

TEMPORARY CHILDCARE SCHEME FOR
ESSENTIAL HEALTH WORKERS

KEY DOCUMENTS FOR SERVICE
PROVIDERS, CHILDCARE PRACTITIONERS
AND PARENTS/GUARDIANS
VERSION 1- 7TH MAY 2020

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INTRODUCTION – TEMPORARY CHILDCARE SCHEME FOR ESSENTIAL HEALTH WORKERS

In recognition of the fact that childcare is crucial to enable the health sector to continue to operate during this unprecedented public health emergency, the Government has asked the Department of Children and Youth Affairs to oversee the provision of childcare in the homes of essential healthcare workers.

This Temporary Childcare Scheme for Essential Health Workers will only be active during the period of the COVID-19 pandemic. The Department of Children and Youth Affairs will determine when this scheme ends.

The scheme will provide up to 45 hours of childcare per week for each healthcare worker's family. Normally one childcare worker will support each family.

What is the Temporary Childcare Scheme for Essential Health Workers?

This Temporary Childcare Scheme for Essential Health Workers allows essential health workers to have their children cared for in their own home. It enables access for essential health workers to childcare practitioners who give safe care and who provide play and learning activities.

The Temporary Childcare Scheme for Essential Health Workers involves DCYA, Pobal and 30 Childcare Committees around the country coordinating and managing a list of childcare practitioners.

These staff remain under the management and supervision of their current employer and payment is through their employer.

Whilst this type of childcare is not required by law to be registered, childcare practitioners are Garda-vetted and will be working under supervision.

Who can avail of Temporary Childcare Scheme for Essential Health Workers?

The scheme is for essential health workers whose childcare needs are not currently being met and who require additional childcare provision in order to work.

The role of service providers

Services approved to operate the Temporary Childcare Scheme for Essential Health Workers will be required to meet some normal operating requirements such as:

- Have an agreement between the service and parent/guardian (a sample contract is provided at Appendix B)
- Have a child record (Appendix C) for each child under their supervision
- Maintain employee records
- Continue support and supervision of their employees
- Continue payment of employees

Other requirements specific to the operation of the Temporary Childcare Scheme for Essential Health Workers will be necessary such as engagement with Parents and the childcare practitioner for the completion of a number of key documents, including a contract. It is the service provider's

responsibility to ensure a contract is reviewed and completed with the childcare practitioner and parent/guardian for each family. It is not compulsory to use these templates but it should be noted that they have been developed specifically for the scheme.

This information pack also includes key documents and policies to support delivery of the Temporary Childcare Scheme for Essential Health Workers. These templates can be revised or used as is. Some of these may be useful for both Service Providers and/or the Childcare practitioner.

For your convenience a checklist of documents to be provided to the childcare practitioner and parents can be found at Appendix t. This should be completed in consultation with each childcare practitioner and parent ensuring that all necessary forms and service policies have been made available to them. (either electronically or by hard copy).

The role of Childcare Practitioners in a home setting

It must be recognised that this is a new role for early learning and care and school-age childcare practitioners. Although employed by an early learning and care/school-age childcare service, this new role, will, at least in its initial phase, be exclusively in a home setting. However, the fundamental principles of the work have not changed. A childcare practitioner is a professional, offering children safe, nurturing, good quality care and providing them with play and learning opportunities that contribute to their development. It is important that the childcare practitioner and service provider discuss and consider this new role together, including issues such as: working alone in a home setting, possibly working longer hours, working with older children and a mix of ages, possibly supporting children with school work and possibly a bedtime routine.

It will be a requirement that the service manager or another person in charge will be available to the childcare practitioner at all times. It is important that daily contact between the service and the childcare practitioner is maintained and that any concerns are discussed early. A record of contact should be retained. The service will be required to provide an emergency contact if the service manager is unavailable.

To support this new care arrangement a few suggestions for consideration:

- Initial discussion and completion of relevant forms must take place between the service provider in consultation with the parent/guardian over the phone and be sign via email.
- Hold an initial introduction meeting half hour prior to parent leaving.
- At the start of each session the practitioner should arrive within in an appropriate timeframe to complete a handover with parents and to support transition of care.
- Transitions supports – Practitioner and children provide information about themselves – all about me – likes/dislikes.
- Clear communication channels including discussions around house rules for different age groups such as: school work – technology – pets.
- What action the childcare practitioner should take in the event of a medical emergency.

Funding of the Scheme

The scheme is being managed and majority funded by the Department of Children and Youth Affairs. The Department will pay a weekly rate of €841.95 per participating family to Service Providers for a 45-hour week. There will be a co-payment for each family of €90 per week, payable

directly to the service provider, as a contribution to the cost. The overall payment to the service, therefore, will be €931.95 per family per week. This sum is intended to cover all costs of provision.

It is open to services also to offer part-time childcare. Part-time places will be funded for 22.5 hours per week, and the Department will pay a weekly rate of €420.98. For part-time childcare, the co-payment for families will be €45 per week.

The Department is not the employer and so does not determine the wage paid to childcare practitioners by their employers. The total scheme payment of €931.95 per week is calculated on an assumption that employers will pay an average wage of €15 per hour, though it is recognised that the wage received by an individual childcare practitioner participating in the TCSEHW will depend on the employer's own payment policies. An overhead contribution of €135 per week per full-time childcare practitioner (or €67.50 part-time) is also included in the €931.95 payment. This overhead contribution includes payment for management and supervision of staff participating in the scheme and for managers' role in liaison with parents. The balance covers employer PRSI and accrued holiday pay.

Services that are availing of Revenue's Temporary Wage Subsidy Scheme (TWSS) and DCYA's Temporary Wage Subsidy Childcare Scheme (TWSCS) may also participate in the TCSEHW. However, they should not claim pay-related elements of TWSS/TWSCS for practitioners or managers who are taking part in the Scheme.

The role of CCC's

The City/County Childcare Committees will play a coordination and support role for services and families taking part in the scheme. Their role will include:

- Matching eligible essential health workers who require childcare with those services and childcare practitioners who have volunteered and have been approved to provide childcare as part of the scheme.
- Supporting and offering guidance and advice to services to assist them throughout this process and beyond, to ensure that the services can facilitate their childcare practitioners to provide home-based care as quickly and seamlessly as possible, so that our essential health workers can continue to provide care to those who need it.
- Monitoring outreach staffing capacity in each of the approved services and, if required, assisting in drawing in childcare practitioners from other services.

The role of Pobal

Pobal will provide national management of the scheme. Their role will include:

- Managing the application process for service providers.
- Managing funding and all funding queries.
- Providing a national contact centre for parents seeking childcare through the scheme.
- In collaboration with CCCs, monitoring outreach staffing capacity in each of the approved services and, if required, assisting in drawing in childcare practitioners from other services.

What supports are available?

- FAQs
- Resources on First 5 website <https://first5.gov.ie/practitioners>
- NEW Resources on First 5 website for homebased care (link not live yet)
- ECI shop resources at members prices for all
- Early Years Specialists from CCC and Better Start available through CCCs
- Continued supports through National Voluntary Childcare Organisations and CCCs
- Aistear Síolta Practice Guide <http://aistearsiolta.ie/en/>
- Diversity Equality and inclusion Guidelines <https://play.aim.gov.ie/diversity-equaiity-and-inclusion-charter-and-guidelines/>

APPENDIX A: KEY PRINCIPLES /RISK ASSESSMENT FOR CHILDCARE PRACTITIONERS PROVIDING CHILDCARE IN FAMILY HOMES DURING COVID-19



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Key Principles /Risk Assessment for childcare practitioners providing childcare in family homes during COVID -19

The attached risk assessment template has been produced by Tusla Early Years' Inspectorate. The document should be reviewed by the childcare practitioner and registered provider and the risk assessment should be completed and signed by both parties.

Provision of childcare in the child's home is not a healthcare service. Guidance on the HPSC website intended for delivery of healthcare services is not intended for this context but may be informative. Any person providing childcare, including parents, guardians, extended family or childcare practitioner may transmit infection to a child. Likewise there is a risk that children may transmit to infection to a person caring for them. Although there is at present a particular emphasis on the transmission of COVID-19 it is important to note that on the basis of current evidence COVID-19 is not commonly associated with severe disease in children and COVID-19 infected children may be less likely to spread COVID-19 to others compared with infected adults. Other infectious diseases may represent a similar or greater risk to children than COVID-19. It is appropriate to plan the provision of the child care service in a way that reduces the risk of transmission of infection between childcare practitioner and child (in either direction) without undue impact on the natural physical interaction that is an important part of providing nurturing environment for children.

As this is an evolving situation these measures may change as advice changes.

Resources available for outreach workers and registered providers include

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>
<https://www2.hse.ie/conditions/coronavirus/protect-yourself.html>

Infection Prevention and Control Issues for Service Managers

Ensure that Childcare Practitioners are aware of common symptoms that may suggest serious infection that may spread from them to children (for example cough that lasts for more than 3 weeks, fever, skin rash either red and blotchy or with blisters)

Ensure that Childcare Practitioners are aware of the common symptoms of COVID-19 (fever, cough, shortness of breath and myalgia/muscle aches) and know if they are at particular risk of severe COVID-19.

Ensure that Childcare Practitioners are aware of the measures that they should follow in their personal life to reduce the risk that they may acquire COVID-19 (for example hand hygiene and social distancing)

Ensure that Childcare Practitioners know how to perform hand hygiene correctly and are aware of respiratory hygiene and cough etiquette

Ensure that Childcare Practitioners have appropriate vaccinations or are naturally immune to key infections including measles, mumps, rubella.

Ensure that each Childcare Practitioners work consistently with one household to reduce the risk of spread of infection between households. Two practitioners should be assigned to the same household only in exceptional circumstances.

Infection Prevention and Control Issues for the Childcare Practitioner

Be aware of common symptoms that may suggest serious infection that may spread between you and children you care for (for example cough that lasts for more than 3 weeks, fever, skin rash either red and blotchy or with blisters)

Be aware of the common symptoms of COVID-19 (fever, cough, shortness of breath and myalgia/muscle aches) and know if you are at particular risk of severe COVID-19.

If you develop symptoms of infection including COVID-19 before you go to work call the service manager and do not attend for work.

If you develop symptoms of infection including COVID-19 at work and you are the only responsible person caring for the child /children call the service manager/parents/guardian and try to limit close contact with the child/children until someone comes to replace you.

If you have symptoms of COVID-19 call your doctor for advice or see <https://www2.hse.ie/coronavirus/>

Be aware of the measures you should follow in your personal life to reduce the risk that you may acquire COVID-19 (for example hand hygiene and social distancing)

Know how to perform hand hygiene correctly and perform hand hygiene and encourage children in your care to perform hand hygiene. You can perform hand hygiene with soap and water or with hand sanitiser if your hand are visibly clean.

- any time your hands are dirty (requires soap and water not hand sanitiser)
- on arrival at the home and before leaving the home and before touching any surface and before engaging with the family
- after coughing or sneezing
- before and after eating
- before and after preparing food
- after attending to a child with a fever or respiratory symptoms (cough, shortness of breath, difficulty breathing)
- after toilet use, changing nappies or cleaning up animal waste
- before spoon feeding a child or brushing their teeth

Note it is easier to perform hand hygiene properly if your nails are short, you are not wearing nail polish or artificial nails and you do not wear rings (or limit to one plain band)

Take care of your skin. Use moisturiser to prevent frequent hand hygiene from damaging the skin of our hands. Healthy skin is a very important barrier against infection.

Try not to touch your face (eyes, nose or mouth) with your hands.

Know how to practice respiratory hygiene and cough etiquette and encourage children in your care to practice respiratory hygiene and cough etiquette

Respiratory hygiene and cough etiquette means that you cover your mouth and nose with a tissue when you cough and sneeze. Put used tissues into a bin and then wash your hands. If you do not have a tissue, cough or sneeze into the crook of your elbow.

Do not share eating and drinking utensils with the children you are caring for unless they have been washed.

Maintain a distance of 2 m from adults in the house where you provide childcare.

Keep surfaces clean in particular where children eat or drink or play.

When outdoors with children in your care avoid as much as possible being within 2 m of other people and encourage children to perform hand hygiene on return to home.

If you are out of the home with children in your care avoid crowded places where a distance of 2 m cannot be maintained.

If you notice that a child is feeling unwell and developing symptoms of infection such as a new cough, temperature or shortness of breath call a family member and your manager.

If you arrive at a home **and find that a member of the family has a new cough**, temperature or shortness of breath maintain a distance of at least 2 m or more and call your manager

Gloves are generally not appropriate for most childcare activities including those that involve contact with intact skin. Disposable gloves may be required for contact with body fluids or faeces (for example changing nappies).

If glove use is required for some aspects of the care of children you are caring for ensure that you know how to remove them and dispose of them safely and remember that you must always perform hand hygiene immediately after disposing of the gloves.

Infection Prevention and Control Issues for Families

Let the service provider and the outreach worker know as soon as possible if any member of the family has a new cough, temperature or shortness of breath.

Support the outreach worker in maintaining a distance of 2m from you and other adults in the house as much as possible.

1. The following Risk Assessment should be completed by the Registered Provider in conjunction with the childcare practitioner and parent / guardian.

Hazards ¹	Is the hazard present? Y/N	What is the risk?	Risk rating H = High M = Medium L = Low	Control measures	Is this control in place? Y/N	If no, what actions are required to implement the control?	Person responsible	Date action completed
Children who have <u>not</u> been in contact with a person with COVID-19	No	Negligible	Low	No specific measures follow other than COVID 19 Guidance https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronaviruses/				
Children who are well and have been in contact with a person diagnosed with COVID-19	Yes	Transmission of Virus to staff, parents and or children	M	These people should have been identified as close contacts by Public Health. They need to self-quarantine for 14 days at home restricting their movements and be vigilant of symptoms and phone their GP if they become unwell.				

¹ Hazards and Control measures are taken from 'Guidance for staff in childcare and educational settings, including language schools about novel Coronavirus (COVID-19) V1.1.05.03.2020' <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/> This Risk Assessment may need to change if guidance is updated.

Hazards ¹	Is the hazard present? Y/N	What is the risk?	Risk rating H = High M = Medium L = Low	Control measures	Is this control in place? Y/N	If no, what actions are required to implement the control?	Person responsible	Date action completed
If a child starts to feel unwell and develop symptoms: cough, fever or shortness of breath while with a childcare practitioner	Yes	Transmission of Virus to staff, parents and or children	H	The childcare practitioner worker should (a) <u>phone</u> the child's parents /guardians and (b) own service provider manager immediately. If space is available and if it is safe to do so move the affected child 2 metres away from the other children who may be in the house (set up an activity within eye contact distance to engage the other child(ren), Stay with the ill child until support arrives.				
If the childcare practitioner starts to feel unwell and develop symptoms: cough, fever				The childcare practitioner worker should (a) phone the child's parents /guardians and (b) own service provider manager immediately.				

Hazards ¹	Is the hazard present? Y/N	What is the risk?	Risk rating H = High M = Medium L = Low	Control measures	Is this control in place? Y/N	If no, what actions are required to implement the control?	Person responsible	Date action completed
or shortness of breath while with at work								
If a visitor calls to the home whilst childcare practitioner is present				Under current restrictions the visitor is not permitted in the home and the childcare practitioner must maintain 2m social distance at all times.				

Risk Assessment carried out by: (Signed by Childcare Practitioner and Service provider)

Date: / /

APPENDIX B- CONTRACT BETWEEN XXXX SERVICE & PARENT- SAMPLE

A copy to be retained as part of service records, a copy for parent(s) and a copy for the childcare practitioner

Service/Childcare practitioner Contact Details

Name of Service:

Address:

Phone Number:Mobile no:.....

Name of Service Manager:Mobile no:

Name of Childcare Practitioner (s): 1..... 2.....

Mobile no: worker 1: Mobile no: worker 2:.....

Parent/Guardian Contact Details

Name of Parent(s)/Guardian:

Address:.....

Phone no:Work no: Mobile no:.....

Name of Child:

Address (if different from above):

Notes: (i.e. contacting during work)

.....
.....
.....

Handover: Child/ren care may be handed over to (i.e other childcare practitioner)

.....
.....
.....
.....

The Child/ren care will not be handed to any other person, unless prior instruction has been given personally to the Service/Childcare practitioner by the parent.

Outreach/Home based provision start date / /

	Mornings	Afternoons	Evening
Monday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Tuesday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Wednesday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Thursday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Friday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Saturday	Start____ Finish____	Start____ Finish____	Start____ Finish____
Sunday	Start____ Finish____	Start____ Finish____	Start____ Finish____

Outreach/Home based provision Details

(Tick as appropriate)

Childcare practitioner to prepare:

Breakfast Lunch Snacks Dinner

Other Specify

Meals to be agreed between Childcare practitioner and Parent

Service to provide to Childcare Practitioner:

Hand sanitiser Gloves Apron First Aid box

Parent to provide in the home:

Nappies Food children toiletries Medication (calpol/Ibuprofen)

Access to change of clothes for child/ren Sun screen

First Aid box Notebook Outline of child/ren’s routines

General statements

- The childcare practitioner is garda vetted and qualified in line with regulatory requirements and is a mandated reporter for child safeguarding purposes
- The childcare practitioner will follow best practice and the service policies in relation to supervision of sleeping children, infection control, administration of medication and dealing with accidents
- The childcare practitioner should have access to a phone at all times
- The childcare practitioner will provide parents with a written account of the days activities, food prepared and of any incident /accidents or any changes to the child’s routine that may have occurred (in a notebook provided)

- A notebook/scrapbook depending on the child’s age should be used with the child to share or document their time together. This can be completed in flexible way at times that are suitable for the childcare practitioner and child during the day/week. □
- The childcare practitioner will follow HPSC/HSE guidance in relation to Covid 19 □
- All concerns of either the parent/guardian or childcare practitioner relating to the home based childcare provision to be addressed to the service Manager in the first instance, in line with the service complaints policy □
- A copy of all relevant service policies and procedures will be provided to parent/guardian □

Service Manager

Signature: _____ **Date:** _____

Parent or Guardian

Signature: _____ **Date:** _____

Child (3) Full Name:

Date of birth: ___/___/___ Sex: Female: () Male: ()

Any medical conditions, illness, and/or allergies? Yes/No If yes please provide details

Medication requirement: Yes/No If yes please provide details

Child's First language: _____

Child (4) Full Name:

Date of birth: ___/___/___ Sex: Female: () Male: ()

Any medical conditions, illness, and/or allergies? Yes/No If yes please provide details

Medication requirement: Yes/No If yes please provide details

Child's First language: _____

Home Address:

Details of Parents/Guardians

Name: (1) _____

(2) _____

Relationship to Child: (1) _____ (2) _____

Home Tel no: (1) _____ (2) _____

Mobile number :(1) _____ (2) _____

Contact email :(1) _____ (2) _____

Parent/Guardian's first language:

Work Details

Place of Work: (1) _____ (2) _____

Work contact no: (1) _____ (2) _____

Work email: (1) _____ (2) _____

Person(s) authorised to take over care of my child (other than the parents)

Name :(1) _____ (2) _____

Address :(1) _____ (2) _____

Relationship to child: (1) _____ (2) _____

Contact no: (1) _____ (2) _____

Mobile :(1) _____ (2) _____

Nominated Temporary Contacts

Name: (1) _____ (2) _____

Address: (1) _____ (2) _____

Relationship to child: (1) _____ (2) _____

Contact No: (1) _____ (2) _____

Landline: (1) _____ (2) _____

Mobile: (1) _____ (2) _____

Date form filled in: ___/___/___ Information updated: 1) ___/___/___ (2) ___/___/___

Medical History

Has any child/ren been hospitalised for any major illness or injury, if so please give details:

Family Doctor:

Address:

Contact Tel no:

Immunisation Record (Please enter date received)

Age	Where	Vaccine	Date Received	Child's Name
Birth	Hospital/Clinic	BCG (TB)		
2 Months	GP	6 in 1 + PCV		
4 Months	GP	6 in 1 + Men C		
6 Months	GP	6 in 1 + Men C + PCV		
12 Months	GP	MMR + PCV		
13 Months	GP	Men C + Hib		
4-5 Years	GP/School	4 in 1 + MMR		

In Ireland it is not a statutory requirement that children must be immunised (vaccinated) in line with the National immunisation schedule. This is a parent's choice. **It is highly desirable that children are vaccinated** in accordance with the schedule unless contraindicated for medical reasons.

The registered provider must keep a record of immunisations, if any, received by the child; so they are aware of children who are vaccinated and those who are not vaccinated so that they can be protect staff (i.e. pregnant) and children in the event of such an infectious disease occurring.

Additional Needs

Does your child/ren have any additional needs?

Tell me about your child’s strengths and abilities.

Please outline details and special requirements if any:

Does your child have any particular needs/strategies in place that I can support them with?

Please outline details and any supports, resources and strategies you recommend.

Does your child/ren have any specific dietary/cultural requirements?

Please outline details:

Does your child/ren have any fears or phobias and if so please describe?

Additional Information

Name of close personal relationships in your child/ren’s life:

Can you describe your child’s main interests??

Does your child/ren use ‘pet’ language for special comfort toys?

Does your child/ren have particular routines (daily/night time) that you wish followed?

Notes provided by parents concerning the above are attached to file:

Yes ____ No ____

Parental Consent Form

1. Temporary Medical Care

I understand that every effort will be made to contact the named guardian or next of kin in the event of an emergency, requiring medical attention. However, if none of these can be contacted I hereby authorise the Childcare practitioner to contact my doctor’s surgery and to follow their advice such as to transport my child to the doctor’s surgery or to the appropriate hospital A/E department by ambulance or as is necessary and to secure the necessary medical treatment for my child. I give my permission for my child to be given appropriate emergency medical treatment.

Patient Number if the child attends any clinics/specialists in the hospital:

Parent/Guardian’s signature: _____ Date: ___/___/___

2. First Aid

I authorise that the Childcare practitioner trained in First Aid may administer First Aid to my child as appropriate.

Parent/Guardian's signature: _____ Date: ___/___/___

3. Antipyretic

I consent to teething gels and temperature control medication in accordance with the policy and procedures of the service.

NB: Parents will always be informed when medication has been administered to their child.

Parent/Guardian's signature: _____ Date: ___/___/___

4. Permission for Outings

I authorise that my child may be taken on outings/walks that may be planned outside the home in line with permitted current HSE guidance. I understand that all necessary precautions will be taken to ensure my child's safety.

Parent/Guardian's signature: _____ Date: ___/___/___

5. Internet, Photo and Recording Permission

I give permission for _____ (child's name) to access the **internet on an agreed device as decided by the parents**. The Internet is used only for brief periods and to support children's learning in accordance with the service policy.

I give permission for _____ (child's name) to be **photographed or recorded on an agreed device**. Photographs/recordings may be used for:

- Giving feedback to parents
- Viewing activities and progress, either currently or retrospectively;
- Enhancing the health, welfare and development of your child;
- Identifying potential risks;

Parent/Guardian's signature: _____ Date: ___/___/___

N.B. Staff will never record or upload images onto their personal social media.

6. Access to their Pets

I give permission for my child to be in contact with or have supervised access to their pets. Care will be taken to ensure that the health, safety and welfare of the children is not put at risk.

Parent/Guardian's signature: _____ Date: ___/___/___

7. Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the service sun protection policy.

Parent/Guardian's signature: _____ Date: ___/___/___

8. Parent/Childcare practitioner Declaration

I have read and understand the policies referred to above. I will notify the Childcare practitioner and their service provider of changes to any of the details in this form.

Parent/Guardian's signature: _____ Date: ___/___/___

Childcare Practitioner signature: _____ Date: ___/___/___

APPENDIX D – MEDICATION CONSENT FORM – SAMPLE

A copy to be given to childcare practitioner

Child's full name:	
Child's address:	
Date of birth:	
Details of medical condition (what medicine is for):	
Name of medicine:	
Name and contact details of prescriber:	
Dosage of medicine:	
Route for administration of medicine (circle correct one):	Oral (by mouth) Topical (rub in) Inhale Injection Rectal
Frequency of dosage/ times to be given:	
Effective from:	Date:
Effective to:	Date:
Any other information (side effects, potential adverse reaction, special precautions):	
How the medication is to be stored (as on directions given on medication label):	
Printed name of parent:	
Signature of parent or guardian authorising medicine:	
Date:	

APPENDIX E – MEDICATION ADMINISTRATION RECORD- SAMPLE

A copy to be given to childcare practitioner

Each time medication is to be administered, I first:

- Confirm the child’s identity.
- Check that parent’s/guardian’s written consent has been given.
- Check when medicine was last given.
- Check the administration instructions, including the name of the medication, the method and times for administration and the required dose.
- Check whether medication is within date.

Child’s name:

Date	Time	Name of Medication (state whether prescribed or non-prescribed)	Dose Given	Route of administration (by mouth, injection, inhale, rectal, topical – rub in)	Signature of person administering	Notes

APPENDIX F – ACCIDENT AND INCIDENT FORM - SAMPLE

Copy to be given to childcare practitioner

(If completed copy should be provided to the Service Provider and parent /guardian)

Name of child affected:		Date of birth of child:	
		Age of child:	
Name of person dealing with the accident/incident:		Date and time of accident/incident:	
Place of the accident/incident:		Detailed description of the accident/incident:	
Circumstances surrounding the accident/incident, including any apparent illness or symptoms:			
Name of parents/guardians contacted and time they were contacted:			
Nature of the injury:			
Treatment provided (medication or first aid administered)			
Medical personnel or Temporary services contacted and time of contact:			
Details of any person(s) present:			
Details and signatures of any witness(es):			

Name of those to whom the accident was notified and date and time:	
When the child was collected/removed to hospital and by whom:	

Details of the accident area/layout, including the number of adults and children present:				
Details of all communications with parents/guardians in relation to the accident/incident:				
Details of whether the incident/accident has been notified to Service Provider: Yes/No				
Notification details to other external parties				
Notified to	Yes	No	Date	Details
Tusla Social Work Services (if there is a child protection concern)				
An Garda Síochána (where this is a danger to staff or children, or a criminal offence)				
Health and Safety Authority (where the incident is dangerous or staff member has been injured as a result)				

The service's insurance (where appropriate)				
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To be completed by parent(s)/guardian(s)	
Print Name(s):	
Signature(s):	
Time & Date:	

To be completed by the person writing the report	
Print Name:	
Signature:	
Time & Date:	

Completed documents to be sent (by email) to the Registered Provider for review and close off.	
Print Name:	
Signature:	
Date:	

APPENDIX G – HANDWASHING RESOURCES

Rufus handwashing programme can help you teach children good handwashing habits. This is particularly important before eating, after using the toilet, after playing outside and after touching animals.



More resources can be found at <https://www.safefood.eu/Education/Additional-information/Handwashing.aspx>

APPENDIX G – SAMPLE HAND WASHING PROCEDURE²

Washing your hands

Hand washing is important:

- ◆ If hands are not clean they can spread germs.
- ◆ **You should wash your hands thoroughly and often** with soap and warm water and **especially:**
 - When hands look dirty
 - Before and after preparing, serving or eating food
 - Before and after dealing with sick people
 - Before and after changing the baby's nappy
 - Before and after treating a cut or a wound
 - After handling raw meat
 - After going to the toilet or bringing someone to the toilet
 - After blowing your nose, coughing or sneezing
 - After handling rubbish or bins
 - After handling an animal or animal litter/droppings
 - After contact with flood water
- ◆ A quick rinse will not work – your hands will still have germs. To wash hands properly:
 - Rub all parts of the hands and wrists with soap and water for **at least 15 seconds** (or as long as it takes to sing the "Happy Birthday to you" song two times!)
 - Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom of your thumbs – the pictures here will help.

Getting ready to wash your hands:



◆ Remove hand & wrist jewellery
- rings, watch, bracelets



◆ Wet hands thoroughly under warm running water



◆ Apply a squirt of liquid soap to cupped hand

Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!



◆ Rub palm to palm 5 times making a lather/suds



◆ Rub your right palm over the back of your left hand and up to your wrist 5 times
◆ Repeat on the other hand



◆ With right hand over the back of left hand, rub fingers 5 times
◆ Repeat on the other hand



◆ Rub palm to palm with fingers interlaced



◆ Wash both thumbs using rotating movement



◆ Wash nail beds—rub the tips of your fingers against the opposite palm

Rinsing and drying your hands:



◆ Rinse hands well making sure all the soap is gone



◆ Dry hands fully using a clean hand towel or a fresh paper towel
◆ Bin paper towel after use

Remember -
Clean hands save lives &
stop the spread of many infections



Heilthéireannacht na Seirbhíse Sláinte
Health Service Executive
Compiled by Dept of Public Health, Midlands.
January 2016

Adapted from [Handwashing technique poster HSE Strategy for Antimicrobial Resistance in Ireland](#); additional image: [Dreamstime.com](#). Putting some soap on hands © Adamgregor

² Management of Infectious Disease in Childcare Facilities and Other Childcare Settings, page 75.

APPENDIX H – RESPIRATORY HYGIENE

Coughing and Sneezing

- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve



- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



APPENDIX I- SYMPTOMS: MENINGITIS & SEPTICAEMIA

Seek medical attention immediately if you are worried that someone has Meningitis / Septicaemia.

Meningitis and septicaemia Know the symptoms

Red symptoms are more specific to meningitis and septicaemia and less common in milder illnesses. Not everyone gets all these symptoms.



MENINGITIS	SEPTICAEMIA
Fever and/or vomiting	Fever and/or vomiting
Severe headache	Limb/joint/muscle pain
Rash	Cold hands and feet/shivering
Stiff neck	Pale or mottled skin
Dislike of bright lights	Breathing fast/breathless
Very sleepy/vacant/difficult to wake	Rash
Confused/delirious	Very sleepy/vacant/difficult to wake
Seizures (fits)	Confused/delirious

APPENDIX J- CHILDCARE PRACTITIONER ATTENDANCE SHEET- SAMPLE

Copy to be given to childcare practitioner

Record Arrival and Departure time								
Childcare Practitioner Name:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day	Arrive							
	Leave							
Afternoon	Arrive							
	Leave							
Evening	Arrive							
	Leave							
Parent Signature:								
Week No:								

APPENDIX K – FIRST AID BOX CHECKLIST – SAMPLE

Copy to be given to childcare practitioner

Contents	Date checked/amount:	Date checked/amount:	Date checked/amount:
Hypoallergenic Plasters			
Sterile eye pads			
Latex gloves – non-powdered latex or Nitril Gloves (latex free)			
Sterile eye wash			
Individually wrapped triangular bandage			
Safety pins			
Small individually wrapped non-stick sterile unmedicated wound dressings			
Fever scan thermometer			
Items to be replaced:			
Date replaced:			

APPENDIX L- LONE WORKING POLICY – TEMPORARY CHILDCARE SCHEME FOR ESSENTIAL HEALTH WORKERS– ADDITIONAL INFORMATION FOR THE SERVICE PROVIDER

During this period you will have staff members work in a home-based capacity from your Early Learning and Care/School Age Childcare service to the home of an assigned family. As lone workers they will work by themselves without close or direct support and supervision.

The purpose of this policy is to clarify the health and Safety aspects of the work they will undertake.

The staff member should continue to fulfil their duties under the health and safety and welfare policies of their usual employment.

You should draw their special attention to the:

- Sleep Policy
- Positive Behaviour Policy
- Child Protection – Children First Policy

Employees are being asked to take care of their own health and safety and that of others who may be harmed by their actions at work.

As an employer, you are required by law to protect your employees, and others, from harm.

Personal Protective Equipment

It is the responsibility of the service provider to provide its employee's with Personal Protective Equipment (PPE). It is necessary to discuss with individual staff and their assigned families what supplies are required.

Hand sanitizer, gloves, aprons, first aid box. Some of these items may be in the home, if not, the service will be required to provide.

In line with the "Guidelines for the management of infectious diseases in childcare settings" staff should wear appropriate Personal Protection Equipment (PPE) where contact with blood or body fluid is anticipated. This will include disposable aprons and gloves provided by your service to staff on site. Sufficient supplies must be maintained to enable staff to replace PPE regularly as required.

Gowns and masks are not required and should not be worn. Further information on PPE can be found at <https://www.hpsc.ie/a-z/lifestages/childcare> (pages 11-12).

Ensure those you agree to send as childcare practitioners to designated homes are competent for the tasks required.

The service manager – or another person in charge – is responsible for making sure the childcare practitioner can be contacted at all times by mobile phone.

The service manager – or another person in charge – are required to check in by phone regularly with your staff member to provide support and supervision.

The service manager – or another person in charge – should be available at all times when a childcare practitioner is working in case the childcare practitioner or parent needs to contact you.

APPENDIX M- GUIDANCE FOR SUPPORT AND SUPERVISION BETWEEN SERVICES AND THE CHILDCARE PRACTITIONER WORKING IN THE HOME SETTING

Good support and supervision can give staff an opportunity to reflect on their practice, explore any worries or concerns and help to improve outcomes for the children and families who use the Temporary Childcare Scheme for Essential Health Workers and the staff member/s themselves. Support and supervision enables both the Manager and Childcare practitioner to discuss any issues arising and work towards addressing in a timely and supportive manner.

Effective supervision provides support, coaching and training for the childcare practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork and continuous improvement, which encourages the confidential discussion of sensitive issues. These are all important elements in an outreach/homebased childcare provision model.

Ideally support and supervision should take place monthly or every six weeks. In this new context it is important that staff feel supported on an ongoing basis. It is therefore recommended that staff are contacted daily for a brief check-in call and that weekly a full debrief meeting is held.

This guidance does not replace your service's current support and supervision policy but rather supplements in the current Temporary situation.

Sample Procedure

- Once assigned a family a programme of support and supervision will be agreed between the Line Manager and each staff member.
- A daily check-in call (approx. 5 mins) from the Manager to staff will occur. This call should consider the care and welfare of individual children, Staff welfare and support, contact and work with parents/guardians and Health and safety issues.
- A weekly debrief video call/meeting (approx. 15-30 mins) will be held with all staff by the Manager.
- Calls should consider specific areas of work, issues emerging, work with children in their care, equipment needs, training needs, any new ideas/reflections on quality practice and personal well-being.
- The Manager/Supervisor will keep a brief written record of these regular meetings for inclusion in the personnel file of each staff member, these notes will be dated and signed by both parties when it is practicable to do so.
- Actions arising from weekly debrief call/meeting will be reviewed at the following weekly call/meeting.

You might record it as follows:

Name of Staff	Date/Time	Issues Discussed	Resources Needed	Actions Agreed

APPENDIX N- WELL BEING POLICY

Copy to be given to childcare practitioner

The following information is from the HSE:

Minding your mental health during the coronavirus outbreak

Infectious disease outbreaks like coronavirus (COVID-19), can be worrying. This can affect your mental health. But there are many things you can do to mind your mental health during times like this.

How your mental health might be affected

The spread of coronavirus is a new and challenging event. Some people might find it more worrying than others. Try to remember that medical, scientific and public health experts are working hard to contain the virus.

Most people's lives will change in some way over a period of days, weeks or months. But in time, it will pass.

You may notice some of the following:

- increased anxiety
- feeling stressed
- finding yourself excessively checking for symptoms, in yourself, or others
- becoming irritable more easily
- feeling insecure or unsettled
- fearing that normal aches and pains might be the virus
- having trouble sleeping
- feeling helpless or a lack of control
- having irrational thoughts

How to mind your mental health during this time

Keeping a realistic perspective of the situation based on facts is important. Here are some ways you can do this.

Stay informed but set limits for news and social media

The constant stream of social media updates and news reports about coronavirus could cause you to feel worried. Sometimes it can be difficult to separate facts from rumours. Use trustworthy and reliable sources to get your news.

[Read up-to-date, factual information on coronavirus in Ireland here.](#)

On social media, people may talk about their own worries or beliefs. You don't need to make them your own. Too much time on social media may increase your worry and levels of anxiety. Consider limiting how much time you spend on social media.

If you find the coverage on coronavirus is too intense for you, talk it through with someone close or get support.

Keep up your healthy routines

Your routine may be affected by the coronavirus outbreak in different ways. But during difficult times like this, it's best if you can keep some structure in your day.

It's important to pay attention to your needs and feelings, especially during times of stress. You may still be able to do some of the things you enjoy and find relaxing.

For example, you could try to:

- [exercise regularly](#), especially walking - you can do this even if you need to [self-quarantine](#)
- keep [regular sleep routines](#)
- maintain a [healthy, balanced diet](#)
- avoid excess [alcohol](#)
- practice [relaxation techniques](#) such as breathing exercises
- read a book

Stay connected to others

During times of stress, friends and families can be a good source of support. It is important to keep in touch with them and other people in your life.

If you're advised to limit your social contact to contain coronavirus, try to stay connected to people in other ways. E-mail, social media, video calls or phone calls can help you to stay social during this time.

Remember that talking things through with someone can help lessen worry or anxiety. You don't have to appear to be strong or to try to cope with things by yourself.

Talking to children and young people

Involving your children in your plans to manage this situation is important. Try to consider how they might be feeling.

Give children and young people the time and space to talk about the outbreak. Share the facts with them in a way that suits their age and temperament, without causing alarm.

Talk to your children about coronavirus but try to limit their exposure to news and social media. This is especially important for older children who may be spending more time online now. It may be causing anxiety.

Try to anticipate distress and support each other

It is understandable to feel vulnerable or overwhelmed reading or hearing news about the outbreak.

Acknowledge these feelings. Remind yourself and others to look after your physical and mental health. If you smoke or drink, try to avoid doing this any more than usual. It won't help in the long-term.

Don't make assumptions

Don't judge people or make assumptions about who is responsible for the spread of the disease. The coronavirus can affect anyone regardless of age, gender, nationality or ethnicity. We are all in this together.

Online and phone supports

Face-to-face interaction may be limited during this period. There are many [online mental health resources and phone services](#) that can help.

Free call Samaritans [116 123](#)

APPENDIX O- SUGGESTIONS FOR STAFF PRACTICE

Each home setting is unique, and all children and families are unique. It is important that children are given a voice. Play based activities support children to process information and regulate their emotions. It supports adults to build relationships and tune in to the needs and interests of children. Providing children with a variety of hands on experiences also supports them to express their feelings and release energy. Enjoy building a relationship with the child/ren by providing child led activities that extend on children's current interests and needs.

Just like in your setting you will use Aistear when working with children 0-6 years in their homes. These suggestions may also help with the care of school-age children.

Remember the Aistear Themes:

Exploring and Thinking: This theme is about children making sense of the things, places and people in their world. They do this by interacting with others, playing, investigating, questioning and forming, testing and refining ideas.

Well-Being: This theme is about children being confident, happy and healthy.

Identity and Belonging: This theme is about children developing a positive sense of who they are, and feeling that they are valued and respected as part of a family and community.

Communication: This theme is about children sharing their experiences, thoughts, ideas and feelings with others with growing confidence and competence, in a variety of ways and for a variety of purposes.

Exploring and Thinking:

Materials and resources can be made with children and added to extend on play experiences.

For example:

Try some of these recipes, with the children doing as much as possible. You will be working on a range of skills in these sensory activities. Some skills include: concentration, sequencing, memory building, turn taking and fine motor development. Lots of pre maths and science learning happening with these activities through pouring, measuring, mixing, heating etc.

Playdough recipe

2 mugs of any flour

½ mug of salt

2 tablespoons of vegetable oil

Food colouring if desired

Good squirt of baby cream or conditioner

Some warm water

Plastic sandwich bag for storage

Help the children to mix the ingredients in a bowl. Knead until soft.

Recipe for DIY play sand

7 cups of flour

½ cup cocoa powder

1.5 cups of oil

Add oil to dry ingredients and mix with a spoon to combine. Once mixed, use your hands to ensure the oil has made its way through the flour. The 'sand' will hold its shape and be mouldable.

Scones

- 450g self-raising flour
- 2 level tsp baking powder
- 50g caster sugar
- 100g butter, softened, cut into pieces
- 2 eggs
- a little milk
- handful sultanas (optional)

Add the flour and baking powder together in a bowl. Rub in the butter with your fingertips. Add the sugar. Beat the eggs and mix them in with a spoon. Add a tiny drop of milk and mix until you have a soft dough. Turn out onto a floured board. Shape and pat the dough until it is 2cm thick. Cut out rounds if you have a cutter or other wise use a glass (dip the edge in a bit of flour). Place each scone on a baking sheet covered in parchment paper and rub the top with a drop of milk. Bake at 220C for 12- 15 minutes until risen and golden.

Serve with butter or jam and cream.

Try adding fresh raspberries to the mixture.

Gloop recipe

1 mug of Corn flour

Food colouring

Water

Mix in a bowl and pour onto a tray and play.

This stuff is a lovely sensory activity.

Communication: This theme cuts across all the other themes. Communication is about all the opportunities in the day where we talk and listen to children. Your aim is always to give them opportunities to talk and expand their vocabulary.

- Reading stories together helps build routine and closeness.
- Story Starters: Start imagination stories by looking out the window with a line like ‘A long time ago there was a tiny little fairy who lived under that tree’. Encourage your child to say the next line and the story is built together. The children can also draw the story.
- A great game is to try communicating in silence with no words just using gestures and expressions.
- Card games and board games are great ways to encourage new words and turn taking.

Identity and Belonging:

Children may be experiencing changes to their regular routine and it is important to provide opportunities and experiences that support children to feel safe, secure and to build new connections with adults in their lives. The following activities support the development of identity and belonging. They centre on connections to my family, my friends and my community.

Practitioner suggestion: consider making a book ‘all about me’ that can be shared with children and families in advance of them coming into the home or when they arrive in the home. This is a great way to familiarise children with the new adult coming into the home prior to it happening. It could include: photo of adult, a little about them and their family – things they like etc.

Me and My Family

Who are we and where do we come from? This activity is about the child’s family and the where it originates from in Ireland and elsewhere. Looking at maps and seeing where mum and dad originates from including grandparents. What are the family stories? What jobs did people do in the past? What jobs do people in the family do now?

The Story of Me

This activity is about the child and how they came to be in the family. When is their birthday and where were they born? This is particularly powerful for fostered and adopted children.

Mapping my Community

This activity involves taking a large piece of paper and drawing your home as the centre point. The child can then add in the roads and mark in the school, the shops, the park, the post office, sports pitches or other landmarks. Add in friends' homes or the homes of wider family members. This activity builds the child's understanding of their place in their wider community. This is powerful at this time as it gives children a chance to talk about their friends.

Well Being: Try some of these wellbeing activities that support the healthy development of bodies and minds.

Special considerations at this time: Children may be experiencing a range of emotions and require additional support to regulate these feelings. Children may be feeling more unsettled and anxious, they may be finding it difficult to process and regulate their feelings. Through building a connection with the child(ren) you will support children to feel safe and secure and to express their needs.

Encouraging communications

- Help children to recognise and regulate their feelings and use language that identifies these feelings. Example: I can see you are frustrated, but it's not okay to hit.
- Do not expect a response from the child, this can add to an already anxious state

Be approachable

- Support the child(ren) to recognise their feelings and emotions. Suggest how they can regulate their emotions and express these appropriately. Give a child positive strategies they can use.
- Ensure a child feels comfortable with saying things to you
- Reassure the child through explaining things to them

Adapting activities

- When planning activities there are certain topics of which you should be mindful, because of difficulties/anxieties they may cause children. However, providing opportunities for role play, can encourage children to explore their understanding, feelings and experiences.

Planning the day

- Think of transitions periods, even the smallest change can be unsettling. Try to minimise transitions throughout the day.
- Organise so that routines help build a sense of security and familiarity. Involve children in organising and planning the day together.

Hidden anxieties

- It is important to recognise the needs of children who may be internalising their feelings.
- When supporting children observe them carefully to build up a picture of their feelings, bear in mind subtle changes.

Acknowledge how the child may be feeling, prioritise building a relationship with the child and aim to add in extra supports

Hand washing

Get in the habit of everyone in the family washing their hands when you enter the house, go out to or come in from the garden, before and after meals/snacks. Break it down into steps and pretend you can't remember the next steps to encourage the children to remember.

Making a Hug for Mum & Dad

Stick paper together to make one long piece of paper about 1 metre long. Get the child to lie down in the middle of the paper with their arms outstretched. Draw around their outstretched arms and hands. Ask the child to colour in their arms and hands and help them to cut them out. Children can add messages and kisses and talk about how they are missing their parents. They can roll up the hug and save it for when their parents come home.

Fun tooth brushing

Draw a big toothy smile on paper. Put some toothpaste on a toothbrush and brush all the teeth. Talk about reaching all the areas of each tooth.

Play a favourite song in the bathroom for the duration of the brushing.

Brush your teeth at the same time as the child is brushing their teeth and talk about how you love the feeling of clean teeth.

- **Getting out of the house**

Children should spend up to a third of their day playing outside if at all possible. Be prepared for the weather – dress appropriately. Go for a nature walk. Use the garden if you have access to one. Digging and planting are activities enjoyed by all age groups.

Get the wellies and the raincoats on and go splash in the puddles. Note: Going outside beyond the garden should be in line within current permitted HSE guidelines.

Feelings activity 1

Draw different faces with different emotions onto paper plates i.e. a big smiley face for happy. Talk about how each one looks and feels. Use them when someone wants to talk about their feelings. Saying something like 'I wonder which feeling you are feeling right now'? Talk and share your feelings with the child(ren).

Feelings activity 2

Set up a quiet space where children can go to chill and be by themselves. This might be a play tent or behind the sofa. A blanket over 2 chairs works well as a blanket fort.

Feelings activity 3

If a young child is feeling very big feelings like anger or sadness for an extended period it might be useful to have a feelings meter drawn on a wall or piece of paper. It might have a zero to 10 scale on it. Acknowledge the feeling by marking the extent of the feeling and talking about where in their body the feeling is felt. Talk about whether they want help moving the feeling to lower on the scale and what might make that happen. Suggestions might include a hug or some quiet time, a story or a walk outside.

Feelings activity 4

Sometimes it's hard to talk about feelings. The double distance of a doll, teddy or puppet can help. You can wonder how the dolly is feeling. You can then wonder what might make the dolly feel better.

Establishing a Routine – Just like in your Early Years setting it's helpful to bring a routine to the child's day encourage all children to be involved in setting the routine and making suggestions for child led activities. It might look something like this:

Routine

- On arrival; WASH YOUR HANDS
- Have breakfast, go out to the garden to play.
- Come in and wash hands.
- Do some baking together for lunch. Have lunch.
- Play and read some books.
- Watch a movie together.
- Plan dinner.
- Do some tidying up together.
- Go out to the garden and play.
- Make and have dinner.
- Let the children play relax before bed.

N.B. DO NOT TAKE ANYTHING OUT OF THE HOME - INCLUDING PICTURES ETC. THE CHILDREN MIGHT GIVE YOU.

Remember Facilitating Play is the Key Role for Early Learning and Care and School-age Childcare Practitioners

Providing lots of opportunities for play helps create a happy calm environment for children and young people in your care.

A playful mind-set may help you feel more relaxed, ease anxiety and help you to be more productive and creative.

There is a whole range of opportunities for play – attunement play, body play, object play, social play, imaginative or pretend play, storytelling play and creative play, which you can tap into.

Those of us who are caring for and educating young children also have to recognise the importance of play and playing ourselves, to ensure we are fully supporting children's play.

Stay present for the children and be in the moment. Avoid the use of social media while you are working and do not use your phone unless absolutely necessary.

Play is...

Fun – it is important that we play just to play, not for it to be recorded or observed all the time

Curious – extending play, encourage challenge, allowing it to be self-directed, ask ... open ended questions – what if I questions...

Passionate – play should be something you want to do or enjoy

Open – be open to new experiences and ways of doing things, in social play be open to interacting with other people who are likeminded and different to you

Intuitive – self-directing, doing things how you would like them done

Child led – you can offer them provocations for play. Introduce ideas but let them take them where they will.

Communicative– with everyone! Yourself, your friends. Do it in new and innovative ways.

How do you do support play while social distancing:

Go back to basics!

Play outside – in the garden if possible as much as possible

Set up a treasure hunt

Make a string phone

Write a letter/postcard

Bingo games

Make sensory activities – excavating

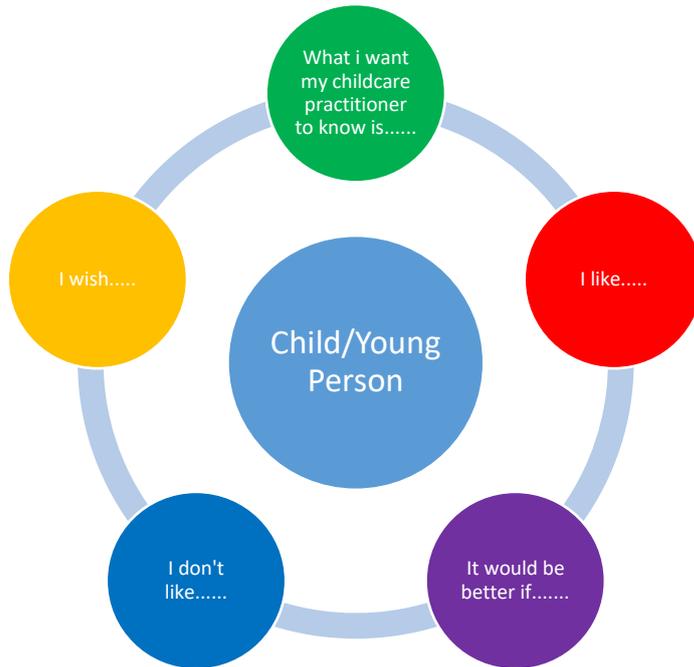
Get active – dance

Traditional games/action games

Free play

Your service will be given regular access to ideas for activities and play and will keep you updated.

APPENDIX P – ALL ABOUT ME TEMPLATE - SAMPLE



APPENDIX Q – CHILD/YOUNG PERSON PARTICIPATION TEMPLATE - SAMPLE

For completion with child/young person - this may change over time with the agreement of the young person, the parents and the practitioner

Copy to be given to childcare practitioner

Things I like to participate in: (ie. cooking, games with the younger children, movies)

Things I can help with: (finding things, soothing younger siblings)

Areas of my responsibility in the home: (helping to clean up, feeding pets)

School work. Is support required: please circle - Yes or No

Agreed times when I do my school work and breaks I like to take:

Family rules (use of technology, access to pet, decision making, leaving the house):

APPENDIX R - HANDOVER PROCEDURE FOR OUTREACH/HOME BASED

Handover is the process of accepting, acknowledging and assuming the responsibility for all actions/decisions in relation to the child/ren in your care.

In some cases Childcare practitioner will be handing over to another Childcare practitioner.

Where possible, any planned handover should be communicated to children in advance to prepare them, as much as is possible, for changes and the possibility of different adults in their safe space (the home).

It is expected that a notebook is kept in each home and updated regularly so parents can have a record of their child/ren's day.

This notebook should also be used to record handover information.

This notebook should not be removed from the home.

Below are some areas that should be considered during handover.

Home based Staff Handover Process Checklist:

- Urgent matters alert – Share information on any relevant urgent matter that has come up.
- Health and Care information - Share information on the current health of each child including medication given and other actions taken. For babies and younger children share information on nappy changes/toileting.
- Well-Being of each child – Share information on the well-being of each child and how they have been in the past number of hours.
- Activities undertaken- Share information on the recent activities and the current interest areas of the child/children.
- Food and feeding – Share information on recent meals, food consumed and on very young children's feeding pattern including sterilising of feeding bottles etc.
- Relevant information for parents- Share information that should be highlighted to parents including buying food, nappies, wipes etc.

APPENDIX S – SUPPORTING NEW RELATIONSHIPS

Nurturing and Supporting Interactions

Now more than ever consistent quality interactions are needed. Babies, toddlers and young children need a secure attachment to at least one adult. This relationship provides comfort, reassurance and security. Interactions that are respectful and consistent increase the child's confidence and competence to respect, explore, develop and learn.

Think about

You are the greatest resource for the children. Your calm, playful attitude will set the tone each day. Remember:

- Placing stronger emphasis on the following communication strategies
- Warm and welcoming body language
- Soft and calm tone of voice
- Getting down to the children's level
- Use warm, open and kind facial gestures
- Use gestures and action as much as possible
- A big emphasis on using interactive responsive and sensitive language
- Adopt a playful approach
- Tuning in to children's needs, be mindful of visual cues from the child and practitioners

Building Relationships - the practitioner's role

Each day the most important aspects of your work will involve:

- Investing time in getting to know the children
- Consulting with the children to ensure they are active participants in getting to know each other, the daily routine, planning play around their interests, rules and boundaries.
- Modelling and promoting hygiene practice, e.g. respiratory etiquette.
- Being a play partner to the children
- Supporting children's understanding of the current situation in age appropriate language
- Acknowledge and accept the children's feelings and provide reassurance

APPENDIX T– CHECKLIST OF DOCUMENTS PROVIDED TO CHILDCARE PRACTITIONERS/ PARENTS

Childcare Practitioners

Document	Provided by Service (Signature)	Received by Childcare practitioner(Signature)s
Appendix A- P		
Key service Policies, including any relevant templates.		
Service Sleep Policy		
Administrating medication policy		
Sun Protection Policy		
Internet, photo, video recording policy		
All about me document		
Child/young person participation template		

Parents

Document	Provided by Service (Signature)	Received by Parent (Signature)s
Contract		
Appendix D, E, H		
Key service Policies <ul style="list-style-type: none"> - Complaints policy - Safeguarding statement 		
Practitioner All about me document		

