERS/ VOLUNTARY NOTIFIED CHILDMINDERS

The following Policies and Procedures are required as part of the Voluntary Notification process:

- Confidentiality
- Health & Safety including a Safety Statement
- Child Protection
- Fire Safety
- Positive Discipline
- Partnership with Parents
- Equal Opportunities
- Play

Sample policies and procedures of each of the above are provided in the following section. These samples should be personalised and adapted to the individual childminding service.

CONFIDENTIALITY POLICY

All information gathered by and for this childminding service is done so with the intention to provide the best quality care for your child. No information is requested for unnecessary reasons. It is my policy to keep confidential all personal information about the children and families, past and present. The only exception to this would be if there was a child protection and welfare concern.

CONFIDENTIALITY PROCEDURE:

- I maintain confidentiality by not discussing inappropriately any privileged personal information regarding any child or family using my childminding service
- As parents you will have access to records kept in my service, but only in relation to your own child
- Any emergency back-up person will be informed of my confidentiality policies and procedures
- All information regarding my childminding business will be stored securely in line with GDPR requirements

HEALTH PROMOTION POLICY

It is my policy to promote a healthy lifestyle through the promotion of an active lifestyle and establishing healthy eating patterns.

HEALTH PROMOTION PROCEDURE:

- Daily routines will include a balance of activities, rest and play
- A balanced diet is provided with fresh nutritious food
- Special dietary needs of children are met, including allergy precautions, cultural and religious dietary practices and family preference
- Mealtimes at my childminding service are treated as family meals, with time for conversation, social interaction and the encouragement of good eating habits

- Sweets, crisps, chewing gum and nuts are discouraged
- I will record important information regarding daily routine and menu plans as part of working in partnership with parents
- Food will be stored correctly

ILLNESS POLICY

The best place for sick children is at home. However, each case will be looked at individually depending on the nature of the illness. It is my policy to obtain and record information from parents on their child's vaccination history.

ILLNESS PROCEDURE:

- Children with infectious diseases should not attend. Please refer to HPSC [Management of Infectious Diseases in Childcare Facilities and Other Childcare Settings](#) which includes the incubation period and minimum period of exclusion
- In relation to Covid-19, please see my Covid-19 Infection Control Policy
- I will inform you as parents if any child attending has an infectious disease
- Parents should inform the Childminder if their child has been sick during the night
- As a Childminder I will obtain written consent from parents on administering medication to your child
- I will keep a written record of all medication administered. I will note the amount, type, date & times and method of administration of all named medicine given to the children
- I will inform parents of all medication administered
- I will store medicine appropriately
- Information on each child's vaccination history is requested

COVID-19:

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep informed and make sure you are using the most up to date guidance available.

This information is available from the following links:

- HSE-HPSC: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- HSE Hub: <https://www2.hse.ie/coronavirus/>
- Department of Health: <https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-Coronavirus/>

COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people vulnerable for other reasons. Severe illness is much less common in children and young adults in good health.

Symptoms of COVID-19 include:

- Fever (high temperature - 38°C or above) - Note that a temperature of 38°C should not be discounted on the basis that a child is teething. For information on teething see the link below:
<https://www2.hse.ie/wellbeing/child-health/baby-teething-and-gums.html>
- Cough - this can be any kind of cough, not just dry
- Shortness of breath or breathing difficulties
- Loss or change to your sense of smell or taste

For a full COVID-19 Infection Control Policy in line with HPSC advice please see page 5

SAFETY POLICY

It is my policy to promote the wellbeing and personal safety of all children, through developing and regularly reviewing my Safety Statement.

The Safety Statement outlines my intention to implement safety procedures in order to ensure a safe childminding environment.

SAFETY STATEMENT/PROCEDURE:

- I will maintain all areas available to the children in my childminding service so as to prevent risk of accident or injury to any child
- I will carry out regular risk assessments of my home and equipment and take remedial action as required
- There is a phone on the premises and emergency contact numbers are posted in an easily accessible location
- A back-up person is available and may be called in an emergency. This person is familiar with my safety policy and statement/procedures
- Suitable and age appropriate materials/equipment are available to children.
- My house is a non-smoking area
- Smoke alarms are fitted and checked monthly and there is a fire blanket/extinguisher in an accessible area at all times
- The perimeter of my house is secure and if applicable fitted with gates which are closed during childminding hours
- Exit doors are secure and care is taken to ensure that no child can leave the home undetected
- An emergency evacuation plan is in place and a fire drill is carried out regularly
- I hold an up to date First Aid Certificate or I am planning to participate in First Aid Training
- I maintain a fully equipped first aid box which is easily identifiable and in an accessible location
- My home is clean and I maintain a high standard of hygiene to minimise the risk of infection
- I am insured for the protection of the children, in the event of an accident
- Minor accidents will be treated in my home and I will inform you of the injury and the action taken as soon as possible
- In the case of a serious accident I will contact the doctor and parent and take all necessary steps to ensure the wellbeing of the child. Each child's record and consent for medical treatment will accompany the child to the doctor/hospital in the event that a parent is not available
- All accidents including minor ones are recorded using accident/incident forms
- Animal and pets on the premises do not put the health, safety and welfare of children at risk

FIRE SAFETY POLICY

It is my policy to minimise the risk of fire through the practice of fire prevention and to be prepared to act in the event of a fire in my home.

FIRE SAFETY PROCEDURE:

- I have and maintain fire safety equipment including fire extinguishers, smoke alarms, carbon monoxide alarm and fire blankets
- Fire safety equipment is of an approved standard, checked as required and records kept.
- I have a fire evacuation plan
- I carry out a monthly fire drill involving all the children
- A record is kept of all fire drills carried out

Note: Please see accompanying Childminding Sample Record Keeping Forms for Sample Fire Drill Record

CHILD PROTECTION AND WELFARE POLICY

In line with Children First: National Guidance for the Protection & Welfare of Children, it is my policy to ensure that children are protected and kept safe from harm at all times when in my care.

CHILD PROTECTION PROCEDURES:

- I have/plan to avail of Always Children First Child Protection Training and will ensure this training is updated as required
- Children and parents will be informed of any adults who are present in my home or who visit my childminding service on a regular basis
- I ensure my back-up person meets the core requirements for Suitability of the Person as outlined in the Voluntary Notification Form

- I ensure that my back-up person is aware of all my policies and procedures
- Written records are kept of all accidents, injuries or incidents in keeping with current Child Protection and Welfare training recommendations
- If I have a child protection concern regarding your child, I will discuss it with you as required
- Information held by me in relation to child protection and welfare concern will be stored in a separate secure system and will be shared only on a need to know basis in line with my Child Protection and Welfare policy
- My response to a child protection concern is to:
 - Discuss the concern with the parent
 - Record objectively any relevant information
 - Consult with the Tusla Duty Social Worker
 - Where appropriate report the child protection concern to the Tusla Duty Social Worker
- If you as the parent have a child protection and welfare concern regarding my service, you have the following options:
 - Discuss the concern with the Childminder
 - Contact the Tusla Duty Social Worker

BEHAVIOUR MANAGEMENT POLICY

I believe that children should be encouraged to grow and develop to their full potential in a suitably planned environment, where they know what is expected of them, and where clear limits are set appropriate to their age and stage of development and any special needs they may have.

BEHAVIOUR MANAGEMENT PROCEDURE:

- Children's efforts, achievements and feelings will always be acknowledged to promote the growth of self-esteem
- I will strive to manage behaviour consistently in order that children have the security of knowing what to expect and can build up good patterns of self-discipline

- Rules will be kept to a minimum and will be enforced in a supportive, yet consistent manner and will be discussed and explained to all children and parents
- The key to positive child behaviour management is good observation skills (looking and listening) on my behalf as the Childminder
- Corporal punishment (smacking etc) will never be used. I will ensure that no corporal punishment is inflicted on a child and that a child is never subjected to any degrading or abusive behaviour (physical, emotional, verbal, sexual abuse or neglect) while in my care
- I will be aware of how my own behaviour affects the child and will strive to be a positive role model
- When challenging behaviour occurs the focus will be on the actions of the child. It will always be made clear to the child that it is the behaviour and not the child that is unacceptable. At no time will a child be belittled or made to feel unvalued as an individual
- I will inform you of any behaviour and action taken involving your child

PARTNERSHIP WITH PARENTS POLICY

I recognise that as parents you are the primary carers for your children. I hope to work in partnership with you in sharing the care of your child to ensure smooth transitions from home to home environments.

PARTNERSHIP WITH PARENTS PROCEDURE:

- I understand that coming to a Childminder for the first time is a new experience for each child and parent and individual needs and concerns will be considered
- As parents you have access to my policies and procedures and I encourage you to avail of a settling in period, during which we can discuss any issues as they arise
- I will strive to have open communication with you at all times. It is important that I be made aware of family events/issues/changes in order to support the child. Be assured that all information received will be treated with the strictest confidence

- Cultural, religious and/or ethnic practices you wish me to be aware of can be shared. I will respect and when possible, include these in my childminding service
- There is an 'open door' policy in place. You are welcome to visit at any time. **In light of the recent COVID-19 pandemic, restrictions on this policy will be in line with current HPSC advice**
- I invite you to accompany me with your child on outings, special celebrations, etc. **In light of the recent COVID-19 pandemic, restrictions will be in line with current HPSC advice**
- In order to have a mutual understanding of the terms and conditions of my childminding service a working agreement form will be used and reviewed as required. **In light of the recent COVID-19 pandemic, restrictions will be in line with current HPSC advice**
- When the childminding arrangements are to end, in the interest of all concerned, it will be done in a planned and positive way

EQUAL OPPORTUNITIES POLICY

It is my policy to respect the individuality of all children and adults involved in this childminding service. I will promote positive attitudes to differences of culture, race, gender, language, ability, family circumstances, minority groups and members of the Travelling community. I will be socially inclusive in my childminding practice.

EQUAL OPPORTUNITIES PROCEDURE:

- My childminding service is open to all families in the community
- A range of activities, books and equipment is chosen to reflect various difference in cultures, gender and ability
- Special dietary needs of children are catered for where possible
- I will challenge statements or behaviour by anyone, be they parents, children or back-up persons which are racist, sexist or which reinforce stereotypes or which are in any other way derogatory to an individual

PLAY POLICY

My family home provides a rich play and learning opportunity for children of all ages. I will meet the children's individual needs and promote their wellbeing. I will plan and provide activities and play opportunities in a holistic and child centred way to develop children's emotional, physical, social and intellectual capabilities.

PLAY PROCEDURE:

- I will identify stimulating materials in my home and use daily routines to promote the holistic development of the children in my care
- Toys and equipment including open-ended materials will be safe, clean, checked regularly and be age appropriate
- I will use my home to provide a stimulating play and learning environment both indoors and outdoors encouraging open-ended play
- Children will be active participants in decision making where appropriate
- I will encourage children to initiate their own play ideas and experiences, to play at their own pace and most importantly play should be fun!

TUSLA REGISTERED CHILDMINDERS

The sample policies and procedures included in this document have been adapted from Tusla's (2018) [Childminding Sample Policies, Procedures and Statements](#).

These templates and samples may assist Childminders in developing or revising their own set of required policies, procedures, and statements. These suggested samples and templates are just that – samples will need to be adapted to reflect the Childminders own childminding service. Please refer to [Childminding Quality and Regulatory Framework \(QRF\)](#) when writing any of the policies that are required.

A Childminders policies, procedures, and statements are active documents, which reflect what Childminders do and how they do it, within their Childminding Service every day. A Childminders policies, procedures, and statements standardise the Childminders approach to implementing best practice and ensuring compliance with the regulations.

MASTER TEMPLATE

This template is a **suggested** standard layout for your policies, procedures, and statements. The samples in this booklet are modelled on this template.

1. RATIONALE AND PURPOSE

- Outlines the main reasons for the policy. For example – the reason for the policy as detailed in the Childcare Act 1991 (Early Years Services) Regulations 2016 and Childcare Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018.
- Describes the purpose of the policy and what you want the policy to achieve. For example – a safe sleep policy may seek to ensure that children will be safe in the service while sleeping.

2. PROCEDURES AND PRACTICES

- Gives clear information and describes the specific steps and/or guidance to be followed to put the policy into practice.
- It outlines the way things are done in your childminding service.

3. COMMUNICATION OF POLICY

- Outlines how parents and guardians are informed about the policy. For example – make parents aware of policies through a handbook.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

- Shows when the policy was written and when it will be reviewed (at least once a year). This is signed by the Childminder.
 - a. Date policy was written:
 - b. Date policy is to be reviewed:
 - c. Childminder's signature:

SAMPLE 1: STATEMENT OF PURPOSE AND FUNCTION

1. RATIONALE AND PURPOSE

- The statement of purpose and function is a description of my childminding service, reflecting the day-to-day operation.

2. PROCEDURES AND PRACTICES

About my childminding service

- This is a home-based childminding service, offering early years care for children aged 0-6 years who are not attending primary school.
- I care for a maximum of 5 pre-school children at any one time.
- I also offer out of school care for children up to the age of 12 years.
- The operating hours are from 8am until 6pm in general. I do not offer overnight care.
- My childminding service is registered with Tusla's early years inspectorate. You can find my most recent inspection reports at: www.tusla.ie/services/preschool-services/creche-inspection-reports/
- The cost of my childminding may vary, is agreed before enrolment and is subject to review.
- My childminding service is a home from home environment. My service mirrors the atmosphere and flexibility of home life and allows children to grow and develop in this homely setting.
- I have an open-door policy to all the parents/guardians of children attending. A parent or guardian can drop in at any time.
- I have a back-up person in the event of an emergency. They are Garda Vetted and attend the service regularly, so the children are familiar with her. They are aware of all policies, procedures, and statements.
- Only visitors whom I know personally will be allowed into my home. If an unknown visitor is due, I will inform parents/guardians ahead of time, as far as practicable. Children are never left alone with any visitors.
- I have pets in my home; a dog and a cat.
- I work in partnership with parents and guardians, and I encourage and value on-going communication with you.
- If I am absent (planned or unplanned), the arrangements are *{describe here your arrangements}*.
- I take children under 15 months old.

About me

- I am a member of Childminding Ireland.
- I offer two references regarding my suitability to care for children.
- I am Garda Vetted.
- My qualifications include *{list your qualifications here}*.

- I engage in on-going professional development and training, as required.
- I keep an up-to-date Curriculum Vitae, to show relevant training and experience.
- I have childminding insurance.
- I have completed Tusla's Child First E-learning Programme.
- I am available to contact via:
 - Email *{insert email here}*
 - Phone *{insert phone number here}*.

Before enrolment

- Before enrolling a child, I meet with parents/guardians in my home to discuss my childminding service.
- Once terms and conditions, including fees and payment terms have been agreed, a contract between the parents/guardians of the child and myself will be signed.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Statement of Purpose and Function at enrolment.
- Parents/guardians confirm that they have read and accept this statement.
- I will make a copy of this statement of purpose and function, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this statement.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date Statement of Purpose and Function was written:

Date Statement of Purpose and Function is to be reviewed:

Childminder's Signature:

SAMPLE 2: COMPLAINTS POLICY

1. RATIONALE AND PURPOSE

- To set out a clear and specific procedure for making and dealing with complaints about any aspect of my service.
- To assure anyone who comes in contact with my childminding service that if they ever have a comment, concern or complaint, it will be welcomed and responded to appropriately.
- To ensure complaints are taken seriously, treated sensitively, resolved efficiently, recorded appropriately, and dealt with in a confidential manner.

2. PROCEDURES AND PRACTICES

Concerns, comments, or complaints

- I am committed to providing parents/guardians and children with a happy, high-quality childminding service.
- I welcome all comments on my service, whether they are positive or negative.
- I will respond to all complaints, irrespective of the nature of the complaint, or who the person making the complaint is.
- All complaints are handled sensitively without fear, favour, or prejudice.
- I have a complaints management process that is fair, transparent, impartial, and confidential.
- All details of the complaint are managed and recorded in a consistent and unbiased way.

Complaint management: Informal

- If you consider that any aspect of my service was less than expected, please tell me.
- I can be contacted in person, by phone, letter, email, or text. *{insert your contact details.}*
- The complaint may be made by the parent/guardian or a person mandated by them.
- I would hope that we could resolve the matter informally, through discussion and agreeing a resolution, if possible.
- I will record all details of the complaint, including my response and any resolution.

Complaint management: Formal

- If a satisfactory resolution cannot be found, then a formal procedure will come into operation.
- I will encourage you to put your complaint in writing to me. Relevant names, dates and any other important information on the nature of the complaint should be included.
- I will acknowledge receipt of your complaint in writing as soon as possible.
- I will keep you informed of the process. If there is any delay, I will advise you and explain the reason why.

- I will consider and respond to your concern in writing within a specified timeframe and in as objective a manner as possible.
- Confidentiality will be maintained appropriately.
- If you are dissatisfied with my response or feel for any reason that you cannot bring a concern directly to me, you may contact (insert here the name of the person whom the complainant can contact).
- Alternatively you may contact Tusla's [Early Years Inspectorate](#)

Complaints not within the scope of the childminding service

- If I have good reason to believe that the situation has child protection implications, I will ensure that the local Tusla duty social worker is contacted, according to the procedure set out in the child protection policy.

Confidentiality and the recording and storage of complaints

- I will keep a record of complaints in a complaints record file, separate from the children's files.
- I will only share information relating to complaints on a need-to-know basis.
- I am the only person to have access to the complaints records file for my childminding service.
- I will keep a record of the complaint for 2 years, from the date on which the complaint has been dealt with (this period may vary depending on other legal requirements).
- The record will include:
 - The name of the complainant
 - The nature and details of the complaint
 - The date and time the complaint was received
 - The manner in which the complaint was received
 - The name of the person who received the complaint
 - The level of risk to the child or children arising from the subject of the complaint
 - The manner in which the complaint was dealt with, including:
 - Any local resolution implemented
 - Any specific meetings held with the person making the complaint and minutes of any such meetings; and
 - Timelines for investigation of the complaint and notification of the outcome to the person making the complaint.
 - Details of the investigation carried out
 - The outcome of the investigation
 - Details of any corrective or preventive actions to resolve the complaint
 - Information given to the person making the complaint about the progress and the outcome of the complaint
 - Details of the investigation and whether the action taken to resolve the complaint was accepted
 - Details of any plan implemented for the child's care as a result of the complaint, as agreed with the child's parents or guardians

- Details of any review to the risk management process in light of the complaint
- Details of any changes to practice or policy.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the complaints policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this complaints policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

- Date policy was written:
- Date policy is to be reviewed:
- Childminder's Signature:

SAMPLE 3: ADMINISTRATION OF MEDICINE POLICY

1. RATIONALE AND PURPOSE

- To ensure the safety, health and welfare of the children in my care, in relation to the administration and safe storage of medication.
- To describe the procedures to be followed to ensure the safe storage and administration of medication to children, including in an emergency situation.

2. PROCEDURES AND PRACTICES

Medications are only administered to a child where a child's parents/guardians have given written consent.

- Written consent is also required to allow your child to have appropriate medical treatment, if required.
- This policy includes a medication consent form. (please see accompanying **Childminding Sample Record Keeping Forms**).
- This written consent is given on enrolment, on your child's registration form.

Storage of medication

- Medications are:
 - Labelled with the child's name, dosage and the expiry date
 - Stored in line with the manufacturer's instructions
 - Kept in their original containers
 - Stored out of sight and reach of children, but quickly accessible to me
- Medications, creams, and ointments are not stored in my first aid box.

Administering medication

- I have the relevant knowledge, skills and training to administer medication.
- If additional skills, training, information or instruction is required to administer a particular medication for your child, I will obtain this.
- If a child develops a fever and is distressed, I may administer an anti-febrile medication with your written consent.
- If your child has an individual care plan, I will ensure the specific information about medication requirements are adhered to.
- I undertake the following safety procedures before, during and after administering medication:

Before administration I check:

- The appropriate consent has been given
- The medication is given to the child for whom it is intended
- The date and time the medication was last given
- The dosage (prescribed/unprescribed)
- The expiry dates
- Any written instructions provided
- Any possible side effects
- With parents/guardians or a health professional, before taking further action if I am in any doubt

On administration I ensure:

- The medication is given at the correct time and date
- The correct dose is given
- The correct route of administration
- Appropriate equipment is used to administer the medication dose. For example – for liquids, the correct measuring tool is provided with the medication
- The dignity and privacy of the child is ensured, as appropriate. For example – when medication is required to be administered by a route other than the oral route

After administration:

- I observe the child for any possible side effects
- Where appropriate, I observe the child's response to medication. For example – where an anti-febrile agent is administered
- I return medication to appropriate storage
- I manage or dispose of any equipment used during administration
- I record the date, time, dosage and sign the administration of medication form which will be later signed by a parent

Accidents and incidents involving medications

- In the event of a medication emergency, such as an allergic reaction, I will notify the child's parents/guardians and also the emergency services.
- There is a suitably equipped first aid box in my home.
- Where a child refuses to take the medication prescribed for them, I will not force them to do so, but will inform the parents/guardians as a matter of urgency. If the child not taking the medication leads to an emergency situation, I will call the emergency services and the parents/guardians.
- If the medication cannot be given at the required time, I will record this on the administration of medication form with an explanation.
- If a child is mistakenly given another child's medication, I will call a doctor immediately and follow their advice. I will contact and inform the parents/guardians of the child who mistakenly received the medication, as soon as possible.

- The poisons information line number, GP, pharmacist, and other emergency numbers are readily available at all times.
- Where a child is taken to hospital by ambulance, I will accompany them and remain with them until a parent/guardian arrives. The emergency person will take my place with the other children, in my absence (see Accidents and Incidents Policy).
- All required information is shared with the emergency services and the parents/guardians.

Sunscreen

- Parents/guardians should supply high factor sun protection cream (above 30 SPF) in sunny weather. Only the sunscreen supplied by the parent/guardian will be applied to their child. Written consent is not required to apply sun protection creams supplied by the parent/guardian for their own child, as the supplying of the sunscreen gives implied consent for that specific cream.
- When a parent/guardian has not supplied sunscreen, I will apply the following sunscreen {insert name of sunscreen and SPF factor here}. I will require written consent for the application of this cream, so that you can advise if a previous adverse reaction may have occurred with the type cream supplied by me.
- Sunscreen will be applied when required in accordance with the manufacturer's instructions.
- If a parent does not wish their child to have sunscreen applied I will discuss with the parent as to the best possible ways to protect the child in such an eventuality, for example use of clothing including sun hat and long sleeved top and long trousers, offering play in a shaded area etc.

Disposal of medications

- Medications with the expiry date exceeded or the period of use is complete, are returned to the parents/guardians of the child.
- If not collected by the parents/guardians, I will return to the pharmacy for safe disposal

Records

Children's medication records are kept for 2 years from the date a child stops attending the service. This includes the medication consent form, administration medication form and all related information.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Administration of Medication Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this administration of medication policy, including any significant changes/updates, available to all parents and guardians.

➡ I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 4: INFECTION CONTROL POLICY

1. RATIONALE AND PURPOSE

- ➔ The policy describes the procedures to be followed to protect the children and myself from the transmission of infections.
- ➔ My policy is reflective of the [Management of Infectious Disease in Childcare Facilities and other Childcare Settings](#) and is reflective of current [HPSC COVID-19 guidelines](#).

2. PROCEDURES AND PRACTICES

Handwashing

- ➔ I wash and dry my hands correctly, using a cleaning agent (please see accompanying **Childminding Sample Record Keeping Forms**).
- ➔ Children are supported and supervised in correct handwashing with a cleaning agent such as liquid soap and hand-drying techniques.
- ➔ Children wash their hands when dirty, after nappy changing/toileting, after handling animals/pets, after outdoor activities, before and after eating, after touching a cut or sore, after sneezing, blowing their nose and coughing.
- ➔ Liquid hand soap dispenser is available and all areas are free of bar soap.
- ➔ Hygienic means of hand drying is available (state here what is in use for example, disposable paper towels, individual cloth towel, hand towel, which is changed daily, etc) with a foot operated bin for disposal.
- ➔ Hot and cold running water is available at sinks, via mixer taps. The hot water from sinks used by children is thermostatically controlled to a maximum of 43°C.

Respiratory hygiene (coughing and sneezing)

- ➔ I support children with good respiratory hygiene practices, by encouraging them to cover their mouth and nose when coughing, sneezing or nose blowing, with a tissue and then dispose of the tissue appropriately (please see accompanying **Childminding Sample Record Keeping Forms**).
- ➔ Tissues are always available for children.

Preventing cross-contamination

- ➔ 3 basic principles underlie how I aim to prevent the spread of infection in my childminding service. These are:
 - Handwashing is used at every opportunity.
 - I encourage all children to be appropriately immunised and I am up to date on my own immunisations.
 - In some instances, an unwell child will be excluded from the service to minimise the risk of infection to other children.

General infection controls

I take all reasonable steps to prevent the spread of infection:

- I have a regular cleaning programme in place.
- All childminding areas in my home are clean.
- I use disinfectants and detergents correctly in accordance with the manufacturer's instructions. These are stored in a locked cupboard in the kitchen.
- Any blood and body fluid spillages are cleaned immediately.
- Individual hairbrushes, toothbrushes and personal clothing are labelled and not shared.
- Infants feeding equipment and soothers are sterilised appropriately.
- Cots, sleeping mats and beds are at least 50cm apart
- Soiled linen is washed separately in a hot wash.
- Children's soiled clothing is placed in a sealed plastic bag and sent home with parents or guardians.
- Waste is managed safely. For example – recycled where possible, use a foot operated pedal bins, external bins are inaccessible to children.

Perishable food

- Perishable food is kept in my fridge, at a temperature between 0-5°C.
- Perishable food is not left at room temperature for more than 2 hours.
- Any perishable food left at room temperature for longer than 2 hours is discarded.

Immunisation

- On enrolment, parents/guardians are asked for their child's immunisation details. I ask parents/guardians to keep me updated on these details. For further information see:
<http://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/>
- I inform parents/guardians of children who are not immunised of the risk to their child in the event of an infectious disease in my childminding service.
- If a child is not immunised, I will request that your child not attend my childminding service during an outbreak of a vaccine preventable disease (whooping cough, measles etc.), even if your child is well. This is to protect any child who is not immunised.

Managing an outbreak

- When there is an outbreak, I will follow the guidance of the Department of Public Health to minimise the spread of infection, including paying close attention to:
 - Regular handwashing
 - Use of gloves and aprons
 - Hygienic nappy changing
 - Hygienic management of toys
 - Suspending certain group activities, if necessary

- Washing soiled clothing and bed linen, using detergent and hot water (at least 60°C)
- Disposal of contaminated waste into a plastic bag which is tied securely and placed in the external refuse bin
- Deep cleaning of the premises
- ➡ All ill children and adults will be excluded as set out in [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#).
- ➡ I will close my service for a period of time if requested by the Department of Public Health, to prevent any other children becoming ill.

Illness

- ➡ If a child is unwell, parents/guardians are asked to keep them at home if they are unable to participate in the activities of the day, or if there is a risk of passing on the illness.
- ➡ If a child becomes ill in my care, I will contact the parents, guardians or nominated carer.
- ➡ I will keep your child as comfortable as possible, until they are collected.
- ➡ If there is any significant delay in contacting the parents/guardians of a child with fever, headaches and vomiting, and I am concerned for their wellbeing, I will call an ambulance while continuing to make contact with parents, guardians and carers.
- ➡ I am observant for any signs of meningococcal infection (please see accompanying **Childminding Sample Record Keeping Forms**). If this occurs, I will immediately call an ambulance and medical attention and contact the parents/guardians.

Exclusion in the event of illness

- ➡ In some instances, it may be necessary for a child not to attend the service for a period of time, to minimise the risk of infection to the other children. This period is known as an exclusion period and can vary depending on the type of illness.
- ➡ I follow the guidelines for exclusion periods as set out in the [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#).

Management of poultry, animals, fish etc.

- ➡ Handwashing and drying procedures are adhered to before and after handling animals, pets, poultry and fish.
- ➡ All animals, pets, poultry and fish are managed according to the required and appropriate instructions for their care. For example – vaccinations, healthcare.
- ➡ Children are supervised at all times in the presence of animals, poultry and fish.

{detail here any specific pets/animals in your home and any other relevant information.}

Zoo and farm outings

- ➡ Prior to an outing to a zoo, farm or similar establishment, I will contact them to discuss visit arrangements and to ensure adequate infection control measures are in place.
- ➡ Children's handwashing is supervised during and on return from an outing.

Nappy changing and toileting

- Children's hands are washed and dried after nappy changing/toileting.
- I wash and dry my hands before and after nappy changing/toileting.
- I provide a safe and clean environment to facilitate nappy changing.
- Parents/guardians supply all nappies, cotton wool, wipes, barrier creams etc. For their own child and these supplies are clearly labelled.
- I use disposable gloves when changing nappies.
- I carry out nappy changing in a calm and unhurried way and use this time for positive interactions with the child.
- The changing mats are waterproof, have an easily cleanable cover and are in a good state of repair with no breaks or tears.
- Changing mats are on a flat surface for baby changing.
- Nappy changing mats are cleaned before and after each nappy change.
- Soiled nappies and wipes are placed in a nappy sack and put in a sealed bin. This bin is inaccessible to children and is emptied regularly.
- My nappy changing procedure is in accordance with procedure in accompanying **Childminding Sample Record Keeping Forms**
- Toilet areas, including the toilet, sink and potties are kept clean.
- I work in partnership with parents to agree a toilet training routine when their child is developmentally ready.
- I check that your child's clothing is dry, and any wet or soiled clothing is changed promptly.
- A step-up is available for children in relation to the sink and toilet.
- Potties are stored appropriately.
- Toilet rolls are kept in holders.
- Toys and other play materials are not allowed into the toilet area.

Notifying infectious diseases to Public Health, Environmental Health and Tusla

- I will report any infectious diseases to my local Public Health department.
- I will report any notifiable infectious diseases to Tusla's Early Years Inspectorate. For example – Mumps, Measles, Tuberculosis and Rotavirus Infection.
- The diseases I am required to notify to Tusla are set out in the list of [notifiable diseases](#)
- The Department of Public Health will confirm if there is such a diagnosis of a child or other person in my service.
- I will follow the advice of the Department of Public Health in any such cases.

Risk management

- I risk assess each of the areas detailed in this policy, to ensure the children are not put at any unnecessary risk of infection.
- Any risks identified will be either eliminated or minimised, so they no longer pose a risk of infection to a child.

3. COMMUNICATION OF POILCY

- Parents/guardians are informed about the Policy on Infection Control at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Policy on Infection Control, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 5: BEHAVIOUR MANAGEMENT POLICY

1. RATIONALE AND PURPOSE

- The policy supports the children's positive behaviour.
- It details the approaches for dealing with challenging behaviour, which helps a child to manage their behaviour appropriate to their age and stage of development.

2. PROCEDURES AND PRACTICES

Supporting and promoting children's positive social, emotional and behavioural wellbeing

- I provide a happy and secure environment, where children are encouraged to form and sustain relationships.
- I treat all the children in my service with empathy and respect, equally and fairly.
- I develop positive, secure and respectful relationships with the children in my care.
- I ensure I am a positive role model. Children learn values and behaviours from adults.
- I understand if children are bored, over excited or anxious their behaviour will change. Therefore, my home environment is stimulating and challenging and is focused on their active engagement and involvement. For example – opportunities to make choices, take the lead, play outdoors and have space to relax.
- I have a good range of easily accessible and developmentally appropriate open-ended activities and materials for children to use, whenever they choose. These have enough complexity to keep children engaged for long enough, without having to share too much or wait too long.
- I nurture and comfort children, where appropriate. For example – I respond to infants in a timely and appropriate way when they cry or are upset.
- I ensure no child is bullied, mocked or excluded. For example – I intervene in play if it is racist, sexist, offensive or unsafe.
- I support children to recognise, express and cope positively with emotions. I encourage them to communicate their needs and wants and to discuss their wide range of feelings.
- I support children to demonstrate self-confidence. For example – playing, listening and talking to your child to foster their feelings of competence and self-esteem.
- I provide extra support to children who show signs of social and emotional difficulties.
- I assist the children in developing techniques that help them manage their positive and negative feelings. For example – OWL: Observe, Wait, Listen.
- In my home there are clear, reasonable and consistent boundaries, rules and routines set, explained and maintained.
- I encourage and praise children for specific, positive and appropriate behaviours.
- I share strategies with parents and guardians to ensure a consistent approach, which benefits the child.

- I attend behaviour support training when available as far as is possible, to ensure I am aware of any updates and new positive strategies.

Supporting children in preventing, managing, and resolving conflict

- I support children to recognise and understand co-operation and respect the rules for being together with others based on the capacity, age and stage of development. For example – waiting their turn, sharing.
- I encourage children to notice and understand how others are feeling, and how to comfort and help them.
- I respond promptly to children's signals or cues expressing or indicating needs.
- I approach the situation calmly. I encourage children to negotiate and resolve conflicts peacefully, with my intervention and guidance when necessary.
- I encourage children to remove themselves from situations where they are experiencing frustration, anger or fear.

Responding to ongoing challenging behaviour

- I reflect on up-to-date professional practice in the area of behaviour management.
- I use appropriate strategies depending on the age, developmental stage, and individual needs of the child.
- I focus on the behaviour and not the child.
- I support and help a child with on-going challenging behaviour to control their emotions and distress.
- I review my approaches taken to address a child's challenging behaviour, so that every opportunity is taken to promote positive behaviour.
- I review the child's programme of care, to ensure it is meeting the child's needs.
- I engage with the child's parents or guardians to work with them on addressing behavioural issues.
- I develop a risk assessment to manage the risks associated with the behaviours to the child and to other children.

Prohibited practices

In my childminding service, the following are prohibited practices:

- The use of corporal punishment.
- The use of or threat of any practices that are disrespectful, degrading, exploitative, intimidating, isolating, emotionally or physically harmful or neglectful to the child.
- I do not use any form of physical intervention. Unless it is necessary to prevent injury to the child, to another child or to an adult, or to prevent serious damage to property. I record any such incident and I inform the parents or guardians of the incident on the same day or as soon as reasonably practicable.
- Withholding food is not used as a form of behaviour management.
- I do not use a 'naughty step' or similar strategies.

Suspected abuse or neglect

If I suspect any signs of child abuse or neglect, I will refer to my Child Protection and Welfare Policy.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Behaviour Management Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of the Behaviour Management Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 6: SAFE SLEEP POLICY

1. RATIONALE AND PURPOSE

- The policy specifies the way safe and suitable sleeping arrangements are provided for children in my home.
- This policy is developed in line with best practice guidelines from [*Safe Sleep for Your Baby – Reduce the Risk of Cot Death*](#)

2. PROCEDURES AND PRACTICES

Sleep, rest, and quiet time

- I provide for each child's comfort and need for sleep, rest and relaxation.
- I communicate with parents and guardians in relation to each child's sleep patterns and needs.
- Each child can rest or sleep in my home when they are tired and not just at a designated time.

General sleep environment

- The children's sleep environment is comfortable.
- The lighting in the sleep environment is controlled conducive to sleep but allows for adequate visibility for my supervision. For example – blinds, curtains, dimmer switches.
- I ensure the children are not overheating. For example – light-weight blankets (cellular), the room is well ventilated, children's clothes are loose and light.
- No child's cot or bed is adjacent to a heat source, window, curtains, blind cords, door or anything that would place a child at risk of injury or strangulation.
- Sufficient space is allocated for each cot and bed to allow ease of access and reduce the risk of infection.
- Soothers are used appropriately (no strings, clips or cords attached to soothers).
- Bottle-propping is prohibited.
- I have an adequate supply of bed linen, so that each child has their own linen.
- Beds, cots and mattresses meet the required safety standards (*state here the sleep facilities/where children sleep*).

Sleep environment for children under 2 years of age

- The sleep room temperature is 16-20°C.
- All children up to the age of 2 years have access to and sleep in a standard cot unless they have a history of climbing out over the cot (1 baby at a time per cot).
- There are no objects including toys, stuffed animals, bibs, bottles, quilts, pillows, cot bumpers and hanging items in any cot (clear cot).

Sleep environment for children over 2 years of age

- Children over the age of 2 years needing sleep or rest have access to a low-level bed or mat and are offered a pillow and blanket.

Children's sleep position

- Children under 12 months are put to sleep on their back, head uncovered, feet to the foot of the cot, with the covers below their shoulders (where a registered medical practitioner has recommended a different sleep position, a written note from the doctor must be provided).
- Babies less than 6 months old, who roll onto their tummy, will be gently returned onto their back.
- Babies who are able to roll from back to front and back again, are allowed to find their own position, but will still be placed to sleep on their back at the beginning of sleep time.

Prohibited sleeping equipment

- The following are items prohibited for sleeping children in my service:
 - Car seats, buggies, strollers and infant carriers
 - Waterbeds, inflatable beds and inflatable mattresses
 - Beanbags
 - Couches, sofas, settees and chairs
 - Travel cots and portable cribs
 - Bunk cots and stackable cots
 - Pillows and cushions as a base to sleep on.

Supervision

- Sleeping children are within my sight or hearing at all times.
- I go into the sleep room at least every 10 minutes and observe each sleeping child.
- I complete these physical checks every 10 minutes, and this includes completing a sleep record for each child detailing:
 - The time of the check
 - The sleep position of each child
 - Any change in the child's normal skin colour
 - Any change in the child's normal breathing pattern
 - The room temperature

Use of slings

- I can use a sling for a baby, if requested.
- Where a sling is used, the baby will be positioned solidly against my upper body, in an upright position, with the baby's chin off their chest to ensure their airway is free for ease of breathing.

Swaddling

- I will only swaddle a baby, if a baby is used to being swaddled at home and parents/guardians request it to be done for consistency of care. I will follow the steps below:
 - I will be conscious of not overheating baby by swaddling
 - Baby's head will never be covered
 - Thin materials such as cotton or muslin will be used
 - Baby will never be placed on their stomach when swaddled

Sleep emergency

- In the event of a baby or child appearing to be unresponsive, I will respond immediately and appropriately in line with my first aid response training as follows:
- *{set out here the emergency procedure you have been taught in your most recent first aid training.}*

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Policy on Safe Sleep at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Policy on Safe Sleep, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 7: FIRE SAFETY POLICY

1. RATIONALE AND PURPOSE

- The policy specifies how often and at what times fire drills are carried out and the way the written record is kept.
- This policy also details my awareness and training of the procedures to be followed in the event of a fire, including the location and use of fire-fighting equipment.
- My policy is developed with reference to [Fire Safety in Preschools 1999](#)

2. PROCEDURES AND PRACTICES

My fire safety training

- I know the procedures to be followed in the case of fire.
- I have particular awareness of the layout of my home and the location of my fire-fighting equipment.
- I am trained at least every 2 years by a qualified person in the use of this fire-fighting equipment.

Fire drills

- Fire drills are carried out with the children monthly and more frequently if necessary, to ensure children are familiar with the procedure.
- Fire drills are practiced by me setting off the fire alarm in my house.

Fire safety equipment

- I have the following fire safety equipment in my kitchen and they are checked regularly:
 - Smoke alarm
 - Fire blanket
 - Fire extinguisher

Records

- I keep a record in writing of each fire drill that takes place.
- I keep a record in writing of the number, type and maintenance records of fire-fighting equipment and smoke alarms.
- Fire safety records are stored securely.
- I am the only person with access to these records.
- I keep fire safety records for 5 years after their creation.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Fire Safety Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Fire Safety Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, question or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 8: INCLUSION POLICY

1. RATIONALE AND PURPOSE

- The policy sets out how the needs (including the physical, emotional, intellectual) and religious beliefs (if any) of each child are addressed in my childminding service.
- This policy is developed in line with the [Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education](#)

2. PROCEDURES AND PRACTICES

Equality of access

- I ensure equality of access for all children into my childminding service.
 - I accept all children regardless of gender, family status, sexual orientation, religion, age, disability, race and membership of the traveller community – where I have the necessary supports and resources to ensure the best outcome for your child in my home.
 - If I do not have the necessary resources to meet the needs of your child, I will discuss this with you and see if appropriate accommodations can be made, I will make every effort to secure these resources. For example – equipment, specialised training.

A culture of inclusion and acceptance

- I value and respect children, parents, guardians and families of all diversities and consult with them so that my service can incorporate cultural diversity. For example – home languages, traditions (I also respect their wishes not to have their culture/background represented).
- I acknowledge that every child is unique, with their own personalities, strengths, needs and approaches to learning.
- I ensure each child feels a sense of belonging, connectedness and wellbeing in my home. For example – developing friendships with other children.
- I support children to be confident about their individual and group identity.
- All children have equitable access to resources and participation.
- I look to give appropriate encouragement and always accept children's best efforts.
- I support children to value and be comfortable with difference and to think critically about diversity and bias.
- I empower children to stand up for themselves and others in difficult situations.
- I accommodate any reasonable request for cultural, religious or dietary requirements.

The home environment

- Children see themselves reflected in the environment. The broader community is also represented.
- Routines, experiences, toys and equipment reflect diverse backgrounds, identities, abilities, religions, skin colours, family structures, languages, cultures and additional

needs in a positive way. For example – children’s books provide everyday images of diverse people and lives, music, songs, rhymes from different cultures.

Recognising and responding to bias or discrimination

- I do not tolerate any remark or action by an adult or child which denigrates a person on any of the nine grounds specified in equality legislation.
- I always recognise and acknowledge any incidents of bias or discrimination in my home.
- I discuss discrimination and bias with children and the reason for such behaviour. For example – how such actions are unfair, hurtful and unacceptable.
- I intervene in play if it is racist, sexist or in any way offensive or bullying.
- When an incident occurs, I consider the incident from all perspectives.
- I deal with discriminatory incidents by ensuring any children involved and any children who witnessed it have a positive learning experience from the incident.

Recording of discriminatory incidents

- I record any discriminatory incidents and any actions taken.

Reflective practice and training

- I critically reflect on my own attitudes and values and how they influence children.
- I am always creatively thinking of new ways to address children in a democratic and sensitive manner about discriminatory issues.
- I review my practice regularly, to ensure it is inclusive and not promoting stereotyping, so that children feel as comfortable as possible in my home.
- I engage in training opportunities to gain up-to-date professional practice in the areas of inclusion, diversity and equality.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Inclusion Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Inclusion Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder’s Signature:

SAMPLE 9: OUTINGS POLICY

1. RATIONALE AND PURPOSE

- The policy specifies the measures taken to ensure the safety and welfare of all children who are in my care while not on my premises.

2. PROCEDURES AND PRACTICES

Before an outing

- I organise outings to promote children's needs, wellbeing and interests.
- These outings offer children valuable opportunities for new experiences in the wider community.
- I obtain and keep records of written parental/guardian permission for children to take part in regular and local outings whilst in my care. These outings include trips to the playground, park, library and shop.
- I require specific written parental/guardian permission for a longer and more involved outings. Parents or guardians are informed in advance of the details and proposed activities of these outings.
- I carry out a risk assessment before a once off outing to identify any hazards.
- If needed, I will have another adult with me to increase supervision.
- Parents/guardians are asked to supply the appropriate clothes for the outings.
- My service is adequately insured for each outing.

How outings are managed

- Children are well supervised at all times during outings. I aim to keep all children within sight or hearing at all times.
- I ensure children hold my hand or the buggy whilst we are out.
- Children wear appropriate clothing and footwear suitable for the type of outing.
- Food and drink requirements are in line with my healthy eating policy. For example – any perishable food is kept in a cool box.

First aid

- I am trained in first aid for children.
- There is a well-stocked first aid kit available on an outing

Communication systems

- On each outing, I have a charged and working mobile phone with network access.
- The phone holds relevant emergency contact details and parents/guardians contact numbers.

Records

- I bring any specific relevant medical records required for a child.
- I bring parents/guardians contact details for example electronically on my phone
- I bring my emergency contact persons details.

Transportation

- I have a car which takes a maximum of 5 children in the backseats. The number of passengers for the car is never exceeded.
- I use the [HSE Child Safety in Cars](#) to ensure I meet all safety standards.
- I have the appropriate car safety seat for each child. These meet the European Standards and are correctly fitted and regularly checked. Seat belts are used.
- If the weather is nice, we will walk to the post office or local shop. I have the appropriate buggies for this.
- I hold a clean full driving license.
- My car is kept in roadworthy condition, with NCT and breakdown cover.
- My car is taxed and insured.
- Children will never be left unattended in the car at any time.

Infection control measures

- Prior to an outing to a zoo, farm or similar establishment, I will contact them to discuss visit arrangements and to ensure adequate infection control measures are in place.
- Children's handwashing is supervised during and on return from an outing.

Accidents or Incidents

- In the event of an accident or incident while on an outing, I follow my Accidents and Incidents Policy.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Outings Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Outings Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 10: ACCIDENTS AND INCIDENTS POLICY

1. RATIONALE AND PURPOSE

The policy specifies the:

- Measures taken to prevent accidents and incidents.
- Procedures to be followed when a child has an accident or incident, including the steps I take to contact a parent/guardian.
- Way I keep a record of each accident and incident.
- Way a record is shared with the parents or guardians of the child involved.

2. PROCEDURES AND PRACTICES

Preventing accidents and incidents

- I take all possible precautions to prevent and avoid any accidents or incidents that could cause harm to anyone. Even with the best care and supervision, children are active and energetic and as a result are at greater risk of injury.
- I supervise children appropriately at all times. There is constant and careful supervision, by both sight and sound where risks are higher. For example – swimming, climbing trees.
- I have a clear understanding of each child, their stage of development, abilities, and capacity for challenging experiences.
- I identify any hazards and risks in the indoor and outdoor environment and take the necessary steps to reduce or eliminate them (see Risk Management Policy).
- I ensure all equipment, furniture and materials are appropriate. For example – ride-on toys, water play tables, finger pinch protectors, highchairs.
- Safety equipment is used correctly and consistently, for example – car seats, stair gates, fire guards.
- My Safety Statement is documented and implemented.

How accidents or incidents are managed

I am aware of my roles and responsibilities if there is an accident or incident. Should an accident or incident occur:

- I will ensure the child is attended, reassured and comforted.
- I am a trained first aider and will carry out an assessment and administer immediate first aid, if required.
- I will contact my emergency person for assistance if necessary (a second person within close distance, familiar with the operation of my service and in a position to provide assistance to me in the event of an emergency).
- I will also contact the relevant parents or guardians.
- The child will remain under my continuous supervision until the child recovers, or until the child's parents/guardians/nominated carer takes charge of the child.

- If your child must go to hospital before you can arrive, I will accompany the child and stay until you arrive.
- In the event of a critical incident, (for example – a child in my care goes missing), I follow the guidelines set out in the [Critical Incident Plan: Toolkit for Childcare Providers](#)
- I complete an accident or incident form, including documenting the first aid care and response provided. A parent/guardian is asked to sign the form – to confirm that they have been informed of the accident/incident.
- Following an accident or incident, parents/guardians are given feedback. Information is shared with parents/guardians in respect of their own child.
- If required, I notify Tusla’s Early Years Inspectorate within 3 working days of the [notifiable event](#)
- I am aware of accidents and incidents that need to be reported to parties other than Tusla, and I ensure that all such reports are made.
- I keep in contact with the child’s parents/guardians following the accident/incident, to know how the child is recovering.

Record retention timeframe

- I keep accident, incident and injury records involving a child in my service for 2 years from the date the child stops attending.

Review

- I investigate the reason for the accident/incident as soon as possible.
- I take the necessary actions to prevent any reoccurrence of accidents, incidents or injuries.
- I review all accidents and incidents to see if a change is needed in any of my practices, policies or procedures.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Accidents & Incidents Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Accidents & Incidents Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder’s Signature:

SAMPLE 11: AUTHORISATION TO COLLECT CHILDREN POLICY

1. RATIONALE AND PURPOSE

- The policy specifies my rules in relation to collecting children attending my childminding service.

2. PROCEDURES AND PRACTICES

Routine for pick-up and drop-off

- I have clear arrangements in place to ensure children are safe and secure when coming into my home and also when leaving.
- Parents/guardians/carers must make direct contact with me on arrival and share any information relevant to the child for the day.
- Any person taking a child out of my service, who is authorised to do so, must make contact directly with me at the time of collection. I give information to the parents/guardians/carers on how the child has got on during the day and any significant events.

Supervision

- I provide adequate supervision to ensure no one can remove a child from my service without my knowledge.
- During drop-off, a child comes under my supervision when handed over by a parent/guardian/carer.
- During collection, each child is under my direct supervision until collected by a parent/guardian/carer.
- I authorise the entry of any person to the premises, while the children are in my service.

Who is authorised to collect a child?

- Parents/guardians must provide information on who is authorised to collect their child, in their absence. This authorisation includes:
 - The name(s), address(es) and contact number(s) of the person(s) who is authorised to collect the child.
 - Written authorisation from the parent or guardian allowing the child to be released by the Childminder into the care of the authorised person.
 - Proof that the authorised person is aged 16 years or over.
- Parents/guardians must notify me if any person, other than those already authorised, is to collect their child on any given day. This person must be aged 16 years or over. They must provide photo identification on arrival or give a password/code which I have agreed with the parent/guardian previously. I will record the name of any such person in my daily records.

Non-authorised person collecting a child

- ➡ If an unauthorised or unknown person tries to collect a child, I will:
 - Request their identification (with a photograph).
 - Explain the rules and procedures I am obliged to follow and offer them a copy of this policy.
 - Make contact with the child's parent/guardian to seek clarification.
 - If the situation is getting out of control or if the person threatens me or the children in my care, I may have to call an Garda Síochána.

Unusual circumstances

- ➡ Late collections:
 - Parents/guardians/person authorised to collect must inform me as soon as they become aware that they will be late collecting and for how long they will be detained until collection.
 - Depending on my circumstances that day, the child might be able to remain in my care or I may have to request their collection at the normal time.
 - Habitual late collection (on more than 3 occasions) will incur a charge of €xx per hour.
- ➡ When a child is not collected and no contact from parent/guardian:
 - I will try to make contact with parents, guardians and all authorised persons.
 - If unable to make contact, I will implement my child safeguarding policy.
- ➡ When a parent/guardian or authorised person arrives in an unfit state to collect a child:
 - I will try to make contact with the child's other parent/guardian/authorised person and explain the situation.
 - I will attempt to talk to the person and offer them any assistance. For example – inviting them to sit down for a cup of coffee, offering to call them a taxi.
 - I will always act in the child's best interests. Where a parent/guardian appears in an unfit state and insists on taking their child, I will follow my child safeguarding procedures.

Records

- ➡ I hold records for 2 years from the date a child stops attending my childminding service.

2. COMMUNICATION OF POLICY

- ➡ Parents/guardians are informed about the Authorisation to Collect Children Policy at enrolment.
- ➡ Parents/guardians confirm that they have read and accepted this policy.
- ➡ I will make a copy of this Authorisation to Collect Children Policy, including any significant changes/updates, available to all parents and guardians.

➡ I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 12: HEALTHY EATING POLICY

1. RATIONALE AND PURPOSE

- The policy specifies the way I ensure food and drinks provided to the children are nutritious and meet the dietary and religious requirements of each child.
- This policy also takes the preferences and any other individual needs of each child into consideration.
- My policy is developed in accordance with:
 - [Food and Nutrition Guidelines for Pre-School Services](#)
 - [What is a Serving Size? A Guide for Pre-Schools](#)

2. PROCEDURES AND PRACTICES

Food and drink

- I promote healthy eating in my home, based on the Department of Health's Healthy Eating Guidelines.
- The atmosphere during snack and mealtimes is relaxed and each child is given enough time to eat/enjoy their bottle, snack or meal without being rushed.
- Snacks, water and milk are available to children when needed.
- I can provide a menu for your child or alternatively parents and guardians can provide nutritious food and drinks. Where a child's food and drinks are brought into my home, they are clearly identifiable to me, for example – labelled with the child's name.
- Appetising meals and snacks are served at regular times, but there is flexibility, for example – if a child is deeply engaged in play, I do not disrupt them.
- Food portions are suitable for each child's age and stage of development, for example – food has the appropriate texture.
- I only offer tooth-friendly drinks, such as milk and water.
- I co-operate with parents and guardians with regard to any specific dietary requirements, for example hypersensitivities, religious requirements and any other needs.
- I encourage and support the children to feed themselves independently, by ensuring the crockery, cutlery and drinking utensils are suitable for the children's age and stage of development, for example – spill proof cups.
- Bibs are available for babies and toddlers at mealtimes.
- Children sit at a comfortable height in relation to my kitchen table and an infant is not placed in a highchair until they are developmentally ready. Infants younger than 12 months are held during bottle-feeding.
- I use mealtimes and snacks to give children the opportunity to explore new foods through different colours, tastes and textures.
- I use learning materials and offer experiences to develop children's knowledge and skills to reinforce nutritious food choices, for example – cooking experiences.
- A child who has not eaten or who is hungry is offered:
 - An alternative food options
 - Food at times outside routine meal and snack times.

Menu

- I have a weekly menu plan describing a wide variety of healthy meals, snacks and drinks. Any changes in my menu are substituted with food of equal nutrient value.
- The main meal includes appropriate servings of protein, starch, dairy, vegetables and iron

Partnership with parents and guardians

- I provide breastfeeding supports where required, for example – storage for breast milk, a quiet comfortable area for a mother to feed her baby. Individual requirements for additional supports can be discussed and supported where possible.
- Parents' and guardians' choices are supported, for example – bottle feeding.
- I inform parents/guardians if their child has not eaten well.
- I support the parents/guardians to encourage good eating habits, for example – I can provide nutritional guidance regarding healthy lunches and snacks, where parents wish to provide these.

Powdered infant formula

- Powdered infant formula is managed in accordance with the [Food Safety Authority's Guidance Note No. 22](#)

Food safety

- I pay due attention to hygiene and safety in the purchase, storage, preparation, cooking and serving of all food, for example:
 - I shop regularly to ensure a supply of nutritionally balanced meals and snacks.
 - All food is stored appropriately, including perishable food which is stored in my fridge at or below 5°C.
 - I adhere to careful hand washing before, during and after handling food.

Supervision

- I supervise children while they are eating and drinking.

Special occasions

- Birthday parties and any other special occasions are usually celebrated with non-food treats such as party games, face painting and decorations.
- Sometimes, cakes, sweets and crisps are included in the celebrations. Parents and guardians will be informed of these celebrations.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Healthy Eating Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Healthy Eating Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 13: OUTDOOR PLAY POLICY

1. RATIONALE AND PURPOSE

- To specify the way children have access to outdoor play on my premises.
- To outline the way the health and safety of children is ensured during outdoor play.

2. PROCEDURES AND PRACTICES

Access to outdoor play

- Children have access to outdoor play in my back garden on a daily basis, in all weather conditions, except where a risk assessment does not allow.
- I believe that there is little that happens indoors, that cannot happen outdoors.
- Appropriate clothing, footwear and other measures when dealing with diverse weather conditions for example:
 - If it is sunny, application of sunscreen, hats, shaded play areas.
 - If it is wet, wellies, rain jacket, covered play areas.

Play opportunities

- Children are given the opportunity to relax, enjoy and have fun outdoors.
- While outdoors, children have opportunities to engage in:
 - Running
 - Climbing
 - Gardening
 - Challenging play
 - Risky play
 - Problem solving
 - Spontaneous free play
 - Investigating
 - Using their imagination
- I balance the children's need for safety with the need to provide physical and challenging experiences.
- The equipment and materials available in my garden provide children with play, movement and exploration opportunities that are unique to the outdoors.
- Outdoor play in my service is a central means to support young children's learning, development and creativity.

Supervision and safety requirements

- I am vigilant in my supervision of the children outdoors, as the risks may be higher. The layout of my garden allows for the children to be supervised by both sight and sound at all times.
- My garden is safe, suitable and secure.
- My garden can be accessed directly from the playroom, allowing for free flow between indoors and outdoors.

- The area is enclosed with a fence and two gates, to prevent unauthorised access to the street and other dangers.
- I am diligent in the inspection of the outdoor play area on a daily basis, to ensure it is made safe from hazards.
- My back garden, including all the equipment is well maintained.
- Safe and comfortable outdoor spaces are for children who are not yet walking.
- There is a shaded area for sunny days.
- There is a covered area to protect from rain.
- I have two swings that are secured to the ground including restraints and placed on a shock-absorbing surface.
- Outdoor play equipment is stored in a locked shed when not in use.
- I ensure children have sunscreen protection when needed outdoors.
- All safety precautions are maintained with regard to my house pets (cat and dog) and children are always under my direct supervision outdoors.
- Trampolines:
 - Trampolines, both full and mini-sized, are prohibited from being used, both onsite and during outings.
 - Trampolines, if prescribed as a therapeutic intervention, should only be used for that purpose.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Outdoor Play Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Outdoor Play Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

1. RATIONALE AND PURPOSE

- The policy specifies:
 - When, in what circumstances and for what purpose children have access to the internet.
 - When, in what circumstances and for what purpose the use of photographic or recording devices are allowed in my childminding service. It also outlines in what circumstances and who can view, listen to or retain a photograph or recording of a child.
- It describes the way parents or guardians give consent before their child is given access to the internet, photographed or recorded.

2. PROCEDURES AND PRACTICES

Internet access

- The internet is only used in my service to enhance and support children's learning and development and for limited, intermittent periods of time.
- I accept parents' right not to consent to their children having access to the internet.
- I ensure that software is suitable for use for the child's age and stage of development.
- I supervise children during technology use, including internet access.
- I have a filter on my computer and internet that blocks out inappropriate material.
- I discuss with children the importance of keeping safe online and balancing their time engaged in ICT with other activities.
- Internet is used only for brief periods and to support children's learning.

Photographing and recording children

- I am the only person who photographs and records your child in my service.
- I only take photographs or recordings with the consent of parents/guardians.
- I only take photographs and recordings with the permission of the child/children.
- I only share photographs or recordings with parents and guardians in the service.
- I never post photographs or recordings of the children on social media.
- Photography and recording are not undertaken in areas where children change their clothes, use the toilets or in nappy changing areas.
- Photographs and recordings are taken for the purpose of enhancing children's learning and development, to communicate a child's progress to their parents, in learning stories and individual portfolios, for safety purposes, for example – group photographs on outings.
- I am the only person who has access to recordings and photographs in my service.
- I do not use CCTV in my home.

Viewing of, listening to and retention of photographs and recordings

- Recordings and photographs of children are permitted to:

- The children within the service
- A parent or guardian, in respect of their own child
- An Early Year's Inspector

- For the purpose of:
 - Viewing activities and progress, either currently or retrospectively
 - Enhancing the health, welfare, and development of your child
 - Supporting the annual review of the service
 - Identifying potential risks
 - Inspection

Consent

- I require written consent from a parent or guardian before your child is allowed access to the internet.
- Written consent is also needed from a parent or guardian in order for me to photograph and record your child.
- Both of these consents are included in the Child Record Form.

Storage and retention of images and recordings

- All images and recordings are retained in accordance with [Data Protection Requirements](#).
- Images and recordings are kept securely in an electronic file on my password protected computer. Printed photographs are retained in each child's portfolio.
- Images and recordings are kept in my home until your child leaves my service.
- Images and recordings are given to parents/guardians on a regular basis, on request and when your child leaves my service.
- Any remaining images and recording are deleted or destroyed, for example – computer file deleted, USB stick erased.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Use of Internet, Photographic and Recording Devices Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Use of Internet, Photographic and Recording Devices Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 15: RISK MANAGEMENT POLICY

1. RATIONALE AND PURPOSE

- The policy specifies how I assess any potential risks to the safety of the children.
- It describes the steps I take to either eliminate those risks or reduce them.

2. PROCEDURES AND PRACTICES

Details of each risk assessments

- I carry out regular risk assessments of all aspects of my service and take remedial action as required.
- Each risk assessment details:
 - The potential hazard being assessed
 - The current controls in place to address the risk
 - An assessment of the risk
 - Additional controls needed to eliminate or reduce the risk
 - Those responsible for implementing the additional controls, where appropriate

Identifying hazards and completing the risk assessment

I complete risk assessments to identify any potential hazards which may pose a risk to:

- My childminding service being well governed, for example the risks associated with -
 - Vetting, qualifications and training
 - The number and age of children in my care at any one time
 - My planned and unplanned absences
 - The emergency person
 - The review of quality and safety in my childminding service
 - Record management
 - Notification of incidents
 - Complaints
- The health, welfare and development of each child, for example the risks associated with –
 - My care practices and programme
 - Children’s rest and sleep
 - Children’s play experiences
 - Food and drink
- The safety of each child, for example the risks associated with –
 - Safeguarding children
 - Children’s records of attendance and checking in and out
 - My first aid training and equipment
 - Fire safety measures

- Supervision of children
- My home being safe, suitable and appropriate for the care and education of children, for example, the risks associated with –
 - Equipment and materials
 - My premises
- I use the [Health and Safety Authority: A Guide to Risk Assessments and Safety Statements](#)
- I also use their online tool www.besmart.ie/ to assist me in the risk assessment process. These risk assessments form part of my safety statement.

Individual Risk Assessment

- An Individual Risk Assessment is an assessment of the potential risks that might occur in relation to a child and their individual needs.
- I will develop an Individual Risk Assessment where warranted, for example – a child with allergies, medication requirements, difficulties relating their behaviour.
- These Individual Risk Assessments provide an input to the child's care plan.

Involving relevant parties in risk assessment

- I involve children and their parents and guardians in the risk assessments, where relevant.
- The risk assessment records any person involved in the process.

Risk management records

- My completed risk assessments are documented.
- A child's risk assessment is retained with their personal file.
- I keep risk management records for *{state how long}*.
- Each risk assessment is reviewed annually or more frequently if needed.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Risk Management Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.
- I will make a copy of this Risk Management Policy, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 16: SETTLING IN POLICY

1. RATIONALE AND PURPOSE

- The policy describes the procedures in place to facilitate your child's integration into my childminding service and their transition to primary school.
- To ensure your child's transitions are made as easy and comfortable as possible.
- It details how we work together, through your child's transitions to make them positive experiences and how you can be involved.

2. PROCEDURES AND PRACTICES

Settling-in procedure

- I will support and help you and your child to settle in using a phased approach and make this transition as easy and comfortable as possible.
- I will arrange for your child to visit my home and spend some time with the other children in the service with their parents present.
- I will encourage you to provide me with lots of information about your child, for example – their likes, dislikes, routines, favourite activities, how to comfort them.
- I will arrange some short stays for the child on his/her own, over a period of time prior to the child's start date.
- You are encouraged to stay until your child is settled, relaxed and happy in my home.
- I will ensure the settling period is not hurried, to give support and reassurance to your child for as long as required.
- If a child becomes very upset during the settling in period, I will call and inform parent.
- I always encourage parents or guardians to collect their child on time.
- I will establish a routine that the child can relate to and take comfort in.

Transitioning to preschool and primary school

- I will make this transition as seamless and positive as possible for your child.
- If requested and with your permission, I will provide information about your child to the preschool/ primary school, for example – their interests, strengths.
- To make the transition to preschool/ primary school as easy and comfortable as possible, I will talk to your child about your chosen preschool/primary school and what it will be like.
- We may also visit the preschool/ primary school if the opportunity arises.

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Settling In Policy at enrolment.
- Parents/guardians confirm that they have read and accepted this policy.

- ➡ I will make a copy of this Settling In Policy, including any significant changes/updates, available to all parents and guardians.
- ➡ I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature:

SAMPLE 17: SAFETY STATEMENT

1. RATIONALE AND PURPOSE

- The Safety Statement is a written commitment to managing safety and health in my service.
- I am committed to safeguarding the children in my care and to providing a safe environment where children can play, learn and develop.
- It is a Safety Statement within the meaning of the Safety, Health and Welfare at Work Act 2005.
- My statement is developed in accordance with the [Health and Safety Authority: A Guide to Risk Assessments and Safety Statements](#)

2. PROCEDURES AND PRACTICES

- I have developed my Safety Statement using the www.besmart.ie/ online tool that has guided me through the risk assessment process.
- My Safety Statement is specific to my childminding service.
- See my attached Safety Statement.

{besmart.ie is a free online tool that will guide you through the entire risk assessment process using simple language and easy-to-follow instructions. On completion you will have a workplace-specific safety statement that can be downloaded, edited, printed, and implemented in your workplace.

Register, select your business type and then work your way through a series of questions about the hazards in your workplace, answering 'yes', 'no' or 'not applicable'.

You then need to walk around your workplace, consult with your employees and make sure that no hazards have been missed (a blank template will allow you to risk assess any hazards specific to your workplace that have not been covered and you can search for additional hazards at the end of the process). When you have finished you can download, edit, and print your safety statement.}

3. COMMUNICATION OF POLICY

- Parents/guardians are informed about the Safety Statement at enrolment.
- Parents/guardians confirm that they have read and accepted this statement.
- I will make a copy of this Safety Statement, including any significant changes/updates, available to all parents and guardians.
- I welcome discussion, questions or comments on this policy.

4. DATE OF POLICY AND CHILDMINDERS SIGNATURE

Date policy was written:

Date policy is to be reviewed:

Childminder's Signature: