



**Policies  
&  
Procedures**

## Philosophy & Mission Statement

*"At Knight Street Multi-Age Learning our approach to education and care is of a holistic and inclusive nature, that seeks to encourage and engage children and families of all cultures and diversities. We provide a homely feel and natural environment where possible, with a focus on social, emotional, and cognitive development, as well as sustainability and obtaining family and community involvement.*

*Our Multi-Age dynamic allows siblings, extended family, and friends to learn and grow together, through play-based learning experiences, created from each child's individual needs and interests.*

*Educators demonstrate respect and high expectations for all children within our care. We strive to provide quality care and education in a safe and nurturing environment, thus creating a child safe environment."*

The practises of the Knight Street Multi-Age Learning (KSMAL) are based on this philosophy which was developed in consultation with families, educators, and management.

- KSMAL aims to promote the continuous wellbeing of the children attending. Enhancing self-esteem through developmentally appropriate activities and relationships based on mutual trust and respect. We firmly believe that the Multi-Aged Learning provides an appropriate setting to foster all areas of child development.
- We acknowledge the Early Years Frameworks and incorporate the principles into our play-based curriculum. We believe early childhood education is a time of belonging, being and becoming with play being an important element as children come to communicate, discover, imagine, and create.
- We acknowledge and embrace the diversity of our community and aim to reflect this by providing an environment that is free from prejudice, stereotyping, and discrimination. Our curriculum will promote inter-cultural understanding and respect and will accept all peoples as equal. It will provide opportunities that reflect this equality
- We recognise that "Partnerships between families and educators are central to ensuring continuity and progression in learning and development." (ref Early Years Learning Framework). Families are recognised as the primary educator in a child's life and we facilitate families teaching to their children within our programs. To support this, families are encouraged to participate in all programs and activities.
- We ensure education, care, curriculum, practise, and decision making reflect the fundamentals of the National & Victorian Early Years frameworks principles, practices and outcomes and Australian Children's Education & Care Quality Authority's (ACECQA), responsible for regulation and quality improvement of services

## QUALITY AREA 1 – Educational Program and Practice

- ✓ Additional Needs Policy
- ✓ Celebrations Policy
- ✓ Early Childhood Intervention Practitioner Management Policy
- ✓ Multicultural Policy
- ✓ Educational Program Policy
- ✓ Technology Media Policy

## QUALITY AREA 2 – Children’s Health and Safety

- ✓ Acceptance and Refusal of Authorisations Policy
- ✓ Administration of First Aid Policy
- ✓ Administration of Medication Policy
- ✓ Adventurous Play Policy
- ✓ Anaphylaxis Management Policy
- ✓ Arrival and Departure Policy
- ✓ Asthma Management Policy
- ✓ Bottled Breast Milk Policy
- ✓ Bottle Safety & Preparation Policy
- ✓ Bush Fire Policy
- ✓ Children's Belongings Policy
- ✓ Clothing Policy
- ✓ Child Protection Policy
- ✓ Child Safe Environment Policy
- ✓ Coronavirus (COVID-19) Management Policy
- ✓ Cyber Safety Policy
- ✓ Death of a Child Policy
- ✓ Dental Health Policy
- ✓ Diabetes Management Policy
- ✓ Emergency Evacuation Policy
- ✓ Epilepsy Management Policy
- ✓ Excursions Policy
- ✓ Furniture And Equipment Safety Policy
- ✓ Hand Washing Policy
- ✓ Head Lice Policy
- ✓ Health and Safety Policy
- ✓ Immunisation Policy
- ✓ Incident, Illness, Accident & Trauma Policy
- ✓ Infectious Diseases Policy
- ✓ Lockdown Policy
- ✓ Managing An Aggressive Parent Policy
- ✓ Medical Conditions Policy
- ✓ Nappy Change and Toileting Policy
- ✓ Nutrition Food Safety Policy
- ✓ Physical Environment Policy
- ✓ Reportable Conduct Scheme
- ✓ Road Safety Policy
- ✓ Safe Storage of Hazardous Chemicals Policy
- ✓ Safe Transportation Policy

- ✓ Sick Children Policy
- ✓ Sleeping & Rest Requirements Policy
- ✓ Snake Awareness Policy
- ✓ Sun Safety Policy
- ✓ Supervision Policy
- ✓ Termination of Enrolment Policy
- ✓ Unexpected Death of a Child Policy
- ✓ Water Safety Policy
- ✓ Work Health Safety Policy

### **QUALITY AREA 3 – Physical Environment**

- ✓ Animal & Pet Policy
- ✓ Environmental Sustainability Policy

### **QUALITY AREA 4 – Staffing Arrangements**

- ✓ Bullying, Discrimination and Harassment Policy
- ✓ Code of Conduct Policy
- ✓ Grievance Policy (Staff)
- ✓ Out of Hours Babysitting Policy
- ✓ Recruitment Policy
- ✓ Responsible Persons Policy
- ✓ Sick Staff Policy
- ✓ Staff Wellbeing Policy
- ✓ Staffing Arrangements Policy

### **QUALITY AREA 5 – Relationships with Children**

- ✓ Anti-Bias and Inclusion Policy
- ✓ Behaviour Guidance Policy
- ✓ Gender Equity Policy
- ✓ Interactions with Children Family and Staff Policy
- ✓ Respect for Children Policy

### **QUALITY AREA 6 – Collaborative Partnerships with Families and Communities**

- ✓ Enrolment Policy
- ✓ Family Communication Policy
- ✓ Grievance Policy (General)
- ✓ Grievance Policy (Families)
- ✓ Non-English-Speaking Background Policy
- ✓ Open Door Policy
- ✓ Orientation of Families Policy
- ✓ Transition to School Policy

## QUALITY AREA 7 – Governance and Leadership

- ✓ Curriculum (Pedagogy) and Educators Training Policy
- ✓ Childcare Subsidy (CCS) Governance Policy
- ✓ Determining the Responsible Person Present Policy
- ✓ Facebook Policy
- ✓ Governance Policy
- ✓ In-service and Staff Development Policy
- ✓ Make-Up Day Policy
- ✓ Management Committee Policy
- ✓ Payment of Fees Policy
- ✓ Privacy and Confidentiality Policy
- ✓ Relief Staff Policy
- ✓ Record Keeping & Retention Policy
- ✓ Social Media Policy
- ✓ Student and Volunteers Policy
- ✓ Withdrawal of a Child Policy
- ✓ Writing Reviewing and Maintaining Policies Word Template

# Quality Area 1 – Educational Program & Practice

- ✓ Additional Needs Policy
- ✓ Celebrations Policy
- ✓ Early Childhood Intervention Practitioner Management Policy
- ✓ Kindergarten Policy
- ✓ Multicultural Policy
- ✓ Programming Policy
- ✓ Technology Media Policy

## Additional Needs Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 1 Educational program and practice

1.1.1 Curriculum decision-making contributes to each child’s learning and development outcomes in relation to their identity, connection with community, wellbeing, and confidence as learners and effectiveness as communicators.

#### Quality Area 5 Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

#### Quality Area 6: Collaborative Partnerships

6.1 Supportive relationships with family- Respectful relationships with families are developed and maintained and families are supported in their parenting role

6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions

6.1.2 Parent views are respected - The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child’s learning and wellbeing.

6.2 Collaborative partnerships- Collaborative partnerships enhance children’s inclusion, learning and wellbeing.

6.2.2 Access and participation - Effective partnerships support children's access, inclusion and participation in the program

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups
157	Access for parents

RELATED POLICIES	
Anti-Bias and Inclusion Policy	Enrolment Policy
Behaviour Management Policy	Interaction with Children, Family and Staff Policy
Code of Conduct Policy	Medical Conditions Policy
Early Childhood Intervention Practitioner Management Policy	Orientation of Families Policy
Educational Program Policy	Privacy and Confidentiality Policy
	Respect for Children Policy

Supporting children with additional needs requires educators to extend upon the strategies they already use in providing quality education and care for children. It is imperative for educators to develop a comprehensive understanding of each child’s interests and abilities and implement an inclusive and equitable learning environment that supports their individual needs.

Inclusion is stipulated in the Early Years Learning Framework as *'taking into account all children's, social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographical location) in curriculum decision making processes.'* *Belonging, Being and Becoming* (2009) p. 45.

Our Service will work in partnership with families and other professionals to ensure specific consideration and adaptations allow children with additional needs access and participation and achieve positive learning outcomes.

### **Purpose**

To be responsible for each child, irrespective of their additional needs and abilities, with a supportive and inclusive environment that sanctions each child to fully participate in its education and care at the service. Educators will remain encouraging, unprejudiced and authentic, ensuring that all children are treated equally and fairly and can grow and develop to their individual potential.

### **Scope**

This policy applies to children, families, staff, management, and visitors of the Service.

According to the Inclusion Support Program Guideline (Australian Department of Education, Skills and Employment) March 2020, there is no national definition of 'additional needs.' This term is used within the policy to describe children who may need or require specific considerations or adaptations to participate fully in our Early Childhood Education and Care service.

Additional needs may include children who:

- have a diagnosed disability or developmental delay- physical, sensory, intellectual, or autism spectrum disorder
- are presenting with challenging behaviours and/or behavioural or psychological disorders
- have a serious medical or health condition
- are presenting with trauma-related behaviours
- are Aboriginal or Torres Strait Islanders
- are recent arrivals in Australia
- have a culturally and linguistically diverse background
- live in isolated geographic locations
- are experiencing difficult family circumstances or stress
- are at risk of abuse or neglect
- are experiencing language and communication difficulties
- have learning difficulties

- are gifted or have special talents
- have other extra support needs.

We understand that additional needs may be temporary or permanent with diverse origins, which require different responses. Supporting children with additional needs enables them to have equitable access to resources and participation. This can lead to stronger skills in literacy and numeracy, social and emotional development and understanding of diversity. Strategies for supporting children with additional needs can differ significantly, because every child is unique.

## Implementation

### Management/Nominated Supervisor will ensure

- completed enrolment forms are used to gather information about children's additional needs
- equitable access is provided to support children with additional needs
- communication with families is consistent and supportive
- they have a thorough understanding of the NDIS plan for each child (if applicable) and assist to help achieve goals and build skills and independence
- they contact their local Inclusion Agency to access information and support about the Inclusion Support Program (see: [Inclusion Development Fund Manager](#) for your state/territory organisation)
- they develop a *Strategic Inclusion Plan* in collaboration with the Inclusion Agency which will identify any barriers preventing a child's inclusion and implement strategies for improvement
- they seek assistance, training, and where possible, financial funding from inclusive support agencies to promote the development of skills in children with identified additional needs
- educators are meeting the needs of each individual child, by providing educators with targeted professional development and opportunities to network with professional agencies
- they access the Inclusion Support Portal (IS Portal) through PRODA
- parents provide written consent for information about their child to be shared on the IS Portal if accessing support under the Inclusion Support Program
- families are encouraged to meet with the educators who will be working with the child to ensure an understanding of the child's needs, appropriate methods for communication, and to ascertain that suitable resources and support is provided to both the family and the child
- the Service works in partnership with Early Childhood Intervention (ECI) professionals, allied health professionals and families to verify the educational program and learning environment is inclusive for each child with additional needs, including children and families from culturally diverse backgrounds

- specific plans and programs provided by external resource providers and professionals for children with additional needs are shared with educators and copies filed in the child's individual record
- children are encouraged to feel safe and secure during their education and care at the Service by developing trusting relationships with educators, other children, and the community.
- inclusive strategies and practices are embedded in the delivery of quality education and care
- the privacy and confidentiality for children and families is maintained
- the indoor and outdoor environment and equipment is designed or adapted to ensure access and participation for all children, supporting the inclusion of children with additional needs. This may include the use of:
  - portable ramps
  - use of standing frames and support swings
  - specialised inclusion toys such as sensory or switch toys
  - specialised furniture such as chairs, tables and positioning equipment
  - communication charts and Auslan dictionaries
  - resources and books in languages other than English to support Indigenous children and children from linguistically diverse backgrounds
- the program and curriculum are inclusive and meet the individual needs of children with additional needs, disability or developmental delay.
- children's sensory sensitivities to pressure, texture, smell, noise, or colour is considered within the environment.

### Educators will:

- treat children equally and fairly and with respect
- create an inclusive program, which is adaptable and supportive of all children
- advocate for children's rights
- conduct specific observations on the individual child, outlining their interests, strengths, and developmental needs to support programming including open ended learning opportunities
- meet with families of children with additional needs to familiarise themselves with the specific communication needs of each child. Communication could include verbal and non-verbal communication skills and cues and may necessitate the use of systems such as sign language, use of images, and/or learning key words in the child's home language
- establish a means for frequent communication with parents of children with additional needs through a communication book, verbal daily information exchanges, and/or formal and informal meetings
- work with all families to meet children's developmental needs in order to build strengths and capabilities

- develop an Inclusion Support Plan (ISP) in collaboration with Inclusion Agency professionals, Early Childhood Intervention (ECI) professionals, other allied health professionals and parents for each child
- work with other professionals who play a role in supporting the child's development
- create a flexible environment, which can be adapted to each child's needs within the Service to support the inclusion of children with additional needs
- implement programming experiences and activities, that are inclusive for all children to access, explore and participate
- listen carefully to all children's concerns and discuss issues of inclusion and exclusion, and fair and unfair behaviour
- act as role models by displaying appropriate behaviour and language, being consistently aware of and responsive to children who may require additional support, attention, or assistance
- discuss a wide range of emotions, thoughts, and views constructively with the children within a supportive environment
- not judge or compare one child's development with another
- talk to children about differences and acceptance
- provide opportunities for all children to play and learn together, promoting cooperative, caring, and social behaviours.

### Inclusion Support Program (ISP)

To assist in the provision of an inclusive environment for children with additional needs, our Service may apply for additional support through the [Inclusion Support Program \(ISP\)](#) if the eligibility requirements are met.

The Nominated Supervisors and educators will refer to the Inclusion Support Guidelines and consult with families to submit an application. The objectives of the Inclusion Support Program include:

- supporting Early Childhood Education and Care Services to increase their capacity and capability to provide quality inclusive practices for all children
- to address access and participation barriers
- support the inclusion of children with additional needs
- provide parents or carers of children with additional needs with access to appropriate ECEC services

(See: Guide to Strategic Inclusion Plan)

### High Potential and Gifted children

Our Service will collaborate with families to support the needs of high potential and gifted children.

We will:

- respect the uniqueness of each child
- acknowledge the characteristics of high potential and gifted children
- be sensitive to the social-emotional needs of gifted children and assist them to feel a sense of belonging
- develop our capacity to cater for the needs of gifted children through professional development
- support children's transition to school
- assist educators cater for gifted children who also have a disability- 'Twice Exceptional' children

### Families will:

- work collaboratively with our Service
- share information about their child's specific needs- their interests, things they do well, strategies that are used at home to support their child, identify routines or situations that may cause physical or emotional challenges
- provide accurate information about their child's additional needs including relevant reports, documentation, NDIS plans, details about support services and other allied professionals
- help to identify possible barriers for inclusion and reasonable adjustments that may be required
- consent to our Service accessing external professional support if required to assist educators manage the diagnosed, or undiagnosed additional needs of their child
- collaborate with external professional support agencies and educators to implement plans to support inclusion
- provide written consent for information about their child to be shared on the IS Portal if accessing support under the Inclusion Support Program
- adhere to our policies that should the safety of other children and staff be compromised enrolment may be suspended or terminated.

### Source

- Australian Children's Education & Care Quality Authority. (2014).
- Australian Government Department of Education, Skills and Employment. (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.
- Australian Government Department of Education, Skills and Employment (2014) *Continuity of Learning: A resource to support effective transition to school and school aged care*.
- Australian Government Department of Education, Skills and Employment (2020) *Inclusion Support Program (ISP)*
- Catholic Education Office Melbourne (2013) *Gifted and Talented Students A Resource Guide for Teachers in Victorian Catholic Schools*
- Early Childhood Australia Code of Ethics. (2016).
- Early Childhood Australia (ECA), & Early Childhood Intervention Australia (ECIA). (2012). Position statement on the inclusion of children with disability in early childhood education and care.

[http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/06/ECA\\_Position\\_statement\\_Disability\\_Inclusion\\_web.pdf](http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/06/ECA_Position_statement_Disability_Inclusion_web.pdf)

- Early Childhood Intervention Australia *National Guidelines for Best Practice in Early Childhood Intervention*
- Education and Care Services National Law Act 2010. (Amended 2018).
- [Education and Care Services National Regulations](#). (2011).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2017). (amended 2020).
- New South Wales Department of Education *High Potential and Gifted Education Policy*. (2019).
- Raising Children *Supporting gifted and talented learning* <https://raisingchildren.net.au/preschoolers/play-learning/gifted-talented-children/supporting-learning>
- Revised National Quality Standard. (2018).

## Review

Policy Reviewed	Modifications	Next Review Date
January 2018	Minor changes and additions made	January 2019
February 2018	Updated the National Quality Standards references to comply with revised standards	January 2019
April 2020	Spelling corrections	April 2021
August 2021	Added Education and Care Services National Regulations Added Related Policies	August 2022

## Celebrations Policy

### Quality Area 1: Educational program and practice

- 1.1.1 Curriculum decision-making contributes to each child’s learning and development outcomes in relation to their identity, connection with community, wellbeing, and confidence as learners and effectiveness as communicators.

### Quality Area 2: Children’s Health and Safety

- 2.1 Health – Each child’s health and physical activity is supported and promoted.  
 2.1.3 Healthy lifestyle – Healthy eating and physical activity are promoted and appropriate for each child

### Quality Area 6: Collaborative Partnerships

- 6.1.2 Parent views are respected - The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child’s learning and wellbeing.

EDUCATION AND CARE SERVICES	
77	Health, hygiene and safe food practices
78	Food and beverages
90	Medical conditions policy
155	Interactions with children
162	Health information to be kept in enrolment record
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

RELATED POLICIES	
Anaphylaxis Management Policy Dental Health Policy Diabetes Management Policy Enrolment Policy	Family Communication Policy Multicultural Policy Nutrition Food Safety Policy Professional Development Policy

Rituals and traditions strengthen our partnership with children, families and community bringing a sense of belonging to our Service. We believe that celebrations and cultural traditions need to be handled sensitively. The value in educating children, families and educators are fundamental to our inclusive program. Both the planning and preparation, and the events themselves, can be a satisfying and pleasurable experience.

*‘Children belong first to a family, a cultural group, a neighbourhood and a wider community. Belonging acknowledges children’s interdependence with others and the basis of relationships in defining identities. In early childhood and throughout life, relationships are crucial to a sense of belonging. Belonging is central to being and becoming in that it shares who children are and who they can become’ (EYLF, 2009, p.7).*

## Purpose

Incorporating celebrations into children's services appropriately, can be used to strengthen the partnership with children and families, creating a feeling of belonging and developing a sense of community amongst families, Educators and children.

Celebrations provide an opportunity for children to develop respect for diverse values and beliefs as they learn about practices which are different to their own. To ensure we are providing an inclusive program and environment, it is imperative to recognise the array of celebrations, both religious and worldly, that take place throughout the year in our community and to understand, and respect for, cultural diversity in our services.

## Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Implementation

Under the *Education and Care Services National Regulations*, an approved provider must ensure policies and procedures are in place to provide a child safe environment. When providing opportunities for children to celebrate special occasions incorporating food or beverages, consideration must be made to ensure children with medical conditions that can be impacted by food are clearly identified and risk minimisation plans are in place and educators and staff implement these plans.

## Management/Nominated Supervisor/Responsible Person will ensure:

- to incorporate relevant, culturally based experiences and celebrations within the children's program which address different learning opportunities, including: fostering a sense of belonging and inclusions for every child, family, and staff member (EYLF, p.7); increasing children's understanding of, and respect for, diversity and differences (EYLF, p.13); raising children's self-awareness and confidence, providing for children's holistic development and supporting a positive identity for every child and family (EYLF, p.2).
- cultural competence is authentically embedded in practices and programs within the service and deliver positive outcomes for children and families.
- special occasions are celebrated in ways that recognise, respect, and strengthen children's appreciation of diversity and difference.
- religious celebrations such as Christmas and Easter are recognised within the service and reflected in our programs.
- cultural celebrations that are significant to our families and relevant to our broader community are implemented within the service when possible.
- stereotypes about particular celebrations/cultural events are not assumed.
- families are aware of the Celebration Policy during their orientation process and kept updated throughout the year via centre correspondence.
- sensitivity to issues such as family composition is respected (eg: Mother's & Father's Day)
- families' beliefs about celebrating birthdays is respected within the service
- families discuss cake options with the nominated supervisor prior to celebrations

- families are reminded that we are an 'Allergy Aware' service prior to celebrations and food that cannot be brought into the service is clearly identified.
- educators are aware and make alternate arrangements if families would prefer that their child does NOT participate in such celebrations
- if this is the case, we will respect the rights and feelings of this child and will provide an alternative experience for them to participate in so that they do not feel that they are being left out
- the Service has an '*Events Calendar*' that is used to support such events throughout the year. We ask that families add their celebration to the calendar so educators can prepare the program.
- families are encouraged to be involved in the preparation and/or the celebration in the Service.
- educators remain current with the professional knowledge and skills that support planning for and engaging in culturally inclusive practice
- advance planning is adhered to if food or drink is provided for children at the Service. Additionally, all parents must be advised prior to the celebration. This allows for any feedback / concerns from parents which can then be taken into account as part of the normal planning involved in such activities.
- safety issues are taken into account prior to the implementation of celebratory experiences.
- our *Nutritional Food Safety Policy* is reflected when planning for celebrations.

#### Educators will:

- seek written approval from the Nominated Supervisor prior to any celebrations where food is provided to children
- ensure the use of candles is carried out with the children's safety in mind and fully supervised. A full risk assessment will be submitted to the Nominated Supervisor prior to such celebrations.
- be aware of cultural tokenism and stereotyping
- encourage and support family members to be involved in sharing their customs and celebrations with our Service
- ensure children have the agency to make choices about the celebrations they would like to participate in, engaging families to give advice on customs
- ensure that children have the resources and time necessary to be able to celebrate effectively
- provide young children and toddlers with materials that reflect a significant event or celebration, which they have recently participated
- ensure that families who do not wish to be involved in celebrations have an option to not participate
- balance family values about receiving gifts and products from their children and educator's values about avoiding product-based activities by developing creative and meaningful gifts for families
- notify the community about the celebration e.g. taking photos to display on the Service notice board or displaying children's artwork and drawings about the celebration
- provide opportunities for children to participate in open-ended celebration activities
- provide a flexible program that enables children to have agency about the activities in which they participate

- celebrate traditions and customs relevant to children and community
- ensure that the same amount of time and energy is dedicated to ALL celebrations
- invite educators and families to share their own personal experiences of celebrations
- ensure resources such as picture storybooks, images, and music are reflective of contemporary celebrations to which children can relate
- be respectful of all religions and cultural backgrounds.

### Source

- ECA Code of Ethics.
- Australian Children’s Education & Care Quality Authority. (2013).
- Guide to the National Quality Standard.
- Staying healthy in childcare. 5th Edition. (2013)
- Early Years Learning Framework

Policy Reviewed	Modifications	Next Review Date
February 2019	Updated the National Quality Standards references to comply with revised standards	February 2018
April 2020	Minor spelling changes	April 2021
November 2020	Minor spelling changes	November 2021
November 2021	Added Education and Care Services National Regulations Added Related Policies	November 2022

## Early Childhood Intervention Practitioner Management Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 1 Educational program and practice

- 1.1.1 Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, and confidence as learners and effectiveness as communicators.

#### Quality Area 3: Physical Environment

- 3.1 Design – The design of the facilities is appropriate for the operation of a service
  - 3.1.1 Fit for purpose – Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
  - 3.2.1 Inclusive Environment – Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environment
  - 3.2.2 Resources support play-based learning – Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.

#### Quality Area 5 Relationships with children

- 5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.
  - 5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
  - 5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

#### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with family- Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - 6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions
  - 6.1.2 Parent views are respected - The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
- 6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.

## 6.2.2 Access and participation - Effective partnerships support children's access, inclusion and participation in the program

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups
157	Access for parents

RELATED POLICIES	
Additional Needs Policy Anti-Bias and Inclusion Policy Code of Conduct Policy COVID-19 Management Policy Educational Program Policy	Interactions with Children, Family and Staff Policy Orientation of New Families Policy Privacy and Confidentiality Policy Respect for Children Policy

Research has shown us that providing high quality intervention to children with diagnosed disabilities, developmental delays or children under assessment not only assists in ensuring the child can participate in everyday activities and family and community life but may substantially reduce the assistance and support required later in life. We also know that children learn best when participating in normal routines and activities with familiar people. Our Service therefore welcomes the support of Early Childhood Intervention Practitioners.

### Purpose

We aim to provide an inclusive environment that supports each child to fully participate in the daily routines and activities of the service. This includes providing procedures that enable us to maintain the daily schedule of children requiring visits from Early Childhood Intervention Practitioners that minimise eruption's to the child, other children, and educators.

### Scope

This policy applies to children, families, staff, management, and Early Childhood Intervention Practitioners (ECIP) visiting the Service.

### Implementation

*The Early Years Learning Framework (EYLF)* recognises that 'Partnerships ... involve educators, families and support professionals working together to explore the learning potential in every day events, routines and play so that children with additional needs are provided with daily opportunities to learn from active participation and engagement in these experiences...' (DEEWR, 2009, p. 12).

### Scheduling Visits

Visits to a child must be scheduled by the ECIP in negotiation with the Director/responsible Educator.

The ECIP will be advised of the most appropriate times of day to schedule a visit regarding minimising disruption to the child, the classroom routine, and the service (individual age-appropriate routine of the child is to be considered.)

ECIPs will not be permitted access to the child if they arrive without a scheduled appointment.

When scheduling visits, time must be included for communication between the responsible Educator/Director and the ECIP after and/or before time spent with the child.

If the ECIP has not attended the service on a prior occasion they will be advised that they must bring a current WWCC and original *or* certified copies of qualifications.

ECIPs will be advised that they are visiting a Sun Safe service and must bring a hat.

### Maintaining Accurate Records Of ECIP Visits

Upon arrival and departure ECIPs must sign in and out using iPad in foyer

### Child Protection/Duty Of Care

On the initial ECIP's visit he/she will provide evidence of a current WWCC, which will be photocopied and placed on file.

Qualifications and WWCC documents may either be submitted by the governing agency (prior to ECIP visit) OR in the case of individual therapists (NDIS relevant), therapists to provide relevant documentation. The staff member greeting the ECIP will make a note that these have been sighted.

Where possible, all interactions with the child will be conducted within the classroom environment.

At no time will a child be removed from the group: Children must always remain within sight of service staff.

### Conclusion Of Visit

At the conclusion of the visit a private space will be provided for the ECIP to have a conversation with the responsible Educator/Director. (If a private space is not available the ECIP and Educator/Director will seek out an area where they can conduct the discussion with the appropriate level privacy.)

A summary of what has occurred will be provided by the ECIP including observations, outcomes of activities, and strategies to be implemented by service Educators.

To ensure accountability is embedded into the process 'next moves' and 'actionable time-lines' should be employed.

### Privacy And Confidentiality

Prior to conversations about the child it will be ensured that the family has given written consent to speak about their child.

Discussions/conversations about the child will not take place in front of other children or families.

All records of the visit will be placed in the child's confidential file in a locked cabinet.

### Management/Nominated Supervisor/Responsible Person Will Ensure:

Appointments are scheduled with ECIPs about the disruption for the child and the classroom routine.

At the time of making appointments ECIPs are advised that appointment times are not flexible as relief staff may be required to replace the educator responsible for the child.

Appointment duration allows adequate time for the ECIP to consult with the educator both before and after time spent with the child.

The ECIP is notified in a timely manner if the child being visited is not in attendance at the service on the nominated visit day.

That Educators in the service receive the appropriate and relevant training required to support children with disabilities and/or developmental delays.

### ECIPs Will Ensure:

All relevant information is shared with the responsible Educator.

A working partnership is maintained with staff, families, and all other ECIPs assigned to the child's case.

Thoughtful and considered scheduling of appointments are made to minimise disruption to the child's routine, including

The times and duration of booked visits are respectful of the service's needs.

Scheduled appointment times and durations are strictly adhered to.

Educators are provided with information and strategies to support the child's learning and development.

Educators are informed of resources that are available to support the child's learning and development.

Any required documentation (such as observations) are requested prior to the visit to ensure educators have reasonable time to prepare.

The service is notified in a timely manner of any cancellation of appointments.

If running late to an appointment the ECIP will contact the service to ascertain if a later time is practical or if another appointment must be scheduled.

### Educators Will Ensure

Feedback is provided to the ECIP regarding strategies implemented with the child.

Documented observations are provided to the ECIP as requested.

Information is shared with the child's family.

Reasonable consideration is given to the timing of ECIP visits.

A working partnership is maintained with colleagues, families, and all ECIPs assigned to the child's case.

Professional development is maintained in order to provide full support for children with disabilities and/or developmental delays.

### Source

- Department of Education and Early Childhood Development. (2011). Intervention reform project: <https://www.education.vic.gov.au/Documents/childhood/providers/needs/ecislitreviewexecsum.pdf>
- Early Childhood Intervention Australia: <https://www.ecia.org.au>
- Moore, T.G. (2012). Rethinking early childhood intervention services: Implications for policy and practice. *Pauline McGregor Memorial Address* presented at the 10th Biennial National Conference of Early Childhood Intervention Australia, and the 1st Asia-Pacific Early Childhood Intervention Conference, Perth, Western Australia, 9th August.
- Raising Children Network: <https://raisingchildren.net.au>

### Review

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated the National Quality Standards references to comply with revised standards	February 2019
March 2020	Minor Spelling changes	March 2021
August 2021	Added Education and Care Services National Regulations Added Related Policies	August 2022

## Kindergarten Policy

### National Quality Standard (NQS)

#### Quality Area 1: Educational program and practice

##### 1.1 Program - The educational program enhances each child's learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
89	Educators must be working directly with children to be included in ratios
90	Medical conditions policy
92	Medication record
93	Administration of medication
97	Emergency and evacuation procedures
99	Children leaving the education and care service premises
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
358	Working with children check to be read

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
New Tax System (Family Assistance) Act 1999	See all related legislation for Child Care Provider Handbook in Appendix 1 <a href="https://www.education.gov.au/child-care-provider-handbook-0">https://www.education.gov.au/child-care-provider-handbook-0</a>
Children, Youth and Families Act 2005	Children Wellbeing and Safety Act 2005
Disability Discrimination Act 1992	

RELATED POLICIES	
Acceptance and Refusal Authorisation Policy	Orientation of Families Policy
Additional Needs Policy	Payment of Fees Policy
Anti-Bias and Inclusion Policy	Privacy and Confidentiality Policy
Arrival and Departure Policy	Record Keeping and Retention Policy
Children's Belongings Policy	Sick Children Policy

Child Safe Environment Policy Control of Infectious Disease Policy Educational Program Policy Family Communication Policy Immunisation Policy Kindergarten Policy (VIC)	Sun Safe Policy Supervision Policy Staffing Arrangements Policy Transition to School Policy Withdrawal of a Child Policy
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## Purpose

To ensure our Service accesses and meets all legislative requirements of kindergarten funding available from State and Federal Government for three- and four-year-old Kindergarten programs. We aim to ensure children and families receive informative and reliable information about enrolment in our funded kindergarten programs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements. We are committed to equal access for all eligible children and adhere to the Priority of Access (PoA) criteria set out in the [Kindergarten Funding Guide](#).

## Scope

This policy applies to management, educators, families, and children of the Service.

## Implementation

The Victorian Government provides funding to Long Day Care Services to deliver high quality kindergarten programs for three-year-old and four-year-old children in addition to early childhood education and care for children aged between 0-6years.

## Kindergarten

Most children start kindergarten in the year before school, usually when they are four years old. This is sometimes called 'funded kindergarten'. The kindergarten program for young children is delivered by a qualified early childhood teacher in the year before transitioning to primary school (Prep.). Subsidised kindergarten can be in:

- children's centres
- long day care centres
- community kindergartens
- independent schools and
- some government schools.

From 2022, three-year-old kindergarten will be offered for a minimum of five hours per week in line with the Victorian Government's Early Years Reform through sessional kindergarten services and long day care services in Victoria.

See [Three-Year-Old Kinder Best Start Best Life](#)

The Victorian Government provides funding to early childhood services to contribute to the cost of running a funded kindergarten program to help keep fees affordable for families. Our kindergarten program provides eligible four-year-old children with access up to 15 hours per week or 600 hours per year of funded kindergarten delivered by a qualified early childhood teacher for free or at a low cost. This funding is part of the Universal Access to Early Childhood Education provided through a shared commitment by the State Government (10 hours funded) and the Federal Government (5 hours funded).

### Our Framework

Our kindergarten program adheres to the *Victorian Early Years Learning and Development Framework (VEYLDF)* as the approved learning framework declared in the Education and Care Services National Law and National Regulations core funding agreement. We are also guided by *Belonging, Being and Becoming - The Early Years Learning Framework for Australia*.

### Curriculum

The foundations we lay in kindergarten, become the building blocks for your child's success at school. Through our unique, age-appropriate programs, children can transition to school equipped with the familiarity of a structured learning environment and the support and encouragement of our educators. Tailoring our programs to children and their families, we can blend the formal requirements of the curriculum with the real-world needs of our community delivering a well-rounded learning experience for all. We help to lay the foundations for future learning through environments that are rich in numbers, words and creative activity.

### Enrolment Eligibility

In accordance with the DET *Kindergarten Funding Guide*, the following children are eligible to access one year of funded kindergarten in the year before they go to school. Children must not be enrolled at a funded kindergarten program at another service.

- Children who are at least three or four years of age by 30 April in the year they are to attend Kindergarten (proof of birth is required on application in the enrolment process)

- Children born between 1 January and 30 April may attend in their eligible year, or families may choose to enrol in the following year but need to ensure they remain eligible as per the DET Kindergarten guide
- Children turning six years of age in their year of kindergarten who have been granted an exemption from school entry age requirements by their regional office of DET
- Children who are younger than the eligible age, but whose parents/guardians have submitted a written request to their regional DET office and have been approved for their child to attend Kindergarten the following year
- Children who are fully vaccinated for their age or on a recognised catch-up schedule or have a medical reason not to be vaccinated. Proof of vaccinations must be submitted before our Service can approve an enrolment in accordance with the *No Jab No Play* legislation.

### Priority Access Criteria (PoA) Kindergarten Funding Guide

Our Service has 18 available for three-year-old kindergarten and 20 for four-year-old kindergarten.

In instances where more eligible children apply for a place at our Service for three-year-old and four-year-old kindergarten funding programs, we must follow the Priority of Access (PoA) criteria to prioritise specified cohorts of children and work with other local kindergarten services and the regional Departmental offices to ensure all eligible children have access to a kindergarten place.

Priority of Access (PoA) is provided for:

- children at risk of abuse or neglect, including children in out-of-home care
- Aboriginal and/or Torres Strait Islander children
- asylum seeker and refugee children
- children eligible for the Kindergarten Fee Subsidy (Commonwealth health care cards or veteran's affairs card, or multiple birth children- triplets, quadruplets)
- children with additional needs, defined as children who
  - require additional assistance in order to fully participate in the kindergarten program
  - require a combination of services which are individually planned
  - have an identified specific disability or developmental delay

<https://www.education.vic.gov.au/childhood/providers/funding/Pages/Priority-of-Access-Criteria.aspx>

### Programs

Our Service offers the following high-quality programs for which the Victorian Government Department of Education offers 15 hours of funding for each eligible child each week.

Information about our funded kindergarten programs is added and updated in the Kindergarten Information Management system (KIM).

### Service Closures

There may be times when our scheduled kindergarten program cannot be delivered due to public holidays, unplanned teacher absences or emergency situations. Families will be provided with a schedule of planned public holidays at the beginning of each year. Communication will be provided with families as promptly as possible in the event of any other disruptions to our program.

PROGRAMS	DAYS	HOURS
3 Year Old Kindergarten	Thursday & Friday	8:30am – 4:30pm
4 Year Old Kindergarten	Monday & Tuesday	8:30am – 4:30pm

### Educator Qualifications

Our educators delivering kindergarten programs have the following qualifications

(Masters or above, Graduate diploma, Dual bachelor qualifications (early childhood), Bachelor’s degree, Pathway degree, Diploma)

EDUCATOR’S NAME	QUALIFICATION/S HELD	QUALIFICATION WORKING TOWARDS

### Educator To Child Ratios

In accordance with the Education and Care National Regulations we ensure that the educator to child ratio is 1 educator to 11 children for children from 36 months up to and including kindergarten age are adhered to at all times.

PROGRAM	NO. OF EDUCATORS	NO. OF CHILDREN
3-Year-Old Kindergarten	2	18

4-Year-Old Kindergarten	2	20
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### School Readiness Funding

School Readiness Funding supports children in our funded kindergarten program. To be eligible for this funding our Service will meet all legislative requirements, including the collection of parent's occupation and education information (Student Family Occupation and Education data or SFOE) and enter this information into the Kindergarten Information Management system each August. This funding will be used to support the three School Readiness Funding priority areas:

- communication (language development)
- wellbeing (social and emotional) and
- access and inclusion.

Other programs and support may be accessed through [the Menu](#) to help improve outcomes for children.

### Second Year Of Kindergarten Funding

If a child at our Service is demonstrating delays in key outcomes of learning and development, a second year of funded kindergarten may be considered. In order to receive this funding, the child must show developmental delays in two key outcomes.

The five key outcome areas identified in the Victorian Early Years Learning and Development framework will be assessed:

- Outcome 1: Identity
- Outcome 2: Community
- Outcome 3: Wellbeing
- Outcome 4: Learning
- Outcome 5: Communication

In regard to Second Year of Kindergarten funding, educators will complete the following assessments with consent from the child's parent/carer.

Complete all required documentation including:

- Ongoing child observations (as required)
- Term three learning and development plan
- Second year discussion
- Second year statement
- Second year checklist

Liaise with other professionals as required, including but not limited to:

- Preschool Field Officer

- Early Childhood Intervention Service Worker
- The child's Maternal and Child Health nurse
- Family doctor or other allied health professionals
- School principal of child's intended school

Liaise with families of individual children as required to remain eligible for funding.

### Inclusion Support And Access

The Kindergarten Inclusion Support Program (KIS) is available to support the participation of children in quality kindergarten programs in line with the National Quality Framework and the Victorian Early Years Learning and Development Framework. Support is available through the KIS disability and complex medical needs programs. The program is designed to enhance our Service's ability to support the access and participation of children with a disability or developmental delay and high support needs.

Working in collaboration with the Victorian Inclusion Agency, our Service can also access the Commonwealth Inclusion Support Programs- 'Additional Educator Funding' once the Kindergarten Inclusion Support Program (KIS) has been thoroughly explored as a resource option.

<https://www.education.vic.gov.au/childhood/professionals/needs/Pages/kinderinclusion.aspx>

### Enrolment Procedure

To apply for a kindergarten placement, families are required complete an enrolment/application form by July 31<sup>st</sup> in the year prior to their child's Kindergarten Year

Families will be provided with a range of information about the Service which may include:

- the service philosophy, inclusion, kindergarten program, fees, policies, procedures, SunSmart requirements, signing in and out procedure, the National Quality Framework, routines, educator qualifications, and educator and parent communication strategies, Child Care Subsidy (if relevant for additional education and care provision)
- Families will be requested to submit any information related to Priority of Access with the enrolment application
- Families are advised that since January 2018 children who have not been immunised due to parent's conscientious objection cannot be enrolled at an early childhood education and care service
- If a child cannot be immunised due to a medical condition they may still be enrolled at the Service with supporting documentation (Medical Exemption Form).

- If a child is on a 'catch-up' schedule for immunisations they may still be enrolled at the Service. The child's immunisation history statement will indicate that the child is on a catch-up schedule.
- Parents must notify the Service if their child is not up to date with their immunisations for their age via the enrolment form and attach the required documentation on their *AIR immunisation History Statement*
- Information about gap fees and absences will be discussed

### Families will be asked to provide the following information on the enrolment form

1. Full name/s of parent/s (or the person legally responsible for the care of the child) residential address, place of employment and contact telephone number
2. The full name, residential address and contact telephone number of a person or persons, authorised by the parent who may be contacted in case of an emergency concerning the child if a parent is unable to be contacted (authorised nominee)
3. The full name, address and contact telephone number of any person authorised by the parent to collect the child from the Service (authorised nominee)
4. Full name of the child
5. Child's date of birth
6. Child's birth certificate or passport
7. Child's residency status
8. Child's address
9. Gender of the child
10. Languages spoken at home
11. Kindergarten Fee Subsidy eligibility-
  - a. identifies as Aboriginal and/or Torres Strait Islander
  - b. identifies on their birth certificate as being a multiple birth child (triplets or more)
  - c. Commonwealth Health Care Card
  - d. Commonwealth Pensioner Concession Card
  - e. Department of Veterans Affairs Gold Card or White Card
  - f. Refugee or Asylum Seeker visa (200-204, 786, 866)
  - g. Bridging visa for any of the above
12. Immunisation History Statement
13. Any court orders or parenting agreements regarding the child
14. Any special requirements of the family, including for example cultural or religious requirements
15. The individual needs of a child with a disability or with other additional needs

16. A statement indicating parental permission for any medications to be administered to the child whilst at the Service. [Only a parent on the enrolment form can authorise the administration of medication.]
17. Authorisation and signature by parent/authorised person for the approved provider, nominated supervisor or educator to seek:
  - medical treatment for the child from a registered practitioner, hospital or ambulance service
  - transportation of the child by an ambulance service
18. Child's Medicare number (if available)
19. Specific healthcare needs of the child, including allergies and intolerances
20. Any medical management plan for a specific severe healthcare need, medical condition, or allergy, such as an Anaphylaxis Emergency Management Plan or Risk Minimisation Plan.
21. Details of any dietary restrictions for the child
22. The name, address and telephone number of the child's doctor

### Offer of places or funded kindergarten

Places will be allocated according to the Priority of Access (PoA) criteria and available places at our Service.

Families will be advised of an offer for their child via letter

Families have two weeks to accept this offer and complete any required documentation.

Should families not wish to accept the offer, they are required to withdraw their enrolment application as soon as possible. We ask that families withdraw their application in writing to the Nominated Supervisor or Enrolment officer.

### The Director, Responsible Person Will Ensure:

- complete all mandatory service delivery and child enrolment data in KIM for all funding applications (including Free Kinder, three-year-old kinder, School Readiness Funding, Second Year Kindergarten Funding and any other funding available through the department)
- comply with Department of Education requirements as per the *Kindergarten Funding Guide* (2016) and *Kindergarten Funding Guide* key policy changes and updates
- verify eligible children for kindergarten fee subsidy and update children's kindergarten fee subsidy throughout the year (until 31 October)
- submit annual 'confirmation of data' in KIM by required dates
- ensure attendance details for each child enrolled and information on fees paid is completed in KIM by August each year for annual National Kindergarten Census Week
- designate one person as organisation administrator for Kindergarten Information Management system (KIM)

- maintain current knowledge of funding available and eligibility requirements
- support educators in meeting their requirements regarding funding assessments
- meet all core requirements and operational requirements as per National Quality Standard and National Law and National Regulations
- before confirming a child's enrolment, families must present an immunisation history statement as evidence that the child
  - is fully vaccinated for their age
  - is on a recognised catch-up schedule if the child has fallen behind with their vaccinations or
  - has a medical reason not to be vaccinated
- ensure our kindergarten program is planned and delivered by a qualified early childhood teacher for at least:
  - 15 hours per week for 40 weeks of the year, or 600 hours per year
- provide families with details of public holidays and any other defined days of closure each year
- ensure timelines for allocation of places for three-year-old and four-year-old kindergarten are communicated clearly to families
- ensure Early Childhood Teachers are registered with the Victorian Institute of Teaching (VIT)
- ensure graduate teachers are provisionally registered with the VIT and provided with support of a mentor to help them achieve Proficient Teacher level of the Australian Professional Standards for Teachers
- ensure all staff and educators hold current and checked Working With Children Checks (WWCC)
- read each person's WWCC before engaging educators, staff and volunteers
- ensure the program delivered to children adheres to the Victorian Early Years Learning and Development Framework and operates in accordance with Child Safe Standards at all times
- maintain educator to child ratios as per regulations (for children aged 36 months of age or over, one educator to 11 children)

### Families Will:

- complete enrolment/application forms in full
- submit required documentation with the application
- provide child's Immunisation History Statement at time of enrolment
- provide Medical Management Plans and Action Plans as required prior to their child attending the Service
- ensure they accept or withdraw their child's enrolment within given time frame

- provide updated information about their child by notifying the Service of any changes as soon as possible- medical, parenting orders, authorisations etc.

### Source

- Department of Education, Skills and Employment. (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.
- Department of Education and Training. (2016). *Victorian Early Years Learning and Development Framework. For all children birth to eight years*
- [Education and Care Services National Regulations](#). (2011)
- Victorian Government Department of Education and Training. Early childhood. (2021).
- Victorian Government Department of Education and Training. (2016). [The kindergarten funding guide](#)
- Victoria Government. Requirements for all early childhood services.  
<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/reqallservices.aspx>

### Review

Policy Reviewed	Modifications	Next Review Date
May 2020	New Policy Drafted	May 2021
August 2021	Added Education and Care Services National Regulations Added Related Legislation Added Related Policies Deleted old educator names	August 2022

## Multi-Cultural Policy

### Quality Area 1: Educational program and practice

1.1.1 Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, and confidence as learners and effectiveness as communicators.

1.1.2 Child-centred - Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.

1.1.3 Program learning opportunities- All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.

1.2.2 Responsive teaching and scaffolding - Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.

1.2.3 Child directed learning - Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.

### Quality Area 3: Physical Environment

3.2 Use – The service environment is inclusive, promotes competence and supports exploration and play-based learning

3.2.1 Inclusive Environment – Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environment

### Quality Area 5 Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

### Quality Area 6: Collaborative Partnerships

6.1 Supportive relationships with family- Respectful relationships with families are developed and maintained and families are supported in their parenting role

6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions

6.1.3 Families are supported – Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing

- 6.2 Collaborative partnerships- Collaborative partnerships enhance children’s inclusion, learning and wellbeing.
- 6.2.2 Access and participation - Effective partnerships support children's access, inclusion and participation in the program
- 6.2.3 Community Engagement – the service builds relationships and engages with its community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups

RELATED POLICIES	
Additional Needs Policy Anti-Bias and Inclusion Policy Celebrations Policy Educational Programming Policy English as an Additional Language or Dialect (EAL/D) Policy Family Communication Policy	Interaction with Children, Family and Staff Policy Orientation of New Families Policy Physical Environment Policy Respect for Children Policy

Australia is an increasingly multi-cultural society and as we recognise more cultural and ethnic diversity, it is imperative we lead children in recognising and respecting similarities and differences in cultures. The cultural beliefs signified within the Service and wider community helps to form the foundation of the program being implemented to ensure we are promoting an inclusive environment for all children.

### Purpose

To develop affirmative attitudes, concepts and beliefs towards the acceptance of diversity and disparate cultures. Respect for diversity is a key element of quality care. Recognising, understanding and respecting cultural practices and beliefs are essential for the development of identity and self-esteem.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

Management/Nominated Supervisor/Responsible Person will ensure:

- That child-rearing practices reflect cultural context
- That all children and families are treated equally and fairly and with respect at all times.
- A sense of inclusion for all families will be embraced within the Service.
- There is specific programming and cultural awareness activities and experiences, identifying similarities and differences and learning about cultural celebrations

- The service builds and maintains cultural resources
- Encourage children, families and staff to respect and value others, including those who are different from themselves.
- Children, staff and family's cultural backgrounds are reflected in developing routines and program consistent with best practice and positive outcomes for all stakeholders
- Communication for families can be translated into their home language wherever possible
- Encourage educators to attend professional learning opportunities to develop a better understanding of cultural diversity.
- Acknowledge the unique cultural and social perspectives of each family
- Ensure that all children and families have equal access to the service, and are welcomed and respected regardless of race, culture, colour of skin, socioeconomic status, ability, family composition, belief systems or lifestyles
- Encourage positive attitudes towards differences in appearance, culture and lifestyle
- Adhere to the Code of Ethics

#### Educators will:

- Encourage children to respect and value others, including those who are different from themselves
- Ensure children do not exclude others based on differences such as race, sex or ability
- Ensure that the self-identity of each child is valued and respected
- Encourage children to explore and accept diversity
- Challenge bias and stereotypes
- Provide an inclusive environment
- Address bias or comments about difference
- Model inclusive practices
- Ensure privacy and confidentiality is maintained
- Use unbiased language – avoid racist, sexist, discrimination, stereotyped remarks
- Ensure own interactions are responsive to all children in the service
- Demonstrate respect for all children and families
- Ensure all displays, posters, children's books and other materials are monitored to ensure they are inclusive of all people

- Be sensitive to specific cultural behaviour or dress, which may be different to their own beliefs
- Ensure each child’s current knowledge, ideas, culture, abilities and interests are consistently incorporated and actively drive all aspects of the program
- The development of strong foundations in the culture and language of the service families and in that of the boarder community, without compromising their cultural identities

Source:

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation 2015
- National Quality Standards
- The Anti-Bias approach in Early Childhood, Second Edition, Elizabeth Dau 2001
- Early Childhood Australia
- Lady Gowrie NSW
- Revised National Quality Standards

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated the National Quality Standards references to comply with revised standards	February 2019
March 2020	Minor Spelling changes	March 2021
August 2021	Added Education and Care Services National Regulations Added Related Policies	August 2022

### Multi-Cultural Procedure

There are many ways of living, being and of knowing. Children are born belonging to a culture, which is not only influenced by traditional practices, heritage and ancestral knowledge, but also by the experiences, values and beliefs of individual families and communities. Respecting diversity means within the curriculum valuing and reflecting the practices, values and beliefs of families. Educators honour the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families. They value children’s different capacities and abilities and respect differences in families’ home lives. (Early Years Learning Framework)

When early childhood educators respect the diversity of families and communities, and the aspirations they hold for children, they are able to foster children’s motivation to learn and reinforce their sense of themselves as competent learners. They will do this by:

- ✓ Gathering background information during children’s enrolment and orientation, giving insight into the child and family’s beliefs, values and traditions.
- ✓ Using information resources (internet, books etc) to research cultures and traditions.
- ✓ Making connections with local cultural groups/organisations

- ✓ Building centre resources, (including books, activities and experiences, wall displays etc) as a means to intentionally teach the children about various cultures.
- ✓ Pronouncing and spelling children's names correctly
- ✓ Finding out which festivals are important to children and families
- ✓ Using resources from the children and families
- ✓ Inviting families to volunteer their time to extend multicultural learning of children and Educators
- ✓ Advocating and supporting the maintenance of the family's home language in conjunction with their wishes
- ✓ Providing children with the opportunity to explore the multi-cultural resources at their leisure.  
Building on the children's knowledge through open discussions

## Educational Program Policy

### Quality Area 1: Educational program and practice

1.1 Program - The educational program enhances each child's learning and development.

1.1.1 Approved learning framework - Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.

1.1.2 Child-centred- Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.

1.1.3 Program learning opportunities All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.

1.2 Practice Educators facilitate and extend each child's learning and development.

1.2.1 Intentional teaching Educators are deliberate, purposeful, and thoughtful in their decisions and actions.

1.2.2 Responsive teaching and scaffolding Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.

1.2.3 Child directed learning Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.

1.3 Assessment and planning Educators and co-ordinators take a planned and reflective approach to implementing the program for each child.

1.3.1 Assessment and planning cycle - Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.

1.3.2 Critical reflection - Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.

1.3.3 Information for families- Families are informed about the program and their child's progress.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about educational program to be kept available
76	Information about educational program to be given to parents
118	Educational leader
148	Educational leader
168	Education and care service must have policies and procedures
254	Declared approved learning frameworks

RELATED POLICIES	
Additional Needs Policy	Interactions with Children, Family and Staff Policy
Behaviour Guidance Policy	Multi-Cultural Policy
Celebrations Policy	Non-English-Speaking Background Policy
Code of Conduct Policy	Photograph Policy
Curriculum (Pedagogy) and Educators Training Policy	Physical Environment Policy
Cyber Safety Policy	Privacy and Security Policy
Environmental Responsibility Policy	Respect for Children Policy
Excursion Policy	Supervision Policy
Family Communication Policy	Transition to School Policy

Research accentuates that quality educational programs significantly influence children’s growth and development. We have the opportunity to construct a supportive learning environment and program, with inspirations from the children and families. This contribution can encourage the children to feel a sense of control over their actions, interactions, to explore, be curious and explore their understanding of themselves others and the world around them.

### Purpose

We aim to enhance children’s learning and development through the pedagogical practices of educators and families in a positive learning environment which is promoted across the five learning outcomes from Early Years Learning Framework. Educators will gather and interpret information about children as individuals to inform the preparation of the environment and implement experiences that are engaging and meaningful.

### Scope

This policy applies to children, families, staff, and management of the Service.

### Implementation

Under the National Law and National Regulations, approved services are required to base their educational program on an approved learning framework. The program should focus on addressing the developmental needs, interests and experiences of each child, while considering the individual differences of each child.

The Victorian approved learning framework is:

- Victorian Early Years Learning and Development Framework

Our Service is committed to the Early Years Learning Framework (EYLF).

The approved learning frameworks included principles, practices and learning outcomes that guide educational leaders and educators in their curriculum decision making, and assist them in planning, delivering and evaluating quality programs in early childhood settings.

## Early Years Learning Framework

- Each child's learning will be based on their interests and strengths and guided by educators.
- Educators must work in collaboration with families to provide relevant learning experiences for each child, based on their interests and family experiences.
- Every child will be equally valued. Their achievements & learning will be celebrated.
- Educators will observe and record the strengths and learning of each child.
- Educators will work closely with children and families to produce ideas for the curriculum.
- Learning Outcomes will be linked to the curriculum during and after each child's learning has occurred.
- The curriculum will be constructed on the children's interests, educators extending children's interests, spontaneous experiences and family contribution.
- Where appropriate, the service will liaise with external agencies and support persons to best educate and care for children with additional needs.
- Where appropriate, the curriculum (play and learning experiences) will build and develop each child's Learning Stories and Observations of each child's strengths and development.
- The curriculum will be evaluated and reflected upon continuously by educators

## Management/ A Nominated Supervisor/ Responsible Person will:

- Ensure that a suitable program based on an approved learning framework is delivered to all children
- Ensure all Educators work as a team in preparing and/or implementing the curriculum which collaborates with the service philosophy
- Ensure modifications are made in the environment for children with special needs. Management will make appropriate, professional referrals where necessary with family permission
- Ensure a conscious balance between indoor and outdoor experiences is planned for with large blocks of unstructured time for child-initiated play
- Communicate with families on a regular basis
- Ensure each child is acknowledged for their uniqueness in a positive way
- Support children's efforts, assisting and encouraging as appropriate
- Be consistently aware of and responsive to children who may require additional support, assistance or attention, noticing and listening carefully to children's concerns and discussing diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour.

- Ensure the educational program is displayed in a place that is accessible to parents and families.
- Ensure a copy of the program is available at all times – via Earlyworks

Educators will:

- Implement an ongoing cycle of planning, documenting and evaluating children’s learning which will underpin the educational program and involves educators in critically thinking about what is obtainable and why.
- Document children’s experiences and their responses to the environment making children’s learning visible to children, educators and families and promotes shared learning and collaboration.
- Provide experiences that include both structured and unstructured learning times catering for children’s individual needs, interests and are age appropriate.
- Ensure materials and equipment reflect the cultural diversity that exists in our society
- Respond to children's ideas and play and use intentional teaching to scaffold and extend each child's learning
- Provide experiences that actively promote and initiate the investigation of ideas, complex concepts and thinking, reasoning, and hypothesising
- Gather information from families upon enrolment regarding the child’s needs, interest and family backgrounds. This information is treated as confidential and allows Educators to provide experiences that interest and extend children’s current development. We feel that it is important to develop a partnership between parents and Educators to ensure that consistency between home and the Service occurs and that the best possible care is provided
- Make sure the child’s participation in the program is available for families
- Ensure families receive a copy of children’s learning progress – 6 monthly summary of child development
- Explore ideas and theories using imagination, creativity and play, during large blocks of uninterrupted time.
- Use the learning outcomes to guide their planning for children’s learning.
- Intentionally scaffold children’s understanding and learning
- Make use of spontaneous ‘teachable moments’ to extend children’s learning
- Respond to children’s displays of learning dispositions by commenting on them and providing encouragement and additional ideas
- View children as active participants and decision makers, working with each child’s unique qualities and abilities

- Further extend critical thinking skills through provocations
- Plan realistic curriculum goals for children based on observation and assessment of individual needs and interests.
- Seek opportunities within the routine for spontaneous play
- Ensure that all children's experiences are recognised and valued with equitable access to resources and opportunities to demonstrate their learning.
- Use a variety of methods to assist their reflection on children's experiences, thinking and learning
- Ensure critical reflection clearly examines all aspects of events and experiences from different perspectives, identifying children's learning, spontaneous play, teaching strategies and changes that may be needed in the environment.

The program will provide a variety of developmentally appropriate experiences and materials that are selected to achieve the following goals:

- Foster positive self-concept
- Develop social skills
- Encourage children to think, reason, question and experiment
- Encourage language development
- Enhance physical development and skills
- Encourage and demonstrate sound health, safety and nutritional practices
- Encourage creative expression
- Respect cultural diversity of staff and children
- Respect gender diversity
- \* Encourage sustainable practices

#### Source

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.

- Frith, John Dr & Kambouris, Nita & O'Grady, Onagh & University of New South Wales. School of Public Health and Community Medicine (2003). Health & safety in children's centres : model policies & practices (2nd ed). School of Public Health and Community Medicine, University of New South Wales on behalf of the Australian Early Childhood Association (NSW Branch), and the NSW Children's Services Health and Safety Committee, [Sydney]
- Tansey, Sonja. (2005, September 2005). Supervision in Children's Services. Putting Children First, the Newsletter of the National Childcare Accreditation Council (NCAC) Issue 15, p. 8-11.
- Programming with the Early Years Learning Framework (2014)
- Program and Planning in Early Childhood Settings 5th Edition (2012)
- Revised National Quality Standard 2018

## Review

Policy Reviewed	Modifications	Next Review Date
	Minor changes made to Educators roles and responsibilities to ensure a compliant and operative program – see yellow highlights	
	Updated the National Quality Standard references to comply with revised standard	
	-Adjustment in Education and Care Services National Regulations section -Added related policy section - Statements added to improve operational compliance and delivery	
April 2020	Minor changes to spelling and grammar	April 2021
August 2021	Added Education and Care Services National Regulations Added Related Policies	

## Technology / Media Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 1: Educational program and practice

1.1.1 Approved learning framework - Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.

1.1.3 Program learning opportunities All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational Program
76	Information about educational program to be given to parents
155	Interactions with children
156	Relationships in groups
181-184	Confidentiality of records and storage of records

RELATED POLICIES	
Child Safe Environment Policy Code of Conduct Policy Cyber-Safety Policy Educational Program Policy	Privacy and Confidentiality Policy Social Media Policy

Digital technologies have become an integral part of many children's daily lives. For this reason, it is important that our educators are not only familiar with the use of digital technologies, but are able to guide children's understanding of, and ability to interact, engage, access, and use a range of digital technology in a child safe environment. Technology and media items will only be used as an extension to the daily program assisting in the development of social, physical, emotional, cognitive, language, and creative potential of each child. Digital technology can be helpful in the retelling of stories about our culture, help to celebrate diversity and assist in providing an inclusive and equitable educational program.

### Purpose

Our Service will implement responsible behaviour when using technology, respecting the Service, children and the privacy of families and Educators. Educators will exercise appropriate judgement and behave in a professional and ethical manner when using technology.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

Technology when used appropriately, can be a tool for learning, especially when educators play an active role. The Internet is a magnificent resource for research, communication, and extending programming ideas and interests. Technology use within our Service aims to encourage children to solve problems and use logical reasoning, leading children to make decisions and choices and assisting them to use computer software competently and safely.

Management/Nominated Supervisor/ Responsible Person will:

- Identify technology training needs of Educators in professional development
- Ensure the Service privacy and confidentiality policy is adhered to at all times by Educators
- Ensure there is no unauthorised access to the Service's technology facilities (programs, software program etc.)
- Ensure all Educators have appropriate log on details to provide secure location
- Ensure all technological devices have current virus protection software installed
- Develop guidelines about how technology will be used within our Service.

### Educators will:

- Comply with current legislation and Service policies
- Keep passwords confidential
- Log out of computers and software programs after each use
- Only access and modify files and data which they have authorisation to access
- Not harass, slander, intimidate, embarrass, defame or seek to offend another person, group of people or organisation via technological devices
- Not make copies of, transmit, copy or steal Service documents

- Not use personal mobile devices to take photos or breach children and families' privacy
- Support children's natural curiosity for technology within the Service
- Provide children with access to technology to help develop their literacy skills
- Build on children's learning and inspire the ongoing and enthusiastic acquisition of knowledge through technology
- Use technology to build on current projects and document children's learning.

#### Guidelines for use of technology within our Service:

- Programs must be carefully selected and be suitable to the needs and development levels of each child using or watching various types of technology or media
- Technology is used to assist in expanding the content of the daily program and current affairs
- Programs are chosen that are engaging and age appropriate to children
- The use of TV and watching DVD's will be kept to a minimum eg. Extreme weather
- Programs depicting violence e.g. graphic news reports will not be shown
- Children are to view 'G' rated programs only
- TV programs or videos will only be shown that have positive messages about relationships, family and life.
- All content will be socially and culturally considerate and appropriate
- Timeframes for 'screen time' according to Australia's Physical Activity and Sedentary Behaviour Guidelines are:
  - Children younger than 2 years of age should not spend any time in front of a screen
  - Children 2 to 5 years of age should be limited to less than one hour per day
  - Children 5-12 years of age should limit screen time for entertainment to no more than 2 hours a day
- Children will be taught healthy concepts of digital use and citizenship as children are 'growing up digital'.
- Only quality developmentally appropriate interactive media will be used.

#### Source

- Education and Care Services National Regulations

- National Quality Standard
- Early Years Learning Framework
- Fair Work Act
- Revised National Quality Standard

## Review

Policy Reviewed	Modifications	Next Review Date
	New Format and policy created with updated information	
October 2020	Updated the National Quality Standard references to comply with revised standard	October 2021
August 2021	Added Education and Care Services National Regulations Added Related Policies	August 2022

# Quality Area 2 – Children’s Health & Safety

- ✓ Acceptance and Refusal of Authorisations Policy
- ✓ Administration of First Aid Policy
- ✓ Administration of Medication Policy
- ✓ Adventurous (Risky) Play Policy
- ✓ Anaphylaxis Management Policy
- ✓ Arrival and Departure Policy
- ✓ Asthma Management Policy
- ✓ Bottled Breast Milk Policy
- ✓ Bottle Safety and Preparation Policy
- ✓ Bushfire Policy
- ✓ Children's Belongings Policy
- ✓ Clothing Policy
- ✓ Child Protection Policy
- ✓ Child Safe Environment Policy
- ✓ Coronavirus (COVID-19) Management Policy
- ✓ Cyber Safety Policy
- ✓ Death Of A Child Policy
- ✓ Dental Health Policy
- ✓ Diabetes Management Policy
- ✓ Emergency Evacuation Policy
- ✓ Epilepsy Management Policy
- ✓ Excursions Policy
- ✓ Furniture and Equipment Safety Policy
- ✓ Hand Washing Policy
- ✓ Head Lice Policy
- ✓ Health and Safety Policy

- ✓ Immunisation Policy
- ✓ Incident, Illness, Accident & Trauma Policy
- ✓ Infectious Diseases Policy
- ✓ Lockdown Policy
- ✓ Managing An Aggressive Parent Policy
- ✓ Medical Conditions Policy
- ✓ Nappy Change and Toilet Training Policy
- ✓ Nutrition Food Safety Policy
- ✓ Physical Environment Policy
- ✓ Reportable Conduct Scheme
- ✓ Road Safety Policy
- ✓ Safe Storage of Hazardous Chemicals Policy
- ✓ Safe Transportation Policy
- ✓ Sick Children Policy
- ✓ Sleeping & Rest Requirements Policy
- ✓ Snake Awareness Policy
- ✓ Supervision Policy
- ✓ Termination of Enrolment Policy
- ✓ Unexpected Death of A Child Policy
- ✓ UV / Sun Safe Policy
- ✓ Water Safety Policy
- ✓ Work Health Safety Policy

## Acceptance and Refusal of Authorisations Policy

2.2 Safety Each child is protected.

2.2.1 Supervision At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.2.2 Incident and emergency management

Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

2.2.3 Child protection Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Under the National Law and National Regulations, early childhood services are required to obtain written authorisation from parents or guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf. Authorisations are usually authenticated by a signature- either in written form or as an electronic signature. All authorisation and refusals are to be kept in the child's enrolment record.

### Purpose

We aim to ensure that all educators, staff, and volunteers are consistent in how authorisations are managed and understand what does or does not constitute a correct authorisation, which consequently may lead to a refusal. Decisions around refusing an authorisation will be made on a case by case basis by the service in discussion with the Nominated Supervisor, Police, or other authorities.

### Scope

This policy applies to families, staff, management, and visitors of the Service.

### Implementation

Our Service will ensure we comply with the current Education and Care Services National Regulations, which require parent or guardian authorisation to be provided in matters including:

- Administration of medication to children
- Administration of medical treatment, dental treatment, and general first aid treatment

- Emergency Ambulance transportation
- Excursions, including regular outings
- Incursion attendance
- Taking of photographs by people other than educators
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment, to collect children from the service, or to provide authority for the child to be taken outside the service
- Children leaving the premises in the care of someone other than a parent or guardian

Management will ensure that:

- the *Acceptance and Refusal Authorisation Policy* is reviewed and maintained by Service management and adhered to at all times by educators and staff
- all staff understand circumstances that may lead to refusal of an authorisation
- all educators and staff follow the policies and procedures of our Service
- all parents/guardians have completed the authorised person's section of their child's enrolment form including authorised nominees (refer to *Enrolment Policy*), and that the form is signed and dated before the child commences at the Service
- permission forms for excursions are provided to the parent/guardian or authorised nominee prior to the excursion (refer to *Excursion Policy*)
- parents/guardians are provided with a copy of relevant policies for our Service or are aware of how they can be accessed
- attendance records are maintained for all children attending the Service
- a written record of all visitors to the Service, including time of arrival and departure and reasons for visit is documented
- where a child requires medication to be administered by educators/staff, that an *Administration of Medication Record* is completed and authorisation provided by the parent/guardian or authorised nominee and included within the child's record (Refer to *Administration of Medication Policy*)
- educators/staff do not administer medication without the written authorisation of parent/guardian or authorised nominee named in the enrolment record as authorised to consent to the medical treatment of the child, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Enrolment Form, Administration of Medication Policy, Incident, Injury, Accident and Trauma Policy, Emergency Evacuation Policy, Asthma Management Policy, Anaphylaxis Management Policy, Diabetes Management Policy, and Epilepsy Management Policy*).

- educators and staff allow a child to participate in excursions only with the written authorisation of a parent/guardian or authorised nominee named in the child's enrolment record is received and documented
- educators/staff allow a child to depart the Service only with:
  - a person who is the parent/guardian or authorised nominee named in the child's enrolment record; or
  - with a person authorised by a parent or authorised nominee; or
  - leaves in accordance with the written authorisation of ~~one of these~~ the parent; or authorised nominee; or
  - is taken on an excursion; or
  - in the case of a medical emergency or another emergency (Refer to *Arrival and Departure Policy* and *Emergency Evacuation Policy*).
- there are procedures in place if an inappropriate person, or a person who does not appear to be fit to take care of the child attempts to collect the child from the Service or poses a risk to the safety of children or staff (refer to *Arrival and Departure Policy*).

**A Nominated Supervisor / Responsible Person will:**

- follow the policies and procedures of the Service
- ensure documentation relating to authorisations contains:
  - the name of the child enrolled in the service
  - date
  - signature of the child's parent/guardian and authorised nominee as named on the enrolment form
- keep all authorisations relating to each child in their enrolment record
- exercise the right of refusal if written or verbal authorisations do not comply with National Regulations or Child Protection Legislation. If an authorisation is refused by the Service, it is best practice to document:
  - the details of the authorisation
  - why the authorisation was refused, and
  - actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, the action taken to ensure that the child was collected (Refer to *Refusal of Authorisation Record*).
- waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. In accordance with National Regulations (R. 93) the Service can administer medication in these

circumstances without authorisation. If these situations occur Management will be required to contact the parent/guardian as soon as practicable after the medication has been administered and emergency services. Notification to the Regulatory Authority is required within 24 hours of a serious incident

- ensure that medication is not administered to a child without the authorisation of a parent/guardian or authorised person, except in the case of an emergency, including and asthma or anaphylaxis emergency (refer to *Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Management of Asthma Policy, Management of Anaphylaxis Policy, Management of Diabetes Policy, and Management of Epilepsy Policy*).
- ensure a child only departs from the Service with:
  - a person who is the parent/guardian or authorised nominee named in the child's enrolment record; or
  - with a person authorised by a parent or authorised nominee; or
  - leaves in accordance with the written authorisation of ~~one of these~~ the parent; or authorised nominee; or
  - is taken on an excursion; or
  - in the case of a medical emergency or another emergency (Refer to *Arrival and Departure Policy and Emergency Evacuation Policy*).
- ensure a child is not taken outside the Service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee

inform the Approved Provider when a written authorisation does not meet the requirements outlined in the Service's policies.

#### Educators will:

- follow the policies and procedures of the Service
- ensure that parents/guardians sign and date permission forms for excursions prior to the excursion being implemented
- allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee
- check that parents/guardians or an authorised nominee sign the attendance record as their child arrives and departs from the Service
- administer medication only with the written authorisation of a parent/guardian or authorised nominee as per the *Administration of Medication Record*, except in the case of an emergency, including an asthma, anaphylaxis.
- allow a child to depart from the Service only with:

- with a person authorised by a parent or authorised nominee; or
  - leaves in accordance with the written authorisation of ~~one of these~~ the parent; or authorised nominee; or
  - is taken on an excursion; or
  - in the case of a medical emergency or another emergency (Refer to *Arrival and Departure Policy* and *Emergency Evacuation Policy*).
- follow procedures if an inappropriate person attempts to collect a child from the Service and poses a risk to the safety of the children and staff (for example, an intoxicated person)
  - inform the Approved Provider when a written authorisation does not meet the requirements outlined in Service's policies.

#### Families will:

- read and comply with the policies and procedures of the Service
- complete and sign the authorised nominee section of their child's enrolment form before their child commences at the Service
- ensure that changes to nominated authorised persons are provided to the Service in a timely manner
- advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the Service
- sign and date permission forms for excursions
- sign the attendance record as their child arrives and departs from the Service
- provide written authorisation on the *Administration of Medication Form* when their child requires medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records
- provide completed Medical Management Plans and Action Plans where relevant for their child

#### Authorisation Requirements

Authorisation documents are required for the following situations and must have details recorded as specified:

<p>Administration of Medication</p>	<ul style="list-style-type: none"> <li>• Name of the child</li> <li>• <i>Administration of Medication Record</i> is signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication</li> <li>• Name of the medication to be administered</li> <li>• Clearly indicate time and date the medication is to be administered</li> <li>• Dosage of the medication to be administered</li> <li>• Method of dosage (eg: oral or inhaled)</li> <li>• Period of authorisation (actual days and dates: from and to)</li> <li>• Date the authorisation is signed</li> <li>• Medication must be in its original container and bearing the correct child's name</li> <li>• Medication is not past its expiry or use-by date</li> <li>• Medication is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner.</li> <li>• A second person checks the signed <i>Administration of Medication Record</i>, checks the dosage of the medication, and witnesses its administration</li> <li>• The educator administering medication and the witness must write their full name and sign the medication record</li> <li>• Details of the administration must be recorded in the medication record</li> </ul>
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<p>Medical treatment of the child including transportation by an ambulance service</p> <p>(Included and authorised initially as part of the child's enrolment record):</p>	<ul style="list-style-type: none"> <li>• Name of the child</li> <li>• Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service</li> <li>• Authorisation for the transportation of the child by an ambulance service</li> <li>• Name, address and telephone number of the child's registered medical practitioner or medical service</li> <li>• Child's Medicare number</li> <li>• Name of the parent or guardian providing authorisation</li> <li>• Relationship to the child</li> </ul>
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<p>Emergency Medical Treatment</p> <p>(included and authorised initially as part of the child's enrolment record or as updates during enrolment):</p>	<ul style="list-style-type: none"> <li>• The Service is able to seek emergency medical assistance for a child as required (i.e. medical practitioner, ambulance or hospital) without seeking further authorisation from a parent or guardian in the case of an emergency, including for emergencies relating to medical conditions noted on the enrolment form.</li> </ul>
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<p><b>Collection of Children</b></p> <p>(included and authorised initially as part of the child's enrolment record or as updated during enrolment):</p>	<ul style="list-style-type: none"> <li>• Name of the child</li> <li>• Name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation</li> <li>• Name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises</li> <li>• State relationship to the child of the persons authorised to collect the child from the premises</li> <li>• Signature of the person providing authorisation and date of authorisation</li> </ul>
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<p><b>Excursions</b></p> <p>(Including regular outings)</p>	<p>If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period, otherwise it must state:</p> <ul style="list-style-type: none"> <li>• Name of the child</li> <li>• Date of the excursion (unless for a regular outing)</li> <li>• Reason for the excursion</li> <li>• Proposed destination for the excursion</li> <li>• Method of transport to be used</li> <li>• Route to be taken to and from the excursion</li> <li>• Period of time away from premise- include time leaving premise and time returning to premise</li> <li>• Proposed activities to be undertaken by the child during the excursion</li> <li>• Anticipated number of children likely to be attending the excursion</li> <li>• Ratio of Educators attending the excursion to the number of children attending the excursion</li> <li>• Number of staff members and any other adults who will accompany and supervise the children on the excursion (including parents, students, volunteers)</li> <li>• Statement that a risk assessment has been prepared and is available at the service</li> <li>• Name of the parent or guardian-providing authorisation</li> <li>• Relationship to the child</li> <li>• Signature of the person providing authorisation and date of authorisation</li> <li>• Details of any water hazards and risks associated with water-based activities (to be included in risk assessment).</li> <li>• Items that should be taken on the excursion</li> </ul>
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Sun Screen and Insect Repellent application	<ul style="list-style-type: none"> <li>• Name of child</li> <li>• Permission authorised for staff to apply SPF 30+ or higher broad spectrum, water resistant sunscreen supplied by the service <b>or</b></li> <li>• Permission authorised for staff to apply SPF 30+ or higher broad spectrum water resistant sunscreen <b>supplied by parent/guardian</b></li> <li>• Parent signature and date</li> <li>• Material Safety Data Sheet required for all products</li> <li>• Permission authorised for staff to apply insect repellent supplied by the service <b>or</b></li> <li>• Permission authorised for staff to apply insect repellent supplied by the <b>parent/guardian</b></li> </ul> <p>Note: the use of sunscreen on babies under 6 months is not recommended due to their sensitive skin.</p>
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Confirmation of Authorisation	<ul style="list-style-type: none"> <li>• All authorisation forms received (including the initial enrolment form) are to be checked for completion</li> <li>• All authorisations (excluding the initial enrolment form) are checked to ensure that the authoriser (name and signature) is the nominated parent or guardian a person named on the enrolment form as having authority to authorise</li> <li>• If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction</li> <li>• Children will be suspended from any activity requiring authorisation until the appropriate form has been correctly completed and signed</li> </ul>
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**Source:**

Australian Children’s Education & Care Quality Authority. (2014).

Cancer Council. Preventing cancer: Sun protections: <https://www.cancer.org.au/preventing-cancer/sun-protection/>

Early Childhood Australia Code of Ethics. (2016).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020).

Revised National Quality Standard. (2018).

**Review:**

Policy Reviewed	Modifications	Next Review Date
January 2018	- Minor changes made to comply with changes to the Education and Care National Regulations. - Added related policy section	January 2019
January 2020	small edits to align with Arrival and Departure Policy additional information for refusals of authorisation- Child Protection Legislation addition of regulations regarding asthma and anaphylaxis and access for parents additional related policies added	

## Adventurous (Risky) Play Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2: Children’s Health and Safety

- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.1.3 Healthy Lifestyle – Healthy eating and physical activity are promoted and appropriate for each child.
- 2.2 Safety Each child is protected
- 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

#### Quality Area 3 : Physical Environment

- 3.1.2 Upkeep - Premises, furniture and equipment are safe, clean, and well maintained
- 3.2 Use – The service environment is inclusive, promotes competence and supports exploration and play based learning.
- 3.2.1 Inclusive environment – Outdoor and Indoor spaces are organised and adapted to support every child’s participation and to engage every child in quality experiences in both built and natural environments.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational programs
86	Notification to parents of incident, injury, trauma and illness
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
168	Policies and procedures are required in relation to enrolment and orientation
171	Policies and procedures to be kept available

RELATED POLICIES	
Administration of First aid Policy	Physical Environment Policy
Child Safe Environment Policy	Sun Safety Policy
Health and Safety Policy	Supervision Policy
Incident, Injury, Trauma and Illness Policy	Work Health and Safety Policy

*‘Being adventurous is about creating opportunities for children (and adults) to explore and test their own capacities, to manage risk and to grow as capable, resourceful and resilient children and adults.’*

*(National Quality Standard, Professional Learning Program, 2013).*

We acknowledge that it is sometimes difficult to find the right balance between allowing children to engage in adventurous play in our physical environment whilst preventing serious injuries.

Our Service is committed to supporting families to understand the importance and benefits of risk taking through *adventurous play* for their children. We believe that for children to learn effectively and prepare for life-long skills, it's important for them to experience challenging situations in our physical environment that is managed effectively to minimise negative outcomes, not eliminate risk.

### Purpose

We acknowledge the important developmental benefits of adventurous and risky play such as psychological, perceptual, physical/motor skills and social development. (Sandseter, 2010). We encourage educators to support children's curiosity by providing them with opportunities to access risks and manage situations appropriately. We aim to support and respond to children's physical development by offering an environment that provides open-ended, dynamic, stimulating and challenging learning opportunities for all children.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### What is adventurous play?

Adventurous play, sometimes referred to as 'risky play' is a natural part of children's play and can often be described as a thrilling and exciting activity, involving a risk of physical injury and play that provides opportunities for challenge, testing limits, exploring boundaries and learning about injury risk (Sandseter (2007); Little & Wyver, 2008). Involvement in adventurous play provides children with opportunities to explore and test their own capacity, access risks and manage situations, master new skills, extend their limits and learn life skills. Research shows that success and failure of adventurous play motivates children to try again and work out different ways of doing things, increases their physical and motor skills and teaches them about their own limits. (Sandseter, 2011; Tovey, 2010).

In our endeavour to create a physical environment that is safe for all children at all times, we may be creating a physical environment that inadvertently limits adventure and risk-taking. The National Quality Standard (2.1.3) aims to encourage *"the educational leader and educators to foster physical and psychological development in children by encouraging physical activity that is challenging, extends thinking and offers opportunities to take manageable risks."* (2018, p: 68).

### Implementation

Our Service will continually determine whether a learning environment is dangerous, or a potential learning opportunity that may encourage risk taking.

Children are faced with risks every day. Rather than trying to eliminate all risks from children's play, our Service will identify the possible risks and make informed decisions about whether the benefit for children's development and learning outweighs the risks and protect children from any potential harm. We will ensure that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury (Section 167 National Law).

In addition, Educators will conduct daily safety checks to identify potential risks and hazards. According to Curtis (2010), a hazard is something that is inherently dangerous and needs to be immediately remedied. For example, a climbing structure with sharp edges, a broken fence or gate.

Educators will use positive language to support and encourage children to engage in adventurous and risky play, modify activities to ensure all experiences are inclusive and promote competence and exploration.

#### Management/Nominated Supervisor/ Responsible Person/Educators will ensure:

- risk assessments are conducted to identify potential hazards, assess the risks, and minimise any risks that could potentially cause harm or injury to children
- to engage in critical reflection as a team and with the children about the risks and benefits of a new activity or process
- daily inspection of the outdoor learning environment will be undertaken to identify any potential risk of harm to children as per our *Health and Safety Policy*
- educators employ 'active' supervision at all times
- educators provide direct, constant and proximal monitoring of children undertaking activities that involve some risk and recognising when the ratio of educators to children needs to be increased (eg: carpentry, water activities, climbing)
- management will notify the Regulatory Authorities of any serious incident within 24 hours of the incident.
- parents are notified as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the service. Details of the incident/situation are to be recorded on the *Incident, Injury, Trauma and Illness Record*.
- to actively encourage and acknowledge children's competence to assess risks and possible consequences (It is important to involve children in the risk assessment process, as this provides added benefits of being able to talk through hazards, learn about assessing and managing appropriate risks for themselves.)

- children of all ages and abilities are provided with authentic learning experiences aimed to challenge children's capabilities, manage risk, and grow as capable resourceful and resilient children (and adults)
- children are encouraged to take risks through the use of positive language, guidance and enthusiasm
- children are not pushed or forced to do something they are not sure about
- to provide a challenging and adventurous learning environment that supports children's curiosity, adventure, and motivation
- to respect children's growth mindset, acknowledging them as competent and capable learners
- to trust in children's abilities and judgement whilst scaffolding their learning
- children learn new skills in a safe environment through supervision and adherence to the correct educator to child ratios
- to mentor and support families' knowledge about the benefits of providing children with adventurous play experiences
- children are not denied the value of an experience because it may appear to be dangerous
- their duty of care is upheld and taken seriously
- they continue to meet their legal obligations and responsibilities as documented in the NQS and National Law.

#### Adventurous play encourages children to:

- Problem-solve
- Develop skills in negotiating (including risks)
- Build resilience, perseverance, and persistence
- Extend their balance, orientation skills and coordination
- Become aware of their own capabilities and limits
- Make appropriate risk decisions
- Develop self-regulation
- Take acceptable risks
- Make decisions
- Learn about the consequences (positive and negative) of risk taking
- Gain confidence and independence
- Become creative and curious
- Learn how to use equipment safely

## Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian Government. Department of Education, Skills and Employment. *Belonging, Being and Becoming- The Early Years Learning Framework (EYLF)*. (2009). *My Time Our Place- Framework for School Age Care in Australia*. (2011).
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## Source:

Date Reviewed	Modifications	Next review Date
September 2020	Policy Formed	September 2021
September 2021	Added Education and Care Services National Regulations Added Related Policies	September 2022

## Administration of First Aid

### Quality Area 2: Children's Health and Safety

- 2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected
- 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an early childhood service where Educators have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

### PURPOSE

Our Service has a duty of care to provide and protect the health and safety of children, families, educators and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Ensure that ill or injured persons are stabilised and comforted until medical assistance or family intervenes
- Monitor ill or injured persons in the recovery stage
- Apply additional first aid tactics if the condition does not improve
- Ensure the environment is safe and other people are not in danger of becoming ill or injured.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm.

Management is responsible for:

- Safeguarding every reasonable precaution is taken to protect children at the Service from harm and/or hazards that can cause injury
- Ensuring that all educators in attendance have current approved first aid qualifications and are always immediately available that children are being educated and cared for by the Service.
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Ensuring that first aid training details are recorded and kept up to date on each staff member's record.

- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies.
- Ensuring that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

#### **A Nominated Supervisor/ Responsible Person will:**

- Maintain a current approved first aid qualification
- Support staff when dealing with a serious incident, trauma
- Provide and maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards
- Provide and maintain a transportable first aid kit that can be taken to excursions and other activities
- Monitoring the contents of all first aid kits and arranging replacement of stock, including when the use-by date has been reached
- Disposing of out-of-date materials appropriately
- Ensure safety signs showing the location of first aid kits are clearly displayed
- Ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA.
- Keep up to date with any changes in the procedures for the administration of first aid
- Ensure that appropriate documentation is being recorded by Nominated/ Certified Supervisors regarding incidents, injury, trauma and illnesses and the administration of first aid. Documentation of the following must be recorded.
  - o Name and age of the child
  - o Circumstances leading to the incident, injury, trauma or illness (including any symptoms)
  - o Time and date
  - o Details of action taken by the service including any medication administered, first aid provided or
  - o Medical personnel contacted
  - o Details of any witnesses
  - o Names of any person the service notified or attempted to notify, and the time and date of this
  - o Signature of the person making the entry, and time and date of this.

#### **Educators will:**

- Implement appropriate first aid procedures when necessary
- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- Practice CPR and administration of an auto-injection device annually
- Ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Ensure that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record accurately.
- Conduct a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised

- Ensure blood/spills bucket is always used where appropriate. Replenish and replace bucket immediately after use

#### Parents will:

- Sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child.
- Provide the required information for the Service's medication record
- Provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required.
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

#### First Aid Kit

The approved provider of the Service will ensure that first aid kits are kept up to date and in accordance with National Education and Care Service Regulations.

All First Aid Kits at the service must:

- Not be locked
- Not contain paracetamol
- Be suitable for the number of employees and children and enough for the immediate treatment of injuries at the Service.
- Be easily accessible to staff and educators
- Be constructed of resistant material, be dustproof and of enough size to adequately store the required contents
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not depreciated or expired.
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- Be easy to access and if applicable, located where there is a risk of injury occurring.
- Consideration should be given to precautionary measures such as sunscreen protection and portable water if working outdoors.
- First Aid kits must be taken on excursions and be attended by First Aid qualified educators.
- Be maintained in proper condition and the contents restocked as required.
- Our Service will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

#### First Aid Kit Checklist

Our Service will use the Checklist in Safe Work Australia's First Aid in the Workplace Code of Practice as a guide to what to include in our First Aid Kit.

<https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace>

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to help us make a knowledgeable decision about what to include

**SOURCE:**

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Your Health and Safety Guide to Workplace amenities and first Aid June 2007: Worksafe Victoria. [http://www.worksafe.vic.gov.au/info/\\_data/assets/pdf\\_file/0013/12370/vwa\\_guide\\_to\\_workplace\\_amenities.pdf](http://www.worksafe.vic.gov.au/info/_data/assets/pdf_file/0013/12370/vwa_guide_to_workplace_amenities.pdf)
- First Aid for low risk Micro Businesses May 2009: Worksafe Victoria
- Children’s services occupational health and safety compliance kit: Worksafe Victoria
- Compliance Code First Aid in the Workplace 2008: Worksafe Victoria
- Safe Work Australia Legislative Fact Sheets First Aiders
- Safe Work Australia First Aid in the Workplace Code of Practice
- Work Health and Safety Act
- Safe Work Australia Legislative Fact Sheets First Aiders
- Safe Work Australia Legislative Fact Sheets First Aiders
- Safe Work Australia First Aid in the Workplace Code of Practice
- Safe Work Australia First Aid in the Workplace Code of Practice Work Health and Safety Act 2012
- Revised National Quality Standards

**REVIEW:**

Date Reviewed	Modifications	Next Policy Review Date
February 2018	Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. Updated to include revised National Quality Standard	February 2019

## Administration of Medication Policy

- 2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected
- 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

In supporting the health and wellbeing of children, the use of medications may be required for children at the service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

### PURPOSE

To ensure all educators of the Service can safely administer children's required medication with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the service.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Service to ensure the safety of children and educators. The Service will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

Management will ensure:

- The Administration of Authorised Medication Record is completed for each child using the Service who requires medication.
- Medication may only be administered by the Service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parents/guardian to make decisions about the administration of medication.
- Medication must be provided by the child's parents which includes –
  - The administration is authorised by a parent or guardian;
  - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner.)
  - Medication is from the original container;
  - Medication has the original label clearly showing the name of the child;
  - Medication is before the expiry/use by date.
  - Any instructions attached to the medication or related to the use of the medication
- Any person delivering a child to the Service must not leave medications in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.
- Written and verbal notifications are given to a parent or other family member of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners.

- If medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent of the child and emergency services are notified as soon as practicable.
- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- Reasonable steps are taken to ensure that medication records are maintained accurately.
- Medication forms are kept in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time.
- Educators receive information about the medical and medication policies during their induction.
- Families will be reminded that every attempt to contact them for verbal permission will be made by the Service prior to administering asthma medications.
- Families are informed of the Service's medical and medication policies
- Safe practices are adhered to for the wellbeing of both the child and educators.

A Nominated Supervisor/ Responsible Person /Educators will:

- Not administer any medication without the authorisation of a parent or person with authority – except In the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- Ensure that medications are stored in the refrigerator in the kitchen, inaccessible to children. For medications not requiring refrigeration these are to be given to educators to be stored in the bag out of reach of children.
- Ensure that two educators administer and witness medications at all times. Both educators are responsible for:
  - Checking the Medication Form,
  - Checking the prescription label and the amount of medication being administered
  - Signing and dating the medication form
  - Returning the medication back into the refrigerator in the kitchen.
- Follow hand-washing procedures before and after administering medication.
- Discuss any concerns or doubts about the safety of administering medications with the Nominated Supervisor to ensure the safety of the child
- Seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication if required
- Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label.
- Invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English.
- Ensure that the Medication Record is completed correctly
- A separate medication record must be completed for each medication given to the child

Families will:

- Notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short- and long-term medication use.

- Complete a medication record for child requiring medication whilst they are at the Service.
- Assist Educators to complete long-term medication records in accordance with the medical practitioner completing and signing the plan.
- Update long term medication records quarterly or as the child's medication needs change.
- Be requested to sign consent to use creams and lotions (list of items in the first aid kit provided at enrolment) should first aid treatment be required.
- Be required to keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- Keep children away from the Service while any symptoms of an illness remain.
- Keep children away from the Service for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
- NOT leave any medication in children's bags.
- Give any medication for their children to an educator who will provide the family with a Medication Record
- Complete the Medication Record and the educator will sign to acknowledge the receipt of the medication. Please understand that no medication will be administered without written consent from the parent or authorised person.

#### Medications kept at the service

- Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates in unification with the First Aid Checklist.
- A list of first aid kit contents close to expiry or running low will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies.
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- It is the families' responsibility to take home medication
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE.
- Families are required to complete a medication form for lotions to be administered. (Long-term medication form).

#### Emergency Administration of Medication

- If a parent of a child is unreachable, the Service will endeavour to obtain verbal authorisation from an emergency contact of the child named in the child's Enrolment Form, who is authorised to approve the administration of medication.
- If all the child's nominated contacts are non-contactable, the Service must contact a registered medical practitioner or emergency service on 000.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form.

#### Emergency Involving Anaphylaxis or Asthma

- For anaphylaxis or asthma emergencies, medication will be administered to a child without authorisation, following the correct action plan has been provided.
- The Service will contact the following as soon as practicably possible -
  - Emergency Services
  - A parent of the child

- The regulatory authority within 24 hours
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

SOURCE:

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care - Fourth Edition 4
- National Health and Medical Research Council - [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- Revised National Quality Standards

REVIEW

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated to comply with the revised National Quality Standard	February 2019
April 2020	Spelling mistakes corrected	April 2021

## Anaphylaxis Management Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2 : Children’s Health and Safety

- 2.1.1 Wellbeing and comfort - Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement— anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES	
Administration of First aid Policy	Incident, Injury, Trauma and Illness Policy
Administration of Medication Policy	Medical Conditions Policy
Enrolment Policy	Privacy and Confidentiality Policy
Family Communication Policy	Supervision Policy

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response. Any anaphylactic reaction always requires an emergency response.

## Purpose

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. We aim to minimise the risk of an anaphylactic reaction occurring at our Service by following our *Anaphylaxis Management Policy*. We will implement risk minimisation strategies and ensure all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction by adhering to a child's medical management plan and/or action plan. We also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised.

## Scope

This policy applies to children, families, staff, management, and visitors of the service.

## Duty of care

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a safe environment for children free of foreseeable harm *and*
- adequate supervision of children at all times.

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. Staff members, including relief staff, need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of the location of children's medical management plans, risk minimisation plan and required medication.

## Background

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening.

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g. cashews)
- Cow's milk
- Fish and shellfish
- Wheat

- Soy
- Sesame
- Certain insect stings (particularly bee stings)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis within the Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens that could cause a severe reaction, and the implementation of preventative measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the Service and families is vital in understanding the risks and helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen<sup>®</sup> or Anapen<sup>®</sup>) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

### Implementation

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's medical management plan in prominent positions within the Service. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

Children diagnosed with anaphylaxis will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must

be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

**Management, Nominated Supervisor/ Responsible Person will ensure:**

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians are required to provide a medical management plan and ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the Service [see section below- *In Services where a child is diagnosed as 'at risk of anaphylaxis'*]
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service
- that staff attend anaphylaxis to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis including training in the administration of the adrenaline auto-injection device
- all staff have undertaken training in administration of the adrenaline auto injection device and cardiopulmonary resuscitation (CPR) at least every 12 months
- that all staff members are aware of
  - any child at risk of anaphylaxis enrolled in the service
  - the child's individual medical management plan/action plan
  - symptoms and recommended action for allergy and anaphylaxis and
  - the location of their EpiPen® / Anapen® device
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- that updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families

In services where a child diagnosed at risk of anaphylaxis is enrolled the Nominated Supervisor shall also:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan developed in collaboration with the family and a medical practitioner is provided
- develop and document a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service
- ensure the medical management plan includes:
  - specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - a recent photo of the child
  - triggers for the allergy/anaphylaxis (signs and symptoms)
  - first aid/emergency action that will be required
  - administration of adrenaline autoinjectors
  - ASCIA Action Plan
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the auto-injection device kit
- collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- display a medical management plan or (ASCIA) *Action Plan for Anaphylaxis 2021* for each child with a diagnosed risk of anaphylaxis in key locations at the Service
- ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation, and serving of food.
- ensure that a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)

- ensure that all relief staff members in the Service have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management plan and the location of the auto-injection device kit
- ensure that a staff member accompanying children outside the Service carries a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided every 12 months or whenever any changes have occurred to the child's diagnosis or treatment
- provide information to the Service community about resources and support for managing allergies and anaphylaxis.

#### Educators will:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure that a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the Service
- ensure a copy of the child's anaphylaxis medical management plan is visible and known to staff, visitors, and students in the Service
- follow the child's anaphylaxis medical management plan in the event of an allergic reaction, which may progress to anaphylaxis
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands upon arrival at the Service and before and after eating
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties, and family days
- ensure that the auto-injection device kit is:
  - stored in a location that is known to all staff, including relief staff
  - NOT locked in a cupboard
  - easily accessible to adults but inaccessible to children
  - stored in a cool dark place at room temperature

- NOT refrigerated
- contains a copy of the child's medical management plan
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the Service e.g., on excursions that this child attends or during an emergency evacuation
- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).

#### Families will:

- inform management and staff at the child's service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis
- provide staff with an anaphylaxis medical management plan giving written consent to use the auto-injection device in line with this action plan and signed by a registered medical practitioner
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and other service staff
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with a complete auto-injection device kit each day their child attends the Service
- maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- notify the Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- comply with the Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service or its programs without that device
- read and be familiar with this policy
- notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management plan in accordance with these changes
- provide an updated plan every 12-18 months or if changes have been made to the child's diagnosis.

If a child suffers from an anaphylactic reaction the Service and staff will:

- Follow the child's medical management plan/action plan
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

In the event where a child who has **not** been diagnosed as at risk of anaphylaxis, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours.

### Educating Children

- Educators will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make \_\_\_\_\_ sick', 'this food is not good for \_\_\_\_\_', and '\_\_\_\_\_ is allergic to that food'.
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- With older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared.
- Educators will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.

## Reporting Procedures

Any anaphylactic incident is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

Any anaphylactic incident is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

Source:

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition
- Revised National Quality Standards

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated to meet the National Law and/or National Regulations in respect of serious incidents and notification purposes.	February 2019
February 2018	Updated the references to comply with the revised National Quality Standards	February 2019
July 2020	Additions to content of policy Additional regulations added Additions to emergency first aid requirements rearranged some points under Educators to Nominated Supervisor Storage of autoinjector updated Updated 2020 ASCIA Action Plans	July 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies	July 2022

## Arrival and Departure Policy

- 2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

To ensure the safety of children at our Service our Arrival and Departure policy is strictly adhered to, allowing only nominated authorised persons to collect children at any time throughout the day. The daily sign in and out register is not only legally required to record children's attendance but also used as a record of the children on the premises should an emergency evacuation be called required to be implemented.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

Guidelines for delivery and collection of children are put in place to ensure the safety and wellbeing of each individual child.

#### Arrival

- For children to feel secure and safe, it is important that children and families are greeted upon arrival by a member of staff and have the chance to say goodbye to the person delivering them. Saying goodbye helps to build trust. Leaving without saying goodbye could cause the child to think they have been left behind.
- All children need to be signed in by the person responsible for verifying the accuracy of the record. This will include the time. Parent's also need to advise staff who will be collecting the child/children.
- Families will be reminded on departure to sign their child/children into the Service.
- Should families forget to sign their child/children in, National Regulations requires the nominated supervisor/Responsible Person to sign the child in and out.
- Children are to be sighted by an educator before the parent or person responsible for the child leaves. This ensures that the educator is aware that your child has arrived and is in the building.
- A child's medication needs or any other information should be passed on to one of your child's educators by the person delivering the child.
- A locker, hook or shelf space will be made available to children and their families.
- In the case of a separated family, either biological parent is able to add a contact in writing unless a court order is provided to the Director stating that one parent has sole custody and responsibility.
- In the case of an emergency, where the parent or a previously authorised contact is unable to collect the child, the parent or person responsible for the child (as listed on enrolment form as having a parenting role) may telephone the service and arrange an alternative person to pick up the child. A second staff member will witness the phone call. This contact will then need to be authorised in writing to the Service.

## Departure

- Parents are to advise their child's educator if someone different is picking up their child. This person is to be named on the enrolment form or added in writing to Management as an authorised contact for the child.
- Photo identification will need to be sighted by a Primary Contact Educator. If educators cannot verify the person's identity they may be unable to release the child into that person's care.
- All children must be signed out by their parent or person who collects the child from our Service. If the parent or other person forgets to sign the child out they will be signed out by the responsible person.
- No child will be withheld from an authorised contact or biological parent named on the enrolment form unless a current court order is on file at the Service.
- Children will need to be signed out on the same sheet as they were signed in.
- Parents are requested to arrive to collect their child/children by 6.00pm.
- In the case of a particular person being denied access to a child, the service requires a written notice from a court of law. Educators will attempt to prevent that person from entering the service and taking the child, however the safety of the educator is also important, and they will not be expected to physically prevent any person from leaving the service. In this case the parent with custody will be contacted along with the local police. The court order overrules any requests made by parents to adapt or make changes. For the protection of the children and educators, parents are asked not to give our front door code to anyone other than those necessary.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 16 to collect children.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will:
  - Discuss their concerns with the person, if possible, without the child being present
  - Suggest they contact another parent or authorised nominee to collect the child
  - Educators will inform the police of the circumstances, the person's name and vehicle registration number if the person insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child but must consider their obligations under the relevant child protection laws.
- At the end of each day educators will check the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes.
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day will be recorded.

## Visitors

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our Service must sign in when they arrive at the service and sign out when they leave. It is also a requirement of the National Regulations that visitors or students are not left alone with children at any time.

## Late collection of children

- If there are children still present at the Service upon closing, it is best practice to ensure a minimum of two Educators are present.
- Instruction to parents; "Please remember that our Educators have families to go home to and their own children to collect by a designated time. If you are late to collect your child two Educators must stay behind and therefore both have to be paid overtime. To cover this, a late fee of \$30 per 15-minute block will be charged (e.g. if you are 5 minutes late you will be charged for a 15-minute block. If you are 20 minutes late you will be charged for two 15-minute blocks, etc.)"

- If you know that you are going to be late, please notify the Service and make arrangements for someone else to collect your child.
- If you have not arrived by 5:55pm you will be contacted. If we are unable to contact you and your child has not been collected, we will call alternative contacts as listed on your enrolment form to organise the collection of your child by one of them”.
- Due to licensing and insurance purposes, if by 6pm neither you nor any of your authorised contacts are available or contactable, we may need to take your child to the police station for you to collect.
- A sign will be displayed at the Service notifying you of your child’s whereabouts. If this occurs we will be obligated to contact Family and Community Services and inform them of the situation.
- \* Children enrolled in Kinder Only sessions fall under this same policy on completion of kinder at 3:00pm. If you know that you are going to be late, please notify the service and make arrangements for someone else to collect your child. If your child is still at the service after 3:00pm, a late fee will be applied of \$30 per 15 minute block.

SOURCE:

- Australian Children’s Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Revised National Quality Standard 2018

REVIEW:

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated the references to comply with revised National Quality Standards Minor changes made to support compliance Related policy section added	February 2019

## Asthma Management Policy

### NATIONAL QUALITY STANDARD (NQS)

- 2.1.1 Wellbeing and comfort - Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES	
Administration of First Aid Policy	Handwashing Policy
Administration of Medication Policy	Incident, Injury, Trauma and Illness Policy
Enrolment Policy	Medical Conditions Policy
Family Communication Policy	Privacy and Confidentiality Policy
	Supervision Policy

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

## Purpose

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions including asthma management. We aim to create and maintain a safe and healthy environment for all children enrolled at the Service where all children with asthma can fully participate by ensuring all staff and educators follow our *Asthma Management Policy* and procedures and children's medical management plans.

## Scope

This policy applies to children, families, staff, management, and visitors of the service.

## Duty Of Care

We are committed to be an *Asthma Friendly Service* as outlined by Asthma Australia. This means:

- all staff have current training in Asthma First Aid and routine Asthma management
- at least one staff member is on duty at all times children are in attendance at the Service who holds a current ACECQA-approved Emergency Asthma Management certificate
- Asthma First Aid posters are on display and information is available for staff and parents
- policies are Asthma Friendly

*Source: Australian Children's Education & Care Quality Authority (acecqa.gov.au)*

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide

- a. a safe environment free from foreseeable harm and
- b. adequate Supervision for children.

Staff members, including relief staff, must have adequate knowledge of the signs and symptoms of asthma to ensure the safety and wellbeing of the children. Management/Responsible Person will ensure all staff are aware of children's medical management plans and risk management plans.

## Background

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'), and

respiratory symptoms (e.g. wheeze, shortness of breath, cough, chest tightness) that vary over time and may be present or absent at any point in time (National Asthma Council Australia, 2015, p.4).

Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. However, with correct asthma management people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma may vary between children, but may include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. Our Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all of these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways.
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling.
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our Service will ensure that all educators hold current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

It can be difficult to diagnose asthma with certainty in children aged 0–5 years, because:

- episodic respiratory symptoms such as wheezing, and coughing are very common in children, particularly in children under 3 years
- objective lung function testing by spirometry is usually not feasible in this age group
- a high proportion of children who respond to bronchodilator treatment do not go on to have asthma in later childhood (e.g. by primary school age).

## Asthma & COVID-19

There is no specific data as yet to suggest people with asthma are at greater risk of contracting COVID-19 however as this is a serious respiratory illness, anyone with asthma should implement strict hygiene measures to protect themselves and others.

Health practitioners have encouraged parents of children with asthma to:

- update their child's Asthma Action Plan with their general practitioner
- ensure their child uses their reliever and preventer medicines (if required) as prescribed
- ensure their child continues taking medication to keep their asthma well controlled
- practice good hygiene and other measures to reduce contact with people who may be infected
- have their child tested for COVID-19 if they develop any symptoms (cough, fever, shortness of breath, sore throat)

*(Asthma Australia, June 2020)*

## Implementation

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of our *Medical Conditions Policy* will be provided to all educators, volunteers and families of the Service and reviewed on an annual basis. It is important that communication is open between families and educators to ensure appropriate asthma management.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

## Management and Nominated Supervisor will ensure:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians are required to provide a medical management plan and signed by a registered medical practitioner prior to their child's commencement at the Service [see section below- *In Services where a child is diagnosed with asthma*]

- parents are provided with a copy of the Service's *Medical Conditions Policy, Asthma Management Policy and Administration of Medication Policy* upon enrolment of their child
- written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service as per Regulation 136(c)
- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- all educators have completed anaphylaxis management training and emergency asthma management training
- that all staff members are aware of
  - any child identified with asthma enrolled in the service
  - the child's individual medical management plan/action plan
  - symptoms and recommended first aid procedure for asthma and
  - the location of the child's asthma medication
- all staff members are able to identify and minimise asthma triggers for children attending the Service where possible
- upon employment at the Service all staff will read and be aware of all medical condition policies and procedures including this policy, maintaining awareness of asthma management strategies
- children with asthma are not discriminated against in any way
- children with asthma can participate in all activities safely and to their full potential
- *Asthma Australia's Asthma First Aid* for posters are displayed in key locations at the Service
- that medication is administered in accordance with the *Administration of Medication Policy*
- that in the event of a serious incident such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident
- that when medication has been administered to a child in an asthma emergency, the parent/guardian of the child are notified as soon as is practicable or within 24 hours of the incident
- communication between management, educators, staff and parents/guardians regarding the Service's *Asthma Management Policy* and strategies are reviewed and discussed regularly to ensure compliance and best practice
- that updated information, resources, and support for managing asthma is regularly provided for families.

In Services where a child diagnosed with asthma is enrolled, the Nominated Supervisor/ Responsible Person will:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan developed in consultation with parents and the child's medical practitioner is provided
- develop and document a risk minimisation plan in collaboration with parents/guardian [see Risk Minimisation Plan section]
- discuss with the requirements for completing an *Administration of Medication Record* for their child
- ensure the medical management plan includes:
  - specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - a recent photo of the child
  - triggers for asthma (signs and symptoms)
  - list of usual asthma medicines including doses
  - response for an asthma emergency including medication to be administered
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- keep a copy of the child's asthma medical management plan and risk minimisation plan in the enrolment record
- ensure families provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service
- collaborate with parents/guardians to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's asthma whilst at the Service [see Communication Plan section]
- ensure that a staff member accompanying children outside the Service carries a copy of each child's individual asthma medical management action plan and required medication
- ensure an *Administration of Medication Record* is kept for each child to whom medication is to be administered by the Service
- ensure families update their child's asthma medical management/action plan regularly or whenever a change to the child's management of asthma occurs
- regularly check the expiry date of reliever medication and ensure that spacers and facemasks are cleaned after every use

In the event that a child suffers from an asthma emergency the Service and staff will:

- Follow the child's Asthma Action Plan
- If the child does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

Educators will ensure:

- ensure they are aware of the Service's *Asthma Management Policy* and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication and Asthma management/action plans)
- maintain current approved *Emergency Asthma Management* qualifications
- ensure a copy of the child's medical management plan is visible and known to staff, visitors, and students in the Service
- be able to identify and, where possible, minimise asthma triggers as outlined in the child's asthma medical management plan and risk minimisation plan
- ensure the first aid kit, children's personal asthma medication and asthma medical management/action plans are taken on excursions or other offsite events, including emergency evacuations and drills
- administer prescribed asthma medication in accordance with the child's asthma medical management/action plan and the Service's *Administration of Medication Policy*
- complete the *Administration of Medication Record* whenever medication is provided to a child
- ensure any asthma attacks are clearly documented in the *Incident, Injury, Trauma or Illness Record* and advise parents as a matter of priority, when practicable
- communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensure that children with asthma are not discriminated against in any way and
- ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

Families will:

- inform management and staff at the child's service, either on enrolment or on diagnosis, that their child has asthma

- read and be familiar with the Service's *Asthma Management Policy*
- provide a copy of their child's Asthma medical management/action plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and other service staff
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Service
- provide an adequate supply of appropriate asthma medication and equipment for their child when they attend the Service
- provide an updated plan annually or whenever medication or management of their child's asthma changes
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma

### Reporting Procedures

Any incident involving serious illness of a child while the child is being educated and cared for by the Service for which the child attended, or ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- staff will be debriefed after each serious incident and the child's individual medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen/trigger and the strategies that need to be implemented and maintained to prevent further exposure.

### Risk Minimisation Plan of action for a child with diagnosed asthma:

The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a risk minimisation plan for the emergency management of an asthma attack based on the child's asthma medical

management/action plan. This plan will be included as part of, or attached to, the child's asthma medical management/action plan and enrolment record.

The plan will assess and minimise risks relating to the child's diagnosed health care need including any known allergens. Strategies for minimising the risk are developed and implemented.

The risk minimisation plan is to be updated whenever the child's medical management plan is changed or updated.

Common asthma triggers include:

- viral infections- such as colds, flu and respiratory conditions
- cigarette smoke
- physical exercise
- allergens- mould, pollens, pets
- irritants in the environment- dust, pollution, wood/bush fire smoke
- weather- changes in air temperature or thunderstorms
- chemicals and strong smells- perfumes, cleaning products
- stress or high emotions (including laughter or crying)

### Resources

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

[Supporting the Continuity of Asthma Care \(for patients with severe asthma during Coronavirus \(COVID-19\) pandemic](#)

### Source:

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Child Care. 5th Edition
- Asthma Australia – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- Revised National Quality Standards

### Review:

Policy Review	Modifications	Next Review Date
February 2018	The amendments more clearly outline Asthma Management	February 2019

	<p>compliance.</p> <p>Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.</p> <p>Updated the references to comply with revised National Quality Standard</p>	
July 2020	<p>minor formatting changes</p> <p>Additional regulations added</p> <p>Additional related policies added</p> <p>Additional resources added</p> <p>COVID-19 recommendations</p> <p>Communication Plan information included</p> <p>sources checked for currency</p>	July 2021
July 2021	<p>Updated and corrected spelling errors</p> <p>Added Education and Care Services National Regulations</p> <p>Added Related Policies</p>	July 2022

## Bottled Breast Milk Policy

2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

2.1.3 Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.

Breastfeeding is important for infant's nutrition. Australian and international health authorities recommend exclusive breastfeeding until around 6 months. At around 6 months, solid food can then be offered while breastfeeding is continued until 12 months or longer if the mother and baby request.

Early Childhood Education and Care Services have an important role in supporting mothers to continue to breastfeed, as returning to work is a common reason given for stopping breastfeeding. Educators will inform mothers that the provision of breast milk is supported at our Service.

### PURPOSE

To ensure our Service maintains hygienic premises for all infants requiring breast milk, Educators will certify that bottles are prepared safely and hygienically maintaining Work Health and Safety Standards, and current Food Safety Standards.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

Breast milk contains the mother's antibodies, which help prevent illness in infants. It is important to encourage and support mothers of infants up to 12 months old to provide expressed breast milk, or to visit the education and care service to feed their infants.

Management will ensure:

- Nominated Supervisor and Educators are aware of the procedures for preparing, heating and storing bottled breast milk.
- Procedures for the safe storage and heating of food provided in bottles is developed.
- Parents are aware that the Service is a 'breastfeeding friendly' service.
- A welcoming environment is provided for mothers to comfortably breastfeed or express breast milk.
- Breast milk can be stored and handled safely at the Service.
- Families are provided with accurate nutrition and feeding information.
- Staff and families are educated, that a mother may breastfeed their child at the Service, as this is their legal right.
- An individual breastfeeding support plan is developed in consultation with families, including arrangements for what we as a service do if we do not have enough expressed breast milk to meet the child's needs.
- Literature is updated and distributed to staff as required to support 'best practice'.

A Nominated Supervisor/ Responsible Person will:

- Ensure that Educators implement the procedures for preparing, heating and storing bottles of breast milk.
- Adhere to the procedure for the safe storage and heating of food provided.
- Provide mothers with a private, clean and quiet place to breastfeed their children or express milk. This will include electrical outlet, comfortable chair, change table and nearby access to hand washing facilities.
- Establish and maintain connections with local breastfeeding support networks

Educators will:

- Ensure all bottles are stored in the fridge at all times until heating is to commence.
- Ensure frozen breast milk is de-frosted in the fridge until heating.
- Ensure, for occupational health and safety reasons, while bottles are heating in their containers as far from all bench edges and workspaces.
- Ensure that bottles are not to be re-heated at any time.
- Discard bottle content if not used after 30 minutes.

Families will:

- Be informed during orientation that children's bottles must be clearly labelled with the child's name.
- Label bottles containing breast milk with the date of preparation or expression.
- Be encouraged to supply breast milk in well labelled, multiple small quantities to prevent wastage.
- Be encouraged to communicate regularly with Educators about children's bottle and feeding requirements.
- Be informed Knight Street Multi-Age Learning is a water only centre

Storing bottles

Breast milk needs to be kept refrigerated or frozen. Keep a non-mercury thermometer in your fridge so that you can check that the temperature is below 5°C. All bottles need to be labelled with the child's name and the date the bottle was prepared or brought in by the parent.

Breast milk can be stored in several ways, which include:

1. Refrigerated for 3–5 days at 4°C or lower (4°C is the typical temperature of a standard fridge). Store breast milk at the back of the refrigerator, not in the door.
2. Frozen in a separate freezer section of a refrigerator for up to 3 months; if your freezer is a compartment inside the refrigerator, rather than a separate section with its own door, then only store the breast milk for 2 weeks. Frozen in a deep freeze (–18 °C or lower) for 6-12 months.

Frozen breast milk can be thawed by:

1. Placing in the refrigerator and used within 24 hours.
2. Standing the bottle in a container of lukewarm water and used straight away.

Staff Training

Our Service will:

- Provide orientation for new staff of the breastfeeding policy and offer appropriate training, including using a cup or spoon for feeding, where an infant will not accept a bottle.
- Ensure all staff that have responsibility for care of infants and children are able to provide basic breastfeeding information and are able to refer mothers with breastfeeding concerns to appropriate resources.
- Ensure staff encourages parents to develop babies' individual breastfeeding support plans and regularly update their plans.
- Ensure all staff promotes exclusive breastfeeding until babies are about 6 months old with continued breastfeeding to one year and beyond.

#### Support for Educators and Staff who are Breastfeeding

##### The Service will:

- Treat requests for support to continue breastfeeding sympathetically and reasonably, and make all reasonable efforts to support the staff member.
- Provide breastfeeding employees with a flexible schedule for breastfeeding or pumping to provide expressed breast milk for their children.
- Provide breastfeeding employees with a private, clean and quiet place to breastfeed their babies or express milk, including an electrical outlet, comfortable chair, a change table and nearby access to hand washing facilities.

##### SOURCE:

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Food Standards Australia – [www.foodstandards.gov.au](http://www.foodstandards.gov.au)
- National Health and Medical Research Council – [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- Australian Breastfeeding Association [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)
- Mothers Direct - [www.mothersdirect.com](http://www.mothersdirect.com).
- Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 5th Edition (2005)
- Safe Food Australia, 2nd Edition. January 2001)
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood
- Infant Feeding Guidelines 2012
- Revised National Quality Standards

##### REVIEW:

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated the references to comply with revised National Quality Standards New policy created with new format.	February 2019
March 2020	Corrected spelling mistake	March 2021

## Bush Fire Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- 2.2 Safety Each child is protected
- 2.2.2 Incident and emergency - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
51	Conditions on service approval (safety, health and wellbeing of children)
89	First Aid Kits
93	Administration of medication
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
168)2)(e)	Policies and procedures are required in relation to: Emergency and evacuation

RELATED POLICIES	
Administration of First Aid Policy Emergency Evacuation Policy Family Communication Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Supervision Policy Work, Health and Safety Policy

Bushfires are an inherent part of Australia's environment. Bushfires can significantly impact on lives, property and the environment. The basic factors that determine whether a bushfire will occur include the presence of fuel, oxygen, and an ignition source. The intensity and speed the bushfire will spread depends on the current temperature, fuel load (fallen bark, leaf litter, small branches), fuel moisture (dry fuel will burn quickly, damp or wet fuel may not burn at all), wind speed, and slope angle.

Emergency management arrangements for fire safety differ within each state and territory and are determined by the State Emergency Services or combined emergency service agencies.

The National Law requires early childhood education services to ensure that every reasonable precaution is taken to protect children from any harm or hazard likely to cause injury, including bush fires. Regulations 97 and 168 (2) of the Education and Care Services National Regulations require that every early childhood education and care service in Australia has an emergency and evacuation policy and procedure which includes:

- a risk assessment to identify the potential emergencies that are relevant to the service.
- instructions for what must be done in the event of an emergency and evacuation procedures.
- an emergency and evacuation floor plan and
- the rehearsal of emergency and evacuation procedures every 3 months.

This policy outlines the strategies and procedures the Service will adhere to in the event of a bush fire, including information about Service closure during an emergency evacuation and forms part of our Service's **Emergency Management Plan (EMP)**. The EMP records the emergency management arrangements to ensure every reasonable precaution to protect children, staff and visitors from harm and hazard is maintained at all times.

### Purpose

We aim to ensure every reasonable precaution is taken to protect children and staff from harm and hazards likely to cause injury, including potential injury from bushfires. The potential for extreme fire conditions varies greatly throughout Australia, both in frequency and severity. Each state and territory have varying mandatory regulations for implementing policies and procedures for being safe in areas where bushfires occur. Our Service will adhere to the regulations outlined by our Regulatory Authority within our state or territory and be familiar with relevant legislation and other special requirements such as building regulations, traffic restrictions or emergency announcements that may apply to the area our service is located.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

It is vital for the Service to be informed and prepared for bush fire conditions and respond appropriately during periods of high fire danger or local bush fire activity. This policy is to be implemented should a bush fire threaten our Service. During peak bush fire season, the nominated supervisor will monitor fire ratings through relevant authorities on a daily or hourly basis and communicate with all stakeholders as required. We are aware of our Fire Danger Rating and have appropriate fire safety equipment installed and maintained at all times. Our *Emergency Management Plan* (EMP) ensures all staff are trained to use fire safety equipment and through regular training, understand evacuation procedures in case of an emergency.

### Definitions

The Australian climate is frequently hot, dry, and susceptible to drought. The widely varied fire seasons are reflected in the continent's different weather patterns. For most of southern Australia, the danger period is summer and autumn.

A '**Bush fire prone area**' is an area of land that can support a bushfire or is likely to be subject to bushfire attack. Bush fire prone maps are prepared by local councils and governments within each state and territory.

Baseline data for bushfire prone areas is referred to as Bushfire Attack Level (BAL). (see additional information for each State or Territory's contacts)

**Bushfire at-risk register (BARR):** a register listing schools, kindergartens and childcare facilities within Victoria. This register is managed through the Department's emergency and natural disasters area.

**Fire danger rating (FDR):** provides an indication of the possible consequences of a fire. This rating is standardised across all Australian states and territories. The higher the fire danger rating, the more dangerous the conditions. Ratings range from *Low* to *Moderate*, to *Catastrophic*. FDR are maintained and updated by emergency services in each state or territory.

**Emergency Management Plan (EMP):** identifies the nature and range of possible emergencies and hazards to which children and staff may be exposed and the response and procedure in the event of an emergency. Effective planning and preparation of the EMP within the workplace ensures optimal response to emergencies should they occur. A risk assessment to identify potential emergencies that impact the service form the basis of the EMP.

#### **Management/Nominated Supervisor/Responsible Person WILL:**

- Contact the local council or use a program (such as that available at <https://www.rfs.vic.gov.au/plan-and-prepare/building-in-a-bush-fire-area/planning-for-bush-fire-protection/bush-fire-prone-land/check-bfpl> for VIC) to determine if you are in a bush fire prone area.
- Create and update the Service's emergency and evacuation policies and procedures regularly.
- Conduct a risk assessment to identify a potential bush fire risk to the Service.
- Ensure a current emergency and evacuation floor plan of the Service is displayed.
- Ensure emergency drills, including a bush fire drill are practiced with Educators and children.
- Ensure a record is kept of each emergency evacuation drill practiced.
- Ensure the Service and Educators are prepared for bush fire conditions and prepared to respond quickly and appropriately during high fire danger periods.
- Communicate with staff, Educators, and families about bush fire preparation information and provisions.
- Ensure gutters are cleaned out and free from dry leaves and other debris.
- Ensure flammable items are removed from the Service.
- Ensure a clear and effective communication procedure during an emergency is implemented.

- Organise and communicate with off-site evacuation sites about emergency arrangements.
- Conduct an 'emergency first aid kit / backpack audit' to ensure emergency contact information and supplies are current.
- Ensure current emergency phone numbers are near the phone, including emergency services and the Department of Education and Communities and in the contacts of designated mobile phones.
- Monitor the bush fire situation when the rating is above High through internet or radio.
- Ensure the Fires Near Me app is installed on designated Service mobile phones (VIC).
- Create an Emergency Plan identifying information including:
  1. Name and address of the Service
  2. Contact details of Service (including designated mobile phone number)
  3. Number of employees and sign in/out registers
  4. Number of occupants with support needs
  5. Family contact details
  6. Details of location or address to evacuate to if required
  7. Assembly points and transportation arrangements if required to evacuate
  8. Prevention measures the Service will take prior and during the bush fire period
  9. Procedures to be taken when there is a bush fire in the local district
  10. Response measures the Service will take if confronted with a bush fire hazard or emergency
  11. Recovery measures to support the return to the Service and routines

#### **Educators WILL:**

- Examine the Service grounds during their indoor and outdoor safety checks to ensure flammable and/or combustible materials (e.g. dead leaves and bark, chemicals) have been removed.
- Ensure they are familiar with the daily Fire Danger Rating (FDR).
- Ensure the emergency first aid kit / backpack is organised and stored in an area that is easily accessible.
- Become familiar and confident with the Service emergency evacuation policies and procedures.
- Become familiar with the Service's emergency exits.
- Eliminate all papers around the Service, including artwork, posters, displays etc. if advised that bush fires are in the local district.

- Keep up to date with professional development and training about bush fires and emergency evacuation.
- Be familiar with their role and responsibilities in the event of a bush fire.

## STATE-BY-STATE SPECIFICATIONS

### VICTORIA

- Early Childhood Services at the highest risk of fire danger are placed on the Department’s Bushfire At-Risk Register (BARR).
- NQF approved services in Victoria listed on the BARR must submit their Emergency Management Plan (EMP) via the [NQA ITS Online Portal](#) by **1 September** each year
- Inclusion on this register is a trigger for Early Childhood Services to pre-emptively close on days declared **Code Red** in their Bureau of Meteorology district.
- Emergency Management Plan resources:  
[https://www.education.vic.gov.au/Documents/childhood/providers/support/EmergencyManagementPlan\\_EarlyChildhood.docx](https://www.education.vic.gov.au/Documents/childhood/providers/support/EmergencyManagementPlan_EarlyChildhood.docx)
- Emergency Management Plan [template for early childhood services](#)
- See [Bushfire and Grassfire Preparedness](#) for further information.
- For information regarding emergency closures and relocations:  
<https://www.education.vic.gov.au/about/programs/health/pages/closures.aspx>
- Fire Danger Rating updates: <https://www.cfa.vic.gov.au/warnings-restrictions/total-fire-bans-and-ratings>

### Sources

- \* Community Early Learning Australia: <https://www.cela.org.au/2018/01/07/bushfire-advice-for-childrens-services/>
- \* ECE Bush-fire Information: <file:///C:/Users/a-ecr/Desktop/ECE-Bushfires-information-sheet.pdf>
- \* Education and Care Services National Regulations.
- \* Revised National Quality Standard.
- \* The Australian Government – Geoscience Australia: <http://www.ga.gov.au/scientific-topics/hazards/bushfire>

### REVIEW

Policy Reviewed	Modifications	Next Review Date
February 2019	New Policy Created	February 2020
March 2020	Corrected spelling	March 2021
October 2020	Updated Sources	October 2021
October 2021	Added Education and Care Services National Regulations Added Related Policies Checked Sources for currency	October 2022

## Children's Belongings Policy

2.2 Safety Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

This policy clarifies responsibilities for children's property when brought with them to our Service. We acknowledge that children will bring to the Service or carry with them certain personal belongings. This policy outlines the types of belongings that children may bring with them on a regular basis and the level of associated responsibility.

### PURPOSE

To ensure families and educators are aware of their responsibility regarding children's belongings including keeping them safe.

### SCOPE

This policy applies to children, families, staff, management and visitors of the service.

### IMPLEMENTATION

- We will provide appropriate storage for lost property that will be available to children and families at all times.
- Any grievances or concerns related to lost damaged or stolen property of the children will be managed in accordance with the grievance and complaints procedure.
- We will take as much care as possible in ensuring that personal belongings are returned to the correct family.
- We will encourage children who bring special belongings into care to place them into their bag, to reduce the prospect of them becoming lost or broken.
- The staff and educators will take as much care as possible in ensuring that clothing; toys, books and puzzles etc. are returned to their correct family. The labelling of all items can help us achieve this. However, we must make it clear that the Service is not responsible for damaged, lost or stolen items. If families choose to leave belongings in the Service during the day it is completely at the family's own risk
- We will actively encourage children to care for their belongings by:
  - Reminding children appropriately when belongings need to be placed in storage e.g. Lunch box into bag.
  - Providing suitable storage to keep belongings safe
  - Collaborate with families any item of personal belonging which is either special, expensive or at risk of being damaged to be kept in a secured and safe position

Families will

- Be responsible for providing the child with appropriate belongings and property required for active participation in the Service. This property may include (but is not limited to):
  - Enclosed footwear

- Weather appropriate clothing
- Wide brim hat
- Suitable School bag (backpack)
- Appropriate food and lunch box
- Ensure all personal property and belongings will be clearly named or labelled.

#### Comfort Toys

We recommend children bring a security blankets/items that soothes them. This may include dummy, bottle, soft toy, book or blanket etc.

#### SOURCE:

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Revised National Quality Standards

#### REVIEW:

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated the references to comply with the revised National Quality Standards	February 2019
March 2020	Spelling mistakes	March 2021

## Clothing Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2 – Children’s Health & Safety

2.2 Safety Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

#### Quality Area 5 Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
168(2)(ii)	Policies and procedures are required in relation to sun protection

RELATED POLICIES	
Children’s Belongings Policy	Respect for Children Policy
Family Communication Policy	Sleep and Rest Policy
Health and Safety Policy	Sun Safety Policy
Multi-Cultural Policy	Supervision Policy
Nappy Change and Toileting Policy	

Children need protective, comfortable and appropriate clothing and footwear to explore their environment and participate freely in experiences. Clothing needs to protect children from injury and sun exposure whilst promoting self-help abilities. Appropriate footwear will fit a child’s foot correctly and ensure comfort. Educators will also dress to prevent injury and sun exposure and will be encouraged to dress in a professional and respectful manner, being positive role models for children.

### Purpose

We aim to ensure the safety and comfort of all children by providing appropriate clothing guidelines for children, parents and staff utilising and working at the Service.

Children being clothed appropriately enables them to play without risk of sunburn and serious injury caused by inappropriate footwear or clothing. Children are more at ease, comfortable, and less anxious when they are dressed for warmth during winter or not over-dressed during summer or wearing safe footwear when climbing outdoor play equipment or participating in physical activity.

### Scope

This policy applies to children, families, staff and management of the service.

## Implementation

Effective clothing strategies, including sun protection clothing, are important factors in ensuring a child feels safe and secure at our Service.

### Educators will:

- consult and communicate with families about the individual needs of children with respect to different values and beliefs associated with clothing and footwear
- consult with families about the clothing needs of children with sensory and tactile sensitivities, (free of seams, tags, buttons or textures)
- monitor children's clothing and footwear to ensure compliance with the *Sun Safety Policy* and to support the safety, comfort, and wellbeing of every child
- consider clothing and footwear needs associated with excursions or planned learning experiences and communicate clearly with families about the need for extraordinary protective clothing requirements
- provide protective clothing, such as aprons, for messy play experiences and painting.
- encourage children to remove shoes and heavy or excess layers of clothing during rest times to reflect the room temperature, as recommended practice by *Red Nose*
- take off children's jumpers and jackets with hoods during rest time to ensure children's safety
- encourage children to use their self-help skills where appropriate to put on and remove clothing and shoes to meet their needs. Educators will observe and monitor younger children to ensure their clothing and footwear is appropriate for the environment and weather conditions
- monitor the UV rating to ensure children are dressed appropriately for the weather and are adequately protected (e.g. long sleeve shirts)
- discuss clothing with children: for example, the need to wear hats for sun protection
- model appropriate clothing: for example, wearing hats and sun safe clothing
- convey respect for children and appreciate their individuality, whilst developing their understanding of safe clothing and footwear for play and the weather
- encourage children to make choices in relation to getting dressed and the clothing they wear
- respect children's privacy and modesty when having children change their clothes or dressing themselves, ensuring that individual and/ or cultural needs and preferences are understood and catered for.
- show respect for children and appreciate their individuality by allowing them to make some decisions about the clothes they wear

### Families will:

- communicate with educators about their child's individual clothing needs- (e.g.: cultural diversity, disability, clothing sensitivity – labels or fabrics, fine motor skills)
- provide spare clothing in children's bags to allow for dirty or soiled clothing and changing weather conditions. (This includes supplying a spare set of socks, and shoes if possible).
- dress children appropriately for play and the weather, including footwear and an appropriate hat
- ensure their child is clothed in an appropriate manner which will allow them to explore and play freely and not restrict them using equipment while at play
- ensure clothing also allows easy access for toileting: i.e., elasticised trousers or track pants rather than buttons, zips, belts, etc.
- not dress their child in good/expensive clothing where there is a chance, they will get dirty or stained
- ensure children are appropriately protected from the sun - please refer to *Sun Safety Policy* for further directives on clothing and sun safe hats (bucket, broad-brimmed or legionnaire's hat)
- ensure children's clothing accommodates the weather conditions. For example, be loose and cool in summer to prevent overheating and warm enough for cold weather, including outdoor play. At all times educators will monitor children to ensure they are appropriately dressed for all weather, play experiences, rest and sleep routines.
- ensure children have appropriate footwear that enables them to play comfortably and not cause safety concerns. For example, thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely.
- ensure all clothing and belongings are clearly labelled with the child's name (not just initials)
- be familiar with their child's clothing fabric to minimise possible allergies and reactions.

### Clothing choices

Clothing is a way of expressing our culture, personality and individuality. The clothes children wear can affect the development of their independence, self-help skills and participation in play-based activities in early education and care services.

We understand that young children are developing their self-concept and individuality and may be intent on wearing particular accessories or clothing items to our Service. We respect their choices and encourage their independence; however, some clothing types or accessories may be dangerous and hinder their participation in physical activities. For example, dresses or skirts that have long hems may cause tripping when children attempt to use play equipment or bikes. Long necklaces, drawstrings on jumpers and long ribbons can also be hazardous to children's safety if they become caught in equipment.

We request that parents talk to their child about the choice of clothes and activities they will be involved in at our Service and help them to choose clothes that will be practical.

Parents may decide to send additional clothes in their child's bag to assist educators ensure their safety when they are participating in physical activities that require clothing to be more practical.

### Special clothes/dress up

To facilitate pretend play and celebrate different cultural experiences, children may be invited to dress up according to a theme or particular cultural celebration.

Our educators will communicate with families to ensure all children have the opportunity to engage in these activities by wearing appropriate clothing.

When dressing their child in 'dress up' clothes, parents are asked to ensure their child's footwear is appropriate for play-based learning at the Service and ensure clothing is sun safe.

### Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- Guide to the National Quality Standard
- Community Child Care Co-Operative
- Cancer Council Australia – [www.cancer.org.au](http://www.cancer.org.au)
- Raising Children Network – <http://raisingchildren.net.au>
- Staying Healthy in Child Care 5th Edition
- Revised National Quality Standards

### REVIEW:

Policy Reviewed	Modifications	Next Review Date
February 2018	Minor changes made to policy	February 2019
	Updated the references to comply with the revised National Quality Standard	
June 2020	Minor adjustments and also added clothing choices section and special clothes/dress ups	June 2021
June 2021	Minor edits to policy National Regulation's added	June 2022

## Child Protection Policy

### Quality Area 2 Children’s Health & Safety

- 2.2 Safety – Each child is respected
  - 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2. Incident and emergency management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
  - 2.2.3 Child Protection – Management, educators and staff are aware of their roles and responsibilities to identify to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
155	Interactions with children
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
S162(A)	Persons in day-to-day charge and nominated supervisors to have child protection training

RELATED POLICIES	
Child Safe Environment Policy Code of Conduct Policy Family Communication Policy Health and Safety Policy Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy Recruitment Policy	Respect for Children Policy Responsible Person Policy Staffing Arrangements Policy Student and Volunteer Policy Supervision Policy Work Health and Safety Policy

Our Service is committed to providing a child safe environment where children’s safety and wellbeing is supported and children feel respected, valued and encouraged to reach their full potential. We will ensure all employees and volunteers understand the meaning, importance and benefits of providing a child safe environment and critically, understand their obligations and requirements as Mandatory Reporters.

### Purpose

All educators, staff and volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the Service. We comprehend our duty of care responsibilities to protect children from all types of abuse and neglect and will adhere to our moral and legislative obligations at all times.

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will act in the best interest of each child, assisting them to develop to develop their full potential in a secure and child safe environment. We understand our statutory duty of care to comply with both the Victorian Child Safe Standards and Reportable Conduct Scheme to build our capacity as an organisation to prevent and respond to allegations of child abuse.

### Scope

This policy applies to managements, staff, families, visitors (including contractors) and children of the service

## What is Child Abuse?

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

## Identifying signs of child abuse

Staff within early childhood services play a vital role in protecting children from harm by responding to and reporting any incidents, disclosure or suspicions. Educators and staff are best placed to identify signs and behaviours that may indicate that a child has been subject to abuse or identify a community member, staff member, contractor or volunteer may be a perpetrator. Understanding the signs of child abuse is critical in supporting children's safety and wellbeing.

There are different forms of child abuse-

- Physical abuse
- Child sexual abuse
- Grooming
- Emotional child abuse
- Neglect
- Family violence and
- Children exhibiting inappropriate sexual behaviour. Further information about the recognition of signs of child abuse and definitions are included in *Appendix 1* of this policy

## Duty of Care

Duty of care refers to your responsibility to adequately protect children in care from harm. This common law concept applies to all staff members within any Victorian early childhood service and is usually expressed as "*a duty to take reasonable steps to protect children from injury that is reasonably foreseeable*" Victoria State Government (2021).

Duty of care means:

- Acting on concerns quickly and in the child's best interests
- Protecting the safety, health and wellbeing of children in their care
- Seeking appropriate advice or consulting when unsure
- Reporting concerns to the relevant authorities
- Providing ongoing support to a child and their family
- Sharing information, upon request, to assist DHHS Child Protection or Police to protect and/or promote the wellbeing and development of a child
- Attending DHHS Child Protection Case Planning meetings
- Staff may breach their duty of care towards a child if they fail to act in the way a reasonable/diligent person would in the same situation.

**Mandatory Reporting** is the legislative requirement for selected classes of people to make a report to Child Protection and/or Victoria Police where they form a reasonable belief, that a child has been or is at risk of significant harm, as a result of physical or sexual abuse, and the child's parents have not protected or are

unlikely to protect the child from that abuse. It is a criminal offence to fail to report in these circumstances. In Victoria (VIC) mandatory reporting is regulated by the *Children Youth and Families Act 2005*.

### Mandatory reporters

Mandatory reporters in Victoria, are people who deliver the following services, wholly or partly, to children as part of their paid or professional work:

- Registered medical practitioners
- Nurses, including midwives
- Victorian Policy Officers
- Registered teachers and school principals
- Out of home care workers (excluding voluntary foster and kinship carers)
- Early childhood workers
- Youth justice workers
- Registered psychologists
- School counsellors
- People in religious ministry

<https://providers.dffh.vic.gov.au/child-protection>

### Working With Children Check

A Working With Children Check is mandatory for all employees working or volunteering with children within Education and Care Services. Education and Care Services and organisations are required to check the status of an employee's Working With Children Check BEFORE an employee begins working with children. Working with Children Check Victoria will notify organisations in writing if an employee's Working With Children Check has been suspended or revoked.

### Child Safe Standards

All early childhood services must comply with the Victorian Child Safe Standards and implement strategies to embed an organisational structure of child safety. These include screening, supervision, training and other human resources practices to reduce the risk of child abuse for new and existing staff members, processes for responding to and reporting suspected child abuse, strategies to identify and reduce or remove risks of child abuse and strategies to promote the participation and empowerment of children.

### Failure to disclose and failure to protect

Failure to disclose or take action in relation to suspected child sexual abuse can constitute a criminal offence. The law requires any adult who holds a reasonable belief that a sexual offence has been committed in Victoria, by an adult against a child (aged under 16) disclosed this information to police.

### Forming a reasonable belief/reasonable grounds

A person forms a reasonable belief that a child needs protection, or their safety or wellbeing is at risk when they are more likely to accept rather than reject their suspicion and the belief is formed through disclosures, observations or other information. Proof is not required to support your claim.

Reasonable grounds for forming a belief may include where:

- A child states they have been abused
- A child states they know someone who has been, or is being, abused
- Someone who knows the child states that the child has been abused, is being abused, or is at risk of abuse
- You observe a child's behaviour, actions or injuries that may place them at risk of harm or abuse
- You are aware of persistence violence, parental substance misuse, disability that is impacting on the child's safety, stability or development
- You observe signs or indicators of abuse

Staff should make sufficient enquiries to form a belief, however it is not the role of staff to conduct an investigation into child protection concerns or criminal offences. DHHS Child Protection or Victoria Police will determine what is to be investigated.

## BACKGROUND

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. Educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare, or wellbeing. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to maintain current knowledge of child protection and Mandatory Reporter requirements by completing Child Protection Awareness Training annually.

The Approved Provider/Nominated Supervisor will ensure:

- Any responsible person in day-to-day charge of the service has successfully completed a course in child protection approved by the regulatory authority
- The recruitment process for all educators and staff is robust and includes pre-employment screening, reference checks
- All educators, staff, and volunteers Working With Children Checks are checked prior to engagement of work and recorded on staff records
- All employees and volunteers are:
  - Provided with a copy of the current *Child Protection Policy* as part of the induction process at the Service
  - Aware of child protection legislation including:
    - Their mandatory reporting obligations and responsibilities if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm
    - Their duty of care obligations for all children who are involved in or affected by the suspected child abuse
    - Their mandatory reporting obligations and responsibilities if they have formed a reasonable belief that a child has suffered or is likely to suffer significant risk of harm
    - Aware of indicators showing a child may be at risk of harm or significant risk of harm
    - Aware of the Four Critical Actions to follow when responding to incidents, disclosures and suspicions of child abuse
- Training and development are provided for all educators and staff in child protection on an annual basis

- Educators are supported and empowered to make a report to DHHS Child Protection, Victoria Police or seek a referral to Child FIRST by having clear procedures in place
- Access is provided to all staff regarding relevant legislations, regulations, standards and other resources to help educators, staff, and volunteers meet their obligations
- To adhere to the Reportable Conduct Scheme and report any allegations of 'reportable conduct'
- To notify the Commission within three (3) business days of becoming aware of a reportable allegation made against an employee or volunteer using online forms found at <https://ccyp.vic.gov.au/reportable-conduct-scheme/notify-and-update>
- records of abuse or suspected abuse are kept in line with our *Privacy and Confidentiality Policy*
- to notify the regulatory authority through the NQA-ITS (within 7 days) of any incident where it is reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service
- to notify the regulatory authority through the NQA-ITS (within 7 days) of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the service.

#### Educators will:

- promote the welfare, safety, and wellbeing of children at the service at all times
- ensure children feel safe and supported at the early childhood service and their individual needs are met.
- Comprehend their obligations as mandatory reporters and their duty of care requirements if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm
- Participate in annual child protection training and other relevant professional training
- Be able to identify signs of child abuse (see *Appendix 1*)
- Follow the Four Critical Actions for Early Childhood Services: Responding to incidents, disclosures and suspicions of Child Abuse
  - Responding to an emergency
  - Reporting to authorities
  - Contacting parents or carers
- Respect what a child discloses, taking it seriously and follow up on their concerns through the appropriate channels
- refer families to appropriate agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through Child FIRST or The Orange Door <https://services.dffh.vic.gov.au/referral-and-support-teams> Family consent will be sought before making referrals
- allow children to be part of decision-making processes where appropriate
- prepare accurate records recording exactly what happened, conversations that took place and what was observed to pass on to the relevant authorities to assist with any investigation
- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
- NOT investigate suspicion of abuse or neglect but collect only enough information to substantiate concerns and pass on to the Child Protection Helpline or appropriate authority
- Understand their legal obligations to report or take action in relation to suspected child abuse under the Reportable Conduct Scheme

- Share information with other professionals working with children as part of the information sharing and family violence reform schemes
- Provide ongoing monitoring and follow-up for children's health and wellbeing

### MAKING A CHILD PROTECTION REPORT

Early childhood services must take immediate action relating to concerns about potential child abuse. In case of an emergency, staff should contact Emergency Services on 000.

Under the **Failure to Disclose** offence, *any adult* must report to Victoria Police if they reasonably believe that a sexual offence has been committed by an adult against a child under the age of 16.

A report must be made to DHHS Child Protection if the mandatory reporter forms a belief on reasonable grounds the child is:

- In need of protection due to child abuse
- At risk of being, harmed (or has been harmed) and the harm has, or is likely to have an impact on the child's safety, stability or development

If an educator has a concern and they are unsure if a report should be made to DHHS Child Protection or Victoria Police, or a referral to Child FIRST they should discuss this with the approved provider, director or responsible person.

Services will contact their local DHHS Child Protection intake provider to report concerns.

**East Division intake 1300 664 977**

### REPORTING CONCERNS ABOUT THE WELLBEING OF A CHILD

Educators and staff who have significant concerns for the wellbeing of a child (or unborn child) may report these concerns to DHHS Child Protection or refer the matter to Child FIRST.

### DOCUMENTING A SUSPICION OF HARM

If educators have concerns about the safety of a child, they will:

- Record their concerns in a non-judgmental and accurate manner as soon as possible
- Record their own observation as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child)
  - Not endeavour to conduct their own investigations
- Child Protection will require accurate information including:
  - Child's personal details (name, gender, address, DOB, details of siblings)
  - Indicators of harm – the reason for believing that the injury or behaviour is the result of abuse or neglect
  - Description – full details of the alleged abuse (times and dates)
  - Safety assessment – assessment of any immediate danger to the child or children
  - Other services – agency involved (previous)
  - Family information – language spoken, history of violence
  - Cultural characteristics – any specific cultural details that will assist to care for the child

- Notifier information – name, date, position, relationship to child
- Date of report and signature

(see: *Child Protection Notification – Observation Record*)

## DOCUMENTING A DISCLOSURE

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a disclosure of harm, the Service will:

- Remain calm and not display expressions of panic or shock
- State clearly that the abuse is not the child's fault
- Listen to the child
- Not promise to keep a secret
- Use the child's language and vocabulary
- Tell the child/person they have done the right thing in revealing the information, but they'll need to tell someone who can help keep the child safe and stop the abuse
- Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
- Not attempt to conduct their own investigation or mediate an outcome between the parties involved
- Document as soon as possible so the details are accurately captured including:
  - Time, date and place of the disclosure
  - 'word for word' what happened and what was said, including anything they (the staff member/educator) said and any actions that have been taken
  - Date of report and signature

In addition, an educator receiving a disclosure from a child will:

- Give the child or young person their full attention
- Reassure the child or young person it is right to tell
- Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult
- Let the child or young person take his or her time
- Let the child or young person use his or her own words
- Don't make promises that can't be kept. For example, never promise that you will not tell anyone else
- Honestly tell the child or young person what you plan to do next
- Do not confront the perpetrator

## Confidentiality

It is important that any notification to DHHS Child Protection or Child FIRST remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the notification should not inform the suspected perpetrator (if known). This ensures the matter can be investigated without contamination of evidence or pre-rehearsed statements. It also minimises the risk of retaliation on the child for disclosing.

## Protection for reporters

All reporters are protected against retribution for making or proposing to make a report under amendments to the *Children Youth and Families Act 2005 and Crimes Act 1958* effective April 2021. The identity of the reporter is protected by law from being disclosed, except in exceptional circumstances. Provided the report is made in good faith:

- Does not breach standards of professional conduct or ethics
- Cannot lead to defamation and civil and criminal liability

A report is also an exempt documentation under the *Freedom of Information Act 1989*.

## Sharing of Information

The Child Information Sharing Scheme allows professionals working with children to gain a complete view of the children they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner. Victorian education and care services are able to share, request and use information about child wellbeing or safety through the scheme with other professionals.

Staff within the Service need to have sufficient information in order to be able to support a child who has been impacted (or is suspected to have been impacted) by child abuse. Therefore, it is legally allowable for service staff to share certain information about a child with other staff members, without the consent of a parent/carer and without breaching privacy laws.

**Circumstances where it is appropriate to share information about a child who is impacted, or suspected to be impacted by child abuse, may include informing service staff:**

- That a child is in a difficult situation
- That a child should be monitored and may need support
- Of details on what to do if the child seems distressed or how the child can be supported
- Of the management plans and strategies that have been put in place
- Of any potential risks to other children
- Of a contact person if any additional concerns/observations are made about the child or their family.

**If the Service receives a request from an officer from DHHS Child Protection or Victoria Police, for information relating to a child who has been impacted (or is suspected to have been impacted) by child abuse, you should:**

- First check the authority and credentials of the person identifying him/herself as an officer from DHHS or Victoria Police
- Provide the information, if the information requested will assist in protecting the child (disclosing information to police will ensure that staff avoid committing a failure to disclose offence). The

approved provider or licensee should maintain contact with Victorian Police and DHHS Child Protection as necessary to protect the safety and wellbeing of the children involved.

Disclosure of information to DHHS Child Protection in good faith does not constitute unprofessional conduct or a breach of professional ethics.

#### BREACH OF CHILD PROTECTION POLICY

All educators and staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

- Does something that a reasonable person in that person's position would not do in a particular situation
- Fails to do something that a reasonable person in that person's position would do in the circumstances or
- Acts or fails to act in a way that causes harm to someone the person owes a duty of care

#### MAINTAINING A BREACH IN CHILD PROTECTION POLICY

Management will investigate the breaches in a fair, unbiased and supportive manner by:

- Discussing the breach with all people concerned and advising all parties of the process
- Giving the educator/staff member the opportunity to provide their version of events
- Documenting the details of the breach, including the versions of all parties
- Recording the outcome clearly and without bias
- Ensuring the matters in relation to the breach are kept confidential
- Reach a decision based on discussion and consideration of all evidence

#### OUTCOME OF A BREACH IN CHILD PROTECTION POLICY

Depending on the nature of the breach outcomes may include:

- Emphasising the relevant element of the child protection policy and procedure
- Providing closer supervision
- Further education and training
- Providing mediation between those involved in the incident (where appropriate)
- Disciplinary procedures if required
- Reviewing current policies and procedures and developing new policies and procedures if necessary

#### REPORTABLE CONDUCT SCHEME-ALLEGATIONS AGAINST EMPLOYEES, VOLUNTEERS or STUDENTS (or contractors)

The reportable Conduct Scheme has been designed to ensure that the Commission for Children and Young People (CCYP) will be aware of every allegation of certain types of employee misconduct involving children in relevant organisations, including approved education and care services (kindergartens, after school hours care services) and Children's Services (Occasional Care Providers)

## EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR

Our program will educate children:

- About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age-appropriate level and understanding
- About their right to feel safe at all times
- To say 'no' to anything that makes them feel unsafe or uncomfortable
- About how to use their own knowledge and understanding to feel safe
- To identify feelings that they do not feel safe
- The difference between 'good' and 'bad' secrets
- That there is no secret or story that cannot be shared with someone they trust
- That educators are available for them if they have any concerns
- To tell educators of any suspicious activities or people
- To recognise and express their feelings verbally and non-verbally
- That they can choose to change the way they are feeling

## RESOURCES FOR INDICATORS OR ABUSE OR NEGLECT

- NAPCAN – <https://www.napcan.org.au/napcan-brochures/>
- CHILD SAFE ORGANISATIONS – <https://childsafefromabuse.org.au/>
- Victoria State Government Education and Training. Child Protection in early childhood (PROTECT) – <https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifyin.g.aspx>

## Source

- Australian Children's Education & Care Quality Authority (2014)
- Australian Government Australian Institute of Family Studies (2005) National comparison of child protection systems: <https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems>
- Australian Government Department of Education, Skills and Employment. (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*
- Australian Government: Australian Institute of Family Studies (2017). Mandatory reporting of child abuse and neglect : <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>
- *Children Youth and Families Act 2005*
- *Crimes Act 1958*
- *Early Childhood Australia Code of Ethics* (2016)
- *Education and Care Services National Law Act 2010*. (Amended 2018)
- *Education and Care Services National Regulations* (2011)
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations* (2017)
- *Guide to the National Quality Standard* (2020)
- Revised National Quality Standard (2018)
- *The Commission for Children and Young People Act 1998*

- Victoria State Government Education and Training. Child Protection in Early Childhood (PROTECT)  
<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx>
- Victoria State Government Health and Human Services. Child Safe Standards:  
<https://providers.dhhs.vic.gov.au/child-safe-standards>
- Victoria State Government Health and Human Services. Creating child safe organisations:  
<https://providers.dhhs.vic.gov.au/creating-child-safe-organisations>
- Victoria State Government Health and Human Services. Children, youth & families. Children Protection  
<https://providers.dffh.vic.gov.au/child-protection>
- Victoria State Government. Child Information Sharing Scheme
- Victoria State Government. Working With Children Check. What organisations need to know  
<https://workingwithchildrencheck.vic.gov.au/organisations/what-organisations-need-to-know>
- Victoria State Government. Commission for Children and Young People. Reportable Conduct Scheme.

Review

Policy Reviewed	Modifications	Next Review Date
July 2021	New Policy Drafted	July 2022

## Appendix 1: Identify signs of child abuse

The State Government of Victoria identifies the following signs of child abuse and includes definition and physical and behaviour indicators. The following information has been sourced from the Victoria State Government – Child Protection in Early Childhood (PROTECT) (source: <https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifyig.aspx> )

### INDICATORS OF ABUSE

There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing and may be intentional or unintentional.

General indicators of abuse and neglect may include:

- Marked delay between injury and seeking medical assistance
- History of injury
- The child gives some indication that the injury did not occur as stated
- The child tells you someone has hurt him/her
- The child tells you about someone he/she knows who has been hurt
- Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

### PHYSICAL ABUSE

Physical child abuse is the non-accidental infliction of physical injury or harm of a child. Examples of physical abuse may include beating, shaking or burning, assault with implementation of female genital mutilation.

What are the physical indicators of physical child abuse?

Physical indicators of physical child abuse include (but are not limited to):

- Evidence of physical injury that would not likely be the result of an accident
- Bruises or welts on facial areas and other areas of the body (back, bottom, legs, arms and inner thighs)
- Burns from boiling water, oil or flames or burns that show the shape of the object used to make them (iron, grill, cigarette)
- Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered, or the type of injury possible at the child's age of development
- Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia
- Bald patches where hair has been pulled out
- Multiple injuries, old and new
- Effects of poisoning
- Internal injuries

What are the physical indicators of physical child abuse?

In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging
- Crying excessively or not at all
- Listless and immobile and/or emaciated and pale
- Exhibits significant delays in gross motor development and coordination
- Their parent/carer is unresponsive or impatient to child's cue and unreceptive to support

In all children, infants and toddlers:

- Disclosure of physical abuse (by child, friend, family member)
- Inconsistent or unlikely explanation for cause of injury
- Wearing clothes unsuitable for weather conditions to hide injuries
- Wariness or fear of a parent, carer or guardian and reluctant to go home
- Unusual fear of physical contact with adults
- Fear of home, specific places or particular adults
- Unusually nervous, hyperactive, aggressive, disruptive and destructive to self-and/or others
- Overly complaint, shy, withdrawn, passive and uncommunicative
- Change in sleeping patterns, fear of the dark or nightmares and regressive behaviour (bed-wetting)
- No reaction or little emotion displayed when being hurt or threatened
- Habitual absences from the service without reasonable explanation, where regular attendance is expected
- Complaining of headaches, stomach pains or nausea without psychological basis, poor self-care or personal hygiene.

## CHILD SEXUAL ABUSE

Child sexual abuse is when a person uses power or authority over a child to involve them in sexual activity. This can include a wide range of physical and non-contact sexual activity.

Physical sexual contact:

- Kissing or fondling a child in a sexual way
- Masturbation
- Fondling the child's genitals
- Oral sex
- Vaginal or anal penetration by a penis, finger or object
- Exposure of the child to pornography

Physical Non-contact offences:

- Talking to a child in a sexually explicit way
- Sending sexual messages or email to a child
- Exposing a sexual body part to a child
- Forcing a child to watch a sexual act including showing pornography to a child

- Having a child pose or perform in a sexual manner (including child sexual exploitation)
- Grooming or manipulation

Child sexual abuse does not always involve force. In some circumstances a child may be manipulated into believing that they have brought the abuse on themselves, or that the abuse is an expression of love through a process of grooming.

#### What is child sexual exploitation?

Child sexual exploitation is also a form of sexual abuse where offenders use their power (physical, financial or emotional) over a child to sexually or emotionally abuse them. It often involves situations and relationships where young people receive something (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) in return for participating in sexual activities.

Child sexual exploitation can occur in person or online, and sometimes the child may not even realise they are a victim.

#### Who is most at risk of child sexual abuse?

Any child can be victim of sexual abuse, however children who are vulnerable, isolated and/or have a disability are disproportionately abused and are much more likely to become a victim.

#### What are the physical indicators of child sexual abuse?

Physical indicators of sexual abuse may include (but are not limited to):

- Injury to the genital or rectal area (bruising, bleeding, discharge, inflammation or infection)
- Injury to area of the body such as breasts, buttocks or upper thighs
- Discomfort in urinating or defecating
- Presence of foreign bodies in the vagina and/or rectum
- Sexually transmitted infections
- Frequent urinary tract infections

#### What are the behavioural indicators of child sexual abuse?

The behavioural indicators of sexual abuse may be, but are not limited to in an infant or toddler:

- Self-stimulator behaviours, for example rocking, head banging
- Crying excessively or not at all
- Listless and immobile and/or emaciated and pale
- Exhibits significant delays in gross motor development and coordination

In all children, infants and toddlers:

- Disclosure of sexual abuse (by child, friend, family member)
- Drawings or descriptions of stories that are sexually explicit and not age appropriate
- Persistent and age-inappropriate sexual activity (excessive masturbation or rubbing genitals against adults)
- Wariness or fear of a parent, carer or guardian and reluctance to go home

- Unusual fear of physical conduct with adults
- Change in sleeping patterns, fear of the dark or nightmares and regressive behaviour such as bed-wetting
- Wearing clothes unsuitable for weather conditions to hide injuries
- Unusually nervous, hyperactive, aggressive, disruptive and destructive to self-and/or others
- Exhibits significant delays in gross and fine motor development and coordination
- Overly compliant, shy, withdrawn, passive and uncommunicative
- Fear of home, specific places or particular adults
- Poor self-care or personal hygiene
- Complaining of headaches, stomach pains or nausea without physiological basis.

## GROOMING

Grooming is when a person engages in predatory conduct to prepare a child for sexual activity at a later time. Grooming can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child or their parent/carer. Sometimes it is hard to see when someone is being groomed until they have been sexually abused, because some grooming can look like 'normal' caring behaviour.

Examples of grooming behaviours may include:

- Giving gifts or special attention to a child or their parent or carer
- Controlling a child through threats, force or use of authority (this can make a child or their parent fearful to report unwanted behaviour)
- Making close physical or sexual contact, such as inappropriate tickling and wrestling
- Openly or pretending to accidentally expose the victim to nudity, sexual material and sexual acts

What are behavioural indicators of child grooming?

Behavioural indicators that a child may be subject to grooming include (but not limited to):

- Developing an unusually close connection with an older person
- Displaying mood changes (hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, depressed)
- Using street/different language, copying the way the new friend may speak, talking about the new friend who does not belong to his/her normal social circle
- Possessing gifts, money and expensive items given by the friend

## EMOTIONAL ABUSE

Emotional child abuse occurs when a child is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, and persistent coldness from a person to the extent that the child suffers or is likely to suffer, emotionally or psychological harm to their physical or developmental health. Emotional abuse may occur with or without other forms of abuse.

What are the physical indicators of emotional abuse?

Physical indicators of emotional abuse include (but are not limited to)

- Language delay, stuttering or selectively being mute
- Delays in emotional, mental or physical development

What are the behavioural indicators of emotional child abuse?

In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging
- Crying excessively or not at all
- Listless and immobile and/or emancipated and pale
- Exhibits significant delays in gross motor development and coordination
- Their parent/carer is unresponsive or impatient to child's cues and unreceptive to support

In all children, infants and toddlers:

- Overly compliant, passive and undemanding behaviour
- Extremely demanding, aggressive and attention-seeking behaviour or anti-social and destructive behaviour
- Low tolerance or frustration
- Poor self-image and low self-esteem
- Unexplained mood swings, depression, self harm
- Behaviours that are not age-appropriate
- Exhibits significant delays in gross and fine motor development and coordination
- Poor social and interpersonal skills
- Violent drawings or writing
- Lack of positive social contact with other children

## NEGLECT

Neglect includes a failure to provide the child with:

- An adequate standard of nutrition
- Medical care
- Clothing
- Shelter
- Supervision

To the extent that the health or physical development of the child is significantly impaired or placed at serious risk.

In some circumstances the neglect of a child:

- Can place the child's immediate safety and development at serious risk
- May not immediately compromise the safety of the child but is likely to result in longer term cumulative harm.

This includes low-to-moderate concerns for the wellbeing of a child, such as:

- Concerns due to conflict within a family
- Parenting difficulties
- Isolation of a family or a lack of apparent support

Both forms of neglect must be responded to via the Four Critical Actions for Early Childhood Services.

#### What are the physical indicators of neglect?

Physical indicators of neglect include (but are not limited to):

- Appearing consistently dirty and unwashed
- Being consistently inappropriately dressed for weather conditions
- Being at risk of injury or harm due to consistent lack of adequate supervision from parents
- Being consistently hungry, tired and listless
- Having unattended health problems and lack of routine medical care
- Having inadequate shelter and unsafe or unsanitary conditions

#### What are the behavioural indicators of neglect?

Behavioural indicators of neglect include (but are not limited to):

In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging
- Crying excessively or not at all
- Listless and immobile and/or emacipated and pale
- Exhibits significant delays in gross motor development and coordination
- Inadequate attention to the safety of the home (e.g. dangerous medicines left where children may have access to them)
- Being left unsupervised, either at home, on the street or in a car
- Their parent/carer is unresponsive or impatient to child's cues and unreceptive to support
- Developmental delay due to lack stimulation

In all children, infants and toddlers:

- Being left with older children or persons who could not reasonably be expected to provide adequate care and protection
- Gorging when food is available or inability to eat when extremely hungry
- Begging for, or stealing food
- Appearing withdrawn, listless, pale and weak
- Aggressive behaviour, irritability
- Little positive interaction with parent, carer or guardian
- Indiscriminate acts of affection and excessive friendliness towards strangers
- Exhibits significant delays in gross and fine motor development and coordination
- Poor, irregular or non-attendance at the service (where regular attendance is expected)
- Refusal or reluctance to go home

- Self-destructive behaviour
- Talking on an adult role of caring for parent

## FAMILY VIOLENCE

Family violence is behaviour towards a family member that may include:

- Physical violence or threats of violence
- Verbal abuse, including threats
- Emotional or psychological abuse
- Sexual abuse
- Financial and social abuse

A child's exposure to family violence constitutes child abuse. This exposure can be very harmful and may result in physical harm and long-term physical, psychological and emotional trauma. Action must be taken to protect the child, and to mitigate or limit their trauma.

Research shows that during pregnancy and when families have very young babies:

- There is an increased risk of family violence
- Pre-existing family violence may increase in severity
- There is an opportunity for intervention as families are more likely to have contact with services

The longer that a child experiences or is exposed to family violence, the more harmful it is. This is why if you suspect that a child is exposed to, or at risk of being exposed to family violence, you must follow the four critical actions.

### Family Violence in Aboriginal and Torres Strait Islander Communities

In identifying family violence in Aboriginal and Torres Strait Islander communities it is important to recognise that:

- Aboriginal and Torres Strait Islander family violence may relate to relationships that aren't captured by the Western nuclear family model (grandparents, uncles and aunts, cousins and other community and culturally defined relationships)
- Aboriginal and Torres Strait Islander family violence can also include cultural and spiritual abuse
- Perpetrators of Aboriginal and Torres Strait Islander family violence may not be Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander family violence occurs in a historical context of colonisation, dispossession, and the loss of culture. This has resulted in the breakdown of kinship systems and of traditional law, racism, and previous government policies of forced removal of children from families. However, this should never detract from the legitimacy of the survivor's experience of violence, or your obligation to report and respond to any suspected family violence.

### What are the physical indicators of family violence?

Physical indicators of family violence may include (but are not limited to):

- Speech disorders
- Delays in physical development
- Failure to thrive (without an organic cause)
- Bruises, cuts or welts on facial areas, and other parts of the body including back, bottom, legs, arms and inner thighs
- Any bruises or welts (old or new) in unusual configurations, or those that look like the object used to make the injury (such as fingerprints, handprints, buckles, iron or teeth)
- Internal injuries

### What are the behavioural indicators of family violence?

Behavioural indicators of family violence may include (but are not limited to):

In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging
- Crying excessively or not at all
- Listless and immobile and/or emancipated and pale
- Exhibits significant delays in gross motor development and coordination

In all children, infants and toddlers:

- Violent/aggressive behaviour and language
- Depression and anxiety
- Appearing nervous and withdrawn, including wariness of adults
- Difficulty adjusting to change
- Developmentally inappropriate bedwetting and sleeping disorders
- Extremely demanding, attention-seeking behaviour
- Participating in dangerous risk-taking behaviours to impress peers
- Overly compliant, shy, withdrawn, passive and uncommunicative behaviour
- 'acting out', such as cruelty to animals
- Demonstrated fear of parents, carers or guardians, and of going home
- Complaining of headaches, stomach pains or nausea without physiological basis

### CHILDREN EXHIBITING INAPPROPRIATE SEXUAL BEHAVIOUR

Inappropriate sexual behaviour includes:

#### Problem sexual behaviour

Problem sexual behaviour is the term used by the Victorian government and funded service providers to describe concerning sexual behaviour exhibited by children under the age of 10 years. Children under 10 years are deemed unable to consent to any form of sexual activity and cannot be held criminally responsible for their behaviour.

## Sexually abusive behaviour

Sexually abusive behaviour is the term used by the Victorian Government and funded service providers to describe concerning sexual behaviour by children aged 10 years or older and under 15 years of age.

A child is considered to exhibit sexually abusive behaviour when they have used power, authority, or status to engage another party in sexual activity that is unwanted, or the other party is unable to give consent. A child who engages in sexually abusive behaviour may be in need of therapeutic treatment. It may also be an indicator that the child has been or is being sexually abused by others. Sexually abusive behaviour may amount to a sexual offence. A sexual offence includes rape, sexual assault, indecent acts and other unwanted sexualised touching, all of which are offences under the Crimes Act 1958.

It may be difficult to determine the nature of children's sexual behaviour, including whether the behaviour:

- Constitutes a sexual offence
- Is indicative of any underlying abuse

Under Victorian Law:

- Children aged between 12-15 can only consent to sexual activity with a peer no more than two years their senior (therefore sexual contact led by a child with another child outside of these age parameters may amount to a sexual offence)
- In order for a person to consent to sexual activity they have to have the capacity to understand the context and possible consequences of the act (therefore sexual contact led by a child involving a person with a cognitive impairment or affected by alcohol and other drugs may also amount to a sexual offence)

Most critically you must follow the four critical actions if:

- You witness an incident, receive a disclosure or form a reasonable suspicion that a child has engaged in inappropriate sexual behaviour, even if you're not sure (these actions will support you to report to Victoria Police)
- A child's inappropriate sexual behaviour leads you to form a reasonable belief that the child may be subject to abuse.

## Child Safe Environment Policy

- 2.2 Safety Each child is protected
- 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
- 2.2.3 Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

Our Service is committed to the safety, wellbeing and support of all children and young people. Management, staff and volunteers take every reasonable precaution to protect children in our care and treat all children with the utmost respect and understanding at all times. To protect children from abuse, our Service embeds strategies to ensure a culture of child safety by providing a safe environment for the children in our care. We acknowledge that staff within an early childhood service are in a unique position to monitor behavioural and emotional changes, physical injuries, and the general wellbeing of a child due to the development of safe environments and trusting relationships with children and families. Our staff are trained to identify signs and behaviours that may indicate child abuse and thoroughly understand their obligations and responsibilities to respond to incidents, disclosures or suspicions of child abuse as mandated reporters. We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability. Our Service takes a 'zero' tolerance approach to child abuse and are committed to raise awareness about the importance of child safety in our environment and the community.

### ***'Keeping children safe is everyone's responsibility.'***

Victoria State Government- Education and Training (2019).

### **PURPOSE**

The Child Safe Environment policy requires all staff within our Service to create and maintain a child safe organisation where children are safe and feel safe. Our policy framework incorporates the seven Child Safe Standards. We are committed to identify possible and significant risks of harm to children and young people within our Service. We understand our duty of care to protect children from all types of abuse and adhere to our legislative obligations at all times. We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will act in the best interest of the child, assisting them to develop to their full potential in a secure and safe environment.

### **SCOPE**

This policy applies to families, staff, management and visitors of the Service.

### **OUR COMMITMENT TO CHILD SAFETY**

Our Service is committed to safety and wellbeing of all children and young people. In our planning, development and implementation of our Child Safe Environment Policy we will:

- create and maintain a child safe environment and comply with the Ministerial Order No. 870- Child Safe Standards and Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015
- complete a self-audit to assess our progress in meeting the requirements of the Child Safe Standards (see Further information and support)
- adhere to a zero tolerance for child abuse
- value the input of and communicate regularly with families and carers regarding our Child Safe policy
- embed the seven Child Safety Standards into our policy and procedures
- promote the safety of children at all times
- foster a culture of openness and respect where children and adults feel safe to disclose risk of harm to children
- listen to and act decisively on any child safety concerns or allegations of abuse that are made

recognise, respect and foster children's rights where their voices and views are listened to and valued assess and manage the risk of abuse to children as part of our daily practice recognise the vulnerability of particular groups of children including Aboriginal and Torres Strait Islander children, children with a disability, children in out of home care (OOHC) and children from a culturally and/or linguistically diverse background ensure effective processes are in place to respond to and report allegations of child abuse to the appropriate authorities employ staff who are not only approved to work with children through the Working with Children Check, (WWCC) but are those who have the right personal qualities, skills and experience to provide high-quality supervision or care to children ensure volunteers or other visitors to our Service implementing professional development are suitable and approved to work with children

### IMPLEMENTATION

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. All staff understand their roles and responsibilities in protecting children from abuse and neglect and maintain up-to-date knowledge of child protection law (Reg 84). Staff will undertake child protection awareness training every 12 months, and whenever significant changes are made to the child protection law or reporting requirements. Staff will comply with our Code of Conduct at all times.

#### Management/ Nominated Supervisor will ensure that:

- ✓ staff have completed approved child protection training
- ✓ all staff members at the Service maintain up-to-date knowledge of child protection law and any obligations that they may have under that law human resource procedures within our Service ensure all employees and volunteers recruited display the right personal qualities, skills and experience to provide high quality supervision and care to children in addition to holding a validated Working with Children Check (WWCC)
- ✓ all staff members who work with children: understand and are confident implementing our Child Safe Environment Policy know how to identify, assess and minimise risks of child abuse
- ✓ are aware of their role as mandated reporters to immediately report cases where they believe a child is at risk of significant harm promote the cultural safety of Aboriginal children, the cultural safety of children from culturally and/or linguistically diverse backgrounds and safety for children with a disability
- ✓ educators understand the reporting procedures and professional standards to safeguard children and protect the integrity of educators, staff and volunteers. Access to relevant acts, regulations, standards and other resources are provided to help educators, staff and volunteers meet their obligations

**Child Protection** is contacted as soon as practicable of any incident reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

**Child Protection** is notified as soon as practicable of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service. the Quality Assessment and Regulation Division (QARD) are notified of any serious incidents or concerns about the wellbeing of a child within our Service\_clear and comprehensive documentation related to actions taken in response to incidents, disclosures and allegations of child abuse are kept securely and confidentially in line with our Privacy and Confidentiality policy.

#### Educators will:

- ✓ Comprehend their legal obligation as mandated reporters under the legislation (effective March 2019)
- ✓ report any situation where they believe on reasonable grounds a child is at risk of significant harm to Child Protection and/or local Child Protection office (see end of policy for contact details) as appropriate.

- ✓ contact the Victorian Police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so. Understand their duty of care to take reasonable steps to protect children at all times
- ✓ be able to recognise indicators of abuse be aware of the **Four Critical Actions** for responding to Incidents, Disclosures and suspicions of child abuse  
[https://www.education.vic.gov.au/Documents/about/programs/health/protect/EarlyChildhood\\_FourCriticalActions.pdf](https://www.education.vic.gov.au/Documents/about/programs/health/protect/EarlyChildhood_FourCriticalActions.pdf) respect a child's disclosure, taking it seriously and respond to their disclosure immediately
- ✓ document any incident, disclosure or suspicion that a child has been, or is at risk of being abused using the PROTECT template  
[https://www.education.vic.gov.au/Documents/about/programs/health/protect/PROTECT\\_Responding\\_TemplateSchools.pdf](https://www.education.vic.gov.au/Documents/about/programs/health/protect/PROTECT_Responding_TemplateSchools.pdf) understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people associate families with referral agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through Child FIRST. Family consent will be sought before making referrals.

**Mandatory Reporting** is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In Victoria, mandatory reporting is regulated by the *Children, Youth and Families Act 2005* (Vic) ss. 162, 182, 184 (CYFA). Effective from March 1, 2019 all early childhood educators and other persons employed or engaged in an education and care service or a children's service are mandatory reporters. This also includes all proprietors, nominees of a children's service, approved providers and nominated supervisors of an education and care service.

According to the CYFA, mandated reporters must respond to an emergency **immediately** if the child is at immediate risk of harm or has just been abused. Mandated reporters must respond to an incident, disclosure or suspicion of child abuse as soon as they witness or form a belief based on *reasonable grounds* that a child is in need of protection because: the child's basic physical or psychological needs are not being met or are at risk of not being met the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education the child has been or is at risk of being physically or sexually abused or ill-treated the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm the child has stated they have been abused the child has evidence of abuse

*To form a belief on reasonable grounds, the reporter may have witnessed behaviour, have a suspicion or received a disclosure of child abuse.*

#### **Responding to a parent, carer or guardian of a child**

*If a parent, carer or guardian says their child has been abused in our Service or raises concern we will:* ensure all abuse allegations are taken very seriously explain our procedures as mandatory reporters allow the parent, carer or guardian to talk through the incident in their own words ask about the safety and wellbeing of the child explain that an educator will be taking notes during the discussion to capture all details. Provide them with any incident reports explain our Service's reporting processes which include informing Victoria Police, Child Protection office report and provide ongoing support as per our procedure of child abuse allegations

## **DEFINITIONS**

**Maltreatment** refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically *abuse* refers to acts of commission while *neglect* refers to acts of omission. Note that in practice the terms child abuse and child neglect are used more frequently than the term child maltreatment.

**Significant Harm** refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family’s consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing. In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

**Reasonable grounds** refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on: firsthand observation of the child or family what the child, parent, or other person has disclosed what can reasonably be inferred based on observation, professional training and/or experience that causes the mandated reporter to believe the child has been abused or is likely to be abused or, signs of physical or sexual abuse leading to the belief that the child has been abused.

**Failure to disclose** refers to the failure of a mandated reporter who has reasonable belief that a child under 16 has had a sexual offence committed to them by an adult to make a report to the police.

**Failure to protect** refers to a person of authority in the organisation who has the power or responsibility, but who negligently fails to reduce or remove the threat of substantial risk of child sexual abuse.

**POLICY EVALUATION AND REVIEW**

To ensure ongoing relevance and continuous improvement, this policy will be reviewed as part of our cycle of self-evaluation each year. Our Service welcomes input from staff, children, families/carers and community.

Reporting Authority	Contact Details
Department of Human Services	Child Protection Crisis Line (urgent concerns) Ph. 13 12 78 Ph. 1800 212 936  National Child Abuse Helpline: Ph. 1800 99 10 99 (9am-5pm AEST)

Jurisdictional Contacts	Contact Details
<b>East Division</b> Alpine, Benalla, Boroondara, Greater Shepparton, Indigo, Knox, Manningham, Mansfield, Maroondah, Mitchell, Moira, Monash, Murrindindi, Strathbogie, Towong, Wangaratta, Whitehorse, Wodonga, Yarra Ranges.	1300 360 391

Relevant Authorities	Contact Details
Department of Health and Human Services (DHHS)  Victoria Police Sexual offences and child abuse Investigation	Child Protection Crisis Line (after hours) Ph. 13 12 78  000

Team	
National Child Abuse Helpline:	1800 99 10 99 (9am-5pm AEST)
DET Quality Assessment and Regulation Division (QARD)	1300 307 415

#### SOURCE:

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law
- Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Child Protection (Working with Children) Act 2012
- Children and Young Persons (Care and Protection) Act 1998
- Children, Youth and Families Act 2005 (as amended 2014) (Vic)
- The Commission for Children and Young People Act 2012
- Failure to Disclose 2014
- Failure to Protect 2015
- The Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Working with Children Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Family Law Act 1975 (Cth)
- State of Victoria (Department of Education and Training). (2017). Early childhood guidance: Identifying signs of child abuse. Retrieved from [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Community and Disability Services Ministers' Conference (2005). Creating safe environments for children: Organisations, employees and volunteers: National framework.
- Community and Disability Services Ministers' Conference (2005). Schedule: Guidelines for building the capacity of child-safe organisations. Creating safe environments for children: Organisations, employees and volunteers: National framework.
- The Commission for Children and Young People Act 1998
- Early Years Learning Framework
- National Quality Standard.
- <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>
- National Comparison of Child Protection Systems
- <https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems>
- Reporting abuse and neglect
- <https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect>
- Mandatory Reporting
- <https://aifs.gov.au/publications/families-policy-and-law/14-mandatory-reporting-laws>
- Revised National Quality Standard
- [http://www.dhs.vic.gov.au/\\_data/assets/pdf\\_file/0003/582591/flowchart-mandatory-reporting-27-5-10.pdf](http://www.dhs.vic.gov.au/_data/assets/pdf_file/0003/582591/flowchart-mandatory-reporting-27-5-10.pdf)
- Creating child safe organisations page of the Department of Health and Human Services’ Service Providers website: < <http://providers.dhhs.vic.gov.au/creating-child-safe-organisations>>
- Child safe standards page of the Department of Health and Human Services’ Service Providers website: < <http://providers.dhhs.vic.gov.au/child-safe-standards>>.

- An Overview to the Victorian child safe standards, has information to help organisations understand the requirements of each of the child safe standards, including examples of measures organisations can put in place, a self-audit tool and a glossary of key terms: < <http://providers.dhhs.vic.gov.au/child-safe-standards>>

**REVIEW:**

POLICY REVIEWED	July 2019	NEXT REVIEW DATE	February 2020
MODIFICATIONS	<ul style="list-style-type: none"> <li>• Changes to mandated requirements</li> <li>• Re-structure of policy</li> <li>• Inclusion of Victorian Government resources and training</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
February 2019	<ul style="list-style-type: none"> <li>• Sources/references corrected, updated, and alphabetised</li> <li>• Points added</li> <li>• Sources checked for currency</li> <li>• New sources added</li> </ul>	July 2019	
January 2018	<ul style="list-style-type: none"> <li>• New policy draft</li> </ul>	August 2018	

## Control Of Infectious Disease Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2

- 2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
93	Administration of medication
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
172(2)(g)	a notice stating that there has been an occurrence of an infectious disease at the premises
EDUCATION AND CARE SERVICES NATIONAL LAW	
174(2)(a)	Notification to the Regulatory Authority- (a) any serious incident at the approved education and care service

RELATED POLICIES	
Administration of Medication Policy Bottle Safety and Preparation Policy Coronavirus (COVID-19) Management Policy Dental Health Policy Family Communication Policy Hand Washing Policy Health and Safety Policy Immunisation Policy Incident, Injury, Trauma and Illness Policy	Medical Conditions Policy Nappy Change and Toileting Policy Physical Environment Policy Pregnancy in Early Childhood Policy Sick Children Policy Sleep and Rest Policy Work Health and Safety Policy

The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Service will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

Our Service will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government Department of Health, Australian Health Protection Principal Committee (AHPPC) and state Ministry of Health about infectious diseases as required. Recommendations from the Health Department will be strictly adhered to at all times.

### Purpose

Children encounter many other children and adults within the Service environment which can result in the contraction of infectious illnesses. Our Service has a duty of care to ensure that children, families, educators, and visitors of the Service are provided with a high level of protection during the hours of the Service's operation. We aim to manage illnesses and prevent the spread of infectious diseases throughout the Service.

Immunisation is a simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others within the community, by reducing the spread of disease and illnesses.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction as per the Public Health Act.

The need for exclusion and the length of time a person is excluded from the Service depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

This policy must be read in conjunction with our other Quality Area 2 policies:

- Immunisation Policy
- Sick Children Policy
- Incident, Illness, Accident and Trauma Policy and
- Medical Conditions Policy and
- Handwashing Policy
- COVID-19 Management Policy

### Preventing Infectious Diseases

Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the close physical contact children have with other children in early childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities.

Our Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources (including bedding)
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- physical distancing (if recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)

### Immunisation Requirements

Immunisation is a reliable way to prevent many childhood infectious diseases. As of January 2018, unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in childcare. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government.

Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS) and the Family Tax Benefit Part A end of year supplement.

The relevant vaccinations are those under the *National Immunisation Program (NIP)*, which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Immunisation Register (AIR).

Educators and other staff at our Service are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC).

*Refer to Immunisation Policy for more information*

### Reporting Outbreaks to the Public Health Unit and Regulatory Authority

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify [VIC Health](#) of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the NSW and Commonwealth Privacy Acts only release/disclose patient information where it is lawfully required or authorised.

Management is required to notify the local [Public Health Unit](#) (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases or any confirmed case of COVID-19

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak- eg (COVID-19)

The Approved Provider must also notify the Regulatory Authority of any incidence of a noticeable infectious disease or illness.

#### Management will ensure:

- that all information regarding the prevention and transmission of infectious diseases is sourced from a recognised Government Health authority [Australian Government Department of Health](#)
- exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families and visitors
- the Service implements recommendations from [Staying healthy: Preventing infectious diseases in early childhood education and care services](#) to maintain a healthy environment
- advice and recommendations from the Australian Health Protection Principal Committee (AHPPC) and Safe Work Australia will be implemented where reasonably possible
- children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Service
- required enrolment information, including health and immunisation records of enrolled children is collected, maintained and appropriately and securely stored

- a staff immunisation record that documents each staff member's previous infection or immunisations (including dates) is developed and maintained
- the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period.

In the event of a confirmed COVID-19 case the Public Health Unit and Regulatory Authority will be notified, and advice followed to ensure the safety of children, educators and visitors to the service. ([NOA ITS](#))

- the Department of Education, Skills and Employment in Victoria is notified of a positive case of COVID-19
- directions from the PHU are followed to close the service and an industrial/deep clean of the service is conducted
- all families and staff are notified of the closure of the service if advised to do so by the PHU
- privacy and confidentiality laws are adhered to- the person who has the confirmed case of COVID-19 will be on a 'need to know' basis only
- information is provided to the PHU for contact tracing
- COVID-19 testing will be conducted for educators and staff at the Service
- COVID-19 testing will be required for all children and families as advised by PHU
- re-opening dates will be confirmed to the Regulatory Authority, DESE and families when advised by the PHU. [See *COVID-19 Management Policy*]

#### A Nominated Supervisor/ Responsible person will ensure:

- a hygienic environment is promoted and maintained
- children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)
- educators and staff are aware of relevant immunisation guidelines for children and themselves
- an Immunisation History Statement for each child is collected on enrolment and maintained/updated regarding the child's immunisation status (AIR) and any medical conditions
- families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
  - the current VIC Immunisation Schedule
  - exclusion guidelines in the event of a vaccine preventable illness at the Service for children that are not immunised or have not yet received all their immunisations
  - advice and information regarding any infectious diseases in general and information regarding any specific infectious illnesses that are suspected/present in the Service.

- families are provided with information about an infectious disease by displaying and emailing the Infectious Diseases Notification Form and details
- families are advised that they must alert the Service if their child is diagnosed with an Infectious Illness
- all educators are mindful and maintain confidentiality of individual children's medical circumstances
- that opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
- families are advised to keep children at home if they are unwell. If a child has been sick, they must be well before returning to the Service. For example, if a child is absent due to illness or is sent home due to vomiting, they will be unable to attend until symptom free for 48 hours. The Nominated Supervisor may approve the child's return to the Service if families provide a doctor's certificate/clearance certifying that the child is no longer contagious and is in good health. Please note it is not always possible to obtain a doctor's certificate or clearance for suspected cases of an illness. The decision to approve a child's return is up to the Approved Provider/Nominated supervisor
- to complete the register of *Illness, Accident or Trauma* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service.
- educators or staff who have diarrhoea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48 hours
  - any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time

#### Educators will ensure:

- that any child suspected of having an infectious illness is responded to and their health and emotional needs supported at all times
- any child suspected of having an infectious illness is isolated from other children and supervised whilst waiting for collection by parents or guardian
- that appropriate health and safety procedures are implemented when treating ill children
- families are aware of the need to collect their unwell child/ children as soon as practicable from the Service
- all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
- their own immunisation status is maintained, and the Approved Provider/Nominated Supervisor is advised of any updates to their immunisation status

- opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette
- consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
- they adhere to the Service's health and hygiene policy including:
  - hand washing
  - daily cleaning of the Service
  - wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
  - appropriate and hygienic handling and preparation of food
- they maintain up-to-date knowledge with respect to Health and Safety through on-going professional development opportunities
- that children rest 'head to toe' to avoid cross infection while resting or sleeping
- that cots or mattresses are placed at least 1.5m away from each other if physical distancing measures are required to be implemented
- children do not to share beds at the same time
- that all play dough is freshly made every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease, play dough is to be discarded at the end of each day and a new batch made each day for the duration of the outbreak
- children wash their hands before and after using play dough.

#### Families will:

- adhere to the Service's policy regarding *Sick Children* and exclusion requirements
- adhere to the Service's restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus
- adhere to the Service's policy regarding *Hand Washing*
- exclude their child from care if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs in the Service and their child is not immunised fully
- advise the Service of their child's immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child's file.
- advise the Service when their child's medical action plan is updated
- provide sufficient spare clothing, particularly if the child is toilet training

- adhere to the Service’s risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus

Source:

- Australian Children’s Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard  
[http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/\\$File/No-Jab-No-Pay.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/$File/No-Jab-No-Pay.pdf).
- Department of Human Resources: National Immunisation Program Schedule NHMRC
- Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition
- Medicare Australia
- Public Health Act 2010 (as amended by Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013
- Public Health Regulation 2012
- Revised National Quality Standard

Review:

Policy Reviewed	Modifications	Next Review Date
June 2018	Updated the references to comply with the revised National Quality Standard	June 2019
June 2020	<ul style="list-style-type: none"> <li>• Implementation information added regarding infectious illnesses</li> <li>• Added mandatory reporting to public health unit information</li> <li>• Rearranged some content into new headings- Prevention Strategies</li> <li>• deleted repeated items               <ul style="list-style-type: none"> <li>• New sources added</li> </ul> </li> </ul>	June 2021
June 2021	Minor spelling changes Related Policies Added	June 2022

## Coronavirus (COVID-19) Management Policy

### QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

- 2.1.1 Wellbeing and comfort Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
- 2.1.2 Health practices and procedures Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected.

COVID-19 is a new strain of coronavirus that was originally identified in Wuhan, Hubei Province, China in December 2019. The World Health Organization (WHO), has declared that COVID-19 outbreak as a 'pandemic'- a Public Health Emergency of International Concern (effective 11 March 2020). This is mainly due to the speed and scale of transmission of the virus in countries around the world, including Australia.

COVID-19 is transmitted from someone who is infected with the virus to others in close contact through contaminated droplets spread by coughing or sneezing or by contact with contaminated hands or surfaces. According to Department of Health, the time of exposure to the virus and when symptoms first occur is anywhere from 2-14 days.

Symptoms can range from a mild illness, similar to a cold or flu, to pneumonia. People with COVID-19 may experience:

- ✓ fever
- ✓ flu-like symptoms such as coughing, sore throat and fatigue
- ✓ shortness of breath

The [Australian Government](#) is constantly updating the current status of COVID-19 including health recommendations, travel restrictions, and a vast collection of resources and information to help people make informed decisions.

As this information is changing rapidly, our Service is monitoring health alerts and implementing measures suggested by key health experts to minimise the transmission of COVID-19.

Our Service has a range of comprehensive policies in place to guide best practice in relation to health and safety, dealing with infectious diseases and maintaining a child safe environment. Our duty of care and responsibilities to children, parents, families and all staff to provide a safe environment is of utmost importance.

The evolving nature of COVID-19 and the unprecedented steps required to protect our community as recommended by the Australian Government, has resulted in the development of a specific policy to assist our Service manage this pandemic.

This policy will change as required to ensure the protective measures against COVID-19 as advised by our government are implemented by our service.

## Purpose

Our Service will minimise our staff and children’s exposure to COVID-19 by adhering to all recommended guidelines from the Australian Government- Department of Health and local Public Health Units to slow the spread of the virus. We will implement practices that help to reduce the transmission of the virus including the exclusion of any person (child, educator, staff, parent, visitor or volunteer) that is suspected or has tested positive to having COVID-19. Our Service will implement effective hygiene practices as per our existing policies and procedures.

Our Service will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government, Department of Health and state Ministry of Health about COVID-19 as it becomes available. Recommendations and health measures mandated by the Health Department will be strictly adhered to at all times.

## Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Implementation

Our Service is committed to minimise the spread of the COVID-19 virus by implementing recommendations provided by the Australian Government- Department of Health and Safe Work Australia.

Our Service implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act. COVID-19 is a notifiable condition in all states and territories of Australia.

The Public Health Unit may contact the Approved Provider in the event of any child, educator, staff, member or visitor who has attended our service, and has tested positive to COVID-19. Contact tracing will be conducted PHU and further advice provided.

National Coronavirus (COVID-19) Health Information Line
<b>1800 020 080</b> Call 131 450 for translating and interpreting service
Health Direct <b>1800 022 222</b>
<u>Public Health Unit- Local state and territory health departments</u>

## Minimising the transmission of COVID-19

Our Service has implemented risk management planning to identify any possible risks and hazards to our learning environment and practices related to COVID-19. Where possible, we have eliminated or minimised these risks as is reasonably practicable. Control measures are reviewed in consultation with staff members. Due to the constant changes in managing our service during the pandemic, our approach to risk management is ongoing and fluid.

Effective 15 March 2020, the *Australian Health Protection Principal Committee* has made recommendations to the general public to help manage the spread of COVID-19. These measures include implementing good hygiene, self-isolation and social distancing.

Our staff are committed to assist in infection prevention controls and have completed COVID-19 infection control training.

Amendments to this statement have been updated and include recommendations for risk mitigation measures such as:

- exclusion of unwell staff, children, and visitors
- enhanced personal hygiene for children, staff, and parents
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing, and laundering play items and toys.
- discouraging excursions to local parks, public playgrounds and
- recommending influenza vaccination for children, staff, and parents

parents of children with a current Asthma Action Plan are advised to update this if needed in consultation with their child's health care professional. Updated plans should be provided to management for distribution to relevant staff members. (Asthma Australia)

Staff with compromised immune systems are also requested to seek medical advice whilst working in early education and care during the pandemic. The AHPPC reiterates the need to practise physical distancing, practice good cough and hygiene and consider downloading the COVIDSafe app.

(AHPPC Statement 6 July 2020)

## Immunisation

Whilst there is no vaccination for COVID-19, we strongly recommend that all staff, children and families receive the seasonal influenza vaccination.

## Hygiene practices

Our Service will ensure signs and posters remind employees and visitors of the risks of COVID-19 and the measures that are necessary to stop its spread including hand washing and hand rub procedures and information about COVID-19. These will also be communicated to families through email, newsletters and social media. Alcohol-based hand sanitiser will be kept out of reach of young children and only available for adults to use. If parents decide to apply this to their child, they must supervise the child to avoid rubbing it into their eyes or a child swallowing the gel/liquid.

Information provided to families may include:

- symptoms of COVID-19
- transmission of the virus
- self-isolation and exclusion
- prevention strategies- including hand hygiene and self-isolation
- contact details for health assistance
- CCS and ACCS information
- Public Health Orders (if required)
- Wearing of face coverings

The Approved Provider, Nominated Supervisor, educators, staff, families and visitors will comply with the following:

#### Exclusion/ Self-isolation/ Self-quarantine

Our service has an obligation to ensure the health and safety of employees, children, and visitors in our workplace, so far as reasonably practicable. We may therefore collect information from visitors about their potential exposure to COVID-19 to identify, assess and control risks of infection in line with Department of Health guidelines. Information collected will only be viewed by management and will be stored securely. To comply with privacy laws, personal information will only be disclosed on a 'need to know' basis to the Public Health Unit to prevent and manage COVID-19 if required

- ✓ Any person visiting our Service must sign the Parent/Visitor Health Declaration confirming that they have not come into *close contact* with anyone with a positive COVID-19 in the past 14 days or travelled interstate in the past 14 days. [Please note interstate self-isolation only applies to some states and territories. Some people may be exempt from this restriction- effective 26 March 2020]
- ✓ Effective 28 March 2020, **any person** entering Australia from any destination will be required to undertake 14-day quarantine at designated facilities (Australian Government)
- ✓ Parents to agree to have their child's temperature taken by a staff member prior to entry to the Service, and have their child excluded if their child's temperature is equal to or above 37.5 (please see table)

Temperature reading	Required action
Less than 37.5®	Child able to attend service
Equal to or greater than 37.5® on first reading	The child should be asked to wait in a separate room and have their temperature re-checked in 15 minutes. If the child is wearing outerwear, the educator should suggest the child remove this once they are indoors.
Equal to or greater than 37.5® on second reading	The child should return home with their parent/carer. If their parent/carer is not present, the child will need to be isolated and the parent/carer contacted to collect them from the service as soon as possible. Families should be encouraged to seek the advice of their healthcare professional who can advise on next steps and coronavirus (COVID-19) testing

Source – Victoria State Government Education and Training

- ✓ Any person who has been in close contact with someone who has a positive diagnosis must self-isolate for 14 days

- ✓ Household members of a person who has a confirmed case (including children) of COVID-19 must also be isolated from the childcare Service and general public
- ✓ The Public Health Unit will provide further information on a case-by-case basis as to the length and place of isolation. (see: [COVID-19 home isolation](#))
- ✓ Families must immediately advise the Service if they, or anyone in their family, develops any symptoms of the virus or receives a positive result of the virus whilst in isolation
- ✓ Any person (employee, enrolled child, parent, caregiver, visitor or contractor) who is displaying symptoms such as: fever, coughing, sore throat, fatigue and shortness of breath, must seek urgent medical attention to determine if they need to be tested for COVID-19 and not attend our Service **under any circumstance**

### Implement effective hygiene measures

The national campaign *Help Stop The Spread and Stay Healthy*, launched by the Australian Government has emphasised that effective handwashing is a vital strategy to help reduce the spread of the COVID-19 virus. Handwashing with soap and water for at least 20 seconds whenever you cough, sneeze, or blow your nose, prepare food or eat, touch your face or use the toilet is recommended.

Our Service will adhere to National Regulation requirements and Government guidelines to ensure all educators, children, families and visitors to the Service implement best practice.

### Face Coverings

Department of Health units in states/territories may introduce various measures to help slow the spread of coronavirus during the pandemic.

Effective 11:59pm Sunday 2<sup>nd</sup> August, face coverings are mandatory for all Victorians aged 12 and over when they leave home.

Parents are required to wear face coverings at drop-off and pick-up times.

Educators and carers working in early childhood are not required to wear a mask while educating and caring for children.

Educators are required to wear face coverings whilst completing other duties within the service.

A person who has a medical condition, disability or a mental health condition is not required to wear a mask or face covering.

Our service will educate staff on how to wear a face covering correctly and other risk mitigation strategies to ensure the face covering does not become contaminated.

### Our Service will ensure:

- ✓ All employees, parents, children, and visitors must wash their hands with soap and water or use the alcohol-based hand sanitiser provided upon arrival to the Service
- ✓ All persons over the age of 12 use a face covering if mandated by the Public Health Unit
- ✓ Temperature screening of adults and children is conducted as they enter the service
- ✓ Hands must be thoroughly dried using disposal paper and disposed of in the bin provided
- ✓ Disposable tissues must be used to wipe noses, eyes or mouths and disposed of in the bin provided immediately after use
- ✓ Hands must be washed following the use of tissues
- ✓ Hands must be washed thoroughly using soap and water after using the toilet
- ✓ Cough and sneeze etiquette must be used- cover your cough and sneeze with your elbow
- ✓ Educators and staff must adhere to our *Handwashing Policy* at all times
- ✓ Children are supervised when washing hands
- ✓ Educators and staff must adhere to effective food preparation and food handling procedures
- ✓ Educators will wash their hands or use alcohol based sanitiser, before wearing gloves and wash their hands after wearing gloves
- ✓ Educators and staff must adhere to our *Health and Safety Policy* for cleaning and disinfecting surfaces and equipment (such as toys, puzzles, outdoor toys, bedding, playdough etc) as per *Staying healthy: Preventing infectious diseases in early childhood education and care services* recommendations
- ✓ Staff will maintain a cleaning register of all surfaces and equipment conducted
- ✓ Equipment, resources and surfaces including high-touch surfaces- taps, door handles, light switches, nappy change areas and toys will be cleaned more frequently as required using detergent and water followed by disinfectant
- ✓ Toilet facilities for employees have adequate supplies of soap and toilet paper

NOTE: According to the World Health Organisation, COVID-19 may survive on surfaces for a few hours or up to several days. (March 14 2020)

### Social/Physical distancing in childcare

Social distancing is important because COVID-19 is most likely spread from person-to-person through close contact with a person while they are infectious, close contact with a person with a confirmed infection who coughs or sneezes or from touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection and then touching your nose or mouth. (source: Australian Government Department of Health. Coronavirus disease)

Social distancing in early childhood education and care is not feasible for educators to perform their job, however we will implement measures to minimise the risk of exposure as reasonably practicable.

To reduce the spread of COVID-19 parents are reminded of the following:

- ✓ if your child is sick, do not send them to our Service
- ✓ Do not visit our Service if you or another family member is unwell
- ✓ Sanitise your hands at regular intervals throughout the day
- ✓ Avoid physical contact with other people who may be sick- such as older people and people with existing health conditions

- ✓ Clean and disinfect high touch surfaces regularly (door handles, car seats, mobile phone, toys, dummies)
- ✓ Promote strictest hygiene measures when preparing food at home and at the Service

To minimise the risk of exposure to COVID-19 our Service will:

- ✓ Restrict the number of visitors to our Service (including students, delivery of goods)
- ✓ Restrict the number of family members visiting our Service
- ✓ Parents not coming into the Service at all- parents to ring doorbell
- ✓ Install markings on the floor near the front entry indicating a 1.5 metre mark for parents/families to use
- ✓ Reduce mixing of children by separating cohorts (including staggering meals and play times)
- ✓ Where possible, outdoor play will be promoted within our Service to provide children with additional personal space
- ✓ Large groups will be monitored to provide flexible learning to ensure groups are smaller in both the indoor and outdoor environment
- ✓ Increase ventilation within the Service
- ✓ Ensure cots, mats, cushions etc are positioned at least 1.5 metres apart
- ✓ Seat children at opposite ends of a table when playing and eating
- ✓ Avoid any situation when children are required to queue- waiting their turn to use bathroom for handwashing or toileting, waiting their turn to use a piece of equipment etc.
- ✓ Contact parents of children who have chronic medical conditions or immunosuppression as they may be at an increased risk of disease and require additional support/care
- ✓ Cancel all group outings to public places (excursions to local shops, schools, libraries, aged care facilities)
- ✓ Cancel large group celebrations (Easter, Grandparent's Day, special day celebrations)
- ✓ Discourage use of public transport by staff if possible and recommend that staff:
  - Travel directly from home to work (avoid stopping at shops or petrol station)
  - Wash hands with soap and water for at least 20 seconds or sanitise hands with alcohol-based sanitiser before and after travelling to work
  - If using public transport, maintain physical distancing measures during any trip

Suspected cases of COVID-19 at our Service

As per our *Sick Child Policy* we reserve the right to refuse a child into care if they:

- ✓ are unwell and unable to participate in normal activities or require additional attention
- ✓ have had a temperature/fever, or vomiting in the last 48 hours
- ✓ have had diarrhoea in the last 48 hours
- ✓ have been given medication for a temperature prior to arriving at the Service
- ✓ have started a course of anti-biotics in the last 24 hours or
- ✓ if we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)

If your child becomes ill whilst at the Service, educators/staff will respond to their individual symptoms of illness and provide comfort and care.

Educators will take your child's temperature. If the temperature is above 37.5°C you will be contacted immediately and required to collect your child within 30 minutes. If you are unable to collect your child, an emergency contact person will be contacted, and they must collect your child within 30 minutes.

Educators will attempt to lower your child's temperature by:

- ✓ removing excessive clothing (shoes, socks, jumpers)
- ✓ encourage your child to take small sips of water
- ✓ move your child to a quiet area where they can rest whilst being supervised
- ✓ Educators will wear disposable gloves to avoid possible contamination.
- ✓ Educators will keep accurate records of the child's temperature, time taken, time parent/s were contacted, staff member's name and time of collection.

All information will be recorded in our *Incident, Illness, Accident and Trauma* Record. Parents will be required to sign this record using earlyworks.

Parents are reminded to ensure their contact details are current and emergency contact details are updated if required.

Our Service also reserves the right to prevent employees, parents, family members or visitors to enter our premises if the Approved Provider or Nominated Supervisor suspects instances of COVID-19.

#### Notification

The Approved Provider or Nominated Supervisor is mandated by law to notify the Public Health Unit or [Health Information hotline](#) on 1800 020 080 of any confirmed or suspected cases of COVID-19. In addition, the Approved Provider must also notify the [Regulatory Authority](#) in their state or territory within 24 hours.

Effective 28 July 2020, all services in Victoria must notify WorkSafe within 48 hours if an employer becomes aware that an employee or independent contractor has received a confirmed diagnosis of COVID-19 and has attended the workplace within the infectious period (14 days prior to receiving the confirmed diagnosis and until clearance from isolation has been received). Failing to notify WorkSafe may result in a significant fine.

Management reserves the right to request employees to self-isolate if they suspect they have come into contact with someone who has a confirmed COVID-19 infection.

#### Talking to children about COVID-19

As per our *Interactions with Children, Families and Staff Policy*, our Service is committed to maintaining positive interactions and relationships with children and their families. Information provided to children about COVID-19 will be age appropriate and sensitive to their emotional wellbeing. Educators will both acknowledge children's concerns and be open to discussions about COVID-19.

Educators will inform children about the virus and emphasise preventative measures such as handwashing, use of tissues, cough and sneeze techniques and limiting touching other children's faces.

Posters to demonstrate correct handwashing methods will be referred to and educators will model techniques.

Children's emotional well-being will be closely monitored by all educators and staff and any concerns communicated with parents and families.

Children's questions will be respected and supported.

In the event of the Service being closed as a precaution to limit the spread of the virus, information will be provided to parents/families to help explain the situation to young children.

### Payment of Fees

Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS) will recommence on Monday 13 July 2020 following the end of the of the ECEC relief package funding. Under Family Assistance Law, parents who receive CCS are required to make a co-contribution to their child care fees (Gap Fee). Fees are not to be increased, service offerings amended, or new administrative fees added. (until September 2020).

From 13 July 2020 until 4 October 2020, changes to the activity test have been made to assist families who can no longer engage in the same hours of work, training, study or other activity prior to the COVID-19 crisis. Families may meet the requirements to access 100 hours of subsidised child care per fortnight for up to 12 weeks. Families will need to update their activity levels through myGov.

Children must continue to meet immunisation requirements.

CCS hourly rate caps will be adjusted from 13 July 2020.

### Families receiving Additional Child Care Subsidy

If a family's current ACCS determination continues past the end of the above package period, they will return to ACCS entitlement. If however, this determination expires during the period, our service will need to apply for determination to ensure ACCS continues to flow when the system return to normal i.e.: Child Care Subsidy.

### Children considered at risk

Where a child is enrolled and is considered 'at risk' of serious abuse or neglect, our service will refer the child or family to the appropriate support agency in order to comply with the legislative requirements.

### Allowable absences from childcare

Effective 1 July 2020, 42 initial absence days will come into effect for the 2020/21 financial year.

The approved Provider is obliged to recover gap fees for absence days once CCS recommences from 13 July 2020 unless the service is forced to close on public health advice as a result of COVID-19 (until 31 December 2020)

Allowable Absences Provisions will also take effect on 13 July 2020. This allows families to receive CCS for

### What happens if our Service is forced to close?

The decision to close our Service will be made, and advised, by relevant state and territory governments or the Regulatory Authority. This may be due to a confirmed case of COVID-19 in our Service community.

Should this occur, all families will be notified immediately via email and/or phone.

The Approved Provider will notify the [Regulatory Authority](#) within 24 hours of any closure via the [NQA IT System](#), the Regulatory Authority for Work Health and Safety in their state/territory (Safe Work Australia), and the Department of Education, Skills and Employment (DESE) in their state or territory. In addition, services that need to temporarily close for COVID-19 related reasons must now also report closures (and re-openings) via your third party software or the Provider Entry Point (PEP).

From 13 July 2020, should our service be directed to shut down due to COVID-19, or a fire, flood or other local emergency, our standard local emergency procedures will be followed. Activating a period of local emergency will allow families access to additional absences if the initial 42 absence days per child per financial year have been used. Additional absences days claimed due to COVID-19 related reasons, do not require a medical certificate (until 31 December 2020).

#### Staff entitlements if sick or suspected to have COVID-19

Under workplace health and safety laws, our Service must ensure the health and safety of all employees.

#### Confirmed COVID-19

If an educator or staff member is confirmed to have COVID-19, they are unable to attend the workplace and cannot return to work until they have completed a period of self-isolation of at least 14 days. Employees must make a declaration that they are *fit for work* and have no symptoms of COVID-19 for the past 72 hours (3 days). A doctor's certificate or clearance is not required.

Full and part-time employees who cannot attend work due to illness can take paid sick leave.

As per our privacy obligations under the *Privacy Act*, the identity of a person with a confirmed case of COVID-19 will only be shared with Public Health and/or on a strictly 'need to know' basis. Access to personal or medical information can only be shared with the consent of the employee.

#### Caring for a family member or emergency

If an employee cannot attend work due to caring for a family member due to COVID-19, they are entitled to take paid carer's leave. Casual employees are eligible to have 2 days unpaid carer's leave per occasion. See **Fair Work Act** for entitlements for casual, part time and full-time employees. Reasonable evidence is required to justify the absence.

#### Self-isolation due to travel

As per Australian Government's new measures for COVID-19 effective 28 March 2020, any person returning from overseas will be mandated to isolate in a designated facility. The employee is not entitled to be paid (unless they use paid leave entitlements- annual leave. Employees are not entitled to use personal sick leave as they are not 'sick'. Employers may choose to adopt an option to satisfy both parties. See: [Australian Business Lawyers and Advisors](#) for further information)

Similarly, any person required to self-isolate due to travel restrictions within Australia are not entitled to be paid. Employees can access up to 2 weeks of unpaid pandemic leave if they can't work. (until 30 September 2020) see below.

## Self-Isolation Unpaid Pandemic Leave

Effective 8 April 2020, employees who are required to self-isolate by government or medical authorities or acting on advice of a medical practitioner may access unpaid pandemic leave. (effective 8 April 2020 to 30 September 2020). Pandemic leave needs to start before 31 July 2020 but can finish after this date. The agreement must be in writing and the employer needs to keep it as a record.

This leave provides employees with:

- 2 weeks of unpaid pandemic leave
- the ability to take twice as much annual leave at half their normal pay if their employer agrees

## Self-isolation as a precaution

If an employee wants to stay home as a precaution of contracting COVID-19 they may negotiate to take unpaid leave, annual leave or long service leave with Management.

## Waivers

In the event of staff members requiring to self-isolate due to possible infection of COVID-19, the Approved Provider will apply to the Regulatory Authority for waivers for qualifications and/or ratios to minimise disruptions to our provision of care.

## Communicating with families

Our Service will establish regular communication channels with families and share information about COVID-19 as required.

Due to the fluid nature of COVID-19 and the necessity of self-isolation for some staff members, our Service will endeavour to inform parents and families of any staff changes.

Staff who have approved leave will be replaced with casual staff and families will be informed as per our usual practices to ensure continuity of care where possible.

## Caring for our community

We understand that the outbreak of COVID-19 and the constant amount of information received through the media may be very stressful to young children and parents. The anxiety about this disease may be overwhelming and cause fear and anxiety to some people, especially children.

Our Service is committed to continue to provide quality education and care to all children and support families responsibly during this unprecedented challenge with the COVID-19 outbreak.

Knowing how to look after yourself, and others is very important during this crisis.

We will promote a safe and supportive environment by:

- ✓ reassuring children, they are safe
- ✓ acknowledging and listening to children's questions
- ✓ promoting and implementing hygiene routines for handwashing and cough and sneezing
- ✓ keeping regular and familiar routines within our Service

- ✓ ensuring children eat well throughout the day
- ✓ engaging children in play, games and other physical activities
- ✓ being alert to children's level of anxiety and provide quiet and relaxing activities
- ✓ ensuring children are provided with rest and sleep when needed
- ✓ providing information to families and support services as required
- ✓ **Dr Michelle Dickinson**- Video for kids about COVID-19 <https://youtu.be/OPsY-jLqaXM>
- ✓ **Emerging Minds**- Talking to Children about Natural Disasters, Traumatic Events or Worries About the Future <https://emergingminds.com.au/resources/supporting-children-during-the-coronavirus-covid-19-outbreak/>
- ✓ **Play School**- Hello Friends! (A COVID-19 Special) <https://www.abc.net.au/abckids/shows/play-school/covid-19/12114308>
- ✓ **UNICEF**- [How to talk to your child about COVID-19](#)

### More information and resources

- [Australian Business Lawyers & Advisors](#)
- [Australian Government Department of Education Skills and Employment- Coronavirus \(COV-19\) information sheet regarding periods of local emergency and absences for child care providers and services](#)
- [Australian Government Department of Education Skills and Employment Coronavirus \(COVID-19\) information for early childhood education and care providers and services from 6 April 2020](#)
- [Beyond Blue Coronavirus \(COVID-19\) Supporting educators, children and young people](#)
- [CCS Helpdesk 1300 667 276](#)
- [Coronavirus \(COVID-19\) frequently asked questions](#)
- [Coronavirus \(COVID-19\) resources Australian Government](#)
- [COVID-19 Infection control training](#)
- [Fairwork Australia- Coronavirus and Australian workplace laws](#)
- [Healthdirect Coronavirus hub](#)
- [Home Isolation Information](#)
- [Information for people with a suspected case](#)
- [Information for employers](#)
- [Information on Social distancing](#)
- [Local state and territory health departments](#)
- [Raising Children](#)
- [Safe Work Australia](#)

## Posters and Visuals

- [COVID-19 coronavirus in pictures](#)
- [Manuela Moina- Children's book- "Hello! I am the Coronavirus"](#)
- [Recently travelled overseas Poster](#)
- [Simple Steps To Help Stop The Spread Poster](#)

## State and Territory specific information

- [Victorian Government Department of Health and Human Services – Coronavirus disease \(COVID-19\)](#)

## Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian Government Department of Health *Health Topics* [Health Topics Coronavirus COVID-19](#)
- [Australian Government Department of Health Coronavirus \(COVID-19\) advice for travellers](#)  
<https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>
- Australian Government Fair Work Ombudsman *Coronavirus and Australian workplace laws* (updated 13 March 2020) <https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws>
- Australian Government Department of Education, Skills and Employment *Information for child care providers and services* <https://docs-edu.govcms.gov.au/node/53362>
- Australian Government Federal Register of Legislation Child Care Subsidy Amendment (Coronavirus Economic Response Package) 23 March 2020  
[https://www.legislation.gov.au/Details/F2020L00295?utm\\_source=Facebook&utm\\_content=240320](https://www.legislation.gov.au/Details/F2020L00295?utm_source=Facebook&utm_content=240320)
- [Australian Government The Treasury JobKeeper payment](#)
- Fair Work Ombudsman Coronavirus and Australian workplace laws (2020)  
<https://coronavirus.fairwork.gov.au/coronavirus-and-australian-workplace-laws>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.  
(2017).
- Guide to the National Quality Standard. (2020)
- National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*
- *Public Health Act 2010*
- *Public Health Amendment Act 2017*
- Public Health and Wellbeing Regulations 2019 Victoria
- The Australian Parenting website Raisingchildren <https://raisingchildren.net.au/guides/a-z-health-reference/coronavirus-and-children-in-australia>
- Revised National Quality Standard. (2018).
- Safe Work Australia (2020) *Early childhood education and care workers: Minimising the risk of exposure to COVID-19*

- <https://www.safeworkaustralia.gov.au/doc/early-childhood-education-and-care-workers-minimising-risk-exposure-covid-19>

## REVIEW

POLICY REVIEWED	April 2020	NEXT REVIEW DATE	June 2020
MODIFICATIONS	<ul style="list-style-type: none"> <li>• New policy developed dedicated to management of COVID-19</li> </ul>		
Updated 31 July	<ul style="list-style-type: none"> <li>• Mandated wearing of face coverings from 2 August</li> <li>• Mandatory notification to WorkSafe Victoria re confirmed COVID-19 case in workplace</li> <li>• Definition of a fever as per Coronavirus Disease – CDNA National Guidelines for Public Health Unitys</li> </ul>		
UPDATED 5 April	<ul style="list-style-type: none"> <li>• Major changes to Payment of fees related to CCS and ACCS</li> <li>• introduction of Early Childhood Education and Care Relief Package payments (effective 6 April)</li> <li>• introduction of JobKeeper Payments</li> <li>• removal of ‘stand down’ information</li> <li>• addition of Safe Work Australia suggestions</li> <li>• amendment to return to work requirements for positive COVID-19 employees requiring a medical certificate</li> <li>• additional information about staff travel to and from work</li> </ul>		
UPDATED 28 March	<ul style="list-style-type: none"> <li>• changes to reflect changes in periods of local emergency and absences</li> <li>• new isolation restrictions for people travelling interstate</li> <li>• small edits to leave entitlements for staff</li> <li>• Fair Work information added- employee entitlements, stand down</li> </ul>		
UPDATED 24 March	<ul style="list-style-type: none"> <li>• updated effective 24 March 2020</li> <li>• changes due to Ministerial update re: increase in absences for children to receive CCS payments and CCS payments if services are forced to close</li> <li>• new information for CCCF funding for COVID-19</li> <li>• modification to staff requested to be isolated from Service due to flu-like symptoms</li> <li>• modifications of entitlements relating to sick pay if employees are forced to be self-isolated</li> <li>• additional resources for state/territory specific information</li> </ul>		
16 March 2020	<ul style="list-style-type: none"> <li>• original policy drafted</li> </ul>		

## Cyber Safety Policy

- 2.1 Health Each child's health and physical activity is supported and promoted
  - 2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
  - 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
  - 2.1.3 Healthy Lifestyles - Healthy eating and physical activity are promoted and appropriate for each child
- 2.2 Safety Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
  - 2.2.3 Child Protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Cyber safety is the safe and responsible use of information and communication technology. It is about keeping information safe and secure, but also about being responsible with that information, being respectful of other people online, and using good 'netiquette' (internet etiquette).

Understanding Cyber safety is all the more important when working with, or caring for, young children as they cannot make their own decisions about what gets published online.

### PURPOSE

To create and maintain a cyber safe culture which works in accordance with our Service philosophy and legislative requirements to ensure the cyber safety of children, educators and families of the Service. Our computer software program and Internet access facilities brings prodigious benefits to the teaching and learning programs and constructs our partnership with families.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

Terminology	
ICT	Information and Communication Technologies
Cyber Safety	Safe and Responsible use of the internet and equipment/device, including mobile phones.
Netiquette	The correct or acceptable way of using the internet

### IMPLEMENTATION

Cyber Safety encompasses technologies such as the Internet, and electronic communication devices including mobile phones and other wireless technology. With increasing sophisticated and affordable communication technologies, there is a candid need for children and young people to be methodically informed of both the benefits and risks of using these new technologies and provides safeguards and awareness for users to enable them to control their online experiences and the appropriate use of all technologies.

Our Service has demanding cyber safety practices and education programs in place, which are inclusive of appropriate use agreements for Educators and Families. Our educational software program provides families with up to date information about their child's development in way of daily reports, observations, photos, portfolios and email communications.

The cyber safety agreement includes information about the software program, the services' obligations and responsibilities and the nature of possible consequences associated with cyber safety and bullying breaches. Once the agreement is signed, families and educators will have access to the educational software program.

### EDUCATIONAL SOFTWARE PROGRAM

Our Service uses Earlyworks which is a password protected private program for children, educators and families to share observations, photos, videos, daily reports and portfolios. Families are able to view their child/children's learning and development and contribute general comments relating to their child or comment on an observation or daily report.

Educators are alerted via email and on their dashboard when a family member has added a comment.

Likewise, families are alerted via email when a relevant educator has posted about their child.

Access to a child's information & development is only be granted by their primary guardians. No personal information is shared with any third party.

### Confidentiality and privacy:

- The principles of confidentiality and privacy extend to accessing or inadvertently viewing information about personnel, or children and their families, which is stored on the Service's network or any device
- Privacy laws are such that educators or other employees should seek advice from Service management regarding matters such as the collection and/or display/publication of images (such as personal images of children or adults), as well as text (such as children's personal writing)
- Ministry of Education guidelines should be followed regarding issues of privacy, safety and copyright associated with the online publication of children's personal details or work.
- All material submitted for publication on the Service Internet/Intranet site should be appropriate to the Service's learning environment
- Material can be posted only by those given the authority to do so by the Service management
- The Service management should be consulted regarding links to appropriate websites being placed on the Service's Internet/Intranet (or browser homepages) to provide quick access to particular sites

### Management will ensure:

- The service works with ICT (Information and Communication Technology) security specialist to ensure the latest security systems are in place to ensure best practice. These can block access to unsuitable web sites, newsgroups and chat rooms. However, none of these tools is foolproof - they cannot be a substitute for active parental involvement in a child's use of the internet

### A Nominated Supervisor/ Responsible Person /Educators will:

- Ensure to use netiquette by adhering to Service policies and procedures for staying safe online. Even if you are confident about Cyber safety it would be a good idea to check if all those invited to your account have the required knowledge.
- Keep passwords confidential and not share it with anyone.
- Never request a family member's password or personal details via email
- Report anyone who is acting suspiciously, or requesting information, which they feel uncomfortable about.

### Families:

- When sharing anything using technologies such as computers, mobile devices, email and the internet it is important you and everyone else invited to your account understands about netiquette and staying safe online. Even if you were confident about Cyber safety it would be a good idea to check if all those invited to your account have the required knowledge.

- When it comes to your own children, it is your choice what you share outside of the service. Remember though that young children cannot make their own decisions about what gets published online so you have a responsibility to make sure whatever is shared is in your children's best interests.
- Sometimes other children in the Service may feature in the same photos, videos and observations as your children. In these cases, never duplicate or upload them to the internet/social networking sites or share them with anyone other than family members without those children's parents' permission.

**SOURCE:**

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics
- <https://esafety.gov.au>
- Guide to the National Quality Standard.
- Revised National Quality Standards

**REVIEW:**

Policy Reviewed	Modifications	Next Review Date
February 2018	New Policy Added policy to comply with the revised National Quality Standards	February 2019
March 2020	Spelling mistakes	March 2021

## Dental Health Policy

### NATIONAL QUALITY STANDARDS (NQS)

- 2.1 Health Each child’s health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.1.3 Healthy Lifestyles - Healthy eating and physical activity are promoted and appropriate for each child

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
78	Food and beverages
87	Incident, Injury, trauma and illness record

RELATED POLICIES	
Administration of First Aid Policy Bottle Safety and Preparation Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Nutrition and Food Safety Policy

Early childhood is an important time for developing good dental hygiene practices. From the time a baby starts teething, keeping gums and teeth clean can safeguard against cavities in the ‘baby’ teeth which can also cause damage to the permanent teeth underneath. Our service promotes the importance of good dental health to children and families.

### Purpose

We aim to promote children’s general wellbeing by creating an environment that supports healthy dental and oral health habits and practices that can be maintained throughout the child’s life. Our Service will provide food and drinks with consideration to the sugar content and ensure that drinking water is always available.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

We believe it is important for all children to have a high level of dental hygiene. We follow the guidelines of the Australian Dental Association and the State Government Health Departments when caring for children’s teeth.

To prevent cavities forming, or other adverse dental outcomes, we encourage children to eat nutritious foods and to avoid sticky and sugary foods. All food served prepared at our Service complies with these guidelines. Children will be encouraged to drink water to quench their thirst and remain hydrated throughout the day.

### Management/Nominated Supervisor/ Responsible Person will:

- Ensure that the daily menu contains a nutritional balance of foods

- Minimise the provision of sugary foods
- Ensure access to safe drinking water at all times
- Ensure the routine incorporates drinking water after each mealtime
- ensure enrolment form contains up to date information about each child's family dentist (in case of emergency)

#### Educators will:

- Include dental health practices in the daily program
- Provide opportunities to discuss dental health education with children
- Support children to access dental health resources for research, exploration, and identification These resources will be available through books, posters, and visual aids
- Pay particular attention to meal and snack times to ensure healthy food is being eaten
- Give children bottles before they go to bed. Allowing the child to finish the bottle before going to bed and not letting milk settle on teeth can reduce tooth decay.
- Arrange annual visits by dental health professionals as part of the program. Families and children will be encouraged to attend these visits where correct brushing techniques and dental care will be discussed.
- Provide dental care information to families through newsletters, posters, professional visits, web links and brochures.

#### Dental Emergencies

It is important for Educators to be aware of how to manage dental accidents and emergencies. Our Service will:

- ensure there is an Educator on duty with current first aid qualifications to follow dental accident procedures
- ensure procedures for Adminstrating First Aid are adhered to (including completing a Illness, Accident or Trauma record)
- ensure families are notified of any injury as soon as is reasonably practicable
- ensure children are supervised at all times to minimise accidents and incidents.

## Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the National Quality Standard.
- Raising Children Network – [www.raisingchildren.net.au](http://www.raisingchildren.net.au)
- Health Insite - [www.healthinsite.gov.au](http://www.healthinsite.gov.au)
- Extract from Putting Children First, the Newsletter of the National Childcare Accreditation Council (NCAC) Issue 18 June 2006 (Page10-12)
- Revised National Quality Standards

## Review:

Date Reviewed	Modifications	Next Policy Review Date
February 2018	Minor changes made to policy	February 2019
February 2018	Updated the references to comply with revised National Quality Standard	February 2019
September 2020	Additional regulations and related policies added Inclusion of First Aid requirements Inclusion information Child Dental Benefits Schedule	September 2021
September 2021	Added Education and Care Services National Regulations Added Related Policies	September 2022

## Diabetes Management Policy

### NATIONAL QUALITY STANDARD (NQS)

- 2.1 Health -Each child’s health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures -Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety - Each child is protected
- 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
95	Procedure for administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES	
Administration of First Aid Policy	Incident, Injury, Trauma and Illness Policy
Administration of Medication Policy	Medical Conditions Policy
Enrolment Policy	Privacy and Confidentiality Policy
Family Communication Policy	Supervision Policy

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that educators and staff within the Service understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications. Most children will require additional support from the Service and Educators to manage their diabetes whilst in attendance.

## Purpose

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions including diabetes. Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency occurring for any child whilst at our Service by supporting young people with diabetes, working in partnership with families and health professionals, and following the child's medical management plan.

## Scope

This policy applies to children, families, staff, management, and visitors of the service.

## Description

- Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.
- Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

## Duty Of Care

Our Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide

- a. a safe environment and
- b. adequate supervision at all times.

Our Service will ensure that staff members, including relief staff, have adequate training and knowledge about diabetes and know what to do in an emergency to ensure the health and safety of children (especially in regard to hypoglycaemia) Management will ensure all staff are aware of children's medical management plan and risk management plans.

## Implementation

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's medical management plan in prominent positions within the Service.

A copy of our *Medical Conditions Policy* and *Diabetes Management Policy* will be provided to all educators, volunteers, and families of the Service. It is important that communication is open between families and educators so that management of diabetes is effective.

Children diagnosed with diabetes will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner or diabetes team and the relevant staff members have been trained on how to manage the individual child's diabetes. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

### Management / Nominated Supervisor/Responsible Person will ensure:

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the *Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- each child with type-1 diabetes has a current individual Diabetes Medical Management Plan prepared by the child's diabetes medical specialist team, at or prior to enrolment
- a child's diabetes Medical Management Plan is signed by a registered Medical Practitioner or Paediatrician and inserted into the enrolment record for each child. This will include all information on how to manage the child's diabetes on a day to day basis as well as the emergency management of the child's medical condition. Information may include:
  - blood glucose testing- BG meter
  - insulin administration
  - food, carbohydrate counting

- how to store insulin correctly
- how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
- oral medicine the child may be prescribed
- managing diabetes during physical activities and excursions
- a Communication Plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the current status of the child's medical condition, and this policy and its implementation within the Service prior to the child starting at the Service
- all staff members including volunteers are provided with a copy of the *Diabetes Management Policy* and the *Medical Conditions Policy* which are reviewed annually
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Service's premises
- when a child diagnosed with diabetes is enrolled, all staff attend regular professional training on the management of diabetes and, where appropriate, emergency management of diabetes
- at least one staff member who has completed accredited training in emergency diabetes first aid is present in the Service at all times whenever a child with diabetes are in attendance at the Service
- there is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal
- consideration is given as to how and where insulin is stored and the safety of sharps disposal
- the family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment
- the Risk Minimisation Plan will cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency
- all staff members are trained to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the diabetic Medical Management Plan, required insulin/food as well as the Risk Minimisation and Emergency Action Plan
- all staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the Service, their individual symptoms of low blood sugar levels, and the location of their Medical Management Plans and Risk Minimisation and Communication Plans.
- individual child's Medical Management and Emergency Action Plan will be displayed in key locations throughout the Service

- a staff member accompanying children outside the Service to attend excursions or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes Medical Management Plan and Emergency Action Plan for children diagnosed with diabetes
- the programs delivered at the Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential
- all staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes Medical Management Plan
- updated information, resources and support is regularly given to families for managing childhood diabetes
- meals, snacks, and drinks that are appropriate for the child and are in accordance with the child's diabetes Medical Management plan are available at the Service at all times
- eating times are flexible and children are provided with enough time to eat
- Diabetes Australia are contacted for further information to assist educators to gain and maintain a comprehensive understanding about managing and treating diabetes
- applications for additional funding opportunities are made if required to support the child and educators.

#### Educators will:

- read and comply with the *Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy*.
- know which children are diagnosed with diabetes, and the location of their monitoring equipment, diabetes Medical Management and Risk Management Plans and any prescribed medications
- perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes Medical Management Plan if these are abnormal
- communicate with parents/guardians regarding the management of their child's medical condition as per their Communication Plan
- ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the Service
- follow the strategies developed for the management of diabetes at the Service
- follow the Risk Minimisation Plan for each enrolled child diagnosed with diabetes
- ensure a copy of the child's diabetes Medical Management Plan is visible and known to staff within the Service
- take all personal Medical Management Plans, monitoring equipment, medication records, Emergency Action Plans and any prescribed medication on excursions and other events outside the Service
- recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes Medical Management Plan and the Emergency Action Plan.

- Ensure a suitably trained and qualified educator will administer prescribed medication if needed according to the Emergency Medication Management Plan and in accordance with the Service's *Administration of Medication Policy*
- record any medication in the *Administration of Medication Record*
- identify and where possible minimise possible triggers as outlined in the child's Medical Management Plan and Risk Minimisation Plan
- increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties, and family days, as well as during periods of high-energy activities
- ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays
- maintain a record of the expiry date of the prescribed medication relating to the medical condition to ensure it is replaced prior to expiry.
- ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

**Families will ensure they provide the service with:**

- details of the child's health condition, treatment, medications, and known triggers
- their doctor's name, address and phone number, and a phone number for an authorised nominee and/or emergency contact person in case of an emergency
- a Medical Management Plan and Emergency Action Plan following enrolment and prior to the child starting at the Service is completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner and diabetes educator). The plan should include:
  - when, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
  - what meals and snacks are required including food types/groups amount and timing
  - what activities and exercise the child can or cannot do
  - whether the child is able to go on excursions and what provisions are required
  - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
  - what action to take in the case of an emergency
  - an up to date photograph of the child
- the appropriate monitoring equipment needed according to the diabetes Medical Management Plan
- an adequate supply of emergency insulin for the child at all times according to the Emergency Action Plan.

- information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition and management of their condition
- any changes to their child's medical condition including the provision of a new diabetes Medical Management Plan to reflect these changes as needed
- all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes

### Diabetic Emergency

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

- very **low** blood sugar- HYPO- (hypoglycaemia, usually due to excessive insulin), and
- very **high** blood sugar- HYPER- (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from:

- too much insulin or other medication
- not having eaten enough carbohydrate or other correct food
- a meal or snack has been delayed or missed
- unaccustomed or unplanned physical exercise or
- the young person has been more stressed or excited than usual

In the event that a child suffers from a diabetic emergency the Service and staff will:

- Provide adult supervision at all times
- Follow the child's diabetic Emergency Action Plan
- If the child does not respond to steps within the diabetic Emergency Action Plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

### Signs & Symptoms

HYPOGLYCAEMIA- (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range.

Symptoms can vary between each young person.

If caused by low blood sugar, the child may:

- feel dizzy, weak, tremble and feel hungry
- look pale and have a rapid pulse (palpitations)
- sweat profusely
- feel numb around lips and fingers
- change in behaviour- angry, quiet, confused, crying
- become unconsciousness or have a seizure

#### HYPERGLYCAEMIA –(HYPER)

If caused by high blood sugar, the child may:

- feel excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick
- be irritable
- complain of blurred vision
- lack concentration
- have hot dry skin, a rapid pulse, drowsiness
- have the smell of acetone (like nail polish remover) on the breath
- become unconsciousness

If a child suffers from a diabetic emergency the Service and staff will:

- Always provide adult supervision
- Follow the child's diabetic medical management /action plan
- If the child does not respond to steps within the diabetic medical management/action plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

## Reporting Procedures

Any incident involving serious illness of a child which requires urgent medical attention or hospitalisation is regarded as a serious incident. The following is required:

- staff members involved in the situation are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per regulations
- staff will be debriefed after each incident and the child's individual medical management plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used

For more information, contact the following organisations:

Diabetes Australia

<https://www.diabetesaustralia.com.au/contact-us>

Juvenile Diabetes Research Foundation: [www.jdrf.org.au](http://www.jdrf.org.au)

National Diabetes Services Scheme- An Australian Government Initiative <https://www.ndss.com.au/living-with-diabetes/about-you/young-people/living-with-diabetes/school/>

## Source:

- Australian Children's Education & Care Quality Authority (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Child Care. 5th Edition
- Care of Young Children With Diabetes in the Child Care Setting: A Position Statement of the American Diabetes Association <http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-children-with-diabetes-in-child-care-setting.pdf>
- As 1 Diabetes - <http://as1diabetes.com.au/>

- Revised National Quality Standards

Review:

Policy Reviewed	Modifications	Next Review Date
February 2018	Minor terminology amendments Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes Updated the references to comply with revised National Quality Standard	February 2019
July 2020	information regarding Risk Minimisation and Communication Plan added Emergency Action Plan term used throughout policy inclusions for the Medical Management Plan for diabetes further information on diabetic emergency added deleted repeated information checked sources and links for currency minor formatting editing	July 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies Added Reporting Procedures	July 2022

## Emergency Evacuation Policy

2.2 Safety Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2 Incident and emergency management Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

It is vital that if an emergency situation arises, it is handled effectively and with consideration for all involved. Supporting Educators and children with an emergency situation requires vigilant planning and consistent implementation.

Effective management of emergency situations provides an opportunity to help support and build on children's coping mechanisms and resilience.

### PURPOSE

We aim to maintain the safety and wellbeing of each child, educator and individual using the Service during an emergency or evacuation situation.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury or illness to persons or damage to the Service's environment. It is a risk to an individual's health and safety. It is important that Services define emergencies that are specific to their environment.

We have a duty of care to provide all persons' with a safe and healthy environment. The National Quality Standard, Element 2.2.2 encourages Services to effectively manage incidents and emergencies in consultation with relevant authorities, and practiced and implemented to ensure best practice and the safety of children.

To ensure compliance with National Regulations, the emergency and evacuation procedure must set out:

- Instructions for what must be done in the event of an emergency
- An emergency evacuation floor plan

Emergency evacuation plans should be practiced and reviewed frequently. Evacuation plans must be displayed in prominent positions near each exit and in the children's environment with a compliant floor plan for ease of reference. The Approved Provider will ensure a risk assessment is conducted to identify potential emergencies that are relevant to the service when preparing the emergency and evacuation procedure

Circumstances under which evacuation will occur are as follows:

- Fire within the building or playground
  - Fire in the surrounding area where the Service is in danger (If you are unsure how close the fire is call; Local Fire Station: insert number here or Rural Fire Services on: 1800 240 667)
  - Flood (call State Emergency Service – 132 500)
  - Terrorist threat
  - Others may include: gas explosion, traffic accident or event which could render the building unsafe
- Emergency and Evacuation Drills

- Maintain an up-to-date register of emergency telephone numbers that must be taken in an emergency or evacuation. Place in the emergency evacuation bag.
- Emergency telephone numbers will be displayed prominently throughout the Service in the kitchen, office, staff room and each child care room.
- National Regulations state that Evacuation rehearsals are to be practiced every 3 months by staff members, volunteers and children present at the service on the day. To ensure best practice our Service will conduct emergency evacuation drills in a weekly block once a term so that all children and staff have experienced an evacuation.
- Each Educator will have a turn at finding the emergency and initiating the evacuation.
- The evacuation is to be timed during rehearsal
- Notes on any areas that need improving or revising are to be documented in the Emergency Evacuation Rehearsal Record. Educators will discuss and implement strategies to improve these areas, which will be documented in the Service's Staff Meeting minutes and Quality Improvement Plan.
- In the event of limited Educators i.e. early morning or late afternoon, staff members are to work together to perform the duties above (the roster should support one Certified Supervisor being on premises at all times to take responsibility and delegating duties). This scenario will be discussed and documented in the Service's Staff Meeting Minutes (WHS).
- In the event of an evacuation causing an inability to use Service phones, e.g. damaged phone lines, a communication plan will see a staff member seek assistance from neighbouring residents or businesses and / or use the mobile phone taken by a staff member as per our Emergency Evacuation Plan.
- Management will seek training opportunities for staff to participate in emergency evacuations.
- Inspecting, testing, and servicing fire extinguishers, blankets and other emergency equipment thoroughly is imperative to safety, and compliance to Australian regulations. The maintenance regime for the inspection and testing of fire extinguishers & hydrants is specified in the Australia Standard AS 1851 Maintenance of Fire Protection Systems and Equipment.
- All extinguishers have to be inspected at six monthly intervals and if they don't have a pressure gauge, they may need to be weighed to check they are still full. Some extinguisher types may require additional tasks to be carried out annually. Extinguishers need to be emptied, pressure tested and refilled every five years. There may be other servicing requirements at 3, 5 or 6 years
- The tests and intervals are to be recorded on a label or metal tag attached to the unit.
- The Nominated Supervisor is responsible for ensuring all educators, including relief educators and staff members, are responsive to our Emergency Evacuation Policy and procedure.

Important: The notification of a serious incident to a regulatory authority (within 24 hours) is needed where emergency services attended an education and care service in response to an emergency, rather than as a precaution or for any other reason.

### Jurisdiction specifications for each state

#### Victoria

- Community Child Care Association - [www.pscvic.org.au](http://www.pscvic.org.au)
- Country Fire Authority Victoria – [www.cfa.vic.gov.au](http://www.cfa.vic.gov.au)
- Department of Education and Early Childhood Development - [www.education.vic.gov.au/licensedchildservices](http://www.education.vic.gov.au/licensedchildservices)
- Department of Health – [www.health.vic.gov.au](http://www.health.vic.gov.au)
- Department of Human Services – [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)
- WorkSafe Victoria – [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)
- Victoria Police – [www.police.vic.gov.au](http://www.police.vic.gov.au)
- Victoria State Emergency Service – [www.ses.vic.gov.au](http://www.ses.vic.gov.au)

**SOURCE:**

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Fire Protection Association Australia  
<http://www.fpa.com.au/>
- Australian Government – Emergency Services  
<http://www.australia.gov.au/information-and-services/public-safety-and-law/emergency-services>
- Managing Emergency Situations  
<http://www.cscentral.org.au/Resources/managing-emergency-situations.pdf>
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Department of Education and Early Childhood Development Victoria  
<http://www.education.vic.gov.au/Documents/childhood/providers/support/SampleCSEMPPlan.pdf>
- ATTFS  
<http://www.attfs.com.au/Fire-Services>
- Fire System Services  
<http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html>
- Revised National Quality Standard 2018

**REVIEW:**

Policy Reviewed	Modifications	Next Review Date
February 2018	Have updated and included Emergency Evacuation requirements outlined in the National Regulations Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	February 2019
	Updated the references to comply with revised National Quality Standard	
	-Minor adjustment in Education and Care Services National Regulations section -Added related policy section Adjustment on page two in respect of revised NQS	
March 2020	Minor adjustments and phone numbers added	March 2021

## Epilepsy Management Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2: Children’s Health and Safety

- 2.1.1 Wellbeing and comfort -Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures -Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected
  - 2.2.1 Supervision -At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management -Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement— anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES	
Administration of First Aid Policy	Incident, Injury, Trauma and Illness Policy
Administration of Medication Policy	Medical Conditions Policy
Enrolment Policy	Privacy and Confidentiality Policy
Family Communication Policy	Supervision Policy

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements. The effects of epilepsy can vary. Some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

### Purpose

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions. Our Service is committed to providing a safe and

healthy environment that is inclusive for all children, staff, visitors, and family members who have been diagnosed with epilepsy. The aim of this policy is to ensure that educators and staff are aware of their obligations in supporting children with epilepsy and work in partnership with families and health professionals to manage seizures by following the child's medical management plan.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Duty Of Care

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of all children enrolled in the service are met. This includes our responsibility to provide

- a. a safe environment free from foreseeable harm and
- b. adequate supervision for all children.

Staff members including relief staff must have adequate knowledge about epilepsy and the management of seizures to ensure the safety and wellbeing of the children.

### Background & Legislation

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not. Epilepsy is unique. There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning, and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop.

The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have a Medical Management Plan. It is important that all those working with children living with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

Legislation that governs the operation of approved children's services is based on the health, safety, and welfare of children, and requires that children be protected from hazards and harm. National Regulations of the Education and Care Services requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, it is recommended that all educators have current approved first aid qualifications.

## Implementation

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written permission to display the child's Medical Management Plan in prominent positions within the Service.

A copy of our *Medical Conditions Policy* and *Epilepsy Management Policy* will be provided to all educators, volunteers, and families of the Service. It is important that communication is open between families and educators so that management of epilepsy is effective.

Children diagnosed with epilepsy will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

## Definitions

### Focal Seizures

Focal Seizures without impaired consciousness	Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas. Consciousness is NOT impaired, and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g. limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.
Focal Seizures with impaired consciousness	Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes. Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes

	<p>the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure.</p> <p>Often the person's actions are clumsy and they will not respond normally to questions and commands. Behaviour may be confused, and they may exhibit automatic movements and behaviours e.g. picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures.</p> <p>Following the seizure, the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.</p>
Focal Seizures becoming bilaterally convulsive	Focal seizures may progress due to spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures

### Generalised Seizures

Tonic-clonic Seizures	<p>Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur.</p> <p>The seizures usually last a couple of minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused.</p>
Absence Seizures	<p>Absence seizures produce a brief cessation of activity and loss of consciousness, usually lasting 5-30 seconds. Often the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly and the person continues with the previous activity. Falling and jerking do not occur in typical absences.</p>
Myoclonic Seizures	<p>Myoclonic seizures are sudden and brief muscle contractions that may occur singly, repeatedly or continuously. They may involve the whole body in a</p>

	massive jerk or spasm, or may only involve individual limbs or muscle groups. If they involve the arms they may cause the person to spill what they were holding. If they involve the legs or body the person may fall.
Tonic Seizures	Tonic seizures are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling. Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake, they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.
Atonic seizures	Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').

**Management, Nominated Supervisor/ Responsible Person will ensure:**

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the *Epilepsy Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- all children enrolled at the Service with epilepsy must have an epilepsy medical management plan, seizure record and, where relevant, an emergency action plan, signed by a registered medical practitioner and a copy filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner and/or neurologist.
- the medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered
- individual epilepsy medical management will be displayed in key locations throughout the Service
- a risk minimisation plan is developed in consultation with the parents of a child diagnosed with epilepsy outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure.
- that no child who has been prescribed epilepsy medication attends the Service without the medication
- they collaborate with parents/guardians to create and implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy, and its implementation
- all staff, including volunteers, are provided with a copy the *Medical Conditions Policy and Epilepsy Management Policy* annually

- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff members have completed first aid training approved by ACECQA at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Service's premises
- all staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the Service
- all staff members are trained to identify children displaying the symptoms of a seizure and are aware of the child's epilepsy medical management plan and required medication (if applicable)
- updated information, resources and support is regularly given to families for managing epilepsy
- that a staff member accompanying children on excursions or to events outside the Service carries the prescribed medication and a copy of the epilepsy medical management/action plan and for children diagnosed with epilepsy
- that they notify the Regulatory Authority of any serious incident of a child while being educated and cared for at the service within 24 hours.

#### Educators will:

- ensure a copy of the child's epilepsy Medical Management Plan is visible and known to staff in a Service
- follow the child's epilepsy Medical Management Plan in the event of a seizure
- record all epileptic seizures according to the epilepsy Medical Management Plan.
- take all personal epilepsy Medical Management Plans, seizure records, medication records, Emergency Action Plans and any prescribed medication on excursions and other events
- administer prescribed medication when needed according to the Medical Management Plan and/or Emergency Action Plan in accordance with the service's *Administration of Medication Policy*.
- recognise the symptoms of a seizure and treat appropriately and in accordance with the epilepsy Medical Management Plan and the Emergency Action Plan
- identify and where possible, minimise possible seizure triggers as outlined in the child's epilepsy Medical Management Plan
- communicate with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- ensure that children with epilepsy can participate in all activities safely and to their full potential
- increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties, and family days
- maintain a record of the expiry date of the prescribed epilepsy management medication so as to ensure it is replaced prior to expiry.

- ensure that if a child has a seizure, whether or not they have been diagnosed as having epilepsy, a suitably trained and qualified educator will.
  - protect the child from injury- remove any hazards that the child could come into contact with
  - not restrain the child or put anything in their mouth
  - gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway is clear)
  - monitor the airway
  - call an ambulance. This may include when:
    - a seizure continues for more than three minutes
    - another seizure quickly follows the first
    - it is the child's first seizure
    - the child is having more seizures than is usual for them
    - certain medication has been administered
    - they suspect breathing difficulty or injury

If a child is known to have an epileptic condition and has a seizure, Service and staff will:

- Follow the child's medical management /action plan
- Protect the child from injury- remove any hazards that the child could come into contact with
- Not restrain the child or put anything in their mouth
- Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway is clear)
- Monitor the airway
- Call an ambulance immediately by dialling 000 if:
  - a seizure continues for more than three minutes
  - another seizure quickly follows the first
  - it is the child's first seizure
  - the child is having more seizures than is usual for them
  - certain medication has been administered
  - they suspect breathing difficulty or injury
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable

- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident through the [NQA IT System](#) (as per regulations)

The above procedure should be followed if a child who is not diagnosed as epileptic experiences a seizure whilst attending the Service.

#### Families will:

- provide information upon enrolment or on diagnosis, of their child's medical condition-epilepsy
- provide staff with an epilepsy medical management plan developed and signed by a registered medical practitioner
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with prescribed medications each day their child attends care
- maintain a record of the expiry date of medication and ensure it is replaced prior to expiry
- notify staff of any changes to their child's medical condition including the provision of a new epilepsy medical management plan to reflect these changes as needed
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.

#### Source:

- Australian Children's Education & Care Quality Authority (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Child Care. 5th Edition

- The Royal Children’s Hospital Melbourne  
[http://www.rch.org.au/neurology/patient\\_information/about\\_epilepsy/](http://www.rch.org.au/neurology/patient_information/about_epilepsy/)
- Revised National Quality Standards.

**REVIEW:**

Policy Reviewed	Modifications	Next Review Date
February 2018	Minor terminology amendments – simplified introduction. Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. Updated the references to comply with revised National Quality Standard	February 2019
July 2020	Minor changes to align with terminology within regulations ‘Medical Management Plan’ and Action Plan inclusion of Communication Plan and Risk Minimisation Plan minor punctuation edits related policies added additional regulations included	July 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies Minor spelling corrections	July 2022

## Excursion Policy

### Quality Area 2: Children's Health and Safety

#### 2.2 Safety -Each child is protected

2.2.1 Supervision -At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Excursions/Incursions enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to gain skills and knowledge in the current interest. Our Service recognises that excursions provide opportunities for children to explore the wider community as a group and extend on the educational program provided.

#### PURPOSE

To ensure that all excursions and incursions undertaken by the Service are planned and conducted in a safe manner, maintaining children's wellbeing at all times in accordance with National Legislation. We believe excursions/incursions provide the children with the opportunity to expand and enhance their skills and knowledge gaining insight into their local community.

#### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

#### IMPLEMENTATION

Excursions will be conducted with the children's safety and wellbeing in mind at all times. We will regularly schedule incursions and visitors to our Service, however, if we feel an excursion will benefit the children we will adhere to the National Regulations and Service policies and procedures.

#### Excursion Risk Assessment

- Management must conduct a risk assessment which reflects national regulation 101 before an authorisation is required under regulation 102 to determine the safety and appropriateness of the excursion.
  - The Service will use an Excursion Risk Assessment
  - The Service will notify families about the excursion using an Authorisation for Excursion
  - Families have a right to view the risk assessment prior to the excursion upon request in which the Service must comply with ensuring all information is available.
  - A risk assessment must
1. Identify and assess risks that the excursion may pose to the safety, health and wellbeing of any child being taken on the excursion

2. Specify how the identified risks will be managed and minimised
3. Consider the proposed route and destination for the excursion and any water hazards
4. Reflect on any risks associated with water-based activities
5. Contemplate the transport to and from the proposed destination for the excursion
6. Consider the ratio of adults to children involved in the excursion
7. Consider the risks posed by the excursion, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required (for example: life-saving skills)
8. Consider the planned activities
9. Determine the duration of the excursion
10. Consider items that should be taken on the excursion (mobile phone, emergency contacts, first aid kit, medical plans etc.)

### Parent Authorisation

- The Nominated Supervisor must ensure that a child is not taken outside the Service premises on an excursion unless written authorisation has been provided under sub regulation (4)
- The authorisation must be given by a parent or other authorised person named in the child's enrolment record
- The authorisation form must state
  1. The child's name
  2. The reason the child is to be taken outside the premises.
  3. The date the child is to be taken on the excursion (unless the authorisation is for a regular outing);
  4. A description of the proposed destination for the excursion.
  5. The method of transport to be used for the excursion.
  6. The proposed activities to be undertaken by the child during the excursion.
  7. The period the child will be away from the premises.
  8. The anticipated number of children likely to be attending the excursion.
  9. The anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion

10. The anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion;
11. That a risk assessment has been prepared and is available at the Service.
  - If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period.

### Transportation for Excursion

- It is a requirement of the National Regulation that the means of transport is stated on the risk assessment record and parent authorisation record.
- The means of transport may mean:

1. Bus

Management must ensure that the seating capacity as displayed on the compliance registration is not surpassed. All children must sit on seats, preferably with, or close to, an adult. Seat belt guidelines must be followed depending on the bus. If the bus has seat belts, they must be worn at all times

2. Train

Management will be required to contact the local station prior to the excursion to inform them of the time you will be travelling, the destination and the number of children and adults who will be travelling.

Provisions should be made to ensure children have ample time to board the train safely and in an unhurried way. This will allow the station to inform the train guard so that they can hold the train for the period of time for safe boarding and descending. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage, if possible.

3. Car

Any motor vehicle that is used to transport children on an excursion (other than a motor vehicle seating more than nine persons) must be fitted with child restraints and/or seatbelts that are appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

### Insurance

- Management must review their insurance policy prior the excursion to ensure liability is protected by the Service.

**SOURCE:**

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation 2015
- National Quality Standards
- Early Years Learning Framework
- Revised National Quality Standards

**REVIEW:**

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated the references to comply with revised National Quality Standard	February 2019

## Hand Washing Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2: Children’s Health and Safety

- 2.1 Health Each child’s health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety Each child is protected
- 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, Hygiene and safe food practices
88	Infectious diseases
93	Administration of medication
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
168	Education and care service must have policies and procedures

RELATED POLICIES	
Administration of Medication Policy Animal and Pet Policy Control of Infectious Disease Policy Health & Safety Policy Coronavirus (COVID-19) Management Policy Infant Bottle Safety & Preparation Policy	Incident, Injury, Trauma and Illness Policy Nappy Change and Toileting Policy Pregnancy in Early Childhood Policy Sick Children Policy Supervision Policy Work Health and Safety Policy

Having and encouraging effective hygiene practices in early childhood is essential for reducing the risk of infection. Helping children to develop appropriate personal hygiene habits, such as hand hygiene, will become embedded as they grow and develop. It is important to work with families to ensure children follow simple hygiene rules by incorporating effective hygiene strategies in both the Service and home environment.

### Purpose

Our Service is committed to ensuring the health and safety of all educators, staff, volunteers, families, and children by providing a safe and healthy environment. Effective hand hygiene significantly reduces the risk of infection and is therefore of the utmost importance. We aim to implement specific hand washing hygiene practices regularly to minimise the risks associated with cross infection of viral and bacterial borne diseases.

## Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Implementation

Infection can be spread through direct physical contact between people, airborne droplets from coughing and sneezing or from contact with surfaces and objects. Children come into contact with a number of other children and adults, toys, eating utensils, and equipment whilst being cared for in early education and care services. This high degree of physical contact with people and the environment creates a higher risk of children being exposed to and spreading infectious illnesses. Whilst it may not be possible for services to prevent the spread of all infections, we aim to create a hygienic environment to minimise the spread of diseases and infections.

Effective hand washing is a vital strategy in the prevention of spreading many infectious diseases. Research emphasises effective and frequent handwashing as the single most important way to reduce the spread of bacteria, germs, viruses, and parasites that may infect educators, staff, and children in early childhood services and in our general population.

Micro-organisms such as bacteria, germs, viruses, and parasites are present on the hands at all times and live in the oil that is naturally produced on our hands. The use of soap or detergent and water remove most of these organisms and decreases the risk of cross infection.

Our Service will adhere to National Regulation requirements, standards and guidelines to support the effectiveness of our hand washing policy. We aim to educate and encourage children to wash their hands frequently and effectively which will help to reduce the incidence of infectious diseases, adhering to guidelines provided in *Staying healthy: Preventing infectious diseases in early childhood education and care services* and recommendations from the Department of Health- Australian Health Protection Principal Committee (AHPPC) to guide best practice.

## To ensure the greatest level of personal hygiene, our service recommends

- all employees, parents, children, and visitors wash their hands with soap and water for at least 20 seconds upon arrival to the Service or, use the alcohol-based sanitiser under adult supervision
- hands are thoroughly dried using hand towel and disposed of in the bin provided
- disposable tissues are used to wipe noses, eyes or mouths and disposed of in the bin provided immediately after use

- hands are washed following the use of tissues
- hands are washed thoroughly using soap and water before and after using the toilet
- signage is provided to prompt visitors and children to wash their hands regularly and effectively when visiting our Service.

Children will be encouraged to follow educators modelling and wash their hands at appropriate times throughout the day. Educators will ensure all required equipment is easily accessible and appropriate for use.

**A nominated supervisor/ Responsible person will ensure:**

- all staff wash their hands with soap and water for at least 20 seconds regularly throughout the day
- all staff wash their hands
  - before and after eating and handling food
  - before and after preparing bottles for infants
  - before and after applying sunscreen or other lotions to children
  - after using the toilet
  - after wiping a child's nose
  - after blowing their own nose
  - after helping children use the toilet
  - after touching animals
  - after cleaning high touch surfaces- (tables, light switches, door handles, computers, iPads)
  - after cleaning or mopping floors
  - after changing learning environments – rooms, indoor/outdoor
  - whenever their hands are visibly dirty (after gardening, mud play, painting)
- educators and staff adhere to effective food preparation and food handling procedures
- educators and staff wash hands before and after wearing disposable gloves when:
  - nappy changing
  - preparing food
  - administering medication
  - administering first aid
  - cleaning spills- faeces, vomit, or blood
  - cleaning with disinfectant or chemicals
- after handling garbage and/or contaminated materials (nappies and other waste products)

We believe hygiene practices of children being cared for should be as rigorous as staff and educators. Our hygiene environment supports appropriate practice.

**Educators will ensure:**

- children are explicitly taught the correct process of hand washing
- children are carefully supervised when handwashing
- children are reminded to wash their hands frequently throughout the day
- they model effective handwashing procedures
- the required equipment and resources are easily accessible and appropriate to use- liquid soap, running water, paper towel

We believe the hygiene practices of children being cared for should be as rigorous as those of staff and educators. Our environment supports the creation of appropriate healthy hygiene habits during early childhood to ensure lifelong healthy decisions and actions.

#### Strategies educators will use to encourage effective hand hygiene practice include:

- talking about the importance of hand hygiene
- talking about when hand washing is appropriate and why (in an age appropriate manner)
- singing a song or reciting a poem/rap as a guide to how long it should take to wash hands (e.g. singing happy birthday twice is a sufficient time frame)
- using a clear visual poster with step by step instructions
- using positive language
- encouraging and using positive reinforcement
- ensuring equipment is accessible
- providing clear simple routines
- giving children sufficient time to practice and develop their skills
- ensuring adequate supervision and assistance is available when required

#### Hand washing procedure

**Wet** hands with clean, running water, turn off the tap.

**Rub** soap all over your hands

**Rub** hands together for as long as it takes to sing “Happy Birthday” twice or “Twinkle Twinkle Little Star”

Do not forget the backs of your hands, your wrists, between your fingers and under your fingernails

**Rinse** the soap off your hands under running water

**Dry** your hands using paper towel, under a hand dryer or hand towel

#### Alcohol-based hand sanitiser

Where possible, staff will use soap and water to clean their hands however, if this is not possible and hands are not greasy or visibly dirty, an alcohol-based hand sanitiser may be used.

Hand sanitiser must be kept out of reach of children at all times as it can be very dangerous if swallowed. Directions should be followed on how to use the sanitiser correctly. The effectiveness of an alcohol-based hand sanitiser to kill microorganisms or prevent their growth should be at least 60% alcohol. As per National Regulations, a safety data sheet will be kept on file for any alcohol-based hand sanitiser used in the Service.

### Hand sanitiser procedure

**Apply** liquid to the palm of one hand

**Rub** it all over both hands until the sanitiser dries

This takes about 20 seconds

Be careful not to wipe the sanitizer off before it is dry.

### Source:

- Australian Children’s Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Child Care 5th Edition
- Revised National Quality Standards

### REVIEW:

Policy Reviewed	Modifications	Next Review Date
February 2018	Minor changes made to policy including reasons as to why handwashing is vital in the early childhood environment. Updated the references to comply with revised National Quality Standard	February 2019
June 2020	<ul style="list-style-type: none"> <li>• Major rewrite of the policy to incorporate Department of Health-AHPPC recommendations</li> <li>• Related information and resources added</li> <li>• Addition of alcohol-based sanitiser information</li> <li>• Procedure of handwashing and hand rub added</li> </ul>	June 2021
June 2021	Minor edits Updated references Added related polices and regs.	June 2022

## Head Lice Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2: Children's Health and Safety

2.1 Health - Each child's health and physical activity is supported and promoted

2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation

2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

2.2 Safety - Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
88	Infectious Diseases
168	Education and care service must have policies and procedures

RELATED POLICIES	
Family Communication Policy Health and Safety Policy Privacy and Confidentiality Policy	Respect for Children Work Health and Safety Policy

Head lice continue to cause concern and frustration for families, Educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice our Service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

#### Purpose

To ensure parents, staff and educators are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

Our Service aims to

- Outline the roles and responsibilities of families, educators and management who are involved in early detection, treatment and control of head lice.
- Document effective treatment and management strategies that are vital, as head lice cannot be exterminated.

- Provide information and support for families.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Head Lice

Pediculosis Capitis or head lice are insects that live in hair and suck blood from the scalp, sometimes causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

People get head lice from direct head-to-head contact with another person who has head lice. This can happen when people play, cuddle, or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head-to-head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes, or soft toys. They rarely spread by sharing hats.

While head lice are not known to carry disease, they are a nuisance for parents and children. The social stigma associated with head lice infestation can affect children's comfort and confidence.

Head lice can be controlled through a consistent, systematic community approach.

### Finding Head lice

Head lice do not necessarily cause an itch and may be difficult to observe. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique. (See Treatment) Head lice are found on the hair shaft itself and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff but can't be brushed off.

### Implementation

If one child at the Service has head lice, it is likely that several others also have them. To help prevent the spread of head lice our Service will:

- remind parents to be vigilant in checking for head lice weekly
- confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day
- keep families informed if there is someone at the Service with head lice, ensuring confidentiality is not breached by disclosing the child's name who has head lice.
- reduce head-to-head contact between all children when the Service is aware that someone has head lice
- support parents and children who have head lice by providing information, reducing parental anxiety and not singling out individual children with head lice

- ensure that the child or children with head lice are not isolated or excluded from learning
- provide families with suggestions of effective treatment for head lice
- encourage parents to tie back children's hair when attending the Service
- record all cases confidentially so an outbreak can be avoided or minimised
- encourage children to learn about head lice to help them understand the issue and how to prevent further outbreaks- eg: avoid sharing hairbrushes and hats

### Responsibilities of families

- Check your child's head once a week and check for head lice.
- Ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly if a high number of cases are reported.
- Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.
- Once treatment has started, your child can attend the Service.
- Children with long hair will attend the Service with their hair tied back.
- Families will only use safe and recommended practices to treat head lice.
- Families will maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

### Treatment

The two most common methods used for the treatment of head lice are the conditioner/combing technique and chemical treatments.

#### Conditioner and Combing Technique

Conditioner stuns lice and blocks their breathing pores. This, together with the slippery effect of the conditioner, makes it easier to mechanically remove the lice.

1. Untangle dry hair with an ordinary comb
2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
3. Use an ordinary comb to evenly distribute the conditioner and divide the hair into four or more sections using hair clips.
4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.

5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss, or a safety pin to remove the head lice or eggs.
7. Wash out the conditioner.
8. Clean the comb using hot soapy water and rinse off with hot water.
9. Repeat the conditioner and combing method after seven days to ensure that any immature head lice that have hatched are removed before they can lay more eggs.

### Chemical treatments

There are four main categories of head lice products available in Australia which may include an active compound which kills head lice and some eggs (nits). Any head lice treatment product used should carry an Australian Registered (AUST R) number on the outer packaging indicating the product is accepted by the Therapeutic Goods Administration for supply in Australia. No treatment kills all eggs so the hair must be retreated after 7 to 10 days to kill any head lice that may have hatched or survived the first treatment.

There are many different chemical products available to use for children aged over six months- check with a pharmacist to help choose a product. No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

### SOURCE:

- Australian Children’s Education & Care Quality Authority (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- National Privacy Principles  
<https://www.oaic.gov.au/privacy-law/privacy-archive/privacy-resources-archive/national-privacy-principles>
- Privacy Victoria  
[www.privacy.vic.gov.au](http://www.privacy.vic.gov.au)
- Victoria: <http://www.education.vic.gov.au/school/principals/health/Pages/headlice.aspx>
- United Nations Convention of the Rights of a child
- Privacy Act 1988
- Staying Healthy in Child Care. 5th Edition
- Head Lice Management Guidelines Fact Sheet
- Child Care Cooperative – Help! I don’t know what to do about Head Lice
- Head lice management guidelines- [Health.vic.gov.au](http://Health.vic.gov.au)
- [Pregnancybirthbaby.org.au](http://Pregnancybirthbaby.org.au)
- Revised National Quality Standards

### REVIEW:

Policy Reviewed	Modifications	Next Review Date
July 2017	Changes regarding exclusion for children when live head lice	July 2018

	are detected. Recommendations for revision of Service's current Head Lice policy.	
February 2018	Updated the references to comply with the revised National Quality Standards	February 2019
July 2020	<ul style="list-style-type: none"> <li>• Regulations added for compliance</li> <li>• reordering of wording in 'Implementation' section</li> <li>• small changes to family responsibility section</li> <li>• links checked and modifications made where indicated</li> <li>• further information added to treatment section</li> <li>• additional source added</li> </ul>	July 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies Minor Spelling Corrections	July 2022

## Incident, Illness, Accident & Trauma Policy

### Quality Area 2: Children's Health and Safety

- 2.1.2 Health practices and procedures -Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety- Each child is protected
  - 2.2.1 Supervision -At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
  - 2.2.3 Child Protection -Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

In early childhood illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

### PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents & trauma that occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

### SCOPE

This policy applies to children, families, staff, management and visitors of the service.

### IDENTIFYING SIGNS AND SYPTOMS OF ILLNESS

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and minimise the spread of an infection medical advice is required to ensure a safe and healthy environment.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High Temperature or Fevers
- Loose bowels
- Faeces with grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that display rashes, blisters, spots, crusty or weeping sores

- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficult in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

### **High Temperatures or Fevers**

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature will range between 36.5°C and 37.5°C, this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 37.5°C or higher will not be permitted to attend the service until 48 hours after the temperature/fever has subsided.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin

When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the service and will not be permitted back for a further 48 hours after the child's last temperature
- Educators will complete an illness, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

## **Dealing with colds/flu (running nose)**

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Management have the right to send to children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case prior to sending the child home.

## **Diarrhoea and Vomiting (Gastroenteritis)**

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

Infectious causes of gastroenteritis include:

- Viruses such as rotavirus, adenoviruses and norovirus
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium.

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics

- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress.

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care service.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Please note: if there is a gastroenteritis outbreak at the service, children will be excluded from the service until the diarrhoea and/or vomiting has stopped for 48 hours.

If there are 2 or more cases of gastroenteritis, Management will report the outbreak to the local health department.

### **Serious Injury, Incident or Trauma**

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service. The definition of serious incidents that must be notified to the regulatory author is:

a) The death of a child:

(i) While being educated and cared for by an Education and Care Service or

(ii) Following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

(i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or

(ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(c) Any incident where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought

(d) Any circumstance where a child being educated and cared for by an Education and Care Service

(i) Appears to be missing or cannot be accounted for or

(ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or

(iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident.

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

‘Trauma changes the way children understand their world, the people in it and where they belong.’ [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children’s language skills, physical and social development and the ability to manage their emotions and behaviour.

**Behavioural Response in Babies and Toddlers who have experienced trauma may include:**

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

**Behavioural responses for Pre-School aged children who have experienced trauma may include:**

- New or increased clingy behaviour such as constantly following a parent, carer or staff around
- Anxiety when separated from parents or carers
- New problems with skills like sleeping, eating, going to the toilet and paying attention
- Shutting down and withdrawing from everyday experiences
- Difficulties enjoying activities
- Being more jumpy or easily frightened
- Physical complaints with no known cause such as stomach pains and headaches
- Blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for Educators to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to evoke a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

**Educators can assist children dealing with trauma by:**

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, Educators and staff to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.

**Strategies to assist Families, Educators and Staff may include:**

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another carer or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

## IMPLEMENTATION

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the service's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

**Management/Nominated Supervisor/Responsible Person will ensure:**

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
- To complete an Illness, accident or trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated

- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked on an annual basis (First Aid Kit Record)
- Incident, Injury, Trauma and Illness Records are completed accurately as soon as practicable following the incident
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Notify parents of any infectious diseases circulating the Service within 24 hours of detection
- Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
- All educators
- Exclude children from the Service if they feel the child is too unwell

**Educators will:**

- Advise the parent to keep the child home until they are feeling well and they have not had any symptoms for at least 48 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in service
- Disinfect toys and equipment on a weekly basis.

#### SOURCE:

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Raising Children Network - [http://raisingchildren.net.au/articles/fever\\_a.html3](http://raisingchildren.net.au/articles/fever_a.html3)
- Staying healthy in child care. 5th Edition
- Policy Development in early childhood setting
- First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>
- Revised National Quality Standards

#### REVIEW:

Policy Reviewed	Modifications	Next Review Date
September 2017	Minor changes made to ensure compliance with regulations protecting the health and safety of children and Educators. Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	September 2018
February 2018	Updated the references to comply with the revised National Quality Standards	February 2019
March 2020	Spelling mistakes	March 2021

## Immunisation Policy

### Quality Area 2: Children's Health and Safety

- 2.1 Health Each child's health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures -Effective illness and injury management and hygiene practices are promoted and implemented
- 2.2 Safety -Each child is protected
- 2.2.2 Incident and emergency management -Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

When groups of children are together, illness and disease can spread rapidly. Immunisable diseases such as measles and whooping cough can have serious health consequences for children, especially young children. Staff members who work in a childcare setting are also at increased risk of certain infectious illnesses.

#### PURPOSE

The purpose of this policy is to manage and prevent the spread of infectious illnesses and diseases. Our Service has a duty of care to ensure that all children, families and educators are provided with a high level of protection during the hours of the services operation. This includes notifying children, families and educators when an excludable illness or disease is present in the service; maintaining a record of children's and educators' immunisation status; complying to relevant health department exclusion guidelines; and Increasing educators' awareness of cross infection through physical contact with others.

#### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

#### IMPLEMENTATION

Immunisation is a reliable way to prevent some infections. Immunisation works by giving a person a vaccine—often a dead or modified version of the germ—against a particular disease. This makes the person's immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'

As of January 2016, new immunisation requirements came into force affecting childcare benefits and family assistance payments (the Commonwealth) and the enrolment of children in child care (in NSW). The Commonwealth has made changes under the 'No Jab, No Pay' measure to increase childhood vaccination rates causing families to no longer be eligible for child care benefits and family assistance payments with

exceptions for children recorded with medical contraindications or natural immunity for certain diseases and those on a recognised catch-up schedule.

From 1 January 2018 children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.

Management/Nominated Supervisor will

- Display wall charts about immunisation in each room
- Review children's immunisation each month, updating the child's records kept at the service, and sending reminder letters and emails for families
- Not enrol a child into the Service unless approved documentation has been provided that confirms the child is fully immunised for their age or has a medical reason not to be immunised.
- Develop a staff immunisation record that documents each staff member's previous infection or immunisation
- Require all new and current staff to complete the staff immunisation record
- Regularly update staff immunisation records as staff become vaccinated
- Provide staff with information about vaccine-preventable diseases
- Take all reasonable steps to encourage non-immune staff to be vaccinated.
- Document advice given to educators and other staff, and any refusal to comply with vaccination requests.
- Notify families when an outbreak of an immunisable disease occurs
- Exclude any child who is not immunised from the Service if and when an outbreak of an immunisable infectious disease occurs to protect that child and to prevent further spread of infection. In the instance of the child being immunised and the Immunisation record not provided to the Service – the child would be viewed as not being immunised.
- Advise any staff members who fall pregnant to visit their GP immediately and have a test for Cytomegalovirus (CMV) to check their immunity.

Families will

- Provide the Service with a copy of one or more of the following documents:
  - An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or

- An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
- An AIR Immunisation Medical Exemption Form which has been certified by a GP
- Provide the service with an updated copy of their child’s current immunisation record after each vaccine.

The Australian Immunisation Register (AIR) used to be the Australian Childhood Immunisation Register. It now records vaccines for people of all ages in Australia.

**SOURCE:**

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.  
[http://www.health.nsw.gov.au/immunisation/Pages/childcare\\_qa.aspx#15](http://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx#15)
- Staying Healthy in Child Care. 5th Edition
- Australia Childhood Immunisation Register  
<https://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register>
- Revised National Quality Standard
- Immunise Australia Program  
[www.immunise.health.gov.au](http://www.immunise.health.gov.au)

**REVIEW:**

Policy Reviewed	Modifications	Next Review Date
July 2016	Policy has been researched and reviewed, no changes made.	
February 2018	Updated the references to comply with the revised National Quality Standards Updated to comply with new vaccination regulations in NSW. Effective January 1, 2018	February 2019
March 2020	Spelling mistakes	March 2021

## Bottle Safety & Preparation Policy

### Quality Area 2: Children's Health and Safety

- 2.1 Health Each child's health and physical activity is supported and promoted
- 2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- 2.1.2 Health practices and procedures -Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.1.3 Healthy Lifestyles -Healthy eating and physical activity are promoted and appropriate for each child
- 2.2 Safety Each child is protected
- 2.2.1 Supervision -At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Children are more susceptible to food borne illnesses making it necessary for education and care services to implement adequate health and hygiene practices. Safe practices for handling, storing, preparing and heating breast milk and formula must be employed to minimise risks to children being educated and cared for by the Service.

### PURPOSE

To ensure our Service maintains a hygienic environment for all infants requiring a bottle. Educators will certify that bottles are prepared safely and hygienically and that practices meet Work Health and Safety Standards, and current Food Safety Standards. We ensure all Educators to complete professional development in safe food handling to increase knowledge and awareness of individual responsibilities.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

To ensure that bottles are consistently prepared in a safe and hygienic manner Educators will adhere to Service procedures at all times.

Management will ensure:

- That the Nominated Supervisor and Educators are aware of the procedures for preparing, heating and storing bottles of formula and breast milk.
- That children have access to safe drinking water at all times and are regularly offered food and beverages appropriate to their individual needs
- Infants over 6 months of age are given small amounts of cooled boiled tap water in addition to breastmilk or formula.
- Procedures for the safe storage and heating of food provided in bottles is developed.
- Infants and children are not given fruit juice in their bottle due to the increase risk of tooth decay

A Nominated Supervisor/ Responsible Person will:

- Ensure that Educators implement the procedures for preparing, heating and storing bottles of formula and breast milk.
- Adhere to the procedure for the safe storage and heating of food provided in bottles.
- Provide infants over 6 months of age with small amounts of cooled boiled tap water in addition to breastmilk or formula.
- Ensure Infants and children are not given fruit juice in their bottle due to the increase risk of tooth decay

Educators will:

- Implement safe food handling practices.
- Seek to provide a supportive environment for breastfeeding.
- Store all bottles in an appropriate area for food preparation and storage that complies with the food safety standards for kitchens and food preparation areas.
- Adhere to the procedure for the safe storage and heating of food provided in bottles.
- Provide infants over 6 months of age with small amounts of cooled boiled tap water in addition to breastmilk or formula.
- Not give Infants and children fruit juice in their bottle due to risk of tooth decay

Families will:

- Be informed during orientation that children's bottles must be clearly labelled with the child's name.
- Label bottles containing breast milk or formula with the date of preparation or expression.
- Be encouraged to supply breast milk in well labelled, multiple small quantities to prevent wastage.
- Be encouraged to communicate regularly with educators about children's bottle and feeding requirements.
- Not put fruit juice in children's bottles
- Provide a sectioned formula dispenser with correct dosage of formula in each section

## Storing bottles

Formula or breast milk needs to be kept refrigerated or frozen. Keep a non-mercury thermometer in your fridge so that you can check that the temperature is below 5°C. All bottles need to be labelled with the child's name and the date the bottle was prepared or brought in by the parent.

It is best to make up fresh formula for each feed and give it to the child as soon as it has cooled. If this is not possible, the freshly made formula should be cooled immediately and stored in the back of the refrigerator (where it is coldest) for no more than 24 hours. Throw away any formula that is left over. Do not freeze or reheat leftover made-up formula.

Breast milk can be stored in several ways, which include:

1. Refrigerated for 3–5 days at 4°C or lower (4°C is the typical temperature of a standard fridge). Store breast milk at the back of the refrigerator, not in the door.
2. Storing bottles in the back of the fridge where it is coldest. Do not store bottles inside the refrigerator door
3. Frozen in a separate freezer section of a refrigerator for up to 3 months; if your freezer is a compartment inside the refrigerator, rather than a separate section with its own door, then only store the breast milk for 2 weeks. Frozen in a deep freeze (–18 °C or lower) for 6–12 months.

Frozen breast milk can be thawed:

1. In the refrigerator and used within 24 hours.
2. Standing the bottle in a container of lukewarm water and used straight away.

Source –

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations, 2015.
- ECA Code of Ethics.
- NSW Food Authority – [www.foodauthority.nsw.gov.au](http://www.foodauthority.nsw.gov.au) • Food Standards Australia – [www.foodstandards.gov.au](http://www.foodstandards.gov.au) • National Health and Medical Research Council – [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- Australian Breastfeeding Association [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)
- Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 5th Edition (2005)
- Safe Food Australia, 2nd Edition. January 2001
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood
- Infant Feeding Guidelines 2012
- Revised National Quality Standards

Review –

Policy Review	Modifications	Next Review Date
February 2018	Minor terminology changes made	February 2019

## Lockdown Policy

### Quality Area 2: Children's Health and Safety

#### 2.2 Safety - Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Our Service is committed to the ongoing safety and wellbeing of children, staff, families and visitors. To achieve this we will implement a clear plan to manage all emergency situations.

#### **PURPOSE**

We aim to minimise the risk of harm, ensuring the safety of children, Educator's families and visitors of the Service in the event of a threatening situation.

#### **SCOPE**

This policy applies to children, families, staff, management and visitors of the Service.

#### **IMPLEMENTATION**

We have set procedures to follow in the event of any emergency requiring evacuation and lock down. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure the precipitate, safe and calm evacuation of all children, staff, families and visitors.

Whilst many emergency situations will require staff and children to evacuate from the Service, there are potential situations that will require the facility to go into 'lockdown'. For example, the following are examples of situations that may require lockdown:

- Severe storms
- Extreme smoke from distant bushfire
- Chemical or hazardous substance spill
- Gas leak / atmospheric hazardous substance
- Dangerous animal or insects
- Potentially dangerous intruder/unwanted or uninvited visitor
- Potentially violent/dangerous person due to intoxication or substance abuse
- Unidentified external disturbance

Lockdown means that all windows and external doors are locked, and where possible internal doors and blinds are locked, with children and adults being moved to a room/position that does not allow them to be viewed.

Where possible access should be maintained to a bathroom and enough space should be available for children to be comfortably involved in quiet activities. It is therefore vital that appropriate spaces have been identified and displayed in an Emergency Lockdown Procedure. Please refer to the centre's 'Emergency Management Plan' which is located in the office.

#### **Management or Nominated Supervisor will:**

- Nominate the person/people with authority to manage the lockdown
- Determine communication channels
- Design a movement and wellbeing plan to follow if not in the classroom

- Develop an effective strategy for conducting the roll and communicating with children, educators, families and visitors of the Service
- Document roles and responsibilities of staff and Educators
- Plan to maintain children’s safety
- Ensure all children, staff, families and visitors of the Service remain inside.
- If possible, Educators should make every effort to lock doors and windows.
- Ensure children remain in a confined area, or out of sight during the lockdown period.
- Review and Reflect on each emergency drill to ensure strategies are effective

### Source

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation 2015
- National Quality Standard
- Managing Emergency Situations in Education and Care Services
- Revised National Quality Standard 2018

### Review

Policy Reviewed	Modifications	Next Review Date
January 2017	No changes required	January 2018
October 2017	Updated the references to comply with the revised National Quality Standard	January 2018
January 2018	<ul style="list-style-type: none"> <li>- Minor adjustment in Education and Care Services National Regulations section</li> <li>- Added related policy section</li> <li>- Several terminology adjustments to improve operational delivery</li> </ul>	January 2019

## Managing an Aggressive Parent Policy

Quality Area 2: Children's Health and Safety

2.2 Safety - Each child is protected

Quality Area 6: Collaborative partnerships with families and communities

6.1 Supportive relationships with families – Respectful relationships with families are developed and maintained and families are supported in their parenting role.

6.2 Collaborative Partnerships – Collaborative partnerships enhance children's inclusion, learning and wellbeing

Our Service aims to establish and maintain positive and open relationships with all parents of enrolled children. However, we understand that on occasion there may be times when a parent arrives at our Service displaying aggressive, difficult or challenging behaviour. Our Service is committed to maintain a safe workplace for all staff and visitors and ensure staff have the skills to safely prevent and de-escalate aggressive behaviours. Workplace violence can be any incident where a person is abused, threatened or assaulted whilst engaged in work.

### PURPOSE

Our Service aims to ensure that all staff members have some have skills and understanding of strategies that can be used to manage situations involving angry or aggressive parents.

### SCOPE

This policy applies to management and staff of the Service.

### IMPLEMENTATION

Parents have the right to make a complaint or report a concern to our Service at any time. Complaints may be real or perceived, and of a serious nature or more trivial nature (but important to them) such as not being able to quickly find their child's shoes at the end of the day. However, on occasion a parent's feelings may escalate into anger or aggression, not necessarily due to the concern at hand, but due to other events or situations they have had to already deal with that day, or due to the effect of drugs or alcohol or mental health.

### WHAT IS 'AGGRESSIVE BEHAVIOUR' OR 'WORKPLACE VIOLENCE'?

Within this policy, aggressive behaviour or workplace violence could include, but is not limited to:

- verbal abuse and threats
- intimidation and insults
- angry and hostile behaviour
- shouting and swearing
- stamping feet

These behaviours could be caused due to:

- frustration
- intoxication
- substance misuse or abuse
- psychological imbalances or disturbances

### MANAGEMENT WILL ENSURE THAT:

- Violence and aggression toward educators and/or staff is treated like any other hazard
- A procedure/plan is developed to de-escalate any aggression or violence and ensure the safety and wellbeing of staff

- All staff are familiar with this policy and are provided with opportunities to review and modify this policy
- Staff involved in a situation involving an angry or aggressive parent will be allowed provided time for a debrief session following the event with a supervisor and/or offered professional support

#### **NOMINATED SUPERVISOR/EDUCATORS/STAFF:**

Should a situation arise where a staff member is confronted by an aggressive or violent parent, they will:

- remain calm
- implement strategies to de-escalate the aggressive behaviours
- establish whether or not this is a situation you should deal with on your own, or
- advise the parent that you will get the Nominated Supervisor/appropriate person to come and speak to them
- offer and encourage the parent to move into a private space away from children and other families (This may even be outside if the children are inside). If they ignore or refuse the invitation, begin moving slowly towards a private area
- if moving into a room with the parent, always ensure you have access to the exit door
- if you are continuing to deal with the situation but feeling uncomfortable, request another staff member to accompany you
- if you are feeling threatened or in danger at any time, request another staff member to ring the police
- calmly tell the parent that you are prepared to listen, but the interview cannot continue if he/she continues to use a raised voice or inappropriate language
- if the same behaviour continues, leave the room and state that you will give the parent five minutes to calm down and then return.

#### **When you feel the parent has calmed down enough to discuss the issue:**

- remain calm
- be aware of what you say and how you say it (tone of voice).
- do not be provoked into getting into an argument
- listen effectively and allow the parent to talk without interrupting
- when the parent has got the main facts 'off their chest', restate what you believe the problem to be politely and respectfully
- ask relevant questions to clarify any issues
- as soon as the issue has been clarified begin to work on a solution: Note, do not give excuses as to why something may or may not have happened as it may anger the parent again. Instead, focus on moving forward and with strategies the parent will accept to solve the problem.
- when discussing solutions clearly explain any limitations of the Service (regulations, policies and procedures).
- Dealing with difficult, challenging and aggressive behaviours can have a huge impact on staff's wellbeing. Being involved in a situation can be quite stressful.
- Following the incident Management will ensure staff involved will:
- be provided with a 'debriefing' time. This may be talking to a manager or colleague, or simply moving off the floor for a short time
- document the incident and provide management with a copy
- follows up on anything agreed to with the parent or monitors that another staff member/management is follows up in a timely manner
- Ensure all staff/educators that are impacted by modifications to care or procedures are notified and have a thorough understanding of the situation
- Ensure respects the confidentiality and/or privacy rights of the parent or family
- evaluate the risk assessment for the Service regarding aggression and/or violence.

## SOURCE:

- Bryant, L., & Gibbs, L. (2013). *A director's manual: Managing an early education and care service in NSW*.
- Marrickville, NSW: Community Child Care Co-operative Ltd. (NSW).
- Kearns, K. (2010). *The big picture: Working in children's services series*. Frenchs Forest, NSW: Pearson Australia.
- NSW Ombudsman. (2014). Model guidelines – Managing and responding to threats, aggressive behaviour and violence from members of the public.
- Waniganayake, M., Cheeseman, S., Fenech, M., Hadley, F., & Shepherd, W. (2012). *Leadership: Contexts and complexities in early childhood education*. South Melbourne, Victoria: Oxford University Press.

## REVIEW

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
April 2020	<ul style="list-style-type: none"><li>• New policy created</li></ul>	April 2021

## Medical Conditions Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2: Children’s Health and Safety

- 2.1 Health - Each child’s health and physical activity is supported and promoted
  - 2.1.1 Wellbeing and comfort - Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation
- 2.2 Safety - Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
86	Notification to a parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication Record
93	Administration of medication
94	Exception to authorisation requirement— anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid Qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES	
Acceptance and Refusal of Authorisations Policy	Epilepsy Management Policy
Administration of Medication Policy	Family Communication Policy
Asthma Management Policy	Health and Safety Policy
Anaphylaxis Management Policy	Incident, Injury, Trauma and Illness Policy
Celebrations Policy	Privacy and Confidentiality Policy
Child Safe Environment Policy	Sick Children Policy
Diabetes Management Policy	Supervision Policy
Enrolment Policy	Work Health and Safety Policy

To support children’s wellbeing and manage specific healthcare needs, allergy, or relevant medical condition our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children’s health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

## Purpose

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families, and visitors at our Service.

## Scope

This policy applies to children, families, staff, management and visitors of the Service.

## Duty Of Care

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

## Implementation

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions including having families provide written permission to display the child's medical management plan in prominent positions within the Service.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the service to ensure their individual health, safety and wellbeing.

It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

## The Approved Provider/Management/Educators will ensure:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed

- parents are provided with a copy of the Service's *Medical Conditions Policy* and any other relevant medical conditions policy
- a child is not enrolled at, nor will attend the Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided at the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy/Diabetes Management Policy*)
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively and children with medical management plans are clearly identified
- all aspects of operation of the Service must be considered to ensure inclusion of each child into the program
- to develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective
- at least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
  - medication requirements
  - allergies
  - medical practitioner contact details
  - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
  - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g: (ASCIA) or National Asthma Council of Australia
  - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner

- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the service
- educators and staff will be informed immediately about any changes to a child's medical management plan and risk management plan
- to record any prescribed health information and retain copies of a medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child
- casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to all staff and volunteers in the Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witness
- copies of children's medical management plans and medication are taken on any excursion or emergency evacuation from the service
- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)

**The Nominated Supervisor/Responsible Person/educators will ensure:**

- in the event that of a high-risk scenario where a child suffers from an allergic reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)
- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the nominated supervisor will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Director/Nominated Supervisor will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.

### Families will ensure

- they provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- the Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they acknowledge they have received/or are provided access to the Service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they provide the Service with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan and communication plan
- they notify the Service if any changes are to occur to the medical management plan through the communication plan and/or meetings with the nominated supervisor
- they provide adequate supplies of the required medication and medical authorisation on ~~the long-term~~ *Administration of Medication Record*
- they provide an updated copy of the child's medical management plan **annually** or evidence from a medical practitioner to confirm the plan remains unchanged
- they provide enrolment documentation of any medical condition annually
- they provide written consent for their child's medical management plan to be displayed in the Service.

### Medical Management Plan

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition
- first aid/emergency response that may be required from the Service
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance
- contact details of the medical practitioner who signed the plan
- the date of when the plan should be reviewed

- a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the Service
- the Service must ensure the medical management plan remains current at all times
- educators and staff are updated immediately about any changes to a child's medical management plan

### Risk Minimisation Plan

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (regulation 90(1)(c))

The Director/Nominated Supervisor will arrange a meeting with the parents/guardian as soon as the Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting, a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- that practices and procedures in relation to the safe handling, preparation, serving and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

### Communication Plan

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members and volunteers are informed about the *Medical Conditions Policy*, the medical management plan and risk minimisation plan for the child; and
- an individual child communication book/document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child’s health management and communication plans.

#### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian society of clinical immunology and allergy. ascia.  
<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Early Childhood Australia Code of Ethics. (2016).
- Federal Register of Legislation *Privacy Act 1988*.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Standard-(2020)
- National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
- *Occupational Health and Safety Act 2004*.
- Revised National Quality Standard. (2018).

#### Review

Policy Reviewed	Modifications	Next Review Date
June 2017	Minor changes made to policy and terminology to ensure best practice	June 2018
Aug 2017	Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	
October 2017	Updated the references to comply with the revised National Quality Standard	June 2018
June 2018	Included the ‘Related Policies’ section and minor adjustments made to terminology.	June 2019
June 2020	<ul style="list-style-type: none"> <li>● additional information added to points</li> </ul>	June 2021

	<ul style="list-style-type: none"> <li>• additional wording added to include diagnosed health care need, allergy or relevant medical condition</li> </ul>	
June 2021	Relevant regulations updated Duty of Care section added Detailed procedure of management of high-risk scenarios Resources added for management of medical conditions Sources checked for currency	June 2022

## Nappy Change – Toileting Policy

QA2 Children's health and safety

2.1 Health - Each child's health and physical activity is supported and promoted.

2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

2.1.3 Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.

2.2 Safety - Each child is protected.

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

2.2.3 Child protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Knight Street Multi-Age Learning aims to meet the needs of children by providing a clean, safe and hygienic place for nappy change and toileting. We believe that nappy changing and toileting rituals are valuable opportunities to promote children's learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds children's sense of trust and security—which relates strongly to the Early Years Learning Framework.

### PURPOSE

We aim to ensure best practice guidelines are adhered to for nappy changing and toileting. Ensuring the area is hygienic, reducing the spread of infectious disease.

### SCOPE

This policy applies to children, families, staff and management.

### IMPLEMENTATION

Nappy Change and Toileting transpires at designated routine times and when meeting children's individual needs. Educators will collaborate with parents to develop stability with their child's nappy change and toileting practices. Educators must be responsive to special requirements related to culture, religion or privacy needs.

Toileting and nappy changing will be carried out at frequent intervals throughout the day, children who are in nappies/toileting will have each nappy change/toilet recorded on Earlyworks by Educators.

Having their needs met quickly and in a caring responsive way builds children's sense of trust and security. Children also benefit from having the pleasant sensory experience of being free of a nappy and the comfort of having a fresh, dry nappy. It is also important to remember that the way that Early Childhood Educators react to soiled or wet nappies, toileting needs, and accidents give children powerful messages about themselves and their bodies.

Meeting children's physical needs, nappy changing and toileting are an imperative time for Educators to:

- Conduct one to one interactions with children, and to give them your full attention
- Build trusting and caring relationships with children
- Interact with children using verbal and non-verbal communication, and respond to children's communication
- Participate in age appropriate activities with children, such as singing, saying rhymes and doing finger plays
- Build children's understanding of what is happening by inviting them to the bathroom, supporting their capability to predict what will happen next in the routine
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging children to identify the feeling of accomplishment and gratification that come with this.

All Educators will carry out nappy changing, however at times if a student is required to carry out this as part of their practical requirements - they will be under constant supervision of a qualified Educator. Should a parent be in the bathroom helping their child, a staff member must accompany any other children needing to use the bathroom at the same time.

Appropriate hygiene practices must be maintained, and procedures followed to minimise any risk of infection at all times. Educators will continuously promote healthy hygiene practices and hand washing procedures; encouraging the children to follow these practices.

#### The Approved Provider will:

- Provide adequate and appropriate hygienic facilities for nappy changing
- Ensure nappy change facilities are designed and located in a way that prevents unsupervised access by children which is compliant with National Regulations and Health and Safety Standards
- Ensure that adult and children's hand washing facilities are located within the nappy change area
- Ensure that the nappy change facilities are designed and maintained in a way that facilitates supervision of children at all times, having regard to the need to maintain the rights and dignity of the children
- Ensure nappy bins are located out of children's reach.
- Ensure Nappy change procedure remains compliant and up to date.

#### The Nominated Supervisor will:

- Implement policies, procedures and training with educators to ensure nappy change procedures that support children's safety, protection, relationships and learning.
- Develop systems with educators to ensure that soiled clothing and soiled nappies are disposed of or stored in a location children cannot access.
- Ensure children's nappies are changed at scheduled intervals.
- Ensure Educators check nappies throughout the day to ensure children are not susceptible to nappy rash and discomfort. A system to record this routine will be maintained for reporting purposes which will be kept up to date.
- Ensure nappy change and hand washing procedures are displayed visually and in community languages as appropriate in the nappy change area.
- Ensure nappy bins are emptied once each nappy change time has been completed

#### **Educators will:**

- Discuss children's individual needs professionally with families to ensure practices are reflective of their home environment and are culturally sensitive
- Provide information to families regarding children's nappy change routines
- Utilise nappy change times to interact with children on an individual basis. The nappy change time will allow educators to converse, sing, play and generally interact with the child. This time allows educators and children to learn more about each other and understand each child's personality and personal strengths
- Organise the nappy change area to promote positive interactions and promote positive learning experiences, e.g. place pictures or mobiles to stimulate children's interactions and to encourage learning.
- Ensure physical contact and direct supervision with children throughout the nappy change experience
- Ensure no child is left alone on a nappy change mat or bench, and one hand is on them at all times
- Keep nappy change areas fully stocked with all required materials at all times.
- Nappy Change and Toileting supplies are readily accessible to staff to ensure efficiency and the health and safety of each child.
- Encourage mobile children to walk to the nappy change area.
- Assist the child to walk up the steps onto the nappy change bench to decrease monotonous movements by educators and to promote children's agency. Where a child is not walking, educators will follow manual handling practices to lift and carry the child to the nappy change mat.
- Follow service's documentation requirements for nappy changing and toileting

## Toilet Training:

Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents/guardians to develop consistency with their child's toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs.

Decisions about when to begin toilet training will be made by families, or may occur through shared decision making between families and early childhood professionals. This decision is based on mutual respect and open communication, which is crucial for a good outcome. Families may have strong views and preferences about when and how their child learns to use the toilet, which may come from their cultural background or individual preferences which must be respected by Educators and Staff.

The priority of the individual child's wellbeing is paramount, and the decision to begin assisting the child to learn to use the toilet should be based on signs of readiness from the child and discussion with families.

Early signs of readiness, will often start to appear when children are around 18-24 months old and may include:

- Showing interest in the toilet, including having an interest in others using the toilet
- Indicating a need to go to the toilet either before, or while they are passing urine or doing a poo.
- Staying drier for longer
- Begins to dislike wearing a nappy and perhaps tried to pull it off when it's wet or soiled
- Indicating a desire to sit on the toilet.

It is important to keep the process subdued and not place unnecessary attention and pressure on the child to prosper. Acknowledging children's successes, no matter how infrequent or small is vital for their self-esteem and confidence. Families and Educators can expect accidents, which should be treated respectfully and with a supportive manner.

Educators and families will collaborate and communicate how the toilet learning is going, both in care and at home. This will support children to become more familiar and comfortable with the toilet training process. Children should be given the opportunity to complete the toileting procedure, such as toileting, washing hands, flushing the toilet, keeping the bathroom environment clean independently, while at the same time keeping in mind the importance of hygiene and providing assistance when needed.

During this milestone, children should be empowered and encouraged to be successful. Toilet training varies for individual children, as Educators we can take advantage of the child being in a group and the many opportunities that provides for learning from each other. Educators and Families need to remember that comparing children is inappropriate and unacceptable behaviour.

## Nappy Changing

- Any child requiring nappies need to bring their own, with their child's name clearly written onto the front of the nappy and placed into the basket provided in the bathroom. Any remaining nappies are returned at the end of each day or kept at the centre if requested by the parent/guardian.
- Nappy changing will be done only in the nappy change area which will be properly stocked with disposable gloves, paper towels, wipes, plastic bags, fresh nappies, clean clothes, rubbish bin with sealed lid, lined with plastic.
- The nappy change surface will be cleaned with ENJO after each child and sanitised at the end of the day. Staff will report any damage to the change mat that may allow germs to survive and risk infection.
- Gloves to be worn for soiled nappies.
- Remove the child's nappy and any soiled clothes. Put them in a purple eco bag and add soiled clothing label to child's bag.
- Clean the child's bottom
- Educators will dispose of the nappy, paper towel (soiled) and gloves before putting on a clean nappy
- Always wash the child's hands
- Clean the change table, paying attention to the mat, at the completion of each nappy change
- Wash your hands
- Educators will keep records of nappy changes and toileting on appropriate chart which are then transferred onto Earlyworks for families.
- Change area will be mopped after the lunch time change and again before closing the centre at night
- Bathrooms are to be cleaned after the lunch time change and again before closing the centre at night

## Source –

- Australian Children's Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition
- Approved First Aid Qualifications [www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications](http://www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications)
- Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.)
- Changing a nappy without spreading germs  
[https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55h\\_nappy\\_changing\\_poster\\_130701.pdf](https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55h_nappy_changing_poster_130701.pdf)
- Raising Children Network [www.raisingchildren.net.au](http://www.raisingchildren.net.au)
- Revised National Quality Standard 2018

## Nutrition Food Safety Policy

### Quality Area 2: Children's Health and Safety

- 2.1 Health Each child's health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.1.3 Healthy lifestyles - Healthy eating and physical activity are promoted and appropriate for each child.

Our Service recognises the importance of healthy eating to promote the growth and development of young children and is committed to supporting the healthy food and drink choices of children in our care. It is acknowledged that the early childhood setting has an important role in supporting families in healthy eating. Our Service therefore recognises the importance of supporting families to provide healthy food and drink to their children.

We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating.

### PURPOSE

Early childhood education and care (ECEC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the Australian Dietary Guidelines. It is essential that our Service partners with families to provide education about nutrition, and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with adult chronic conditions such as obesity, type 2 diabetes and cardiovascular disease.

Our Service recognises the importance of healthy eating for the growth, development and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages into our curriculum and to support the National Healthy Eating Guidelines for Early Childhood Settings outlined in the Get Up & Grow resources.

### SCOPE

This policy applies to children, families, staff, and management of the Service.

### IMPLEMENTATION

Our Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

All food prepared by the Service or families will endeavour to be consistent with the Australian Dietary Guidelines and provide children with 50% of the recommended dietary intake for all nutrients. Food will be served at various times throughout the day to cater for all children's nutritional needs.

Meal times reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. When possible, educators will role model healthy eating behaviour, by sharing a small amount of the food on offer with the children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared by our centre chef in accordance with the Food Safety Program. Our kitchens and food preparation areas shall comply with Food Standards Australia and New Zealand. (FSANZ)

Encourage and support breastfeeding and appropriate introduction of solid foods

Our Service will:

- Provide a suitable place within the Service where mothers can breastfeed their babies or express breast milk.
- Support mothers to continue breastfeeding until babies are at least 12 months of age while offering appropriate complementary foods from around 6 months of age.
- Ensure the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding.
- In consultation with families, offer cooled pre-boiled water as an additional drink from around 6 months of age.
- Where breastfeeding is discontinued before 12 months of age, substitute with a commercial infant formula.
- Always bottle-feed babies by holding baby in a semi-upright position.
- Ensure appropriate foods (type and texture) are introduced around 6 months of age.
- Adjust the texture of foods offered between 6 and 12 months of age to match the baby's developmental stage.
- Offer a variety of foods to babies from all the food groups.
- Always supervise babies while drinking and eating - ensuring safe bottle-feeding and eating practices at all times.

Promote healthy food and drinks based on the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents.

Our Service will:

Where food is provided by the Service:

- Provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats and alternatives.
- Plan and display the Service menu that is based on sound menu planning principles and meets the daily nutritional needs of children whilst in care.
- Plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children.

- Vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas.

Where food is brought from home:

- Provide information to families on the types of foods and drinks recommended for children and suitable for children's lunchboxes.
- Encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided.
- Discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. Examples of these foods include lollies, chocolates, sweet biscuits, muesli bars, breakfast bars, fruit filled bars, chips, oven-baked crackers and corn chips.

Management/Nominated Supervisor/Educators will:

- Ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment.
- Be aware of children with food allergies, food intolerances and special diets and consult with families to develop individual management plans.
- Ensure young children do not have access to foods that may cause choking.
- Ensure all children remain seated while eating and drinking.
- Ensure all children are always supervised children while eating and drinking.
- Follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government "eat for health" calculator- [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)
- Ensure the weekly menu is displayed in an accessible and prominent area for parents to view.
- Display nutritional information for families and keep them regularly updated.
- Ensure the weekly menu is accurate and describes the food and beverages provided each day of the week.
- Ensure food is presented attractively
- Ensure infants are fed individually by educators
- Ensure age and developmentally appropriate utensils and furniture will be provided for each child.
- Not allow food to be used as a form of punishment or to be used as a reward or bribe.
- Not allow the children to be force fed without being required to eat food they do not like or more than they want to eat.
- Encourage toddlers to be independent and develop social skills at meal times.

- Establish healthy eating habits in the children by incorporating nutritional information into our program.
- Talk to families about their child's food intake and voice any concerns about their child's eating.
- Encourage parents to the best of our ability to continue our healthy eating message in their homes.
- Ensure fridge and freezer temperatures are taken daily, working in compliance with the National Food Authority.

Storing, preparing and serving food in a hygienic manner promoting hygienic food practices.

Our Service will:

- Ensure gloves (or food tongs) are used by all staff handling 'ready to eat' foods
- Ensure children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.
- Ensure food is stored and served at safe temperatures i.e. below 5C or above 60C.
- Separate cutting boards are used for raw meat and chicken, fruit and vegetables and utensils and hands are washed before touching other foods.
- Discourage children from handling other children's food and utensils.
- Ensure food-handling staff members attend relevant training courses

Creating a positive learning environment

Our Service will:

- Ensure that educators sit with the children at meal and snack times to role model healthy food and drink choices and actively engage children in conversations about the food and drink provided.
- Choose water as a preferred drink
- Endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds.
- Create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children.
- Encourage older toddlers and preschoolers to assist to set and clear the table and serve their own food and drink - providing opportunities for them to develop independence and self-esteem.
- Respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- Be patient with messy or slow eaters.
- Encourage children to try different foods but do not force them to eat.
- Do not use food as a reward or withhold food from children for disciplinary purposes.

Service Program

Our Service will:

- Foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating.
- Encourage children to participate in a variety of 'hands-on' food preparation experiences.
- Provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices.
- Embed the importance of healthy eating and physical activity in everyday activities and experiences

Communicating with families

Our Service will:

- Provide a copy of the Nutrition Policy to all families upon orientation at the Service.
- Provide opportunities for families to contribute to the review and development of the policy.
- Request that details of any food allergies or intolerances or specific dietary requirements be provided to the Service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met.
- Communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home.
- Communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.

### Source

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Guide to the National Quality Standard
- Early Years Learning Framework
- Food Standards Australia New Zealand
- Safe Food Australia, 2nd Edition. January 2001
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood
- Infant Feeding Guidelines 2012
- Australian Dietary Guidelines 2013
- Eat for health: Dept. Health and Ageing and NHMRC
- Food Safety Standards for Australia 2001
- Food Standards Australia and New Zealand Act 1991
- Food Standards Australia New Zealand Regulations 1994
- Food Act 2003
- Food Regulation 2004
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Dental Association Australia

- Australian Breast Feeding Association Guidelines

### Review

Policy Reviewed	Modifications	Next Review Date
May 2017	Further research has been conducted, updating the rationale and terminology throughout the policy.  Have incorporated embedding healthy eating and physical activity in the daily program	May 2018
October 2017	Updated references to comply with the revised National Quality Standard	May 2018
February 2018	Terminology update in opening statement	May 2018
May 2018	Minor grammatical changes made to content. (Not critical to it's delivery)	May 2019

## Furniture & Equipment Safety Policy

### Quality Area 2: Children’s Health and Safety

#### 2.2 Safety Each child is protected

##### 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
112	Nappy change facilities
174	Time to notify certain circumstances to the Regulatory Authority
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES	
Child Safe Environment Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy	Physical Environment Policy Supervision Policy Work Health and Safety Policy

Adequate and safe furnishings and equipment are an essential component of quality early childhood education and care. Under Education and Care Services National Law, we have a responsibility to protect the health and safety of children enrolled at the Service. Whilst this is reflected in our health and safety policies, nursery furniture and equipment require careful consideration to minimise risks to all those entering the Service.

#### Purpose

Management and Educators have a responsibility and duty of care to ensure the building, furniture, grounds and equipment are safe and hygienic. We aim to ensure all furniture and equipment at the Service has acceptable safety standards and are age appropriate for the children.

#### Scope

This policy applies to children, families, staff, management and visitors of the Service.

#### Implementation

Our Service understands the importance of children experiencing and learning about risk through safe and creative play. All children have the right to be safe. The provision of safe environments for children is essential to prevent injury and enable them to grow and develop.

#### Management will ensure:

- a proactive process of risk management is implemented, and clear processes are in place for the identification of hazards, risk minimisation and other control measures

- daily/weekly routine visual inspections are made to identify obvious hazards in surfacing, fixed and mobile equipment, moving parts, swings, ropes, chains, tyres, fences, sandpits
- a WHS officer is employed on an annual basis to complete comprehensive inspections of outdoor equipment including:
  - timber structures
  - swings
  - ropes, chains, tyres
  - metal frames
  - slides and linking items
  - playground surfacing and impact areas
- records are kept of inspections and maintenance of furniture, playgrounds and equipment
- educators and staff are aware of their responsibility to identify hazards and potential risks, conduct safety checks of all equipment and furniture and abide by Work Health and Safety requirements
- mandatory Australian Safety Standards are always adhered to when
  - purchasing new equipment or furniture, in particular in relation to cots, prams and strollers, baby walkers, bicycle helmets, and child restraints
  - installing equipment (for example: equipment footings, clustering equipment, free height fall, swings)
- To adhere to the Education and Care Services National Law and Regulations and licencing requirements that relate to the safety of children at the service.
- the equipment and furniture used in providing education and care at the Service is safe clean and in good repair
- there is sufficient furniture and developmentally appropriate equipment so each child can take part in the educational program depending on their interests, ages and abilities
- the age recommendation in relation to the age and developmental stage of the children using the furniture and equipment is adhered to
- educators are aware of appropriate instructions for use and supervision for all equipment and furniture
- furniture in the Service is securely built so it will not collapse, is easy to clean, and non-toxic
- to implement recommendations from organisations, such as Kidsafe, on fall zones and suitable heights of furniture, equipment and playground equipment (minimum height of equipment for fall zone is 500mm)
- entrapment hazards are identified and appropriate measures to reduce the risk of harm implemented. (It is easy for small fingers and limbs to get caught in gaps. Head and upper body entrapments can cause death by asphyxiation. Be aware that fingers can get caught in holes or openings between 5-12mm, limbs in gaps between 30-50mm and heads in gaps over 85mm.)

- all equipment and furniture is kept in a clean and hygienic state, particularly before and after food service
  - furniture and equipment do not contain any lead. (This is most likely to occur with second-hand furniture).
  - they carefully consider all aspects regarding the use of furniture and equipment and how it suits the age and stage of the children's development
  - regularly testing is conducted on locking devices to ensure they are functioning correctly
- the Regulatory Authority is notified of any serious incident involving serious injury or trauma to a child within 24 hours.

#### Educators will ensure:

- provide effective supervision of children, including the supervision of infants at all times to minimise the risk of accidents and injuries that could result from the furniture and equipment within the learning indoor and outdoor learning environment and nursery
- regularly check furniture and equipment for stability and wear and tear- (corners, surface- splinters, missing bike handle grips, faulty cleats in boards or ladders, heavy objects on climbing frames that destabilise the equipment)
- keep records of daily/weekly inspection of indoor/outdoor equipment
- keep an accurate record of any furniture or equipment that needs maintenance in the *Equipment and Maintenance Record* and ensure this is reported to management and WHS officer
- ensure non-toxic, easy to clean surfaces will be sourced for all equipment
- reflect on common accidents and incidents in the learning environment and implement an action plan to ensure the safety of children and minimise accidents at the Service
- provide a safe physical environment that allows children to play safely
- remain up to date with health and safety changes within the early childhood sector by attending appropriate professional development
- ensure the furnishings and equipment within the program support and stimulates children's development.

#### Nursery Furniture

- all equipment will comply with compulsory Australian safety standards- (AS/NZS 2172 for cots AS 4684 for highchairs)
- locking devices and stability of cots and highchairs will be checked daily/weekly
- inspections will be made to check bolts and nuts on cots to ensure they are maintained as per instructions supplied with the cot

- nappy change facilities should be properly constructed benches and designed and located in an area that prevents unsupervised access by children
- the nursery will be free from small objects or items that can break and become a potential hazard
- cots will be positioned away from heaters, power points, windows or curtain and blind cords
- our Service will always use furniture and equipment that is free of rough surfaces, sharp edges, points, projections, and/or small pieces that can break off
- the use of unsafe equipment such as baby walkers will be avoided
- to reduce the risk of harm, collapsible furniture and furniture that presents possible entrapment hazards will not be used in the Nursery (e.g. toy boxes with heavy lids)
- infants will never be left unattended at any time
- all infants will be safely secured in their highchair when eating
- educators will ensure that the sides of cots are put up when occupied by children

#### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian Competition & Consumer Commission. (2013). Keeping baby safe – a guide to infant and nursery products: <https://www.productsafety.gov.au/publication/keeping-baby-safe-a-guide-to-infant-and-nursery-products>
- Australian Competition & Consumer Commission. (n.d.). Product safety Australia: Mandatory standards: <https://www.productsafety.gov.au/product-safety-laws/safety-standards-bans/mandatory-standards>
- Australian Government Department of Education, Skills and Employment. (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.
- Early Childhood Australia Code of Ethics. (2016).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Standard. (2020)
- Kidsafe NSW Inc. Home and community safety information sheets: <https://www.kidsafensw.org/information-sheets/home-and-community-safety/>
- Revised National Quality Standard. (2018).

#### Review

Date Reviewed	Modifications	Next Policy Review Date
August 2017	Changes made to ensure children’s safety is upheld	August 2018
October 2017	Updated the references to comply with the revised National Quality Standard	August 2017
May 2018	Minor grammatical changes made to content. (Not critical to it’s delivery)	May 2019
August 2018	Minor changes made to content. (Not critical to its delivery)	August 2019
August 2020	additional regulations added	August 2021

	points added to Management responsibilities notification to Regulatory Authority included new section- Nominated Supervisor and Educators additional points to Nursery Furniture/Equipment sources checked for currency	
August 2021	Added Education and Care Services National Regulations Added Related Policies Minor formatting changes	August 2022

## Physical Environment Policy

### NATIONAL QUALITY STANDARD (NQS)

#### QA2 Children's health and safety

2.1 Health - Each child's health and physical activity is supported and promoted.

2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

2.1.3 Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.

2.2 Safety - Each child is protected.

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about the educational program to be kept available
76	Information about educational program to be given to parents
80	Weekly menu
81	Sleep and rest
82	Tobacco, drug and alcohol -free environment
86	Notification to parents of incident, injury, trauma and illness
99	Children leaving the education and care service premises
102	Authorisation for excursions
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing and security
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements—indoor
108	Space requirements—outdoor space
109	Toilet and hygiene facilities
110	Ventilation and natural light

111	Administrative space
112	Nappy change facilities
113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
123	Educator to child ratios- centre based services
156	Relationships in groups
168	Education and care service must have policies and procedures
171	Policies and procedures to be kept available

RELATED POLICIES	
Animal and Pet Policy Child Safe Environment Policy Environmentally Responsible Policy Health and Safety Policy Programming Policy	Road Safety Policy Safe Storage of Hazardous Chemicals Policy Sleep and Rest Policy Sun Safety Policy Water Safety Policy Work Health and Safety Policy

The physical environment can contribute to children’s wellbeing, happiness, and creativity as well as promoting the development of independence. It can contribute to and make visible the quality of children’s learning and involvement in experiences. The choices made in an education and care service about resources, materials, spaces, layout, air, and light in combination with access to a range of experiences in the indoor and outdoor areas, have a direct impact on the quality of learning opportunities available to children.

### Purpose

Our Service will ensure the environment is safe, clean, and well maintained for children, families, educators, and visitors. Children’s awareness of the environment and sustainable practice will be supported through daily practices, resources, and interactions. The physical environment will support children’s participation and engagement, development, learning, and safety, and will provide supervised access to positive experiences and inclusive relationships. Our Service provides an environment free from the use of tobacco, alcohol and illicit drugs.

### Scope

This policy applies to children, families, staff, and management of the Service.

## Implementation

Our Service is committed to providing an environment that promotes safety and enhances children's learning and development by:

### Choose Appropriate resources and equipment

- Appropriately sized furniture and equipment will be provided in both the indoor and outdoor environment for the age ranges represented in the service.
- The Approved Provider will be responsible for any large purchases of equipment. The Nominated Supervisor is responsible for consumables and the daily running purchases of the service.
- Educators will provide ideas for equipment and materials purchase based on the needs and interests of their classroom.
- Educators will complete a log for the Nominated Supervisor of equipment that needs maintenance on a prioritised basis.
- Resources and equipment will be chosen to reflect the cultural diversity of the Service's community and the cultural diversity of contemporary Australia, including the incorporation of the Aboriginal and Torres Strait Islander community.
- Children will be provided with resources and equipment that encourages appropriate challenges and risk taking in accordance with their individual developmental level.
- The environment will be organised to ensure safety and minimal disruption for children whilst playing.
- Specific equipment requirements of children with additional needs will be catered for to ensure an inclusive environment.
- Climbing equipment will be set up in a safe way and compliant with Australian Safety Standards. For example, incorporating soft fall materials wherever climbing equipment is set up.
- Frequent risk assessments of the indoor and outdoor environment will be conducted in order to minimise risk and hazards.
- An environment will be provided that allows different types of play to occur both in the indoor and outdoor areas (e.g. quiet play areas and loud play areas)
- A natural environment for children to explore and experience will be provided which may include plants, trees, gardens, rock, mud and/or water.
- Educators will participate in on-going professional development in order to enhance children's learning and ensuring a safe and educational environment.
- Our Service will work within our Sun Safety policy and procedures, providing adequate shade for children in accordance with the recommendations of relevant authorities.
- An environment that ensures children are appropriately supervised at all times will be provided.

- All required fencing will be maintained in good condition and is compliant with current regulations.
- A variety of indoor and outdoor experiences will be provided, catering for children's interests and abilities.
- Children will be supported to access appropriate furniture, resources, materials, toys, and equipment. These resources will be adequate in number for the number of children attending our Service and be developmentally appropriate.
- A developmentally appropriate environment will be provided where children can explore, solve problems, create, construct, and engage in critical thinking.
- An environment will be provided that permits children to participate in activities independently or in small groups, and access resources autonomously.
- The environment will incorporate commercial, natural, recycled, homemade, and real resources that can be used in a variety of ways to encourage children's learning and creativity.
- Sufficient and accessible handwashing, toileting, eating, and sleeping facilities will be available.
- Toileting and hand-washing facilities are accessible from both the indoor and outdoor environments.
- Adequate and appropriate hygienic facilities for nappy changing are provided, which are soundly constructed ensuring children's safety.
- Natural and artificial lighting, appropriate ventilation, heating, cooling, and fresh air will be incorporated into the building.
- Appropriate areas for food preparation are provided.
- An area for managerial purposes, consultation with children's parents and for private conversations to occur is available.
- Power points not in use have safety caps, all double adaptors and power-boards are out of reach of children, and all electrical cords are secured and not dangling.
- Educators discuss the safety characteristics of using toys and equipment with children.
- Families are provided with the latest safety information on items such as cots, highchairs, car seats, etc.

#### Laundering of Soiled Items

- Soiled clothing will be returned to a child's home for laundering. Educators will remove soiled content and place into the child's wet bag, if wet bag not provided then placed in front of child's bag.

#### Sleep/Rest Environment

- All cots must meet the mandatory Australian Standard for Cots- (AS/NZS 2172)
- Mattresses should be in good condition- clean, firm, and flat and fit the cot base with no more than 20mm gap between the mattress sides and ends.

- Cots and beds will be positioned to encourage a calm and relaxing environment. There will be a minimum space of 300mm between each cot to reduce the possibility of cross infection.
- Cots and beds will be regularly checked to ensure all bolts and fittings are secure and safe. Beds will be located in an area that is easy to access for all educators and other staff.
- Beds will be stored in a dry area.
- Educators will ensure to use correct manual handling techniques when moving the beds.
- Beds should not be placed on high shelves or in unstable or difficult to reach stacks.
- Light bedding will be used for cots and beds.
- Checks will be made to identify any hazards to ensure a safe environment
- Hanging cords, strings from blinds, curtains or electrical devices will be away from cots and mattresses.

### Grouping of Children

- Our Service groups the children according to their age and/or developmental stage. Within that space, there are a variety of different learning areas and opportunities for play experiences.
- Each age group has different legally required adult to child ratios, which are adhered to at all times in both the indoor and outdoor environment.
- Our indoor and outdoor environments provide opportunities for developmentally appropriate planned experiences, intentional teaching, and spontaneous play throughout the day.

### Safety Checks

A daily inspection of the premises will be undertaken before children begin to arrive. This inspection will include the:

- Service perimeters
- Fences/Fence Line
- Gates
- Paths
- Buildings
- All rooms accessible by children
- Fixed equipment
- Sand Pit
- Mud pit

This must be done to identify any dangerous objects in the grounds ranging from sharps to poisonous or dangerous plants and animals.

In the event of a sharp object being found (for example a syringe) educator will wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead, or dangerous looking branches as well as checked for any infestations.

Non-fixed play equipment in the Service grounds can be no more than one metre high and must be supervised at all times by an Educator.

The Service will have regular pest inspections carried out by an accredited pest control company.

Documentation of these inspections will be kept and any further recommended treatments as a result of the findings from the pest control check will be carried out in a timely manner.

The Indoor and Outdoor Daily Safety Checklists will be used as the procedure to conduct these safety checks. A record of these will be kept by the service. The Approved Provider/Nominated Supervisor will make the appropriate arrangements to have repairs carried out as soon as possible.

**Source:**

Australian Children's Education & Care Quality Authority. (2014).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020)

National Health and Medical Research Council. (2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

Red nose Safe environment <https://rednose.org.au/section/safe-environment>

Revised National Quality Standard. (2018).

*Work Health and Safety Act 2011*

**Review:**

Date Reviewed	Modifications	Next Policy Review
July 2019	<ul style="list-style-type: none"><li>• Minor changes to grammar, content changed</li><li>• Sources checked for currency</li></ul>	July 2020
July 2020	<ul style="list-style-type: none"><li>• Minor changes to grammar, content changed</li><li>• Sources checked for currency</li></ul>	July 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies	July 2022

## Sleeping and Rest Requirements Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2: Children's Health and Safety

2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

2.1.3 Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.

2.2 Safety - Each child is protected.

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

LEGISLATIVE REQUIREMENTS/EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
81	Sleep and Rest
82	Tobacco, drug and alcohol-free environment
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
107	Space requirements-indoor space
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES	
Dental Health Policy Family Communication Policy Furniture and Equipment Safety Policy Health and Safety Policy	Interactions with Children, Family and Staff Policy Physical Environment Policy Respect for Children Policy Tobacco, Drug and Alcohol-Free Policy Work Health and Safety

All children have individual sleep and rest requirements. Our objective is to meet these needs by providing a comfortable, relaxing, and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our service.

### Purpose

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest. Our *Sleep and Rest Policy* will assist management and educators ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs.

The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids). Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe Sleep practices are informed by Red Nose and guidance from ACEQCA.

If a family's beliefs and requests are against current recommended evidence-based guidelines, our Service will need to determine if there are exceptional circumstances that allow for alternate practices.

Our Service will only approve an alternative practice if the service is provided with written advice from, and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children.

We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all educators implement and adhere to this policy to ensure we respect and cater for each child's specific needs.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which Nominated Supervisors and Educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.

Our Service defines 'rest' as a period of inactivity, solitude, calmness or tranquility, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep requirements.

#### Management will ensure:

- Reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages, and individual needs of each child.
- There are adequate numbers of cots and bedding available to children that meet Australian Standards.
- All cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and should carry a label to indicate this.
- All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this.
- Sleep and rest environments are safe and free from hazards
- That areas for sleep and rest are well ventilated and have natural lighting.
- That supervision window (or similar) will be kept clear to ensure safe supervision of sleeping children.

#### A Nominated Supervisor/ Responsible Person will:

- Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, development stages and individual needs of the children.
- Maintain up to date knowledge regarding safe sleeping practice and communicate this information to Educators and families.
- Ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves checking/inspecting sleeping children at regular intervals and ensuring that educators are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin.
- Negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service.
- Ensure they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.
- Ensure the child's safety is always the priority.

- Ensure children who are sleeping or resting have their face uncovered at all times.
- Ensure the sleep and rest environment is free from cigarette or tobacco smoke.

#### Educators will:

- Consult with families about children's sleep and rest needs.
- Be sensitive to each child's needs so that sleep and rest times are a positive experience.
- Ensure that beds/mattresses are clean and in good repair
- Ensure beds and mattresses are wiped over with enjio between each use (chemicals during an outbreak eg. Gastro)
- Ensure that bed linen is clean and in good repair
- Ensure bed linen is used by an individual child and will be washed before use by another child
- Arrange children's beds and cots to allow easy access for children and staff
- Create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection; turning off lights and ensuring children are comfortably clothed.
- The environment is tranquil and calm for both Educators and children
- Sit near children encouraging them to relax and listen to music
- Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- Maintain adequate supervision and maintain Educator ratios throughout the sleep period
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- Communicate with families about their child's sleeping or rest times and the service policy regarding sleep and rest times
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- Encourage children dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets, and bulky clothing.
- Ensure children rest/sleep head to toe to minimise the risk of cross infection
- Monitor the room temperature to ensure maximum comfort for the children
- Ensure that each child's comfort is provided for
- Ensure there are appropriate opportunities to meet each child's need for sleep, rest, and relaxation.
- Ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, while those children who **do** wish to sleep can do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- Consider a vast range of strategies to meet children's individual sleep and rest needs
- Respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc)
- Acknowledge children's emotions, feelings, and fears.

- Develop positive relationships with children to assist in settling children confidently when sleeping and resting.

### Children in cots

Educators will:

- Give bottle-fed children their bottles before going to bed
- Ensure children are not put in cots or on mats with bottles as per the Dental Health Policy
- Encourage the use of sleeping bags for babies. If they have fitted neck and armholes there is no risk for the child's face being covered.
- Securely lock cots sides into place to ensure children's safety
- Be aware of manual handling practices when lifting babies in and out of cots
- Participate in staff development about safe sleeping practices
- Understand that bassinets, hammocks, and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock, or pram/stroller to sleep, as these are not safe substitutes for a cot.
- Ensure mattresses are kept in good condition; they should be clean, firm, and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.
- Not elevate or tilt mattresses
- Remove any plastic packaging from mattresses
- Waterproof mattress protectors are strong, not torn and a tight fit
- Use firm, clean, and well-fitting mattresses on portable cots.
- Remove pillows, and soft toys from cots.

### Babies and toddlers

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot. When a baby is placed to sleep, Educators should check that any bedding is tucked in securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.

- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby’s life. If a dummy falls out of a baby’s mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.

### Source

- Australian Children’s Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Standards Australia – [www.standards.org.au](http://www.standards.org.au)
- kidshealth.schn.health.nsw.gov.au/files/safetyfactsheets/cots-and-cot-mattresses.pdf
- Australian Competition and Consumer Commission (ACCC) – [www.accc.gov.au](http://www.accc.gov.au) - Cot safety PDF
- Australian Consumer Law 2011 - Australian Competition and Consumer Commission.
- Safe sleep and rest practices from October 2017 (ACECQA)
- Revised National Quality Standards
- Red Nose  
<https://rednose.com.au/section/safe-practices>

### Review

Policy Reviewed	Modifications	Next Review Date
September 2018	<ul style="list-style-type: none"> <li>- Added ‘related policies’ list</li> <li>- Improvement to opening statement</li> <li>- Minor terminology adjustments</li> </ul>	September 2019
March 2020	<ul style="list-style-type: none"> <li>- Minor grammar changes</li> </ul>	March 2021
October 2020	<ul style="list-style-type: none"> <li>- Sources checked for currency</li> </ul>	October 2021
October 2021	<ul style="list-style-type: none"> <li>- Added Legislative Requirements/Education and Care Services National Regulations</li> <li>- Added Related Policies</li> </ul>	October 2022

## Water Safety Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2: Children’s Health and Safety

- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety - Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

LEGISLATIVE REQUIREMENTS/EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
25(1)(c)	Additional information about proposed education and care services premises
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
126	Centre based services-general educator qualifications
168(2)(a)(iii)	Education and care service must have policies and procedures in relation to- Water safety, including safety during any water-based activities
170	Policies and procedures to be followed

RELATED POLICIES	
Administration of First Aid Policy	Health and Safety Policy
Child Safe Environment Policy	Incident, Injury, Trauma and Illness Policy
Educational Program Policy	Physical Environment Policy
Excursion/Incursion Policy	Supervision Policy

The safety and supervision of children is paramount when in or around water. This relates to water play, excursions near water, and hot water, drinking water and hygiene practices with water in the Service environment. Children will be supervised at all times during water play experiences to help keep children safe in and around water and support children’s learning in a safe environment

#### Purpose

To ensure the safety and supervision of children in and around water. This includes water play, excursions near water, hot water, drinking water and hygiene practices with water in the Service environment.

#### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Implementation

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for managing water safety, including during any water-based activities and take reasonable steps to ensure those policies and procedures are followed.

According to Kidsafe, drowning is one of the leading causes of unintentional death for Australian children. Every year a number of children are killed and hundreds more rescued from near drowning situations. Non-fatal drowning incidents are also of great concern as they can have potential long-term effects, including brain damage and permanent disability.

The most common factor in childhood drowning is lack of supervision. A child can drown in as little as a few centimetres of water. Items such as nappy buckets, sinks, pet drinking bowls, ponds, pools, water features, water tanks are all potential drowning hazards. [<https://kidsafe.com.au/water-safety/>]

## Water Hazards

The National Regulations make reference to 'water hazards' however the term is not expressly defined. In this policy, a water hazard is defined as anything that can hold 5cm of water and fit a child's nose and mouth and a 'water hazard' may include:

- large bodies of water such as dams, creeks, river or pooling water, swimming pool, portable pools and spas, jetted bathtubs (or Jacuzzis)
- fishponds
- smaller bodies of water such as baths, mop buckets
- sinks, basins
- water feature, such as a wishing well
- containers for feeding animals
- water troughs, containers for paddling- clam shells
- beach

Management/Nominated Supervisor/ Responsible Person will:

- complete detailed risk assessments that identify and assess risks associated with any water hazards and water-based activities
- ensure water hazards and water play are always highly supervised including:
- direct and constant monitoring of children

- careful and intentional positioning of educators
- scanning and moving around the environment
- observing play and anticipating behaviour
- ensure health and safety practices incorporate approaches to safe storage of water and water play.
- ensure there are no items near fencing that children could climb up onto to gain access to a water hazard (pot plants, boxes, chairs)
- conduct a risk assessment in accordance with the requirements prior to taking children on an excursion which is near water
- ensure water hazards and water play are always highly supervised
- ensure hot water is inaccessible to children.

#### Educators will:

- supervise children near water at all times
- never leave children alone near any water
- ensure children in a bath/shower (if required) are directly supervised at all times
- complete a daily Safety Inspection of premises to ensure that all hazards are known and minimised. When a hazard or potential hazard is detected, Educators will complete a risk assessment to address any concerns and children will be excluded from the area until the hazard has been rectified.
- utilise water activities in appropriate weather as part of the planned program
- allow the children the opportunity to experiment with water, sand, and mixing materials
- monitor all taps on the premises that children have access to and ensure they are turned off securely when not in use
- empty wading pools immediately after every use and store to prevent the collection of water, e.g. upright
- check for and empty any water that has collected in holes or containers after rainfall or watering gardens
- ensure water troughs are not used without a stand to keep it off the ground
- ensure children remain standing on the ground whilst using the water trough
- ensure buckets of water for soaking toys or clothing are inaccessible to children
- ensure water troughs or containers for water play are filled to a safe level and emptied into the garden areas after **each** use
- children will be discouraged from drinking from these water activities
- ensure laundry, storerooms and Educator areas are to have **Staff only** signs on doors to remind adults to close doors behind them
- teach children about staying safe in and around water

## Source –

- Australian Children’s Education & Care Quality Authority. (2014).
- ACECQA. (2021). Policy and procedure guidelines- *Water Safety Guidelines*
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2018).
- [Education and Care Services National Regulations](#). (2011)
- Guide to the Education and Care Services National Law and National Regulations (2017).
- Guide to the National Quality Standard. (2017).
- KidSafe (2021). Water Safety. <https://kidsafe.com.au/water-safety/>
- National Health and Medical Research Council (NHMRC): [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- Revised National Quality Standard. (2018).
- Victoria Government. Better Health Channel. Water safety for children.

## Review

Date Reviewed	Modifications	Next Policy Review Date
August 2017	Minor changes made to policy Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	September 2018
September 2018	Updated the references to comply with the revised National Quality Standard	September 2019
September 2020	additional section re: ‘water hazards’ risk assessment measures added minor edits sources checked for currency	September 2021
September 2021	Added Legislative Requirements/Education and Care Services National Regulations Added Related Policies Checked and updated Sources	September 2022

## Reportable Conduct Scheme

### 2.2 Safety Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

2.2.3 Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
S162(A)	Persons in day to day charge and nominated supervisors to have child protection training

OTHER RELEVANT LEGISLATION
<i>Child Wellbeing and Safety Act 2005 (Vic)</i>
<i>Children, Youth and Families Act 2005 (Amended 2014) (Vic)</i>
<i>Commission for Children and Young People Act 2012 (Amended 2014) (Vic)</i>
Failure to Disclose 2014 (Under Section 327 of the <i>Crimes Act 1958</i> [Vic])
Failure to Protect 2015 (Under Section 327 of the <i>Crimes Act 1958</i> [Vic])
<i>The Charter of Human Rights and Responsibilities Act 2006 (Vic)</i>
<i>Working with Children Act 2005 (Vic)</i>
<i>Family Law Act 1975 (Cth)</i>
<i>Crimes Act 1958 (Vic)</i>

RELATED POLICIES	
Child Protection Policy	Dealing with Complaints Policy
Child Safe Environment Policy	Privacy and Confidentiality Policy
CCTV Policy	Recruitment Policy
Code of Conduct Policy	Supervision Policy

Knight Street Multi-Age Learning is committed to the safety, wellbeing, and support of all children in our care. From January 1<sup>st</sup>, 2019, the Reportable Conduct Scheme has been implemented in Victoria. This aims to complement the Child Safe Standards and other existing child safety measures and ensure that timely reports are made and investigated should there be allegations against employees, volunteers, or visitors of the Service (State of Victoria [Commission for Children and Young People], 2018).

Our Service promotes the wellbeing and safety of children and as an authorised Information Sharing Entity (ISE) will share information and respond to requests for information from other ISEs when relevant requirements for sharing are met under the Information Sharing Schemes (the Schemes) and MARAM.

### Purpose

Management, educators, and staff are committed to identifying possible risk and significant risk of harm to children and young people at the Service. We understand our duty of care to protect children from all types of abuse, including protecting them from potential abuse that could occur within the service by employees,

visitors, students, or contractors. It is therefore imperative that all staff have a thorough knowledge and understanding of the requirements of the Reportable Conduct Scheme, which seeks to improve the responses of organisations to allegations of child abuse and neglect by their employees or volunteers.

To promote and support the wellbeing and/or safety of a child or group of children, all staff and management are aware of the Child Information Sharing Scheme, Family Information Sharing Scheme and MARAM which enable ISEs to request and share confidential information with other ISEs when certain requirements for sharing are met.

### Scope

This policy applies to management, educators, staff, students, volunteers, contractors, and allied health/support staff of the Service.

### Definitions (Source: Victorian Government, CCYP)

#### Reportable Conduct

There are five types of 'reportable conduct':

- Sexual offences committed against, with or in the presence of a child.
- Sexual misconduct committed against, with or in the presence of a child.
- Physical violence against, with or in the presence of a child.
- Any behaviour that causes significant emotional or psychological harm to a child.
- Significant neglect of a child.

#### Head of the organisation

The structure of the organisation will determine the 'head'. In Early Childhood Services this will likely be the Approved Provider, or Chief Executive Officer (CEO) of larger organisations.

#### Failure to disclose

Under the *Crimes Act 1958* (Vic) all adults must make a report to the Victoria Police if they hold a reasonable belief that a sexual offence has been committed by an adult against a child under the age of 16 years.

#### Failure to protect

Under the *Crimes Act 1958* (Vic) a person in a position of authority in an organisation must act to reduce or remove a substantial risk to a child under 16 years of age who is under their care or supervision who may become the victim of sexual abuse committed by an adult associated with their organisation.

## Mandatory reporters

Professional groups, including early childhood teachers and workers, who are mandated under the *Children, Youth and Families Act 2005* (CYFA) (s. 182) are mandated to report their concerns for a child to child protection if they form a belief on reasonable grounds that a child is in need of protection (Source: Victorian Government: Child Protection Manual).

## Reasonable grounds

A belief on reasonable grounds is formed if a reasonable person in the same position would have formed the belief on the same grounds. For example,

- a child states they have been physically or sexually abused
- a child states they know someone who has been physical or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child states the child has been physically or sexually abused
- professional observations of the child's behaviour or development leads the mandated professional to form a belief the child has been abused or is likely to be abused
- signs of physical or sexual abuse leads to a belief the child has been abused.

(Source: Victorian Government, CCYP)

## Implementation

The Head of the organisation must:

- be fully aware of, and knowledgeable about the responsibilities of the head of an organisation, which include all points below.
- be aware of legislation relating to sharing of information regarding child health and wellbeing under the Child Information Sharing Scheme (CISS) or the Family Violence Information Sharing Scheme (FVISS) and MARAM
- ensure information regarding the health and wellbeing of a child is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Child Information Sharing Scheme (CISS) or the Family Violence Information Sharing Scheme (FVISS)). See *Child Protection Policy* for further information regarding legal obligations to sharing of information as per CISS or FVISS Schemes.
- sign up and maintain a subscription for Commission updates in order to maintain current knowledge on Child Protection issues in Victoria (See Resources).
- ensure there are systems in place to prevent child abuse.

- ensure allegations are brought to the attention of appropriate persons for investigation and response
- ensure that all allegations based on reasonable grounds are reported, including allegations made against employees who do not have direct contact with children, and conduct that allegedly occurred outside of their work
- contact 000 if they have immediate safety concerns about a child or young person
- Contact the Commission if unclear on whether or not a reportable allegation should be made about a person: Phone **1300 78 29 78**
- Email: [childsafestandards@ccyp.vic.gov.au](mailto:childsafestandards@ccyp.vic.gov.au)
- gather the information required to complete the report. *Note: The types of information required can be found in Appendix A.*
- notify the Commission within three business days of becoming aware of a reportable allegation, using the online forms found at <https://ccyp.vic.gov.au/reportable-conduct-scheme/notify-and-update/> *Note: You are not able to save the form once commenced: It must be completed in one session.*
- make a report to Victoria Police as soon as you aware that a reportable allegation may involve criminal conduct (if any reportable allegation involves suspected criminal behaviour, notify both the Victoria police and the Commission)
- understand that police investigations take priority over reportable allegation notifications and as such the organisation's investigation may need to be deferred until the police investigation has been completed.
- provide the Commission with details of who is conducting the investigation.
- begin an investigation using the CCYP Investigation Guide (see Resources)
- manage risks to children whilst undertaking the investigation.
- maintain detailed and objective notes on all aspects of the investigation.
- provide the Commission with updates on the organisation's response to the allegation via the online forms.
- assess the evidence and make a decision based on the strength of the evidence as to whether or not the Reportable Conduct occurred
- provide the Commission with detailed information on the reportable allegation and any action taken within thirty calendar days of the initial notification via the online forms. This should include (Source: CCYP Information sheet 8: Investigation findings.):
  - The findings:
    - *Substantiated* - This finding should be used when a decision maker has decided that the reportable conduct has been proven to have happened on the balance of probabilities. The evidence suggests it is more likely than not that the reportable conduct happened because there is enough reliable, convincing, evidence of weight.

- **Unsubstantiated - insufficient evidence** - This finding should be used when there was some evidence of weight to support the allegation, but not enough for the decision maker to make a substantiated finding. The evidence does not suggest that it is more likely than not that the reportable conduct happened.
- **Unsubstantiated - lack of evidence of weight** - This finding should be used when there is not enough evidence to properly investigate the allegation, or the small amount of evidence available is contradictory or confusing. There is not enough evidence to establish whether the reportable conduct did or did not happen.
- **Unfounded** - This finding should be used when there is strong evidence that the reportable conduct did not happen. The evidence suggests that it is more likely than not that the reportable conduct did not happen.
- **Conduct outside scheme** - This finding should be used when the decision maker has investigated the conduct and, although the conduct occurred, it does not fit any of the types of reportable conduct listed in the Act. An example of this might be slapping a child's hand away from a hot stove.
  - The reasons for the finding, which should explain:
    - How the investigation was done.
    - The evidence that was collected and how it was assessed.
    - Whether the evidence was relevant and reliable.
    - How the evidence supported or contradicted the allegation of Reportable Conduct.
    - How convincing the evidence was in all of the circumstances.
- Seek help from the Commission if there are any concerns or guidance is required: Phone **1300 78 29 78**.
- Understand that the Reportable Conduct Scheme does not replace the legal requirement to report allegations to the Victoria Police.

**Management/Nominated Supervisor/Responsible Person will ensure:**

- that they, and all employees have an in-depth understanding of the Reportable Conduct Scheme and how to notify reportable conduct
- a robust recruitment process is implemented with effective pre-employment screening including at least 2 reference checks, WWCC and where applicable National Police criminal history checks
- induction includes relevant information on child safe practices adhering to the new Child Safe Standards, Code of Conduct, strategies that identify, assess and minimise risks to children and mandatory reporting procedures

- all employees are aware of who holds the position of ‘head of organisation’
- there are systems in place to prevent child abuse.
- that they, and all educators and staff maintain a current Working with Children Check
- that they, and all educators and staff follow policies and procedures concerning Child Protection, Child Safe Environments – including the new Child Safe Standards for Victoria, and Reportable Conduct
- allegations are immediately brought to the attention of the Head of the organisation.
- that they will notify the Commission of any alleged Reportable Conduct if the Head of the organisation fails to do so for any reason.
- educators employ ‘*active supervision*’ strategies at all times
- visitors, students are never left with children unsupervised
- all staff, educators and families have been notified in writing about CCTV surveillance devices utilised in the Service (if applicable)

#### Educators will ensure:

- that they have a thorough understanding of their duty of care in relation to Child Protection
- that they maintain a current Working with Children Check
- that they have an in-depth understanding of the Reportable Conduct Scheme and how to notify Reportable Conduct
- they have a thorough understanding, and follow all policies and procedures concerning Child Protection and the new Child Safe Standards (effective July 2022)
- information regarding the health and wellbeing of a child is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Child Information Sharing Scheme (CISS) or the Family Violence Information Sharing Scheme (FVISS)). See *Child Protection Policy* for further information regarding legal obligations to sharing of information as per CISS or FVISS Schemes.
  - all allegations are immediately brought to the attention of the Head of the organisation and/or the Nominated Supervisor and/or Responsible Person.
  - They contact 000 if they have any immediate safety concerns about a child or young person
  - that they will notify the Commission of any alleged Reportable Conduct if the Head of the organisation and/or the Nominated Supervisor and/or Responsible Person fails to do so for any reason
  - that they understand that failure to comply with the Reportable Conduct Scheme requirements may lead to their Working with Children Check being revoked.
  - They are always engaged in active supervision of children

## Source –

- Australian Government: Australian Institute of Family Studies. (2018). *Australian child protection legislation* [CFCA resource sheet]. Retrieved from <https://aifs.gov.au/cfca/publications/australian-child-protection-legislation>
- State of Victoria (Commission for Children and Young People). (2018). *Investigation findings* [Information sheet 8]. Retrieved from <https://ccyp.vic.gov.au/child-safety/resources/reportable-conduct-scheme-information-sheets/#TOC-8>
- State of Victoria (Commission for Children and Young People). (2018). *Reportable conducts scheme*. Retrieved from <https://ccyp.vic.gov.au/reportable-conduct-scheme/>
- State of Victoria (Commission for Children and Young People). (2018). *Reporting to the Commission* [Information sheet 7]. Retrieved from <https://ccyp.vic.gov.au/child-safety/resources/reportable-conduct-scheme-information-sheets/#TOC-8>
- Victoria State Government. (2018). *Child protection manual*. Retrieved from [www.cpmanual.vic.gov.au](http://www.cpmanual.vic.gov.au)
- Victoria State Government: Health and Human Services. (2018). *Changes to child protection law*. Retrieved from <http://providers.dhhs.vic.gov.au/changes-child-protection-law>

## Resources –

### Subscription to Commission updates:

<https://ccyp.vic.gov.au/contact-us/sign-up-for-commission-updates/>

### Information sheets

Available from <https://ccyp.vic.gov.au/child-safety/resources/reportable-conduct-scheme-information-sheets/>

- [Information sheet 1: About the Reportable Conduct Scheme](#)
- [Information sheet 2: What is reportable conduct?](#)
- [Information sheet 3: Responsibilities of the head of an organisation](#)
- [Information sheet 4: Investigation overview](#)
- [Information sheet 5: Other reporting obligations](#)
- [Information sheet 6: Child Safe Standards and Reportable Conduct Scheme](#)
- [Information sheet 7: Reporting to the Commission](#)
- [Information sheet 8: Investigation findings](#)
- [Information sheet 9: Sexual misconduct](#)
- [Information sheet 10: Physical violence](#)
- [Information sheet 11: Significant neglect](#)
- [Information sheet 12: Historical allegations](#)

- [Information sheet 13: Workers and volunteers](#)
- [Information sheet 14: Commission own motion investigations](#)
- [Frequently asked questions](#)

### Notification forms

Available from <https://ccyp.vic.gov.au/report-an-allegation/>

- Three-day notification – head of organisation
- 30-day update
- Investigation outcome update
- Investigator update
- Other information update

### Review

<b>Date Reviewed</b>	<b>Modifications</b>	<b>Next Policy Review Date</b>
August 2019	New policy created	August 2020
April 2020	Spelling Grammar	April 2020
November 2020	Policy reviewed. minor editing sources checked for currency	November 2021
November 2021	Added Education and Care Services National Regulations Added Other Relevant Legislation Added Related Policies	November 2022

## Road Safety Policy

### Quality Area 2: Children's Health and Safety

- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2 Safety - Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Traffic related injuries remain one of the leading, preventable causes of death and serious injury for young children. Driveways, car parks, unfenced yards, private roads, and farms are particular danger areas and many young children, predominantly toddlers, are killed or injured each year in their own home driveway (Kids and Traffic, 2014; Kidsafe, 2018). Our duty of care as an Early Childhood Education and Care Service, is to provide children with an adequate level of care and protection to safeguard their health, safety, and wellbeing at all times. Our Service is committed to providing road safety education to help children become responsible road users as pedestrians, passengers and users of bikes, scooters, skateboards and other wheeled toys.

### Purpose

Our Service will ensure best practice guidelines are implemented to ensure that children are kept safe whilst travelling as pedestrians, cyclists, and passengers in vehicles. As educators, we encourage families to participate in road safety education with their children to support them to become safe and responsible on and around roads.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

To comply with National regulations and law, Early Childhood Services are required to protect children from harm and hazards likely to cause injury. To ensure compliance, management and educators of the Service will ensure best practice is adhered to, maintaining children's health and safety.

Management will ensure:

- Educators only allow a child to participate in an excursion with the written authorisation of a parent/guardian, in accordance with National Regulations. (Refer to Excursion policy)
- A written risk assessment is undertaken prior to excursions, including the safest route for travel
- Road safety education is provided within the program for children and families
- Educators have access to regular professional development and training in road safety, complying with national regulations and standards.
- There are ample helmets for the children to be able to ride their bikes and scooters in the outdoor environment safely.
- Parents have a clear understanding about our policies in order to keep children safe.
- The Educational Leader educates staff about the importance of road safety

A Nominated Supervisor/ Responsible Person will ensure:

- Children participate in excursions only if they have parent permission
- A risk assessment is completed prior to excursions to ensure the safest route and minimise or manage any potential risks
- Children are adequately supervised at all times
- They have a clear understanding and comprehension of national regulations and standards in regards to keeping children safe
- Helmets are always set up when the bikes and scooters are made available to children

Educators will:

- Communicate excursion requirements with the Nominated Supervisor and Management to ensure they have a clear understanding about expectations
- Have a comprehensive understanding of the National Regulations and Standards in regards to keeping children safe.
- Educate children about the importance of road safety, obeying the rules, listening to families, holding hands, pedestrian safety, car safety etc.
- Discuss road safety guidelines into the program for children to gain a clear understanding and gain the knowledge required to keep safe
- Set up helmets when bikes and scooters are made available to children
- Adhere to their duty of care to keep children safe

Important: parents will be notified as soon as practicable but within 24 hours if their child is involved in an accident at the Service or while under Service care. Also, details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record.

Important: if the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours.

Parents are responsible for:

- Reading, signing and dating permission forms prior to excursions to confirm they agree to the excursion conditions.
- Ensuring their child/children travels in an appropriate and approved restraint, suitable for their age and weight when arriving and departing the Service
- Being aware of safety locations and general road safety requirements when arriving and departing from the Service
- Never leaving a child/children and/or animal in the car alone at any time
- Using the safety door when arriving and departing the Service
- Being aware of the Service policy relating to safe transportation of children to and from the service.

Duty of Care

All educators have a duty of care to ensure the safety of children at all times. Where a parent or guardian is observed demonstrating unsafe behaviour such as: not securing a child in a suitable restraint, parking incorrectly or driving erratically, not providing a bike helmet for the child to wear on a bike or scooter, crossing roads incorrectly, educators should-

- talk to the parent about their concerns calmly
- provide a copy of this policy to the parent
- provide information to the parent about safe transportation of their child
- provide information on car restraints and services to install these in the local area
- provide information about the use of helmets when riding to the parent
- inform the Nominated Supervisor or Approved Provider

If the parent/guardian arrives at the Service and does not appear fit to take care of the child (intoxicated or under the influence of drugs), educators should:

- discuss their concerns with the parent
- suggest that another parent or authorised nominee collects the child
- contact an authorised nominee to collect the child
- notify the police or child protection if they have any concern for the child’s safety
- contact the Nominated Supervisor and/or Approved Provider
- document the actions for evidence

#### Source

- Australian Children’s Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Roads and Traffic Authority Website
- NCAC Newsletter
- National Law
- Child Protection Act
- Mandatory Reporting Guide
- Revised National Quality Standards

#### Review

Policy Date	Modifications	Review Date
October 2018	New Policy Created Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. Updated references to comply with the revised National Quality Standard	October 2019
April 2020	Spelling mistakes fixed	April 2021
December 2020	Duty of care added	December 2021

## Safe Storage of Hazardous Chemicals Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2 – Children’s Health & Safety

#### 2.2 Safety Each Child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
Section 167	Offence relating to protection of children from harm and hazards
82	Tobacco, drug and alcohol-free environment
85	Incident, injury, trauma and illness policies and procedures
97	Emergency and evacuation procedure
106	Laundry and hygiene facilities
112	Nappy change facilities
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed

RELATED POLICIES	
Administration of First Aid Policy	Health and Safety Policy
Administration of Medication Policy	Incident, Injury, Trauma and Illness Policy
Environmentally responsible policy	Work, Health, and Safety Policy

By maximising awareness to the potential hazards of chemicals and equipment, we aim to minimise the risk of harm to Educators, children, and families by ensuring hazardous products are safely stored, handled, and controlled.

### Purpose

Our Service aims to protect children, families and visitors from hazard and harm at all times. We promote the use of environmentally friendly products where possible and ensure we provide a safe environment where chemicals and hazardous products and equipment are safely stored and managed away from children and are handled appropriately.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

- that every practical measure is taken to protect children being educated and cared for by the Service from harm and any hazard likely to cause injury (National Law – section 167)
- a smoke free environment is provided to children, staff, families and visitors at all times.
- all dangerous goods and hazardous substances are identified within the Service and included in the chemical register.
- the Poison Hotline number is clearly displayed near the First Aid Kit/ in each room.
- a risk assessment has been conducted in consultation with the Health and Safety Representative prior to using any potentially dangerous or hazardous substance (including pesticides and herbicides)
- educators adhere to the Service procedures for dealing with and handling chemicals.
- Safety Data Sheets (SDS) and the Chemical Register is readily available and regularly updated.
- appropriate training and Personal Protective Equipment (PPE) is provided for employees who may be exposed to dangerous goods and/or hazardous substances
- relevant signage is displayed highlighting the hazardous nature of chemicals used or stored in the Service (e.g. Caution- Chemical Storage Area; Danger; Hazardous Chemicals)
- laundry and nappy change facilities are located and maintained in a way that prevents unsupervised access by children.
- there are emergency procedures and practices for accidental spills and/or contamination and corresponding first aid plans for all dangerous goods handled and stored in the Service.
- action is taken to remove any pests or vermin by a licensed exterminator, who will provide the Service with a certificate of currency. Initially, using non-chemical methods such as physical removal, maintaining a clean environment, and use of any non-toxic products will be implemented.

### Responsible Person Will Ensure:

- At least one educator/staff member is in attendance on the premises with ACECQA approved first aid qualifications at all times.

- All staff are made aware of correct storage and usage procedures for potentially hazardous materials during their initial orientation at the Service.
- There are appropriate and lockable storage facilities in the Service in which dangerous products are stored.
- Dangerous products will be stored in areas of the Service that are not accessible to children or in cupboards fitted with key or childproof locks.
- A hazardous substances register is used and regularly updated.
- A risk assessment for any dangerous materials stored in bulk within the education and care premises has been carried out and is regularly updated.
- Safety Data Sheets (SDS) are maintained at the Service. Safety Data Sheets must be kept on all chemicals used on the premises. Work Health and Safety (WH&S) officers are to keep this information up to date at all times, with a review of the folder annually. No SDS is to be more than 5 years old.
- Chemicals in spray bottles are clearly labelled with contents and are not used with children in the immediate vicinity.
- In the event of any incident involving accidental exposure to chemicals or other hazards or incident involving possible poisoning, an *Incident, Injury, Trauma and Illness Record* will be completed.
- If a serious incident occurs involving the need for medical intervention or emergency services, notification is made to the Regulator Authority within 24 hours

#### Educators Will:

- Seek medical advice if needed by contacting the Poisons Information Line (13 11 26) or by calling 000
- Wear Personal Protective Equipment (PPE) when handling dangerous substances or materials.
- Not use spray bottles containing chemicals in the immediate vicinity of any child or children
- Read the label before using any cleaning material, sprays or chemicals and strictly adhere to the *'Directions for use'* and be aware of appropriate first aid measures.
- Store all dangerous products in well-labelled and original containers that preferably have child resistant lids and caps in a secure, inaccessible to children.
- Ensure all chemicals and cleaning products are returned to their designated location immediately upon completion of cleaning tasks.
- Not mix cleaning products as there is the potential for harmful chemical reactions to occur endangering all persons on the premises.
- Dispose of all products safely, in accordance with the manufacturer's instructions on the product label, Work Health and Safety regulations, and Council by-laws.
- Ensure cleaning and hazardous products are not stored close to food products.
- Consider minimising the use of dangerous products in the education and care service and use alternate "green cleaning" options.
- Complete daily and quarterly WHS checklists to ensure that any dangerous products used within the Service have current Safety Data Sheets (SDS) and are stored appropriately.
- Only administer children's medications with family authorisation and in accordance with medical directions (see *Administration of Medication Policy*)
- Ensure medication is stored in an area inaccessible to children.
- Ensure any medications or dangerous substances that requires refrigeration, be placed in a labelled childproof container, preferably in a separate compartment of the fridge.
- Check that all remotes, toys, and products containing button batteries have a screw to secure them.

### Poisoning:

- Many products and materials that are used and kept within the Service are potentially poisonous to children. Poisonings can happen quickly. Toddlers are most at risk due to their tendency to put objects in their mouths.
  - Poisonous substances may include medication, household cleaners, garden products, paint, cosmetics, toiletries, chemicals, batteries and petroleum products. Our Service will ensure all items that may cause harm to children are inaccessible. Staff will keep their personal items in a cupboard/locker which is inaccessible to children.
  - Poisonous plants and trees can also cause safety risk to children and should be identified in any risk assessment conducted at the Service and risk mitigation strategies implemented including removal of any potentially dangerous/poisonous plants and trees.
  - Our Service will display a notice detailing the Poison information hotline in visible positions.
  -
- **POISON INFORMATION HOTLINE**      **13 11 26**

### Source:

- Approved First Aid Qualifications: [www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications](http://www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications)
- Australian Children’s Education & Care Quality Authority, 2014.
- ECA Code of Ethics.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
- Guide to the National Quality Standards.
- Health and Safety in Children’s Centres: Model Policies and Practices (2nd ed.):  
[www.community.nsw.gov.au/docswr/assets/ain/documents/childcare\\_model\\_policies.pdf](http://www.community.nsw.gov.au/docswr/assets/ain/documents/childcare_model_policies.pdf)
- Safe Work Australia.
- Revised National Quality Standards.

### Review:

Date Reviewed	Modifications	Next Policy Review Date
October 2018	Wording ‘corrected’ and sentences reworded. References corrected, added &/or updated. Links checked. Sources/references alphabetised. Additional information added to points. Rearranged the order of points for better flow Minor formatting (line spacing & paragraph spacing) for consistency throughout policy.	October 2019
October 2020	Poison section added & sources checked	October 2021
October 2021	Added Education and Care Services National Law and National Regulations Added Related Policies Updated Sources	

## Safe Transportation Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2: Children's Health and Safety

2.2 Safety - Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND LAW	
4 (1)	Definition regular transportation
85	Incident, injury, trauma and illness policies and procedures
89	First Aid Kits
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct a risk assessment for excursion

102	Authorisation for excursion
102A	Transportation of children other than as part of an excursion
102B	Transport risk assessment must be conducted before service transports child
102C	Conduct of risk assessment for transporting of children by the education and care service
102D	Authorisation for service to transport children
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios-centre-based services
136	First aid qualifications
158	Children's attendance record to be kept by approved provider
161	Authorisations to be kept in enrolment record
168	Education and care service must have policies and procedures
168(2)(ga)	Education and care service must have policies and procedures (transportation)
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
183	Storage of records and other documents
S165	Failure to adequately supervise children
S167	Failure to take reasonable precautions to protect children from harm and hazards

RELATED POLICIES	
Arrival and Departure Policy Administration of First Aid Policy Behaviour Guidance Policy Child Protection Policy Child Safe Environment Policy Emergency Evacuation Policy	Enrolment Policy Excursion Policy Incident, Injury, Trauma and Illness Policy Record Keeping and Retention Policy Responsible Persons Policy Work Health and Safety Policy

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place in relation to the safe transportation of children (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

[ACECQA, 2021]

Transportation of children is sometimes provided as part of our education and care service. Compliance with the Education and Care Services National Law and Regulations is mandatory to ensure the safety of children at all times and new provisions and amendments to these regulations are reflected in our procedures and policy for transportation and the safe handover of children.

We acknowledge our ensuring duty of care obligations by adhering to relevant legislation providing adequate supervision of children at all times, maintaining correct educator to child ratios, maintaining accurate attendance records and providing appropriate child restraints for children under our care.

### Purpose

We aim to ensure that all children being educated and cared for by our Service are adequately supervised at all times. This includes ensuring educator to child ratios are met whenever and wherever the service is operating including providing transportation as part of our service activity.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

The safety of children enrolled at our service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including transportation. Educator to child ratios are adhered to in addition to ensuring the maximum numbers on the service approval are not breached at any time. Adequate supervision is therefore not static as it is dependent upon a range of considerations documented in risk assessments.

### Definitions (effective 1 October 2020)

Regular outing: in relation to an education and care service, means a walk, drive, or trip to and from a destination

- (a) that the service visits regularly as part of its educational program; and
- (b) where the circumstances relevant to the risk assessment are *substantially* the same on each outing

Regular transportation: in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are *substantially* the same for each occasion on which the child is transported.

Written authorisation: authorisation given by a parent or other person named in the child's enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service. If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:

- a) the child's name; and
- b) the reason the child is to be transported; and
- c) if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and
- d) if the authorisation is not for a regular transportation, the date the child is to be transported; and
- e) a description of the proposed pick-up location and destination; and
- f) the means of transport; and
- g) the period of time during which the child is to be transported; and
- h) the anticipated number of children likely to be transported; and
- i) the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation; and
- j) any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and
- k) that a risk assessment has been prepared and is available at the education and care service; and
- l) that written policies and procedures for transporting children are available at the education and care service.

### Transport specific risk assessment

As per the Education and Care Services National Law, our service will *'ensure that every reasonable precaution is taken to protect children...from harm and from any hazard likely to cause injury'* (Section 167).

Our Service will conduct comprehensive transport specific risk assessments to minimize and manage all potential risks for transporting children before authorisation is sought to transport a child. [Reg. 102B, 102D(4)].

A risk assessment will be undertaken at least annually for *'regular transportation'* of children. Each time our Service transports, or arranges, the transport of children as part of an excursion, a new risk assessment will be conducted. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service.

Our risk assessment process is guided by the following process:

- identify any hazards or potential hazards that transporting the child may pose to the safety, health, and wellbeing of the child

- assess the risk of harm or potential harm using a risk matrix
- specify how the identified risks will be managed by eliminating or minimising the impact using control measures
- evaluate the current risk or potential harm by implementing control measures
- review and monitor the risk or potential harm to ensure it continues to be managed as a low risk

source: Risk assessment and management ACECQA (2020)

Our risk assessment will consider:

- a) the proposed route and duration of the transportation; and
- b) the proposed pick-up location and destination; and
- c) the means of transport; and
- d) any requirements for seatbelts or safety restraints (as per the law of our jurisdiction); and
- e) any water hazards; and
- f) the number of adults and children involved in the transportation; and
- g) given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialized skills are required; and
- h) whether any items should be readily available during transportation (mobile phone, list of emergency contact numbers) and;
- i) the process for entering and exiting-
  - i. the education and care service premises; and
  - ii. the pick-up location or destination (as required); and
- j) procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

**Management/ Nominated Supervisor/Responsible Person will ensure:**

- risk assessments are carried out prior to seeking authorisation for transporting children is made with the Approved Provider
- risk assessments for 'regular transportation' are evaluated regularly to ensure potential risks are identified and managed
- risk assessments for 'regular transportation' are reviewed at least annually
- details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment
- every reasonable precaution is taken to protect children from harm and hazards likely to cause injury
- compliance with first aid requirements of Regulation 136 are met at all times
- parents/guardians complete a written authorisation for transportation of their child and a copy of this is filed in the child's enrolment record

- children are instructed on processes for entering and exiting the service premises and are aware of the pick-up and destination locations
- children's attendance is checked against an accurate attendance record showing when children are within the care of the service. The record of attendance must record the time that the child arrives and departs the service and signed by the nominated supervisor or educator
- children's attendance is checked by the supervising educator/staff before departure from the designated pick up location and marked as present as they disembark from the vehicle
- educator to child ratio requirements are maintained at all times
- children exit the vehicle using the 'safety door'
- children wear approved seatbelts/restraints whilst the vehicle is in motion
- children are never left unattended in the vehicle
- safety rules are developed with children to ensure a clear understanding of appropriate and inappropriate behaviour
- staff are aware of appropriate procedures to be followed in the event of a vehicle crash involving staff and children from the service
- a working mobile phone is provided in case of emergency
- a list of emergency contact numbers for the children being transported is available
- every effort will be made to notify parents/carers of delays returning to the Service if applicable
- relevant criminal history requirements and Working with Children Checks are made for any person transporting children. WWCC is recorded in staff records
- the person driving the vehicle/bus holds a current Australian driver's licence
- any allegation of misconduct of the educator or staff member will be reported immediately as per the Reportable Conduct Scheme detailed in our Child Protection Policy and/or Child Safe Environment Policy.

#### Management/Nominated Supervisor will ensure:

- an easily recognised and suitably equipped first aid kit is easily accessible during transportation
- at least one staff member accompanying children during transportation holds:
  - an approved first aid qualification
  - a current approved anaphylaxis management training qualification and
  - an approved emergency asthma management training qualification.

#### Picking up children and during transportation

- the vehicle/bus will be parked in a safe location where children are not required to cross any roads (if this is unavoidable, a risk assessment and dedicated procedure for crossing the road will be completed)
- the children's attendance record is checked by the supervising educator/staff member as children assemble in a predetermined location prior to boarding
- children are continuously supervised during transportation by a designated educator/staff member sitting in a location that provides clear vision of all children
- children are to remain seated until the vehicle/bus has completely stopped
- the designated driver of the vehicle/bus complies with all appropriate road, safety and transport regulations
- under no circumstances will the driver of the vehicle/bus and educators supervising the children use handheld mobile phones unless safely parked
- under no circumstances will the driver and educators/employees supervising children be under the influence of alcohol or drugs
- the designated driver of the vehicle has the right, *if required* to stop in a safe place until the children conform to the safety guidelines. Parents will be notified if their child continues to be challenging and/or behaving in a dangerous manner.

### Dropping off children

- children are to remain seated until the vehicle/bus has completely stopped
- a designated educator/staff member will assist children to safely disembark the vehicle/bus
- children will exit the vehicle/bus using the 'safety door' or door located near the kerb
- educators/staff conduct a final sweep of the vehicle/bus, checking on and under seats to ensure there are no children or belongings left behind
- once inside (or on location) the children are signed in which will provide an additional attendance check to confirm all are present
- educators will record the time when children are signed in to the service or other venue

### Families will:

- adhere to the *Service's Arrival and Departure Policy* and *Safe Transportation Policy*
- communicate any change in transportation requirements for their child with management/nominated supervisor as soon as they are aware (for example: no transport is required on a particular day as the child has returned home from school due to illness)

- notify the Service if their child is going to be absent on a particular day and not require transport
- ensure written permission for transportation of their child by the Service is granted by either the parent or authorised nominee named in the child’s enrolment record
- update emergency contact numbers regularly

### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2018).
- [Education and Care Services National Regulations](#). (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2018). (Amended 2020).
- Revised National Quality Standard. (2018).
- Road Transport (Safety & Traffic Management) Act 1999.

### Review

Policy Reviewed	Modifications	Next Review Date
September 2020	Policy Created	September 2021
September 2021	Added Education and Care Services National Regulations and Law Added Related policies	September 2022

## Sick Children Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2: Children’s Health and Safety

- 2.1 Health - Each child’s health and physical activity is supported and promoted
- 2.1.1 Wellbeing and comfort - Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest, and relaxation
- 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
92	Medication record
93	Administration of medication

168	Education and care service must have policies and procedures
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RELATED POLICIES	
Administration of First Aid Policy	Handwashing Policy
Administration of Medication Policy	Immunisation Policy
Control of Infectious Diseases Policy	Incident, Injury, Trauma and Illness Policy
Coronavirus-COVID-19 Management Policy	Medical Conditions Policy
Enrolment Policy	Pregnancy in Early Childhood Policy
Family Communication Policy	

Children come into contact with many other children and adults in the early childhood environment increasing their exposure to others who may be sick or carrying an infectious illness. The National Quality Standard requires early childhood education and care services to implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, educators, and families. We acknowledge the difficulty of keeping children at home or away from childcare when they are sick and the pressures this causes for parents, however our Service aims to minimise the transmission of infectious diseases by adhering to regulations and policies protecting the health of all children, staff, families and visitors.

### Purpose

We aim to maintain the health and wellbeing of all children, staff, and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

Our Service has adopted the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) publication recommendations developed by the Australian Government National Health and Medical Research Council to guide our practices to help limit the spread of illness and disease. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Service and at home.

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the Australian Government- Department of Health and local public health units in our jurisdiction as per the Public Health Act.

There are three steps in the chain of infection

1. The germ has a source

Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

2. The germ spreads from the source

Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).

Some germs can spread directly from person to person; others can spread from the infected person to the environment. Many germs can survive on hands, and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them spreading through the environment. (Source: Staying Healthy in Childcare. 5th Edition)

3. The germ infects another person

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity. Illness can be prevented at this stage by stopping the germ from entering the body (for example, by making sure that all toys that children put in their mouths are clean, by washing children's hands and by covering wounds), and by prior immunisation against the germ. (Source: Staying Healthy in Childcare. 5th Edition)

### Minimizing the spread of infections and diseases in early education and care services

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can enhance negative attitudes in the workplace which can cause stress on families. Families may also experience guilt when they send their child to care who is not well.

However, it is imperative that families maintain a focus not only on the well-being of their own child but also upon the well-being of other children and the early childhood professionals at the Service. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

The need for exclusion and the length of time a person is excluded depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

At times, an outbreak of a new or 'novel' virus or infection, such as COVID-19, may require exclusion from the Service that is not specified in general exclusion periods for common infectious illnesses. Information, education, and recommendations regarding any 'novel' virus will be provided by the Australian Government Department of Health and/or local public health unit.

(see Excluding Children from the Service section)

The need for exclusion and the length of time a person is excluded depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

Our Educators and Staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

To help minimise the spread of illness and infectious diseases our Service implements rigorous hygiene and infection control procedures and cleaning routines including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of protective gloves
- exclusion of children, educators, or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources and bedding
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- physical distancing (when recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)

Children arriving at the Service who are unwell

Management will not accept a child into care if they:

- have a contagious illness or infectious disease
- have been in close contact with someone who has a positive confirmed case of COVID-19
- have a temperature above 37.5°C when assessed prior to entry to the service (effective during a pandemic or outbreak of an infectious disease)
- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature, vomiting in the last 48 hours- as reported by a parent
- have had diarrhoea in the last 48 hours
- have started a course of anti-biotics in the last 24 hours
- have been given medication for a temperature prior to arriving at the Service (for example: Panadol)

### Children who become ill at the Service

Children may become unwell throughout the day, in which case Management and Educators will respond to children's individual symptoms of illness and provide immediate comfort and care.

- Educators will closely monitor and document the child's symptoms on Earlyworks using the *Incident, Injury, Trauma and Illness Record*
- Children who are unwell at the Service will be able to rest in a supervised area away from other children until parents or the emergency contact person is able to collect them
- A child who has passed runny stools/vomited whilst at the Service will be sent home and may only return once child has been symptom free for 48 hours
- Educators will take the child's temperature. If the child's temperature is 37.5°C or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child collected (within 30 minutes)
- Educators will attempt to lower the child's temperature by:
  - removing excessive clothing (shoes, socks, jumper, pants)
  - encouraging the child to take small sips of water
  - moving the child to a quiet area where they can rest whilst being supervised
- Educators will continue to document any progressing symptoms.
- Educators will complete the *Incident, Illness, Accident and Trauma Record*, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact.

Educators will thoroughly clean and disinfect any toys, resources or equipment that may be contaminated by a sick child.

## Common colds and flu

The common cold or flu (viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have cold or flu symptoms, management will determine if the child is well enough to continue at the Service or if the child requires parental care.

Our Service aims to support the family's need for childcare however, families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

Children who are generally healthy, will recover from a common cold in a few days. Keeping a child home and away from childcare, helps to prevent the spread of germs.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our service encourages staff and children to be vaccinated once a year.

## Reporting Outbreaks to the Public Health Unit

Management is required to notify the local [Public Health Unit](#) (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases, any confirmed case of COVID-19 or outbreak of gastroenteritis.

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness.

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak such as coronavirus- COVID-19.

### Excluding children from the Service

When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the [Public Health Unit](#) (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

[Recommended exclusion periods- Poster Staying Healthy: Preventing Infectious diseases in early childhood education and care services](#)

- [Minimum periods for exclusion from childcare services \(Victoria\)](#)
- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period, and the exclusion period. (This information can be obtained from *Staying healthy: Preventing infectious diseases in early childhood education and care and Public Health Unit, or Department of Health*).
- If a vaccine preventable disease occurs in the Service, children who have not been fully immunised will be excluded from care.
- Management will check all children's Immunisation records and alert parents as required.
- A medical clearance from the child's General Practitioner stating that the child is cleared to return to the childcare setting will also be required before the child returns to care.
- Children that have had diarrhoea and vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.
- Children who have a suspected case of COVID-19 and meet the criteria for testing (fever, cough, sore throat, shortness of breath) are required to contact their GP or be tested at a COVID-19 testing clinic. Exclusion periods will apply if they have a confirmed case.

### Notifying families and Emergency Contact

- It is a requirement of the Service that all emergency contacts be able to pick up an ill child within a 30-minute timeframe.
- In the incident that the ill child is not collected in a timely manner, or should parents refuse to collect the child a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

### Management and Educators will ensure

- notification is made to the Regulatory Authorities within 24 hours of any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
  - (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
  - (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
- any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
- notification is made to the Public Health Unit on 1800 020 080 of any confirmed cases of COVID-19
- notification is made to the Regulatory Authority within 24 hours of any confirmed cases of COVID-19

### Families Responsibility

In order to prevent the spread of disease, families are required to monitor their child's health and not allow them to attend childcare if they have an infectious illness or display symptoms of an illness.

For children who have ongoing medical needs such as asthma or anaphylaxis, parents should regularly review their child's health care action plans to ensure educators and other staff are able to manage their individual needs as required.

Families should implement effective hygiene routines at home such as regular handwashing and sneeze and cough routines (use of tissues, covering their mouth with coughing, sneezing into a tissue or elbow).

Families should notify the Service if their child has been unwell in the past 48 hours or someone in the family is/has been sick. This is particularly critical during a pandemic such as COVID-19.

Signs of illness in young children may include:

- runny, green nasal discharge
- high temperature

- diarrhoea
- red, swollen or discharging eyes (bacterial conjunctivitis)
- vomiting
- rashes (red/purple)
- irritability, unusually tired or lethargic
- drowsiness
- poor circulation
- poor feeding
- poor urine output
- a stiff neck or sensitivity to light
- pain
- mouth sores that cause drooling
- impetigo

Parents should seek medical attention should their child (or other family members) develop symptoms such as:

- high fever
- uncontrolled coughing or breathing difficulties

Families are required to keep up to date with their child's immunisation, providing a copy of the updated AIR Immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule.

#### Returning to care after surgery

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.

#### Source

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation
- National Quality Standards
- Early Years Learning Framework

- Staying Healthy in Child Care 5th Edition
- National Health and Medical Research Council
- Revised National Quality Standard

### Review

Policy Reviewed	Modifications	Next Review Date
May 2018	Minor changes made to the policy terminology to ensure best practice Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. Updated references to comply with the revised National Quality Standard Included information from 'Staying Healthy in Childcare' about the Chain of Infection. Updated the exclusion period in respect of a vomiting and expanded the 'Families Responsibilities' section.	May 2019
June 2020	<ul style="list-style-type: none"> <li>• temperature range to indicate fever changed to 37.5° Celsius or above for screening</li> <li>• temperature screening guidance added to align with COVID-19 recommendations (Victoria DET)</li> </ul> inclusion of posters for display in services re: temperature checks	June 2021
June 2021	Added Education and Care Services National Regulations Added Related Policies Sources checked	June 2022

## Snake Awareness Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2: Children's Health and Safety

#### 2.2 Safety Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

#### Quality Area 3 - Physical environment

3.2.3 Environmentally responsible - The service cares for the environment and supports children to become environmentally responsible.

#### Quality Area 7: Governance and Leadership

#### 7.1 Governance - Governance supports the operation of a quality service

7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First Aid Kits
87	Emergency and evacuation procedures
98	Telephone or other communication equipment
100	Risk assessment must be conducted before excursion
168	Education and care services must have policies and procedures

RELATED POLICIES	
Administration of First Aid Policy Emergency Evacuation Policy Family Communication Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Supervision Policy Work Health and Safety Policy

Early Education and Care services may be located in bush settings or visit bush settings as part of their educational program where it is known snakes may be active and present. Snakes are most prevalent during Spring or Summer but could be encountered at any time of the year- especially on sunny days.

Unprovoked, snakes rarely attack humans and are generally shy, timid animals that will avoid conflict if given the opportunity. Snakes are protected under the Nature Conservation Act 1992 and it is an offence to kill or injure them. The greatest risk of snake bite from venomous snakes is from people trying to kill or handle them.

Our Service is committed to providing a safe and healthy environment for children and staff whilst being respectful of wildlife in and around our environment. We aim to minimise the potential risk of injury from a snake bite by educating children and staff about the risks associated with snakes.

### Purpose

We aim to ensure every reasonable precaution is taken to protect children and staff from harm and hazards likely to cause injury, including the potential risk from snake bites. This policy aims to define the risks of snakes within our service environment, the necessary strategies implemented to minimise the risk of snake bites and the appropriate medical response if required.

## Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Snakes

Australia has around 170 species of land snakes, some equipped with venom more toxic than any other snakes in the world. Some of the most dangerous snakes belong to the front-fanged group including- the tiger snake, brown snake, eastern taipan, death adder and mulga or king brown snake. Snake bites can be potentially fatal so immediate medical assistance should be sought for all cases of suspected snake bite.

Snakes are not naturally aggressive and always prefer to retreat. They will only attack humans if hurt or provoked. People are most likely to be bitten when attempting to kill or handle a snake.

## Implementation

### Management/Nominated Supervisor/Responsible Person will:

- develop an emergency plan and procedure to include the response if encountering a snake and actions required in case of a snake bite
- provide a snake identification chart for snakes found in our local area for educators and staff
- provide emergency first aid training for all educators and staff annually and are update each 'snake season' of immobilisation techniques
- ensure an emergency action plan is displayed in a prominent location should a snake bite occur
- ensure First Aid Kits contain compression bandages
- provide information to families about snake awareness and recommended responses if encountering a snake
- educate children about how to respond to a snake sighting when participating on an excursion or at bush kinder
- follow procedures for notification of a serious incident in the unlikely event of a staff member or child being bitten by a snake
- complete an *Illness, Accident or Trauma Record* in the event of a snake bite
- ensure all educators and staff wear enclosed footwear at all times

### Educators will:

- become familiar and confident with the Service's emergency evacuation policies and procedures in case of a snake encounter or snake bite
- always leave snakes alone
- be aware of snake species inhabiting the local area
- participate in annual First Aid training
- ensure the first aid kit is easily accessible and contains compression bandages
- notify the Nominated Supervisor/Approved Provider/Responsible Person immediately if a snake is sighted

- wear adequate clothing and enclosed shoes at all times
- educate children about snakes and snake bite prevention behaviours
- ensure children are reminded on a regular basis that if they encounter a snake, to move away quietly and report the sighting to an educator
- educate children not to put their hands into hollow logs or rock crevices

#### Encountering a snake

If a snake is sighted or encountered educators and staff will:

- inform children to move away quietly
- remove all children and staff from the immediate area
- isolate this area until the snake moves
- note the location of the snake
- if possible, monitor the snake from a safe distance (at least 5 metres away)
- if snake remains and is perceived to be a threat, contact local snake handler or WIRES
- **do not** approach the snake or try to contain it

#### Emergency snake bite action plan

- Conduct a primary survey of the area – do not attempt to catch or kill the snake
- Stay calm and call for help- have someone call 000 for an ambulance
- Reassure the child/adult and encourage them to keep calm and still
- Immediately apply a firm bandage over the bite marks or scratches
- Apply Pressure Immobilisation Technique (see Appendix 1)
- Maintain continued pressure and immobilise ensuring the child/adult does not move
- Rest and reassure the patient
- Do not take off clothing
- Do not wash bite as a venom sample can be used to identify the snake
- Do not cut or suck the bite to drain venom
- Do not apply a tourniquet
- Be prepared- resuscitation may be required

#### Families will:

- familiarise themselves with the *Snake Awareness Policy*
- ensure their child wears closed shoes to the Service
- reinforce snake awareness behaviours with their child- especially during 'snake season'
- provide feedback to the Service regarding this policy for review and improvement

## Appendix 1

### Pressure immobilisation bandage

A pressure immobilisation bandage is recommended for anyone bitten by a venomous snake. This involves firmly bandaging the area of the body involved, such as the arm or leg, and keeping the person calm and still until medical help arrives.

Follow these steps to apply a pressure immobilisation bandage:

- First put a pressure bandage over the bite itself. It should be tight, and you should not be able to easily slide a finger between the bandage and the skin.
- Then use a heavy crepe or elasticised roller bandage to immobilise the whole limb. Start just above the fingers or toes of the bitten limb and move upwards on the limb as far as the body. Splint the limb including joints on either side of the bite.
- Keep the person and the limb completely at rest. If possible, mark the site of the bite on the bandage with a pen.

(source: health direct)

### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian Venom Research Unit, University of Melbourne [www.avru.org](http://www.avru.org)
- Australian Capital Territory Government Environment, Planning and Sustainable Development Directorate-  
Environment *Urban Wildlife Snakes*
- [Education and Care Services National Regulations](#). (2011)  
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2018). (Amended 2020).
- Health Direct <https://www.healthdirect.gov.au/snake-bites>
- Revised National Quality Standard. (2018).

### Review

Policy Reviewed	Modifications	Next Review Date
September 2020	New Policy	September 2021
September 2021	Added Education and Care Services National Regulations Added Related Policies	September 2022

## Supervision Policy

### Quality Area 2: Children's Health and Safety

#### 2.2 Safety Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Supervision is defined as 'the active awareness of the responsibility to act in the best interest of all involved in the Service to provide a safe, healthy and supportive environment that promotes, supports, builds on and challenges children's learning and development.'

#### PURPOSE

Educators have a duty of care to ensure children are always supervised, as they maintain a safe and secure environment adhering to National Regulations. Supervision, together with thoughtful design and arrangement of children's environments, assists in the prevention and severity of injury or incident to children.

Educators will actively supervise children, identifying risks and minimising injury. Effective supervision of children provides Educators with the opportunity to support and build on children's play experiences.

#### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

## IMPLEMENTATION

Management will ensure:

- That the premises and facilities are designed and maintained to facilitate supervision of children at all times while maintaining the rights and dignity of all children.
- That the age and supervision requirements for Educators are maintained at all times.
- Regulatory Authorities are notified of any serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident.
- Educators under eighteen years of age may work at a Centre-based Service provided they are adequately supervised by an educator over the age of 18 at all times and are not left alone.
- Minimum Educator qualification requirements are recognised under the National Quality Framework.

The Service maintains the required educator-to-child ratio working directly with children at all times, based on the ages and number of children being educated and cared for at the Service.

### Management and/or the Nominated Supervisor will:

- Ensure that all Educators are aware of the children and their environment.
- Ensure Educators avoid activities or actions that will distract them from supervision, such as speaking to other Educators for long periods of time, taking personal phone calls, checking mobile phone or administrative tasks.
- Ensure Educators are aware if they need to move away, another Educator is to replace them.
- Educators are positioned allowing them to watch the maximum area possible.
- Ensure Educators move around the environment to ensure best view of the area and to avoid standing with their back to the children or talking with other Educators.
- Develop and maintain rosters that always ensure continuity of care and adequate supervision when children are being cared for and educated in the Service and on excursions.
- Develop, maintain and regularly review a supervision plan and strategies for both the indoor and outdoor areas, which will support Educators to position themselves effectively to allow them to observe the maximum area possible.
- Assess and plan ongoing supervision taking into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom and nappy change facilities. The supervision plan and strategies will be displayed for families in all rooms and in the outdoor area.

- Ensure that a Risk Assessment & Management Plan is carried out before an authorisation is requested for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion.
- Ensure that parents are notified as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the Service. Also, details of the incident/situation is recorded on the Incident, Injury, Trauma and Illness Record
- Ensure that if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response (not as a precaution) the regulatory authority will be notified within 24 hours.

#### Educators will:

- Have a sound understanding of their duty of care and responsibilities in ensuring children are within a safe environment.
- Collaborate a supervision plan and strategies for both the indoor and outdoor environment, assisting educators to position themselves effectively in order to effectively supervise children's play. The supervision plan will include the floor plan of the Service and include the location of activities, bathroom, and nappy change facilities.
- Inform new and relief educators about supervision arrangements, outlining their supervision responsibilities.
- Regularly evaluate the efficiency of the supervision plan.
- Ensure any educators under the age of 18 years old are never left alone with children.
- Arrange the education and care environment to maximise the ability of educators to supervise all areas accessible to children. Precise emphasis will be on gates, the fence line and doors during arrival and departure times.
- Communicate with each other about their location within the environment.
- Maintain correct ratios adhering to the National Education Regulations throughout the education and care environment.
- Ensure that all children are always in sight or hearing of educators.
- Ensure that no child will be left alone while eating or at nappy change and toileting times.
- Supervise children during rest time in accordance with the Sleep and Rest Time Policy.
- Ensure that hazardous equipment and chemicals are inaccessible to children.
- Certify that interactions with children are meaningful and respectful.
- Encourage children's individuality whilst respecting their strengths and needs.
- Scan the environment while interacting with individuals or small groups.

- Implement reliable supervision strategies and not perform other duties while responsible for the supervision of children.
- Listen closely to children whilst supervising areas that may not be in a direct line of sight.
- Scan and look around the area to observe all the children in the vicinity.
- There is a mixture of activities to allow for appropriate supervision.

Consideration will be given to the design and arrangement of children’s environments to support active supervision by:

- Using supervision skills to recognise areas of risk therefore reducing the potential for injury or incident to children and adults.
- Guiding Educators to make decisions about when children’s play needs to be interrupted and redirected.
- Supporting Educators with specific strategies.
- Providing consistent supervision strategies when the Service requires relief Educators.
- Providing direct, constant and proximal monitoring to children undertaking activities that involve some risk and recognising when the ratio of educators to children needs to be increased, to minimise risk.

#### Source

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Australian Children’s Education & Care Quality Authority.
- Guide to the National Quality Standard.
- Frith, John Dr & Kambouris, Nita & O’Grady, Onagh & University of New South Wales. School of Public Health and Community Medicine (2003). Health & safety in children's centres : model policies & practices (2nd ed). School of Public Health and Community Medicine, University of New South Wales on behalf of the Australian Early Childhood Association (NSW Branch), and the NSW Children's Services Health and Safety Committee, [Sydney]
- Tansey, Sonja. (2005, September 2005). Supervision in Children's Services. Putting Children First, the Newsletter of the National Childcare Accreditation Council (NCAC) Issue 15, p. 8-11.
- Revised National Quality Standard

#### Review

Policy Reviewed	Modifications	Next Review Date
April 2018	Minor changes made to Educators and Nominated Supervisor roles and responsibilities to ensure a compliant and safe environment for children.	April 2019

	Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	
April 2018	Updated the references to comply with the revised National Quality Standard Minor terminology and grammatical adjustments made to further support understanding and implementation	April 2019
April 2020	Spelling and Gramma	April 2021

## UV / Sun Safe Policy

### Quality Area 2: Children's Health and Safety

- 2.1 Health - Each child's health and physical activity is supported and promoted
  - 2.1.1 Wellbeing and comfort Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
  - 2.1.3 Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.
- 2.2 Safety - Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL LAW	
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167	Protection from harm and hazards
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EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
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100	Risk assessment must be conducted before excursions
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113	Outdoor space natural environment
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114	Outdoor space shade
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168	Education and care service must have policies and procedures
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168 (2) (a) (ii)	Sun Protection
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RELATED POLICIES
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Clothing Policy Enrolment Policy Excursion Policy Health and Safety Policy	Physical Environment Policy Supervision Policy Work Health and Safety Policy
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Australia has one of the highest rates of skin cancer in the world with two in three Australians developing some form of skin cancer before the age of 70. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life (Cancer Council Australia).

### Purpose

To protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun. To ensure the outdoor environment provides shade for children, educators, and staff to minimise unsafe UV exposure.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

Our Service will work in compliance with the National SunSmart Early Childhood Program to ensure children's health and safety is maintained at all times whilst at the Service. This policy applies to all activities on and off site.

### Monitoring UV Levels

Sun protection is required when UV levels reach level 3 or above. Our Service will monitor the UV levels daily through one or more of the following methods:

- using the smartphone SunSmart app available at iTunes App Store and Google Play store
- using the SunSmart widget on the Service's website available at [www.cancer.org.au](http://www.cancer.org.au)
- viewing the Bureau of Meteorology website [www.bom.gov.au](http://www.bom.gov.au)
- visiting [www.myuv.com.au](http://www.myuv.com.au)
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### Outdoor Activities

The sun protection measures listed are used for all outdoor activities during the daily local sun protection times, when the UV Index is 3 or above. The sun protection times are a forecast from the Bureau of

Meteorology for the time of day UV levels are forecast to reach 3 or higher. At these levels, a combination of sun protection is recommended for all skin types.

The Services will use a combination of sun protection measures (see below) **whenever UV Index levels reach 3 and above.**

### Sun protection times

UV levels vary across Australia and throughout the year. This listing highlights when UV is typically three and above in each state / territory. There may be times UV levels are three and above outside these periods. Please check the daily local sun protection times and UV levels to be sure you are using sun protection when it is required for your location.

**VIC** Mid-August to the end of April

Active outdoor play is encouraged throughout the day all year provided appropriate sun protection measures are used when necessary.

The sun protection measures listed are used for all outdoor activities during the **daily local sun protection times**. A combination of sun protection measures are considered when planning all outdoor activities such as excursions and water play.

### Shade

#### Management will ensure:

- sufficient natural, portable, or man-made shade will be provided, particularly in high use areas
- shaded areas will be used for play experiences
- play experiences will be monitored throughout the day and moved as required to remain in the shade
- regular risk assessments and reviews will be made of the outdoor area to assist in planning for further shade requirements
- children will still be required to wear hats, protective clothing, and sunscreen if playing under natural or portable shade
- children who do not have appropriate hats or outdoor clothing are asked to choose a shady play space or a suitable area protected from the sun.

### Hats

Educators, children, and visitors are required to wear sun safe hats at all times they are outdoors. Cancer Council Australia describes sun safe hats as:

- hats that protect a person's face, neck, and ears, which include:
  - a legionnaire hat – the front peak and flap should overlap at the sides and the flap should cover the neck
  - a bucket hat with a deep crown and angled brim that is at least 5cm for young children and at least 6cm for adults and must shade the face, neck, and ears
  - a broad brimmed hat with a brim size of at least 6cm for children or 7.5cm for adults. The brim should provide shade for the whole face

*Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.*

- Children without a sun safe hat will be asked to play in an area protected from the sun.

### Clothing

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin as possible. Cancer Council Australia recommends clothing that:
  - covers the shoulders, back and stomach
  - is loose fitting such as loose-fitting shirts and dresses with sleeves and collars or covered neckline, or longer style skirts, shorts, and trousers.
- Children who are not wearing sun safe clothing can be provided with spare clothing or will be required to play under shade or in an area protected from the sun or provided with spare clothing.

*Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.*

### Sunscreen

As per Cancer Council Australia recommendations:

- Staff and children will apply SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more frequently if washed or wiped off.
- Permission to apply sunscreen is included in the service enrolment form.
- Where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen. Cancer Council Australia recommends usage tests before applying a new sunscreen.
- To help develop independent skills ready for school, children from three years of age are given opportunities to apply their own sunscreen under supervision of staff and are encouraged to do so.
- Sunscreen is stored in a cool, dry place and the use-by-date monitored.

## Babies

Recommendations for babies from the Cancer Council Australia include:

- Babies under 12 months will not be exposed to direct sun when the UV Index is 3 or above
- Physical protection such as shade positioning, clothing and broad-brimmed hats are the best sun protection measures the front peak and flap should overlap at the sides

If babies are kept out of the sun or well protected from UV radiation by clothing, hats, and shade, then sunscreen need only be used occasionally on very small areas of a baby's skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

## Risks of Summer Play

Australia has a hot climate and inevitably playground equipment and surfacing can heat up rapidly and retain heat. Many playground surfaces and equipment can exceed temperatures greater than 50°C and if young children come into contact with these surfaces, they can be burned severely within seconds.

The Approved Provider, Nominated Supervisor and educators will:

- ensure risk assessments are conducted to identify any potential hazards to children during summer months that could cause harm or injury to children. Risk minimisation control measures will be put in place to protect children. Potential hazards could include:
  - hot equipment- slides, poles, guardrails, any metal surfaces
  - hot surfaces- rubber and synthetic grass, walkways, concrete surfaces
  - sun burn
  - access to bodies of water (filled water troughs/containers/trays/pools)
- ensure children wear shoes when playing in the outdoor area

## Role Modelling and Work Health And Safety

Cancer Council Australia acknowledges that children are more likely to develop sun-safe habits if they are role-modelled and demonstrated by adults around them. Occupational UV exposure is also a WH&S issue. All educators, staff at the Service will therefore be required to role model appropriate sun protection behaviours by:

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)
- applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors
- using and promoting shade
- wearing sunglasses that meet the Australian Standard1067 (optional)

- families and visitors are encouraged to role model positive sun safe behaviour
- monitoring the UV Index and Daily Sun Protection times throughout the day
- regularly monitoring and reviewing the effectiveness of the *Sun Safety Policy*
- submitting the Sun Safety Policy to the Cancer Council every three years to maintain SunSmart status

### Education And Information

- Sun protection will be incorporated regularly into learning programs
- Sun protection information will be promoted to staff, families, and visitors
- The *Sun Safety Policy* will be made available to all Educators, Staff, Families, and Visitors of the Service to ensure a comprehensive understanding about keeping sun safe.
- When enrolling their child/ren to our Service, parents will be required to give permission for educators to apply sunscreen to their child

### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian Government Department of Education, Skills and Employment. (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.
- Australian Professional Standards for Teachers (APST)- Standard 4.4 and 7.2
- ARPANSA [Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation](#) (2006)
- Bureau of meteorology. Home page (for UV Index): <http://www.bom.gov.au/uv/>
- Cancer Council Australia. Be SunSmart. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart>
- Cancer Council. Home page: <https://www.cancer.org.au/>
- Cancer Council. Preventing cancer: Sun protections. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety>
- *Children's Services Act 1996*
- Cancer Council. SunSmart programs <http://www.sunsmartnsw.com.au/about/>
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2018).
- [Education and Care Services National Regulations](#). (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Standard. (2017).
- *Occupational Health and Safety Act 2004*
- Revised National Quality Standard. (2020).
- Safe Work Australia: [Guide on exposure to solar ultraviolet radiation \(UVR\) \(2019\)](#).

### Review

Policy Reviewed	Modifications	Next Review Date
March 2018	Minor changes made to comply with being a Sun Smart Service Updated the references to comply with the revised National Quality	March 2019

	Standard	
September 2020	<ul style="list-style-type: none"> <li>• Additional regulation re: risk assessments</li> <li>• Additional section for Risks of Summer Play</li> <li>• Parent permission to apply sunscreen added</li> </ul>	September 2021
September 2021	<p>Added Education and Care Services National Regulations</p> <p>Added Related Policies</p> <p>Updated Sources</p>	September 2022

## Work Health Safety Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 2: Children’s Health and Safety

- 2.1 Health - Each child’s health and physical activity is supported and promoted
  - 2.1.1 Wellbeing and comfort - Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest, and relaxation
  - 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
  - 2.1.3 Healthy Lifestyles - Healthy eating and physical activity are promoted and appropriate for each child
- 2.2 Safety - Each child is protected
  - 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
  - 2.2.3 Child Protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
168	Policies and procedures are required in relation to health and safety
171	Policies and procedures to be kept available

RELATED POLICIES	
Administration of First Aid Policy	Hand Washing Policy
Administration of Medication Policy	Health and Safety Policy
Anaphylaxis Management Policy	Incident, Illness, Accident and Trauma Policy
Animals and Pet Policy	Immunisation Policy
Asthma Management Policy	Lockdown Policy
Arrival and Departure Policy	Medical Conditions Policy
Bush Fire Policy	Nappy Change and Toileting Policy
Child Protection Policy	Nutrition and Food Safety Policy
Child Safe Environment Policy	Physical Environment Policy

Control of Infectious Disease Policy	Pregnancy in Early Childhood Policy
Coronavirus COVID-19 Management Policy	Road Safety Policy
Cyber Safety Policy	Safe Storage of Hazardous Substances Policy
Dental Health Policy	Sick Children Policy
Diabetes Management Policy	Sleep and Rest Policy
Emergency Evacuation Policy	Staffing Arrangements Policy
Epilepsy Management Policy	Supervision Policy
Excursion/Incursion Policy	Sun Safety Policy
Furniture and Equipment Policy	Water Safety Policy

Everyone has a right to be safe at work. Our Service is committed to creating and maintaining a safe and healthy environment for educators, staff, children, families, and visitors. We ensure that educators and staff are aware of and meet their legal and ethical responsibilities as clearly documented in current National Regulations and Work Health and Safety laws. Our *Work, Health and Safety policy*, procedures and practices ensure that management fulfils its responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees; employees meet their health and safety obligations and are safe in the workplace; and the work environment supports quality early education and care.

### Purpose

Our objective is to protect the health, safety, and welfare of children, families, educators, and visitors within the Service adhering to moral and legal obligations outlined in Work Health and Safety (WHS) laws. We aim to go beyond compliance with all relevant legislation and work towards best practice to ensure a safe work environment. Our Service is committed to continuous improvement in all areas of workplace health, safety, and wellbeing.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

We believe that the provision of a safe working and learning environment for children, families, staff, and visitors is an integral and essential responsibility during the Service operation.

Work Health and Safety regulations require the Approved Provider to eliminate risks in the workplace or if that is not reasonably practicable, minimise the risks so far as is reasonably practicable.

Our Service has a duty to consult with staff, visitors and families about work health and safety requirements and develop comprehensive policies and procedures to manage risks and hazards appropriately and effectively.

All employees have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others.

Management is committed to:

- providing all employees with a safe and healthy work and learning environment so far as reasonably practicable
- ensuring the health and safety of children in attendance at the Service so far as reasonably practicable
- ensuring the health and safety of visitors, including contract workers and volunteers, whilst at the Service so far as reasonably practicable
- providing and maintaining an environment free of risks or hazards to health and safety so far as reasonably practicable
- ensuring the provision of adequate facilities to protect all persons from risks to their health and safety including access to adult toilets, provision of hand hygiene resources (soap and water, alcohol-based hand sanitiser, paper towel) and Personal Protection Equipment (disposable gloves, masks, glasses)
- implementing a proactive process of risk management facilitating continuous improvement
- ongoing consultation, collaboration, and communication with all staff throughout the risk assessment process
- implementing a strategic approach to health and safety by using measurable objectives to monitor performance
- meaningful consultation with employees regarding work, health, and safety issues
- providing an effective and accessible safety management procedure for all employees to guide safe working and learning throughout the workplace
- ensuring Safety Data Sheets (SDS) are provided for all hazardous chemicals used at the Service
- supporting and promoting the health and wellbeing of all employees
- promoting dignity and respect within the Service and taking action to prevent and respond to bullying in its workplace
- providing return to work programs to facilitate safe and sustainable return to work for employees
- providing staff with appropriate information, training, and guidance to facilitate a safe and productive work and learning environment
- notifying the regulatory authority within 24 hours of any incident, situation or event that has occurred and presented imminent or severe risk to the health, safety and/or wellbeing of any person present at the Service or if an ambulance was called in response to the incident/situation (not as a precaution).
- investigating and managing any incident or accident to prevent further reoccurrence

- providing a program of continuous improvement through engaging with industry and new technology and reviewing and updating policies and procedures
- implementing safety management systems / procedures
- keep up to date about current health risks and implement risk minimisation measures to reduce the risk of transmission of viruses such as coronavirus (COVID-19)
- maintain accurate records of all WHS issues and maintenance

### The Nominated Supervisor and Educators will ensure:

Educators and other staff must ensure:

- the health and safety of children, families and visitors of the Service is paramount
- policies and procedures are being followed and adhered to at all times
- that they observe, implement, and fulfil the responsibilities under the current Work Health and Safety Act and National Regulations
- they participate in the review of WHS policies
- they take practical steps and responsibility for their own health and safety and of others affected by their actions at work
- work, health, and safety audits are conducted frequently to ensure the Service is maintaining a safe environment for children, families, staff and visitors
- appropriate resources and processes are in place to identify hazards, eliminate or minimise risks and achieve work health and safety compliance
- they know the location of fire extinguishers, blankets or other safety devices and know how to use them
- identified risks are assessed and controlled
- that any potential and actual hazards in the workplace are reported to the Health and Safety Representative (HSR)
- management and/or the HSR is notified of any incidents and accidents in the workplace as soon as practicable
- workplace incidents are reported and investigated to ascertain the circumstances of the incident or accident and appropriate action is taken to prevent further incidents from occurring
- correct record keeping procedures for incidents and accidents in the WHS Reporting folder are followed
- compliance with any reasonable instruction or lawful direction, including wearing personal protective equipment (PPE) supplied by the employer as required
- areas identified for improvement are included in the Quality Improvement Plan (QIP)
- they participate in training and consultation with the support of management

- they follow the correct manual handling procedures
- that work areas are safe, and they will help reduce accidents to themselves and others
- all safety checklists are implemented as required on a regular basis
- children's equipment is regularly checked for safety
- that children are supervised at all times
- all dangerous chemicals are stored appropriately
- children are kept out of kitchen areas
- all power points have safety plugs
- no hot drinks are around children
- gates are closed after entry/exit
- all spills are cleaned up immediately (to prevent slipping), following the correct cleaning procedure
- reports and/or concerns about work health and safety are reviewed and responded to
- current work health and safety knowledge is maintained
- children are not to be out in foyer/staffroom/planning desk

#### Families and visitors are to:

- take reasonable care of their own health and safety whilst visiting the Service
- report any health and safety issues to management
- participate in consultation in WHS issues affecting them
- take reasonable care to ensure they do not affect the health and safety of other people (eg: Health Declaration for infectious diseases)
- comply to Service policies and procedures in relation to WHS including actions to reduce the risk of transmission of infectious diseases or illnesses such as physical distancing (if recommended by Australian Government Department of Health) personal hygiene practices and exclusion if children and visitors if unwell

#### Health and Safety Representative

Our educators and staff will elect a Health and Safety Representative (HSR) as per WHS legislation. If a request is made for a Health and Safety Representative, the Approved Provider/Nominated Supervisor will:

- initiate consultation with workers about the number of HSR required
- provide all educators and staff with the opportunity to nominate a HSR and contribute to the decision of who will hold this position if there is more than one contender

- notify staff of the outcome of the consultation as soon as possible

The Approved Provider/Nominated Supervisor must keep a current list of all Health and Safety Representatives and display a copy at the workplace in a prominent position.

#### A Health and Safety Representative (HSR) can:

- inspect the workplace as directed by management
- be present and represent a staff member at an interview (with their consent) with the Approved Provider/Nominated Supervisor or an inspector regarding health and safety issues
- monitor compliance measures by the Approved Provider/Nominated Supervisor
- enquire into any risk to the health or safety of staff at the Service

#### Our Service will ensure HSR are:

- never prevented from carrying out any of their duties
- able to give people assisting them access to the workplace
- able to take paid leave to attend to their health and safety duties
- able to take paid leave to attend an initial work, health and safety course or annual refresher training approved by the regulator within 3 months of their request to attend. The Service will pay the course costs and reasonable expenses.
- able to access any resources, facilities, and assistance that they reasonably require to undertake their duties.

Health and Safety Representatives are elected for 12 months unless they leave the Service, are disqualified or, resign. They are not personally liable for anything done or not done in good faith whilst carrying out their role.

#### Duty of Care

A duty of care is the legal obligation to provide reasonable care while performing any acts or making any omissions that could foreseeably harm others.

The duty encompasses a wide range of matters, including (but not limited to):

- provision of adequate supervision
- ensuring grounds, premises and equipment are safe for children's use
- implementing strategies to prevent bullying and

- providing medical assistance (if competent to do so) or seeking assistance from a medically trained person to aid a child who is injured or becomes ill at the Service.

The Approved Provider and Nominated Supervisor will ensure all practical steps are taken to ensure the health and safety of all educators, staff, volunteers, children, their families, and any other people impacted by the Service operations. This includes ascertaining and eliminating or minimising all realistically foreseeable hazards and providing suitable training and instruction for employees to ensure health and safety. Educators, staff, and volunteers will also take reasonable care for their own health and safety, ensuring their conduct does not adversely affect the health and safety of other people.

### Manual Handling

Our Service refers to the Manual Handling Code of Practice as part of our commitment to ensure a best practice approach. All staff members are required to undertake Workplace Health and Safety Training that will continue to be updated to ensure safety.

Educators are at risk of work-related ergonomic injuries, particularly back injuries, through carrying children, bending, reaching, and not using adult sized furniture.

To prevent this, Educators are to be attentive to:

- Use adult height utilities and equipment, including sinks and change tables
- Use small chairs with good back support instead of squatting or bending for interaction with children
- Use an adult feed chair for feeding infants, or sit in a low chair with good back support at child level
- Use drop sides on cots
- Use beds that are light weight and stackable with washable mattresses
- Have shelving, filing cabinets and storage cupboards at a suitable height to avoid stretching to reach them
- Use child sized steps for nappy changing
- Where possible kneel rather than bend to avoid back problems
- Carry children only when necessary, in the correct way - with one arm under the child's buttocks and the other arm supporting the child's back. At the same time hold the child facing you, as close to your body as possible. Try to avoid carrying a child on your hip because this will strain your back
- Be careful to lift with a balanced and comfortable posture when lifting awkward loads
- Minimise the need to reach above shoulder level and use a step ladder
- Avoid extended reaching forward e.g. leaning into low equipment boxes. Share the load if the equipment is heavy, long, or awkward

- Ask for help and organise a team lift when sliding, pulling, or pushing equipment
- Use equipment and furniture that can be moved around safely, easily, and as comfortable as possible
- Place lighter items higher on shelves
- Lift furniture using at least two or more people
- Where possible arrange children's activities, sleep around furniture, and equipment to minimise manual handling
- Minimise lifting of children by having steps/foot stools/ladders in areas where lifting of children is likely to be needed, such as nappy change rooms

### Hazardous Materials

We strive to minimise the health and safety risks associated with the handling and storage of hazardous materials. We adopt a risk management strategy that enables practices that minimise the risk of harm, injury or illness caused by any hazardous material.

As far as is reasonably practical, our Service will:

- Provide the least hazardous chemical, product, or equipment for the task without jeopardising hygiene.
- Ensures that staff, contractors, students, and visitors are protected from both short- and long-term health effects of hazardous substances and processes.
- Ensures all staff, contractors, visitors, and students have access to Safety Data Sheets.
- Ensures that non-toxic plants are planted within the workplace and undertake regular garden and grounds maintenance to minimise the risk of toxic plants within the grounds and premises.

### Risk Management

Risk Management is part of our Service's commitment to Work Health and Safety (WHS) to ensure that clear processes are in place for the identification of hazards, assessment of risks and implementation of control measures so far as reasonably practicable. Risk management plans include risk identification and risk assessment. Plans are reviewed regularly to ensure that they are effective in controlling risks.

Our Service will comply with WHS legislation and ensure all staff and visitors are aware of the potential hazards and risks and are provided with the necessary information and strategies to undertake to help keep them safe and healthy.

Risk Management is a systematic and methodical examination of potential risks and hazards within our working and learning environment. The process of risk assessment assist to:

- identify hazards
- assess who or what might be harmed and how
- evaluate the risks and deciding on appropriate control measures
- record findings
- review the effectiveness of exiting control measures regularly and update when necessary assessments regularly
- consult and communicate with all stakeholders- staff, families, visitors, and community members.

Risks assessments are routinely conducted for emergencies including evacuation, lockdown, excursions and management of natural disasters such as bush fire, flood, cyclone, and earthquake. (*see relevant policies for specific risk assessments*)

Additionally, risk assessments can be undertaken when presented with a hazard such as the potential health risk associated with exposure to coronavirus- COVID-19 and implement control measures to manage those risks.

### Hazard Reduction

Educators and staff have responsibilities to take a risk management approach to all activities and plan for the safety of themselves and children. This may include:

- always work with safety in mind
- be aware of any hazards and report them immediately
- keep hallways and doors completely clear as an object could become a hazard in an emergency evacuation situation
- using resources appropriately
- open doors slowly
- do not stand on furniture (chairs or tables)
- walk, not run within the Service (particularly up and down stairs)
- adhere to sun protection guidelines
- ensure personal safety by wearing PPE, implementing hand hygiene procedures
- follow behaviour guidance plans to ensure personal safety and that of other children

### Slips, Trips and Falls

Children must be adequately supervised at all times. Identifying potential hazards such as sustaining an injury

from play equipment or slipping on a wet surface should be considered through the risk assessment process. Establishing appropriate control measures for staff and children, assist in managing the possible risk.

Staff should:

- wear covered shoes with slip resistant soles and heels
- be alert for any object that could be a trip hazard
- pick up any objects sticking up from the floor or ground, so as not to cause injury
- ensure warning signs alerting others of wet and slippery floors are used
- immediately clean any spills to avoid slips and falls
- notify the Nominated Supervisor and the HSR if a slip or fall is witnessed, whether it is a work colleague or visitor
- ensure the appropriate paperwork is completed (including notification to the Regulatory Authority if required).

### Electrical Equipment Testing

Services must ensure that electrical equipment is tested by a qualified person on a regular basis which is recorded with a tag attached to the equipment tested. This must be kept until the equipment is next tested or disposed of and must specify:

- name of the tester
- date and outcome of the testing
- re-test date

Records will be maintained including details of electrical equipment tested, tag number, location, test date, pass/fail and when electrical equipment is due to be re-tested (the recommendations are for all equipment to be tested annually).

### Risky/Adventurous Play

Educators will provide an environment that encourages children to effectively learn in play which involves and immerses them to take risks. No play space is risk free. It is important for children's development to become adventurous and create opportunities to explore and test their own capacities, manage risk, and to grow as capable, resourceful, and resilient people.

As educators we will talk to the children when they are playing with encouragement for them to test their abilities. When we find children exploring risky play, Educators will supervise and assist when appropriate.

### Maintenance Of Fire Equipment

All fire equipment at our Service will be maintained as per the Australian Workplace Safety Standards. External agencies will be employed to conduct the maintenance of the fire equipment. Fire extinguishers will be inspected every six months.

## Source

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Work Health and Safety Act
- Work Health and Safety Regulations 2017
- Staying Healthy in Child Care 5th Edition
- Revised National Quality Standard

## Review

Policy Reviewed	Modifications	Next Review Date
June 2018	Minor changes made to policy and terminology. Added section about risky play. Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. Updated the references to comply with the revised National Quality Standard	June 2019
June 2020	<ul style="list-style-type: none"><li>• Introduction changed</li><li>• Additional related policies added</li><li>• Legislation section added</li><li>• Additional points added to responsibilities of families and visitors</li><li>• Hazard identification table inserted</li><li>• Risk management/ assessment added</li><li>• COVID-19 risks reflected in policy</li><li>• Slips, trips and falls, cleaning and electrical equipment sections added</li><li>• Back care and manual handling extended</li></ul>	June 2021
June 2021	Added Related Policies Added Educational and Care Services National Regulations	June 2022

# **Quality Area 3 – Physical Environment**

- ✓ Animal and Pet Policy
- ✓ Environmental Sustainability Policy

## Animal & Pet Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 3: Physical Environment

3.1.2 Upkeep - Premises, furniture and equipment are safe, clean, and well maintained

3.2.3 Environmentally responsible - The service cares for the environment and supports children to become environmentally responsible

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures

RELATED POLICIES	
Environmentally Responsible Policy	Supervision Policy
Hand Washing Policy	Work Health and Safety Policy
Physical Environment Policy	

Having a relationship with a pet and/or animal can help children develop a caring disposition and skills such as nurturing, responsibility, empathy, and improved communication. Having a pet in an early childhood environment enables children who are not otherwise exposed to animals learn these skills. The pet will become part of the daily educational program and lead to activities and learning about other animals. The safety of children, however, is always our first priority. Our Service will ensure that no animal poses a health or safety risk to children, staff, or visitors of the service.

### Purpose

Having a pet at our service can be a valuable part of children's education. Enriching their learning about nature, ecology, and relationships. Our service aims to provide a safe, hygienic, and humane environment for all animals and pets that visit or reside at the service, which will educate children in the proper care of animals.

## Scope

This policy applies to children, families, staff, management, and visitors of the service.

## Implementation

The National Quality Standards encourages educators to understand and appreciate the natural environment and the independence between people, plants, animals, and the land. Pets help children from a young age learn to care for other living things. They can teach a sense of responsibility, caring and tolerance. They can offer many opportunities for developing observational skills and basic natural science experiences. If the educators wish to have a pet in the service, they must make all the decisions in consultation with the Nominated Supervisor and families.

Whilst there are several benefits to keeping animals within the Service, there are also a range of concerns which educators need to consider when maintaining the safety and wellbeing of both the children and the animals. Encouraging direct contact and developing bonds with animals can help children to develop empathy. Providing children with access to animals within our Service will help them learn about life cycles and relationships and improve communication skills. We feel role modelling of appropriate behaviours with animals and guidance in caring for the needs of animals are beneficial for children.

## Questions to consider prior to having a pet at the service

- Who will pay for the care and upkeep of the animal, including feeding, health care and cleaning?
- How will the animal be cared for on weekends and during service closure periods?
- What physical space is available in the service? Is it adequate for the animal you are thinking of?
- Are all educators and families happy with the decision to keep an animal at the service?
- What time will be available throughout the day to care for the animal or will educators be asked to give up some personal time for this?
- Are there any children or educators at your service who are allergic to, or have phobias of, animals?
- What changes to your service's policies and procedures need to be considered? For example, your hand washing policy will need to be updated to include washing hands after having contact with the animal.
- What are the health and safety risks?

## Other things to consider include:

- Some animals, such as lizards, turtles, snakes, spiders, and tropical fish may not be an appropriate choice. Check with a veterinarian if you are unsure whether a particular animal is suitable for children and check with the local health department for regulations and advice regarding animals in education and care services. Some states and territories require a license for keeping certain animals.

- Animals that may be more likely to be suitable for education and care services may include goldfish, hermit crabs, stick insects, mice, or rats. All these animals are relatively low maintenance and can be left safely over a weekend if they are provided with sufficient food and water.

### Assessing and Managing Risks

Whilst there are many benefits to providing children with access to animals and keeping pets at the service, there are issues that approved providers and educators need to consider for the safety and wellbeing of both the children and the animals concerned prior to choosing a pet or having an animal visit the service.

A risk / benefit analysis should be conducted when deciding the type of animal and the way the children engage with it.

### Disease

Access to animals the service requires special consideration to prevent the spread of infectious diseases because contact with animals can spread disease. Health authorities identify that germs can be present on the skin, hair, feathers, and scales, and in the faeces, urine and saliva of animals. While these germs may not cause disease in the animal, they may cause disease in humans.

### Effective hand washing and cleaning

Children and adults should employ effective hand washing after touching or feeding animals, or cleaning their bedding, tanks, cages or enclosures. Cleaning of bedding, tanks, cages or enclosures can be part of the learning experience.

### Appropriate supervision

Children should also be appropriately supervised when they have contact with animals to avoid potential injury or harm to the child or the animal.

### Service Pets

- Management, Educators, children, and families should consider the rationale for having a pet and long-term implications of such a decision prior to getting the pet.
- All pets and their enclosures are to be kept clean and hygienic with appropriate bedding and water.
- Food will be made available for all pets and animals but kept out of reach of children at all times.
- Any animal or pet kept at the service will be regularly fed, cleaned, vaccinated, and regularly checked for fleas and wormed.
- Animals including pets will never be taken into the food preparation area nor will they be allowed near the eating or sleeping area.
- Anyone who has handled the animal or pet will immediately wash their hands after they have finished handling the animal or pet.
- Children's animal or pets will only be allowed in the service when the Nominated Supervisor has granted permission.

- We will include in the program how to properly care for animals and how to treat them appropriately.
- Pets will not have access to children’s bedding, toys, food preparation areas, eating surfaces, and utensils

### Pests & Vermin

- Pest control will occur at the Education and Care Service on an annual basis as a minimum.
- Educators will monitor any occurrences in the Service to determine the success of control measures.
- If pests and vermin are seen, Educators will advise the Nominated Supervisor.
- The Approved Provider is responsible for arranging additional pest control visits.
- Where appropriate, Educators will discuss with the children safety issues relating to dangerous products, plants, vermin, and objects.
- Educators will thoroughly clean all areas that animals or pests have accessed in the Education and Care Service with disinfectant.
- If the remains of animal or animal faeces have been found, the remains will be disposed of and the area where the remains were found will be thoroughly disinfected.
- Educators are responsible for assessing any situation in the Education and Care Service where animals are involved to ensure the health, safety and wellbeing of children, families, and animals.

### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Guide to the National Quality Standard (3) ACECQA (2011)
- Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care – 5th Edition.
- Bone, J. (2013) The animals as the fourth educator: A literature review of animals and young children in pedagogical relationships Australasian Journal of Early Childhood 38(2) Deakin West ACT: Early Childhood Australia.
- Elliott, S. (2012) Sustainable outdoor playspaces in early childhood centres Investigating perceptions, facilitating change and generating theory. Unpublished doctoral thesis, University of New England, Armidale NSW.
- Thompson, K. & Gullone, E. (2003) Promotion of empathy and prosocial behaviour in children through humane education. Australian Psychologist, 38 (3). Department of Psychology, Monash University: Victoria, Australia.
- Revised National Quality Standards

### Review

Date Reviewed	Modifications	Next Policy Review
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		Date
August 2017	Changes made to policy to assist management with direction prior to having an animal at the Service	September 2018
October 2017	Updated the references to comply with the revised National Quality Standard	September 2018
September 2020	Minor changes made to comply with changes to the Education and Care National Regulations.	September 2021
September 2021	Added Education and Care Services National Regulations Added Related Policies	September 2022

## Environmental Sustainability Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 3 - Physical environment

#### 3.2.3 Environmentally responsible - The service cares for the environment and supports children to become environmentally responsible.

RELATED POLICIES	
Animal and Pet Policy Educational Program Policy	Physical Environment Policy

We encourage awareness of environmental responsibilities and implement practices that contribute to a sustainable future. Children are supported to become environmentally responsible and show respect for the environment. Sustainability is often thought about in terms of environmental sustainability—reducing waste, minimising consumption and protecting and conserving wildlife and natural habitats.

### PURPOSE

We aim to ensure the environment is safe, clean and sustainable. We believe in educating children about being environmentally responsible which is promoted through daily practices, resource and interactions. Sustainable practice will be encouraged within the Service assisting children and families to become advocates for a sustainable future.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

Learning about being environmentally responsible starts with everyday practice. We believe being environmentally responsible should be embedded into the operations of the Service. Our Service is committed to protecting our environment to ensure a sustainable future for our children. This involves

Educators, children and families working together to protect our environment as we educate children about the importance of being environmentally responsible within our everyday practice.

**Knight Street Multi-Age Learning team will:**

- Encourage educators, families and children to engage in innovative practices and appreciate the natural environment.
- Where relevant, review policies and procedures within the Service to find more sustainable outcomes. (E.g. Using hand dryers or washers instead of paper towel to dry hands)
- Where possible electronic communication will be used to reduce paper use within the office and in each room for newsletters, billing and other communication needs.
- The sustainability officer will conduct environmentally responsible audits to ensure consistency and continuous improvement
- Source resources and materials from Reverse Garbage or second-hand stores to use within the Service.

Ensure sustainable practices are incorporated into the daily routine. These will include:

Sustainable Practice	Ideas
Recycling	<ul style="list-style-type: none"> <li>- Recycling paper and rubbish</li> <li>- Using recycled water</li> </ul>
Gardening	<ul style="list-style-type: none"> <li>- Planting vegetables, herbs and fruits</li> <li>- Establishing a Worm Farm</li> <li>- Give food scraps to worms or the animals</li> <li>- Educating children and have them participate in ‘garden to plate’ activities.</li> <li>- Collaborate with the local community</li> <li>- Educating children about seed sprouting, weeding, vegetable gardens, cooking etc.</li> </ul>
Energy Conservation	<ul style="list-style-type: none"> <li>- Turn off lights and switches when not in use</li> </ul>
Water Conservation	<ul style="list-style-type: none"> <li>- Using half flush on the toilet</li> <li>- Turning off the water when not in use</li> <li>- Encouraging shorter showers at home</li> <li>- Turning off tap when brushing teeth</li> <li>- Collect rain water and use in the garden, for water/sand play</li> </ul>
Natural Resources & Equipment	<ul style="list-style-type: none"> <li>- Caring for pets</li> <li>- Reusing natural materials – trees, blocks, boxes etc</li> <li>- Educating children in the natural decomposition cycle through exposure and participation in worm farms and composting food scraps</li> <li>- Educating children in how to care for pets, letting them actively participate in caring for the Service pets.</li> </ul>
Communicate	<ul style="list-style-type: none"> <li>- Provide families with hints and tips in newsletters about how they can become sustainable at home</li> </ul>

**Educators will:**

- Recycling is part of everyday practices at Knight Street Multi-Age Learning. Recycling containers will be provided throughout the service to encourage educators to role model sustainable practices.
- Role model environmentally responsible practices.
- Educators will discuss environmentally sustainable practices with the children as part of the curriculum and it will be evident in the program. Ideas sharing will be encouraged between the staff, children families, i.e. sustainable ideas, implementation and resources. This can be seen through the parent committee Facebook page, emails, newsletters and conversations.
- Provide information to families on environmentally responsible practices that are implemented at the Service and encourage the application of these practices in the home environment.
- Share ideas between Educators, children and families about environmentally responsible ideas, implementation and resources. This will be followed through our communication strategies, including parent meetings, emails, newsletters and conversations.
- Use a worm farm/composting bin/ to reduce food waste in the Service. Children will be encouraged to place food scraps into separate containers for use in the worm farm or composting bin. Educators will discuss with the children and families, which scraps worms can eat, which foods can be composted. The children will be involved in maintaining the worm farm and compost bin.
- Role model energy and water conservation practices of turning off lights, air-conditioning and fans when a room is not in use, emptying water play containers onto garden areas.
- Seek to purchase equipment that is environmentally friendly where possible. Educators will reduce the amount of plastic and disposable equipment they purchase and select materials that are made of natural materials.
- Use the concept of 'reduce, re-use and recycle', which will become part of everyday practice for both children and Educators to build lifelong attitudes towards environmentally responsible practices.
- Using the back of paper that's been printed and not used for artworks

**Source:**

- The Business of Childcare, Karen Kearns. 2004
- Education and Care Services National Regulation. 2015
- Department of Sustainability, Environment, Water, Population and Communities – [www.environment.gov.au](http://www.environment.gov.au)
- Early Childhood Environmental Education Network [www.eceen.org.au](http://www.eceen.org.au)
- Revised National Quality Standards

**Review:**

Policy Reviewed	Modifications	Next Review Date
February 2017	Minor adjustments made with further suggestions on how to embed sustainability into everyday practice	February 2018
October 2017	Updated the references to comply with the revised National Quality Standard	February 2018
April 2018	- Added 'related policies' list - Changed title from: Environmental Sustainability Policy to	April 2019

	Environmentally Responsible Policy - Integrated new terminology through the document – environmentally responsible	
April 2020	Added final point to “Educators will”	April 2021

## Quality Area 4 – Staffing Arrangements

- ✓ Bullying, Discrimination and Harassment Policy
- ✓ Code of Conduct Policy
- ✓ Grievance Policy (Staff)
- ✓ Out of Hours Babysitting Policy
- ✓ Recruitment Policy
- ✓ Responsible Persons Policy
- ✓ Sick Staff Policy
- ✓ Staffing Arrangements Policy
- ✓ Staff Leave Entitlement Policy

## Bullying, Discrimination and Harassment Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 4 – Staffing Arrangements

4.2 Professionalism - Management, educators and staff are collaborative, respectful and ethical.

4.2.1 Professional collaboration - Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other’s strengths and skills.

4.2.2 Professional standards - Professional standards guide practice, interactions and relationships.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures

RELATED POLICIES	
Code of Conduct Cyber Safety Policy Family Communication Policy Health and Safety Policy Interactions with Children, Family and Staff Policy Multi-Cultural Policy	Privacy and Confidentiality Policy Respect for Children Policy Staffing Arrangements Policy Student and Volunteer Policy Work Health and Safety Policy

Our Service is committed to creating a workplace with vision and meaningful direction, adhering to code of conduct and ethical behaviour to ensure a productive work environment free from bullying, discrimination and harassment.

### Purpose

We are committed to providing a safe and equitable workplace for all staff and educators. Bullying, discrimination, and harassment will not be tolerated under any circumstances. As part of this commitment, we aim to prevent workplace bullying by adhering to the Early Childhood Code of Ethics, Fair Work requirements, and the Service philosophy, ensuring a safe workplace and the wellbeing of all staff and Educators employed at the Service.

### Scope

This policy applies to staff, management, and educators of the Service.

### Implementation

Everyone has a right not to be bullied or harassed at work. Workplace bullying occurs when a person or group of people repeatedly behave unreasonably towards a worker or a group of workers, creating a risk to health, safety, and wellbeing.

Bullying may involve any of the following types of behaviour:

- aggressive or intimidating conduct
- making belittling or humiliating comments
- spreading malicious rumours
- teasing, practical jokes or initiation of, or participation in 'initiation ceremonies'
- exclusion from work-related events
- unreasonable work expectations
- displaying offensive material, and/or
- pressure to behave in an inappropriate manner.

Bullying does not include management action carried out in a reasonable manner including:

- making decisions about poor performance
- taking disciplinary action
- directing and controlling the way work is to be carried out.

Discrimination occurs when someone is treated less favourably than others because of a particular characteristic (such as age, disability or gender), or belong to a particular group within the population (due to, for example, religion, culture, or sexual orientation).

Harassment involves unwelcome behaviour that intimidates, offends, or humiliates a person because of particular characteristics as listed above.

There are a number of anti-discriminations, equal employment workplace relations, and human rights laws which make it illegal to discriminate or harass a person in the workplace. Australia's federal anti-discrimination laws are contained in the following legislation:

[Age Discrimination Act 2004](#)

[Disability Discrimination Act 1992](#)

## [Racial Discrimination Act 1975](#)

## [Sex Discrimination Act 1984](#)

Our Service philosophy, code of conduct and the [Early Childhood Australia \(ACA\) Code of Ethics](#) will guide educator behaviours and interactions and adhere to best practice by providing a vision and a purposeful and meaningful direction to ensure a safe working environment for all staff.

### Management and Nominated Supervisor will ensure:

- a thorough induction process for new employees is conducted at the commencement of employment.
- all staff have a comprehensive understanding of the Service's code of conduct, *Grievance Policy* and the *Early Childhood Code of Ethics*.
- the *Bullying, Discrimination and Harassment Policy*, and all related policies are reviewed annually.
- educators are informed that inappropriate behaviour, including bullying and harassment will not be tolerated, and will be advised of potential consequences of this behaviour
- educators are aware of the Service's bullying and harassment procedure
- inappropriate behaviour is addressed in a timely manner
- educators are aware of appropriate interactions through professional development and training
- staff and educators are aware of their job roles and responsibilities which will be clarified through job descriptions, team meetings, performance appraisals and clear management expectations
- they are encouraged to embrace the uniqueness and diversity of their colleagues
- constructive feedback is provided to staff and educators
- communication practices are reviewed frequently to ensure best practice
- all staff and educators are treated equally and fairly
- meetings are documented accurately and appropriately
- an understanding and compliance with discrimination law is communicated with all employees.

### Educators will:

- be involved in decision making with a clear understanding of their roles and responsibilities, outlined in each individual job description
- embrace the uniqueness and diversity of their colleagues
- respect the skills, strengths, and opinions of all educators in order to create team cohesion based on professionalism

- comply with discrimination law
- be responsible for their own actions in the workplace
- raise matters of concern to management at an early stage
- provide management with specific information regarding the perceived bullying and be prepared to have the complaint made known to the person, to allow for fair management and rectification
- maintain confidentiality and not discuss or release information relating to bullying allegations.

Source:

*Anti-Discrimination Act*: See <https://raisingchildren.net.au/disability/disability-rights-the-law/law/anti-discrimination-laws> for Acts for specific Australian states and territories.

Australasian Legal information institute: [www.austlii.edu.au](http://www.austlii.edu.au)

Australian Children’s Education & Care Quality Authority. (2014).

Australian Human Rights Commission. (2019). Reform of discrimination law: <https://www.humanrights.gov.au/>

Early Childhood Australia Code of Ethics. (2016).

*Fair Work Act 2009* (Cth).

Fair Work Ombudsman. (2019). Bullying & Harassment: <https://www.fairwork.gov.au/employee-entitlements/bullying-and-harassment>

Fair Work Ombudsman. (2019). Managing performance & warnings: <https://www.fairwork.gov.au/employee-entitlements/managing-performance-and-warnings>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2020).

Guide to the National Quality Standard. (2017).

Law Council of Australia. (2019). Bullying and harassment in the workplace: <https://www.lawcouncil.asn.au/policy-agenda/advancing-the-profession/equal-opportunities-in-the-law/bullying-and-harassment-in-the-workplace>

Revised National Quality Standard. (2018).

Safe Work Australia. (2019). Bullying: <https://www.safeworkaustralia.gov.au/bullying>

*Work Health and Safety Act 2011* (Cth).

*Workplace Relations Act 1996* (Cth).

Review:

Date Reviewed	Modifications	Next Policy Review Date
February 2018	Research and created bullying and harassment policy and procedure	February 2019

	Updated the references to comply with the revised National Quality Standard	
August 2020	related legislation acts linked for ease of reference minor editing sources checked for currency	August 2021
August 2021	Added Education and Care Services National Regulations Added Related Policies Minor	August 2022

## Dealing With Complaints Policy (Staff)

### NATIONAL QUALITY STANDARD (NQS)

4.1.1 Organisation of educators - The organisation of educators across the service supports children's learning and development.

4.1.2 Continuity of staff - Every effort is made for children to experience continuity of educators at the service.

4.2 Professionalism Management - educators and staff are collaborative, respectful, and ethical.

4.2.1 Professional collaboration Management - educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

4.2.2 Professional standards - Professional standards guide practice, interactions, and relationships.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES	
Child Protection Policy	Privacy and Confidentiality Policy
Code of Conduct	Record Keeping and Retention Policy
Family Communication Policy	Respect for Children Policy
Grievance Policy (Families)	Responsible Person Policy
Interactions with Children, Family and Staff Policy	Student and Volunteer Policy

Feedback from families, educators, staff, and the wider community is fundamental in creating an evolving Childcare Service working towards the highest standard of care and education.

It is foreseeable that feedback will include divergent views, which may result in complaints. This Policy details our Service's procedures for receiving and managing informal and formal complaints from staff. Educators can

lodge a grievance with management with the understanding that it will be managed conscientiously and confidentially.

### Purpose

We aim to investigate all complaints and grievances with a high standard of equity and fairness. We believe in team collaboration to ensure a safe, healthy, and harmonious work environment.

We will ensure that all persons making a complaint are guided by the following policy values:

- Procedural fairness and natural justice
- Code of ethics and conduct
- Culture free from discrimination and harassment
- Transparent policies and procedures
- Opportunities for further investigation
- Adhering to our service philosophy

### Procedural fairness and natural justice

Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

Grievances can transpire in any workplace. Handling them appropriately is imperative for sustaining a safe, healthy, harmonious, and productive work environment. The Grievance Policy ensures that all persons are presented with procedures that:

- Value the opportunity to be heard
- Promote conflict resolution
- Encourage the development of harmonious partnerships
- Ensure that conflicts and grievances are mediated fairly

- Are transparent and equitable

### Definitions

**Complaint:** An issue of a negligible nature that can be resolved within 24 hours and does not require a comprehensive investigation. Complaints include a manifestation of discontentment, such as poor service, and any verbal or written complaint directly related to the Service (including general and notifiable complaints). Complaints do not include staff, industrial or employment matters, occupational health and safety matters (unless associated with the safety of children).

**Complaints and Grievances Register:** Records information about complaints and grievances received at the centre, along with the outcomes. This register must be kept in a secure file, accessible only to educators and Regulatory Authority. The register can provide valuable information to the Approved Provider and Nominated Supervisor of the service to ensure children and family's needs are being met.

**Grievance:** A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. For example: If the service is in breach of a regulation causing injury or possible harm to a child.

**Mediator:** A person who attempts to assist and support people involved in a conflict come to an agreement.

**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

**Notifiable complaint:** A complaint that alleges a breach of the Regulation and Law, National Quality Standard or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider or Nominated Supervisor to the Regulatory Authority within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)).

If the Director is unsure whether the matter is a notifiable complaint, it is good practice to contact the [Regulatory Authority](#) for confirmation. Written reports must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)

- contact details of a nominated member of the Grievances Subcommittee (or Nominated Supervisor)
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au) and logged using NQA ITS (National Quality Agenda IT System).

**Serious incident:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises (Regulation 12).

A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified within 24 hours of a serious incident occurring at the centre (Regulation 176(2)(a)). These records are required to be retained for the periods specified in Regulation 183.

We acknowledge that conflict is a natural part of the work environment. It is important that all conflict is resolved as unresolved conflict can lead to tension; stress; low productivity; bitter relationships; excess time off; ill health; anxiety and many other destructive emotions. When conflict is addressed and handled constructively the outcomes are feelings of relaxation; openness; high productivity; vitality; good health, empowerment; a sense of achievement etc.

Positive communication between educators is vital to the smooth running of the Service and to ensure a positive environment for children. Educators are expected to treat other educators with respect, accept differences and share ideas. It is every staff member's responsibility to contribute to the development of an open, healthy, and constructive work environment. All grievances, whether considered minor or not, are to be dealt with promptly, professionally, and thoroughly.

The Service's employees are expected to look at conflict in a positive way, ready to learn something new, reflect on good quality practice, improve work relationships, and ultimately provide better care and education for children.

Employees are also to be aware of their responsibility to be a good role model for children, and appropriately and professionally handle conflict with work colleagues, children, parents, and other associates.

Employees should regularly reflect on *Early Childhood Australia's Code of Ethics* for guidance of appropriate behaviour when dealing with conflict. The Code of Ethics states that all team members should “*make every effort to use constructive methods to resolve differences of opinion in the spirit of collegiality.*”

**Privacy and Confidentiality:** Management and Educators will adhere to our *Privacy and Confidentiality Policy* when dealing with grievances. However, if a grievance involves a staff member or child protection issues, a government agency may need to be informed. (see: Reportable Conduct Scheme in *Child Protection Policy*)

### Conflict of Interest

It is important for the complainant to feel confident in:

- being heard fairly
- an unbiased decision-making process

Should a conflict of interest arise during a grievance or complaint that involves the Approved Provider or Nominated Supervisor, other Management will be nominated as an alternative mediator.

Our Service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the Services Code of Conduct is adhered to.

### The Approved Provider/ Nominated Supervisor will:

- ensure staff and educators are aware of the person to whom complaints can be made and the processes required
- treat all grievances seriously and as a priority
- ensure grievances remain confidential
- ensure grievances reflect procedural fairness and natural justice
- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- investigate and document the grievance fairly and impartially.

### The investigation will consist of:

- reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent
- discussing the nature of the complaint (or breach) and giving the accused educator, staff member, volunteer, or visitor an opportunity to respond

- permitting the accused person to have a support person present during the consultation (for example: Union Representative or family member; however, this does not include a lawyer acting in a professional capacity).
- providing the employee with a clear written statement outlining the outcome of the investigation.
- Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint.
  - management will provide a written response outlining the outcome and provide a copy to all parties involved
  - if a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflects the resolution and sign in agreeance
- should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- keep appropriate records of the investigation and outcome and store these records in accordance with our *Privacy and Confidentiality Policy* and *Record Keeping and Retention Policy*
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation and bullying
- request feedback on the grievance process using a feedback form
- track complaints to identify recurring issues within the Service

notify the Regulatory Authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised.

#### Educators, staff, volunteers, and visitors will:

- be aware of the possible ramifications of their actions when dealing with staff issues
- raise the grievance or complaint directly with the person they have grievance with, in a professional manner and at an appropriate time. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should be based on the principles of privacy, confidentiality, respect, and open-mindedness, will not involve other educators, staff, volunteers or visitors (e.g. parents) and will take place away from children.
- if the person is unable to resolve the issue or feels uncomfortable raising the matter directly with the person concerned, the grievance or complaint must be raised with the Approved Provider/Management or Nominated Supervisor. The Approved Provider or Nominated Supervisor (or other manager) may ask for the issue to be put in writing.
- provide all relevant information, outlining the issue, identifying any other person involved in the problem, and any suggested solution.
- communicate openly about the issue with the relevant parties.

- raise any grievance involving suspected or actual unlawful activity (including bullying) with the Approved Provider or Nominated Supervisor immediately and privately.
- maintain confidentiality at all times.
- maintain professionalism at all times.

When the persons involved cannot resolve the grievance between them in a constructive and professional way the following steps will be taken.

When the persons involved cannot resolve the grievance between them in a constructive and professional way the following steps will be followed:

1. The aggrieved person is to contact their immediate supervisor (Domain Leader, Nominated Supervisor or Licensee) who will act as Mediator.
  - The Mediator will have an interview with the persons involved and clarify the facts, work out whether advice is needed from other sources, discuss options available and help to formulate a plan of action.
  - If an employee does not feel comfortable in approaching their supervisor, or the conflict is with their immediate supervisor, they can contact the next level of management to act as Mediator.
2. If an amicable resolution does not occur at this meeting the Mediator is to present a report to the next level of management outlining:
  - The nature of the grievance
  - The procedures followed to date
  - The solution(s) sought
  - The recommended plan of action or resolution
3. If an agreement is reached the mediator is to present a report to the next level of management outlining:
  - The nature of the grievance
  - The procedures followed to date
  - The solution(s) agreed upon
  - The plan of action to reach this solution and review time if warranted
  - A copy of this report is to be provided to all persons involved in the grievance, and a copy is to be retained at the workplace.

### Grievance Procedures:

Harmonious staff relations within the Service largely depend on staff feeling satisfied that their professionalism is being acknowledged by their involvement in appropriate decision-making processes.

The quality of industrial relations is likely to be substantially better in a workplace if the decision-making processes adopted permit staff to have input into decisions that affect the nature and quality of their professional work.

Management and staff within the organisation will work together to develop and implement appropriate strategies to facilitate consultative and collaborative decision-making processes within the workplace. Where staff feel these processes have failed and are in conflict with decisions made by Management, the following procedure is to be followed:

- the aggrieved person(s) will discuss the grievance with their immediate supervisor
- the supervisor is to report the grievance to the Nominated Supervisor/ Licensee
- the Mediator will seek advice as necessary from other sources, (e.g.: unions, Work Cover and/or funding bodies).
- the Mediator will then advise Management of the possible solutions.

Meetings are to be arranged with the aggrieved person(s) as necessary throughout the process. The outcome of the grievance must be reported to the aggrieved person within a week of the decision.

### Resolution of Grievances

Grievances are considered resolved when all persons involved agree to a solution, when the cause of the grievance has been removed or resolved, and when arrangements have been made, if appropriate, to repair any damage and distress suffered by the persons involved. Strategies agreed upon by both parties are to be put in place to help avoid further conflict.

### Unresolved Conflict

If resolution of the conflict is unsuccessful after all procedures in the *Grievance Policy* have been followed it may then be necessary to take disciplinary action.

### Confidentiality

Mediators are to use discretion and do their utmost to maintain confidentiality. Any breach of this confidentiality could result in a charge of misconduct. However, confidentiality cannot be guaranteed in the following situations: if it is considered that someone is in danger, if disciplinary action or criminal investigation might be necessary; or if employer liability might be involved.

No action will be taken against the person about whom a formal complaint is lodged until they are made aware of any allegations so that they may respond.

### Support Person

A Staff member can nominate a support person to attend any meetings with them. This person may be a union representative, impartial friend, or family member.

### Educators and staff will not

- become involved in complaints or grievances that do not concern them.
- raise complaints with an external complaints body, such as a court or Tribunal, without exhausting the Services' grievance procedures.

### Source:

Australian Children's Education & Care Quality Authority. (2014).

Australian Human Rights Commission: <https://www.humanrights.gov.au>

Commonwealth Ombudsman. (2009). Better practice guide to complaint handling: [https://www.ombudsman.gov.au/\\_data/assets/pdf\\_file/0020/35615/Better-practice-guide-to-complaint-handling.pdf](https://www.ombudsman.gov.au/_data/assets/pdf_file/0020/35615/Better-practice-guide-to-complaint-handling.pdf)

Education and Care Services National Regulation. (2011).

Fair Work Australia: <https://www.fairwork.gov.au/>

National Quality Standard. (2017).

Revised National Quality Standard. (2018).

### Review:

Date Reviewed	Modifications	Next Policy Review Update
January 2018	Changes made with the addition to <ul style="list-style-type: none"><li>- Definitions of terminology to ensure a clear understanding when dealing with a compliant and grievance.</li><li>- Maintaining confidentiality and professionalism</li><li>- Update of sources and relevant websites</li></ul> Updated the references to comply with the revised National Quality Standard	January 2019
August 2020	Minor editing changes reference to Reportable Conduct Scheme added related policies added links to Regulatory Authority added	August 2021

August 2021	Added Education and Care Services National Regulations Added Related Policies Policy name change	August 2022
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## Out of Hours Babysitting Policy

2.2 Safety Each child is protected.

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

2.2.3 Child protection Management - educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

The Approved Provider and Management are responsible for any actions or activities that staff members may engage in that could breach confidentiality protocols. This would apply whether at the Childcare Service or situations that may arise outside of operating hours.

### PURPOSE

We aim to provide clear guidelines to Educators and families regarding babysitting enrolled children of the Service out of hours, which is a separate arrangement to the care and education we provide.

### SCOPE

This policy applies to staff, families, children and management of the Service.

### IMPLEMENTATION

We work to develop a positive and supportive relationships with children and families. We understand that families may request individual educators to babysit or nanny for them outside the service hours of operation. We pride ourselves on employing educators of a high standard, who are suitable for our Service. However, we are unable to provide assurance to families of an Educator's suitability to look after a child or children unsupervised in a babysitting environment away from our Service.

Due to possible legal implication, child protection legislation and privacy, we strongly discourage employees to babysitting children outside of work hours. However, we acknowledge the educators right to financial expansion. Therefore, Educators undertaking babysitting or nanny positions in their personal time must undertake the following:

- Educators must advise the Nominated Supervisor/Management of the Service that a request has been made by a family.
- Babysitting must not interfere with the Educators job/work at the Service
- Confidentiality must be adhered to at all times
- Educators will ensure favouritism does not result in external relationships with children and families outside of the Service
- Families must be made aware that other adults who may accompany the babysitter may not have the relevant working with children checks, resulting in the inappropriateness for them to care for children.

- The service will not be made accountable for any health and safety issues that may arise within the private arrangement being made
- Families understand that our Service has a duty of care to protect children whilst on the premises and in our care, this duty of care does not extend to private arrangements between Educators and Families outside of the Service. However, Educators do have a duty to report any safeguarding concerns in and outside of work, including child protection concerns.
- Educators must understand that an incident whilst babysitting could have an impact on their suitability to work at the Service.
- If an Educator is to collect a child from the Service, they must be authorised and/or listed as an emergency contact.
- Educators will complete an agreement with families regarding expectations and use of personal mobile phones and photography to ensure privacy and confidentiality is maintained whilst babysitting.

### BABYSITTING EXEMPTION

If an employee has a pre-existing relationship prior to the child's enrolment at the service (relative, family friend etc.) babysitting is not discouraged. However, to ensure the children's health and safety employees will:

- Disclose the relationship to management
- Be authorised or provided with written permission to take a child from the Service
- Understand that the Service will not be held responsible for any health or safety issues that may arise from private arrangements.

### Source:

- Education and Care Services National Regulation
- Privacy Act
- Revised National Quality Standards
- ACECQA

### Review:

Date Reviewed	Modifications	Next Policy Review Date
December 2017	New Policy Created	December 2018

## Code Of Conduct Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 4- Staffing arrangements

4.1 Staffing arrangements- Staffing arrangements enhance children's learning and development.

4.2 Professionalism - Management, educators and staff are collaborative, respectful and ethical.

4.2.1 Professional collaboration - Management, educators and staff work with mutual respect and collaboratively and challenge and learn from each other, recognising each other's strengths and skills.

4.2.2 Professional standards - Professional standards guide practice, interactions and relationships.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
82	Tobacco, drug and alcohol-free environment
84	Awareness of child protection
155	Interactions with children
168	Education and care services must have policies and procedures

RELATED POLICIES	
Child Protection Policy Child Safe Environment Policy Grievance Policy (staff) Interactions with Children, Family and Staff Policy Photography Policy Out of hours babysitting Policy Privacy and Confidentiality Policy	Professional Development Policy Record Keeping and Retention Policy Respect for Children Policy Responsible Person Policy Social Media Policy Work Health and Safety Policy

We believe in forming an inclusive and welcoming environment and workplace by providing experiences that motivate and facilitate personal growth and development for staff and educators. The values that underpin our work ethic include equality, respect, integrity and responsibility.

### PURPOSE

Our Service aims to establish a common understanding of workplace standards expected of all employees of the Service. We aim to ensure positive working relationships are formed between all educators and management, promoting dignity and respect by avoiding behaviour, which is or may be perceived as harassing, bullying or intimidating. Educators and management will always conduct themselves in an ethical manner and strive to make all interactions positive and compliant in accordance with the Service's philosophy.

## SCOPE

This policy applies to staff, management and visitors.

## IMPLEMENTATION

The Approved Provider, Nominated Supervisor, Educators and Staff, Volunteers and Students will adhere to the Early Childhood Australian Code of Ethics, National Regulations and Quality Standard and Service policies and procedures at all times, promoting positive interactions with the Service and the local community.

### 1. Respect for people and the Service

- Employees and Management are committed to the Service philosophy and values, inclusive of best practice in early childhood education and building positive partnership with children, families and staff.
- Effective, open and respectful reciprocal communication and feedback between employees, children, families and management is conveyed
- It is important to treat colleagues, children and families with respect. Bullying or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening or derogatory language or intimidation towards other employees, children, visitors or families is unacceptable and will not be tolerated.
- Employees are committed to valuing and promoting the safety, health and wellbeing of employees, volunteers, children and families.
- Employees are committed to an Equal Opportunity workplace and culture which values the knowledge, experience and professionalism of all employees, team members and managers, and the diverse heritage of our families and children.

### 2. Expectations of Employees

- Employees will ensure their work is carried out proficiently, harmoniously and effectively. They will act in a professional and respectful manner at all times whilst at work, giving their full attention to their responsibilities and adhering to all Service policies, procedures, laws, regulations and National Quality Standard.
- Employees will act honestly and exercise attentiveness in all Service operations. They will carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman.
- Employees will have a solid understanding of the Service's policies and procedures, if uncertain about the content of any policy or procedure with which they must comply; employees should seek clarification from the Nominated Supervisor or Approved Provider.

- Management will inform employees about essential information and make documents readily accessible to them.
- Employees will be courteous and responsive when dealing with colleagues, students, visitors, children and families.
- Employees will work collaboratively with colleagues
- Employees will be mindful of their duty of care towards themselves and others
- Employees will be positive role models for children at all times
- Employees will respect the rights of all children
- Employees will respect the confidential nature of information gained about each child participating in the program.

### 3. Expectations of Leaders and Management

In addition to the above responsibilities, leaders and management are expected to:

- Promote a collaborative and interconnected workplace by developing a positive working environment where all employees can contribute to the ongoing continuous improvement of the room and Service.
- Promote leadership by working with employees to improve professional development and growth
- Provide ongoing support and feedback to employees
- Model professional behaviour at all times whilst at the Service
- Implement supportive and effective communication systems, consulting employees in appropriate decision making.
- Take appropriate action if a breach of the code of conduct occurs
- Share skills and knowledge with employees
- Give encouragement and constructive feedback to employees, reflecting the value of different professional approaches

### 4. Reporting a breach in the code of conduct

- All employees are required by law to undergo a Working with Children Check, which is verified by the employer
- If employees become aware of a serious crime committed by another person, they are required to report it to management
- All employees must report possible risk of harm to children or young persons to management.

- Employees will report any concerns they may have about inappropriate actions of any other employee that involves children or young people to management

## 5. Managing Conflict in the workplace

- Management will remain objective and impartial when managing conflict in the workplace
- Management have a responsibility to address a possible breach of the code of conduct by any employee as soon as you become aware of the breach.
- Allegations will be investigated and can result in remedial action, or disciplinary action ranging from a caution to dismissal.
- Management will consider all relevant facts and make decisions or take actions fairly, ethically, consistently and with appropriate transparency. If they are uncertain about the appropriateness of a decision or action they will consider:
  - whether the decision or conduct is lawful
  - whether the decision or conduct is consistent with our policies and objectives
  - whether there will be an actual, potential or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties

## 6. Adhering to Service confidentiality

- Unless authorised to do so by legislation, employees must not disclose or use any confidential information without appropriate approval
- All employees are to ensure confidential information must not be accessible by unauthorised people
- Employees will adhere to the Service's 'Privacy and Confidentiality Policy'.

## 7. Baby- Sitting

- We do not provide babysitting services outside normal operating hours
- Should employees undertake private babysitting arrangements with families, our Service takes no responsibility for any private arrangements between staff members and family. However, we do expect staff to inform the Service if they are babysitting or caring for a child that attends the Service.
- We have rigorous recruitment and suitability processes in place to ensure that we employ competent and professional members of staff and maintain our duty to safeguard children whilst on our premises and in the care of our staff. We have no such control over the conduct of staff outside of their position of employment. Parents should make their own checks as to the suitability of a member of staff for babysitting.

- We will not take responsibility for any health and safety issues, conduct, grievances or any other claims arising out of the staff member's private arrangements outside of the Service hours. The member of staff will not be covered by the Service's insurance whilst babysitting as a private arrangement.
- Out-of-hours work arrangements must not interfere with the staff member's employment at the Service.
- All staff are bound by contract of the Service's Privacy and Confidentiality Policy, where they are unable to discuss any issues regarding the Service, other staff members, parents or other children.

## 8. Record Keeping

- Employees and Management will maintain full, accurate and honest records as required by national regulations
- Centre Director has a responsibility to ensure that employees comply with their record keeping obligation outlined in the Records Keeping Policy.

## 9. Duty of Care

- Management and employees have a responsibility to take reasonable care for the health and safety of themselves and others at the workplace to enable compliance with the work health and safety legislation.
- Duty of Care relates to both physical and psychological wellbeing of individuals
- Management and employees have a duty of care to take reasonable care for the safety and welfare of children and young people in care. Thus, taking all reasonable action to protect children and young people from risk of harm that can be reasonably predicated.

## 10. Social Media

- The Service offers to its current families and staff members a Facebook page as a communication tool. The administrator of the account is the Service's Nominated Supervisor.
- The Administrator controls the content on the page and ensures that the postings are relevant and respectful of the Service, the children, the staff, families and greater community.
- Staff members that have a personal Facebook account are not permitted to post any negative comments relating to the Service, children, colleagues or families. If they choose to 'like' the Service's page they have a responsibility to ensure that their profile picture is always an appropriate representation of an early childhood Educator. If it is not, we request that they do not 'like' the page.
- Staff members are to use their own personal discretion when adding a family of the Service as a 'friend' on Facebook. The Service does not recommend staff to add families of the Service as they will

be seen still as a representative of the Service and held to the Service's Code of Conduct on all posts on their private 'wall' if families have access.

- Staff members are not permitted to request the 'friendship' of families from the Service.

#### 11. Use of alcohol, drugs and tobacco

- Smoking is NOT permitted in or on surrounding areas of the Service. It is expected that the odour of cigarette smoke will not be detected on an employee's clothing. If an employee is found smoking on the premises, that employee may be terminated. Our Service supports the Smoke Free Environment Act 2000. The company and its employees will follow all conditions outlined in this act.
- Our Service is bound by the Education and Care National Regulations. As such, alcohol, drugs or other substance abuse by employees can have serious adverse effects on their own health and the safety of others. As such, all employees must not:
  - Consume alcohol nor be under the influence of alcohol while working
  - Use or possess illegal drugs at any workplace; nor
  - Drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances
  - Bring alcohol or any illegal drugs on the premises
- If a co-worker suspects another to be affected by drugs or alcohol, they must inform the Nominated Supervisor immediately. No employee will be allowed to work under the influence of drugs or alcohol.
- Employees undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Nominated Supervisor.
- All issues pertaining to these matters shall be kept strictly confidential. A breach of this policy may initiate appropriate action including the cancellation of employment

#### 12. Dress Code

All staff members are to adhere to the following standards:

- Shoes are enclosed with flat soles for safety
- Jewellery – small studs
- Long hair is to be clean and neatly tied back. Ensure hair does not hang in your eyes
- Makeup is to be light and natural
- Knee length skirts/shorts to be worn
- Good oral hygiene and grooming is essential

### 13. Personal Hygiene

All employees are to adhere to the following standards:

- Long hair is to be clean and neatly tied back. Ensure hair does not hang in your eyes
- Makeup is to be light and natural
- Fingernails are to be clean and well groomed
- Good oral hygiene and grooming is essential

### 14. Personal Phone Calls/Mobile Phones

- Employees are not authorised to use the Service's phones for personal reasons unless in the case of an emergency.
- No personal mobile phones are to be used or carried during working hours. No personal mail or deliveries should be directed to the Service
- Educators and staff are not to contact families or children of the Service for personal reasons

### 15. Service Email

- Email is to be used only for company usage, not for private communications.
- Passwords and access privileges are treated as strictly confidential to the Educator issued with that access or persons delegated to know and use that access in the normal course of operation. It is the responsibility of the authorised user to take fair and reasonable steps to ensure the passwords and other forms of access are held safe.

### Dismissal

All staff members are made fully aware that the following breaches of the Code of Conduct and role responsibilities may lead to termination of employment:

- Reporting to work under the influence of alcohol or drugs
- Refusal to complete required additional training
- Possessing or selling drugs at the Service
- Immoral, immature or indecent conduct while at the Service
- Inappropriate use of company equipment
- Refusing to work as directed

- Possessing a dangerous weapon while at the Service
- Bringing disrepute to the Service
- Bringing disrepute to the relationship between a family and the Service
- Disclosure of confidential information
- Falsifying documentation
- Taking, abusing or destroying company property
- Interfering with work schedules, falsification of reports, documents or wages information
- Failure to report for work
- Walking off the job
- Failure to follow policies and procedures
- Vulgarity, disrespectful conduct to families, management or colleagues
- Making or publishing false, vicious or malicious statements about any client, employee, supervisor, the company or its services
- Failure to hand in lost property is regarded, as stealing and dismissal will follow. Lost property is to be handed to the Nominated Supervisor.

### Disciplinary Action

All staff members are made fully aware that continued abuse of the following might result in disciplinary action. These include, but are not limited to the following:

- Unauthorised absence
- Having personal visitors whilst on shift
- Continued personal phone calls
- Unauthorised solicitation or distribution of money or materials
- Poor work standard
- Carelessness
- Low level of enthusiasm
- Lack of personal cleanliness
- Failure to report health, fire or safety hazards
- Repeated tardiness

Code of Conduct Agreement
I have read and understood the Services Code Of Conduct and agree to abide by the provisions set out in the Code of Conduct at all times. Failure to do so may lead to disciplinary action or dismissal.
Name:
Signature:
Position:
Date:

**Source:**

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Anti-Discrimination Act
- Fair Work Act
- Industrial Relations Act
- Work Health and Safety Act
- Ombudsman Act
- Privacy and Personal Information Protection Act
- Revised National Quality Standard 2018

Policy Reviewed	Modifications	Next Review Date
January 2018	- Minor changes made to support operational delivery - Related policy section added	January 2019
February 2018	Updated the references to comply with the revised National Quality Standard	February 2019
February 2019	Minor changes made to spelling mistakes	February 2020
April 2020	Minor changes to spelling mistakes	April 2021

## Recruitment Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 4 Staffing arrangements

4.1 Staffing arrangements - Staffing arrangements enhance children's learning and development.

4.1.1 Organisation of educators - The organisation of educators across the service supports children's learning and development.

4.1.2 Continuity of staff - Every effort is made for children to experience continuity of educators at the service.

4.2 Professionalism Management - educators and staff are collaborative, respectful, and ethical.

4.2.1 Professional collaboration - Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

4.2.2 Professional standards Professional standards guide practice, interactions, and relationships.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
4	Definitions
84	Awareness of child protection law
Part 4.4	Staffing Arrangements
Division 7	Approval and determination of qualifications
Division 9	Staff and educator records—centre-based services

RELATED POLICIES	
CCS Personnel Policy Child Safe Environment Policy Child Protection Policy Code of Conduct Policy	Grievance Policy Privacy and Confidentiality Policy Staffing Arrangements policy

Our Service aims to implement a robust, well-planned recruitment process to ensure we select the best person for the position and the needs of our early childhood education service. We aim to engage employees who are suitably qualified, experienced, and passionate about the early years. Our recruitment policy outlines our

processes to ensure they are aligned with legislative obligations, our Service's values and support diversity and inclusion.

### Purpose

We aim to ensure the most suitability qualified, experienced, and reliable staff are employed at our Service. We are committed to ensuring we meet all legislative and regulatory requirements including the Education and Care Services National Law, Children and Young Persons Act, Fair Work Act and Anti-Discrimination Act.

Our Service is committed to be a child safe Early Education and Care Service and uphold the 10 Child Safe Standards as recommended by the National Office for Child Safety and our recruitment and screening processes play a vital role in protecting children from harm.

Our Service values workplace diversity and inclusion and we strongly encourage applicants from Aboriginal and Torres Strait Islanders, women, and individuals with disability. Recruitment and selection of staff will be guided by the requirements of relevant legislation, issues of equity and diversity, qualification, knowledge and skills, workforce participation and experience.

### Scope

This policy applies to staff, educators, approved provider, and management of the Service.

### Recruitment Decisions

The Approved Provider or assigned nominee will approve all recruitment decisions as outlined in this Recruitment Policy and Recruitment Plan Procedure. (*See Recruitment Plan*). Recruitment decisions will be based on the need and requirements of the service and will consider the following:

- ensuring the Service meets all staffing requirements as per Education and Care Services National Law and National Regulations
- any resignation of existing staff
- an increase in occupancy

The recruitment processes will be consistent, transparent, professional, and timely. Any grievances relating to the recruitment procedure will be addressed as per the Grievance Policy. All personal information regarding recruitment will be treated with the strictest confidence.

Selection criteria for each vacant position will be determined before advertisement and will take the following into consideration:

- position title
- qualifications required for the position.
- experience required for the position.
- position description/skills required for the position.
- conditions of employment
- mandatory employment screening requirements including Working with Children Check, National Police History Check and reference checks.

Any applicants deemed unsuitable will be advised within an appropriate time frame.

### Advertisements

Information about the position and the Service will be provided to potential applicants which includes:

- job title
- location
- hours of work
- salary (award/ above award)
- Service Philosophy
- operation hours, age group of children educated and cared for.
- selection criteria relating to the position available.
- how to apply for the role
- a commitment to providing a safe environment for children.
- closing date for applications
- contact information for further information.

Vacant positions may be advertised internally to encourage career advancement and opportunity. External advertisements may be placed through relevant media and networks including social media, newspaper and SEEK.

Potential applicants will be asked to complete an employment application as part of their application for the position available. *See Employment Application*

### Selection Panel And Interviews

A selection panel will be determined for applicants short listed for an interview. The selection panel will consist of at least 2 people. Our service will use the interview guide and questionnaire when preparing for interviews. (*See Interview Guide and Questionnaire*)

Applicants who require support or access provisions, are encouraged to advise this at the time of their application, to ensure appropriate assistance is provided throughout the recruitment process.

Questions will be prepared in advance of the interview and applicant responses will be recorded during the interview. Each applicant will be asked the same questions to ensure fair and equitable treatment of all applicants. Interviews will be conducted in a private space and confidentiality will be maintained at all times.

Applicants will be provided an opportunity to ask questions relating to the service and position at the end of the interview.

### Pre-Employment Screening

Effective pre-employment screening ensures our Service is compliant to legislative and regulatory requirements and aims to ensure we engage staff who have the skills, experience, qualifications and general 'fit'.

All preferred candidates will undergo appropriate pre-employment checks including reference checks, Working With Children Checks (WWCC) and where applicable National Police criminal history checks before an offer of employment is recommended.

### Reference Checks

Verbal reference checks will be conducted over the phone for preferred applicants. Reference check questions will be determined prior to the check conducted and will establish the relationship the referee has with the applicant.

At least 2 references are to be provided for a reference check. Where possible references should be from the immediate previous employer.

### WWCC/Police Checks

Working with Children Check legislation aims to prevent people who pose a risk from working with children as paid employees or volunteers. All employees, volunteers and students must undergo a Working with Children Check (or its equivalent) prior to working at the service. Employees, volunteers or students that are unable to provide a copy of a validated WWC Check (or equivalent) prior to the start of engagement or employment will be not be able to undertake any work-related activity within the service.

### Victoria

The Working with Children Check is required prior to engagement of work-related activities for employees, volunteers and students. Employees, volunteers or students under the age of 18 may be able to apply for a Working With Children Check. [Working With Children Check Victoria](#)

### Offer Of Employment

An offer of employment will be made to the successful applicant following careful consideration by the selection panel. A confirmation of employment letter will be provided to successful applicants upon acknowledgment. (*See Confirmation of Employment Letter*). Successful applicants are required to provide documentation regarding qualifications and immunisations and complete an employee immunisation record. (*See New Employee Documentation Checklist and Employee Immunisation Record.*)

A written employment contract will be provided to the successful applicants detailing the position, hours of shift, Award information, wages and salary, date and time of commencement, contact person, probationary period.

Applicants who are unsuccessful will be notified within an appropriate time frame and offered feedback regarding their application.

### Probationary Period And Induction

Each new employee is subject to a Probationary Period of three (3) months. This ensures assessment for both the employee and service to ensure suitability of the role for the employee. During this time employees will receive advice, training, and guidance to help them become familiar with and competent in, performing the work they have been appointed to do. The appointment is subject to the satisfactory completion of the Probationary period which itself is subject to termination during any stage, by either party, upon notice in writing, or by payment in lieu of notice.

Our Service is committed to providing a comprehensive induction program to ensure the smooth integration of new employees. The Approved Provider or assigned nominee will support the new employee and help them to understand the organisational structure, how decisions are made and communicated and what role they will have in the decision-making process. An induction checklist will be used to support this process, which explains an employee's responsibility to know the policies, procedures and practices within our Service and their duty of care obligations to ensure the safety and wellbeing of all children. (*See New Employee Induction Checklist*).

Continuity in care within the Service is paramount. By orientating staff professionally and correctly, it

guarantees the consistency of care not only within the room but also across the entire Service. New employees will undergo regular supervision appraisals, mentoring, training and development as part of the orientation process.

#### Source

Australian Government. Fair Work Ombudsman. (2020). Hiring employees <https://www.fairwork.gov.au/find-help-for/small-business/hiring-employees>

Government of South Australia Department of Human Services (2020). Working With Children Check: <https://screening.sa.gov.au/home>

Government of Western Australia (2020). Working With Children Check

Victoria Government. Business Victoria. (2020). Staff recruitment <https://www.business.vic.gov.au/hiring-and-managing-staff/staff-recruitment/write-a-contractual-letter-of-offer>

#### Review

Date Reviewed	Modifications	Next Review Date
January 2021	New Policy Created	January 2021

## Responsible Persons Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 4 Staffing arrangements

4.1 Staffing arrangements - Staffing arrangements enhance children's learning and development.

4.1.1 Organisation of educators - The organisation of educators across the service supports children's learning and development.

4.1.2 Continuity of staff - Every effort is made for children to experience continuity of educators at the service.

4.2 Professionalism Management - educators and staff are collaborative, respectful and ethical.

4.2.1 Professional collaboration - Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

4.2.2 Professional standards Professional standards guide practice, interactions and relationships.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
Section 162	Offence to operate education and care service unless responsible person is present
Section 169	Offence relating to staffing arrangements
117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charge
117C	Minimum requirements for a nominated supervisor
150	Responsible Person
168	Policies and Procedures
173	Prescribed information to be displayed
177	Prescribed enrolment and other documents to be kept by approved provider

RELATED POLICIES	
Code of Conduct Policy	Respect for Children Policy
Health and Safety Policy	Staffing Arrangements Policy
Interactions with Children, Family and Staff Policy	Supervision Policy
Privacy and Confidentiality Policy	Work Health and Safety Policy

As per Education and *Care Services National Law and Regulations*, a Responsible Person must be physically in attendance at all times that the Service is educating and caring for children.

*Approved Providers are responsible for appointing a responsible person who is aged 18 years or older, has adequate knowledge and understanding of the provision of education and care to children, and have the ability to effectively supervise and manage an education and care service (ACECQA, 2017).*

### Purpose

Our Service is committed to meeting our duty of care obligations under the Education and Care Services National Law and National Regulations to ensure a Responsible Person is physically on the premises at all times to ensure the health, safety, wellbeing, learning, and development of all children at the service is maintained at all times.

### Scope

This policy applies to Management, Approved Provider, Nominated Supervisor, Responsible Person and educators of the Service.

### Definitions

Name	Definition
Nominated Supervisor	A person with responsibility for the day-to-day management of an approved service. The Nominated Supervisor has a range of responsibilities under the Law and Regulations that govern the operation of education and care services.
Person in day-to-day charge (PIDTDC)	A person who is physically at the Service and has the role of Nominated Supervisor or duly appointed person. The Responsible Person has consented to be placed in day to day charge of the Service but does not take on the responsibilities of the Nominated Supervisor rather they ensure the consistency and continuity in practices.

### Implementation

A Responsible Person will be on the premises at all times, and the details of the Responsible Person will be clearly visible to families and visitors at the main entry of the Service. A record of the Responsible Person will be documented each day via the Responsible Person Register.

If the Responsible Person leaves the premises, they will 'hand over' obligations for the role to another duly appointed person at the Service. It is vital that all handovers to a designated Responsible Person are documented when commencing this position throughout the day via the Responsible Person record. The process for determining the Responsible Person will be clear to all educators and staff, and procedures will be

followed at all times. Both the outgoing and incoming Responsible Persons will ensure the displayed name of the current Responsible Person at the Service correctly reflects who presently holds the position.

Our Service will have one Responsible Person present at all times when caring for and educating children.

A Responsible Person can be:

- the Approved Provider or a person with management or control
- a Nominated Supervisor *or*
- a person in day-to-day charge of the service (PIDTDC)

Management will ensure a responsible person:

- is appointed and physically on the premise at all times children are being educated and cared for
- is over the age of 18 years.
- meets the minimum requirements for qualifications, experiences and management capabilities.
- holds a valid and current Working With Children Check (or state/territory equivalent)
- has completed child protection training and is aware of the reportable conduct scheme.
- has knowledge and a commitment to the National Child Safe Standards
- has adequate knowledge and understanding of the provision of education and care to children, the Education and Care National Law and Regulations and National Quality Standard, the approved learning framework (EYLF), Family Assistance Law and administration of CCS
- has the ability to effectively supervise and manage an education and care service.
- is a fit and proper person (as per regulatory authority conditions)
- has evidence of completing an approved diploma level education and care qualification or higher is considered as a requirement or 'actively working towards' an ACECQA approved qualification.
- provides references including their current and previous employers. These will be checked, and records kept on file.
- provides written consent for the position of Responsible Person and this is filed in staff records (not required if the approved provider is the responsible person)

A Nominated Supervisor/appointed person will:

- provide written consent to accept the role of Responsible Person.
- sign their name and hours of responsibility on the staff register.

- ensure that the identity of the Responsible Person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors.
- inform management in a timely manner in the event of absence from the Service due to leave or illness so they can be replaced by another Responsible Person.
- ensure they have a sound understanding of the role of Responsible Person.
- abide by any conditions placed on the Responsible Person.
- understand that a Responsible Person placed in day-to-day charge (PIDTIC) of the Service does not have the same responsibilities under the National Law as the Nominated Supervisor
- in the case of Nominated Supervisor, notify the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper (such as the suspension or cancellation of a Working with Children Check card or teacher registration), or if they are subject to disciplinary proceedings.
- notify management at the Service in writing if they wish to withdraw their consent to be a Responsible Person.

#### The Approved Provider/Management will ensure:

- the regulatory authority is notified 7 days prior to a Nominated Supervisor starting at the Service or within 14 days after the person has commenced the role through NQA IT System
- the regulatory authority is notified if the Nominated Supervisor changes their name or contact details; is no longer employed by the Service, has been removed from the role or withdraws their nomination.
- the staff register has the name of the Responsible Person at the Service for each time children are being educated and cared for by the Service
- a Responsible Person is on duty from the time the Service opens each day until the time the Service closes
- ensure that the identify of the Responsible Person on duty is displayed in the main entrance of the service and is easily visible for families and visitors
- the PIDTDC interchanges with the Nominated Supervisor in their absence
- Responsible Persons are aware that they have to sign off when they have finished their duty and will ensure the Nominated Supervisor or appointed Responsible Person (PIDTIC) will sign on and take on the role
- a staff record is kept recording
  - the full name, address and date of birth of the responsible person/nominated supervisor;
  - evidence of relevant qualifications
  - if applicable, evidence that the nominated supervisor is actively working towards that qualification
  - evidence of any approved training (including first aid training)
  - Verification of a Working with Children Check – identifying number and expiry date

- Written consent for the position of Responsible Person

**A Nominated Supervisor/ appointed Responsible Person will:**

- provide written consent to accept the role of Responsible Person/Nominated Supervisor
- sign their name and hours of responsibility on the Responsible Person register
- ensure that the identity of the Responsible Person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors
- inform management (Approved Provider/Nominated Supervisor) in a timely manner in the event of absence from the Service due to leave or illness so they can be replaced by another Responsible Person
- ensure they have a sound understanding of the role of Responsible Person
- abide by any conditions placed on the Responsible Person
- understand that a Responsible Person placed in day-to-day charge (PIDTIC) of the Service does not have the same responsibilities under the National Law as the Nominated Supervisor
- in the case of Nominated Supervisor, notify the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper (such as the suspension or cancellation of a Working with Children Check card or teacher registration), or if they are subject to disciplinary proceedings.
- notify management at the Service in writing, if they wish to withdraw their consent to be a Responsible Person
- Responsible Person appointments will be recorded on the Staff Roster, so all educators and staff are aware of who is appointed Responsible Person at all times the service is open
- the Director/Nominated Supervisor will advise educators and staff the educators who have been appointed as a Responsible Person

**Source:**

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015
- Revised National Quality Standards

**Review:**

Date Reviewed	Modifications	Next Policy Review Date
October 2017	Updated the references to comply with the revised	October 2018

	National Quality Standards	
April 2020	Minor changes to spelling	April 2021
October 2020	Rewording of general section regarding Responsible Person for better flow inclusion of knowledge of Family Assistance Law, CCS, Child Safe Standards, staff records sources updated and checked for currency	October 2021
October 2021	Added Education and Care Services National Law and National Regulations Added Related Policies	October 2022

## Staffing Arrangements Policy

### NATIONAL QUALITY STANDARD (NQS)

#### QA4 Staffing arrangements

4.1 Staffing arrangements - Staffing arrangements enhance children's learning and development.

4.1.1 Organisation of educators - The organisation of educators across the service supports children's learning and development.

4.1.2 Continuity of staff - Every effort is made for children to experience continuity of educators at the service.

4.2 Professionalism Management - educators and staff are collaborative, respectful and ethical.

4.2.1 Professional collaboration Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

4.2.2 Professional standards - Professional standards guide practice, interactions and relationships.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
4 (1)	Definitions
10	Meaning of <i>actively working towards</i> a qualification
11	Meaning of <i>in attendance</i> at a centre-based service
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios – centre based services
126	Centre-based services – general educator qualifications
133	Requirement for early childhood teacher—centre-based services—60 to 80 children
135	Early childhood teacher illness or absence
136	First Aid qualifications
145	Staff Record
146	Nominated Supervisor
147	Staff Members
148	Educational Leader
149	Volunteers and Students

150	Responsible Person
151	Record of Educators working directly with children
152	Record of access to early childhood teachers
173	Prescribed information to be displayed

RELATED POLICIES	
Code of Conduct Policy Child Protection Policy Child Safe Environment Policy Grievance Policy Governance Policy	Privacy and Confidentiality Policy Professional Development Policy Responsible Person Policy Recruitment Policy Supervision Policy Student and Volunteer Policy

Our Service aims to provide Educators and Nominated Supervisors who have the qualifications and experience to develop warm, nurturing, and respectful relationships with children. We are committed to ensuring that children’s health, safety, and wellbeing is protected at all times through providing appropriate and effective supervision according to legislated ratios and best practice. Our Educators, in collaboration with our Educational Leader, design and implement programs that support children’s engagement, interests, learning, and development.

#### PURPOSE

To ensure our Service adheres to the National Education and Care Service Regulation as we maintain compliance with qualifications and ratio requirements.

#### SCOPE

This policy applies to staff, management, students, and volunteers at the Service.

#### IMPLEMENTATION

Our Service will endorse the appropriate number of educators to children, taking into consideration qualification requirements and experience, which meet National Regulations and Standards.

Qualifications for Centre based Services with children preschool age or under

- Our Service will comply with the National Quality Framework and ensure 50 percent of Educators meet the relevant Diploma qualification requirement or be actively working towards an approved diploma level education and care qualification.
- All other Educators are required to have at least an approved certificate III level education and care qualification or be actively working towards their qualification.

### Actively working towards:

Definition: An Educator who is enrolled in a course for an approved Early Childhood qualification.

- The Educator is required to provide documentary evidence of their course, training plan and progress towards completion of the course.
- Individuals actively working towards an approved qualification may be counted towards qualification requirements.
- Our Service will ensure we communicate with the Educator's RTO to ensure the Educator successfully completes their qualification.
- We will support the Educator in completing their qualification through mentoring and assistance.

### Early Childhood Teacher

An Early Childhood Teacher is a person with an approved early childhood teaching qualification in accordance with ACECQA. A record must be kept containing the period the early childhood teacher is working directly with children.

- Our Service will comply and will engage and have access to an Early Childhood Teacher based on the number and age of children at the Service.

### Educational Leader

The Educational Leader has an influential role in inspiring, motivating, affirming and challenging or extending the practice and pedagogy of Educators. It is a joint endeavour involving inquiry and reflection, which can significantly impact on the important work Educators do with children and families.

- The Approved Provider will nominate a qualified and experienced Educator to take on the Educational Leader role and responsibilities.
- The Educational Leader will keep a record about how they mentor and guide Educators of the Service to ensure continuous improvement.
- The Educational Leader will guide Educators to provide a compliant program.

### Nominated Supervisor

The Nominated Supervisor is a suitable person appointed by the Approved Provider who is placed in day-to-day management of an approved Service. Nominated Supervisors have a range of responsibilities under the National Law and Regulations including programming, supervision and safety of children, entry to and exit from the premises, food and beverage, administration of medication, excursions, staffing, sleep and rest.

- The Nominated Supervisor is responsible for the day-to-day management of the Service, ensuring compliance with the National Law, Regulations and National Standards.
- The Nominated Supervisor will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities.
- The Nominated Supervisor will ensure the Service program is reflective of the approved learning framework, incorporate the children's developmental needs, interests and experiences and consider the individual differences of each child.
- The Nominated Supervisor will adhere to Service policies ensuring a safe and healthy environment is provided.

### Responsible Person

A Responsible Person is required to be physically present at the Service at all times that children are being educated and cared for. The Responsible Person will be the Approved Provider, or a person with management or control placed in day-to-day charge of the Service. The Responsible Person must be at least 18 years old and have adequate knowledge and understanding of the provision of education and care to children.

- Our Service will ensure there is always a Nominated Supervisor or Responsible Person on the premises when children are being educated and cared for.
- Our Service will clearly communicate the Responsible Person on duty, which will be displayed in the foyer area for families, educators, staff and visitors.
- The Responsible Person will adhere to Service policies and procedures and maintain a safe and healthy environment for children.
- The Responsible Person will always act with professionalism when dealing with children, educators, visitors and families.

### Approved First Aid Qualifications

- Educators and Management are required to have an ACECQA approved first aid qualification, anaphylaxis management, and emergency asthma management training. Approved qualifications are published on the ACECQA website.
- It is the Staff and Educators responsibilities to ensure they maintain up to date First Aid, Asthma, and Anaphylaxis Training, providing the Service with the certificate of completion.

### Working with Children Check

A Working With Children Check is a requirement for people who work or volunteer in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct. The result of a Working With Children Check is either a clearance to work with children for five years (NSW & Vic.) or a bar

against working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

- To comply with National Regulations for those undertaking paid, or voluntary child-related work will acquire a Working with Children Check, which will be verified by the Service to protect the safety of children.
- Management will verify all Working With Children Checks to ensure the children are protected.
- Management will keep a record of the expiry date of the Working With Children Check for all staff.

### Staff Record

- Approved Services must keep information about the Nominated Supervisor, Educational Leader, Staff, Volunteers, Students and the Responsible Person at the Service.
- Details must include evidence of staff working directly with children, qualifications, training and Working with Children Check.
- All Staff, Educators, Students, Volunteers and Visitors are required to sign in and out each day.

### Supervision

Definition: Supervision refers to the action of supervising someone or something.

- Educators, who are supervising children, should ensure they are positioned where they can see as much of the environment as possible. Where there are water activities or high-risk experiences, close supervision is required.
- All children will be supervised whilst sleeping or resting.
- Children will be supervised when hand washing and during toileting/nappy change times.
- Educators are required to adhere to the Service's Supervision Policy and floor plan to maintain effective supervision.
- Educators will interact with children where pedagogically appropriate whilst supervising.
- Supervising Educators will give their complete attention to the children and not perform other duties or tasks.

### Adequate Supervision:

Adequate supervision is a consideration for any part of the Service premises where children are educated and cared for and is part of every educator's Duty of Care. Educators are required to ensure that children are in sight and/or hearing at all times, demonstrating the best interest of children is being provided. This includes toileting, sleep, rest, nappy changing and transition routines.

- Our Service will comply with educator to child ratios outlined in National Legislation and National Quality Standard.
- Educators will always be able to observe each child, respond to individual needs and attend to children as necessary.
- Educators will adjust their level of supervision depending on the area of the Service and the skills, age, dynamics and size of the group of children being supervised.
- Educators will communicate with other Staff and Educators about their supervision points, offer advice and aid to ensure children's safety is upheld at all times.
- When supervising outdoors Educators will position themselves so as to be able to see as much of the play area as possible.
- Unless discussing child or Service concerns, educators will not congregate together either inside or outside.

### Working directly with children

National Regulations state that an Educator cannot be included in calculating the Educator to child ratio of a Centre based Service unless the Educator is working directly with children. A record must be kept of Educators working directly with children which includes the name of each Educator and hours each Educator works directly with children being educated and cared for by the Service.

- To ensure compliance with regulations, we will only include Educators in the educator to child ratio who are working directly with the children.

### Rosters

- Our Service will ensure the roster and routine provides adequate supervision of children at all times.
- Rosters will be created to ensure the children receive continuity of care.
- Where possible, casual staff will be chosen from a pool of regular Educators with whom the children are familiar.

### Volunteers and Students

- At no time will volunteers and students be left alone with a child or group of children or be included in the educator to child ratio.
- All Volunteers and Students will be inducted into the Service to ensure they adhere to the Service policies and procedures.

## Privacy

- Educators will adhere to the Service's privacy and confidentiality policy and Privacy Law in relation to children or matters relating to the Service and will at no time take part in inappropriate or unlawful conversations or discussions.
- The Nominated Supervisor will ensure that students and volunteers are made aware of the Services privacy and confidentiality policy and Privacy Law during their initial induction.

## Educator to Child Ratios

State	Age	Educator to Child Ratio
Victoria	Birth to 24 months	1 Educator to 4 Children
	Over 24 months and less than 36 months	1 Educator to 4 Children
	Over 36 months of age or over (not including children over pre-school age)	1 Educator 11 Children

## Source:

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- National Quality Framework
- Office of the Children's Guardian <https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>

## Review:

Policy Reviewed	Modifications	Next Review Date
February 2019	New Policy Created	February 2020
April 2020	Spelling mistakes corrected	April 2021

## Staff Leave Entitlement Policy

### NATIONAL QUALITY STANDARD (NQS)

#### QA4 Staffing arrangements

4.1 Staffing arrangements - Staffing arrangements enhance children's learning and development.

4.1.1 Organisation of educators - The organisation of educators across the service supports children's learning and development.

4.1.2 Continuity of staff - Every effort is made for children to experience continuity of educators at the service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
126	Centre-based services – general educator qualifications
135	Early childhood teacher illness or absence
151	Record of Educators working directly with children
152	Record of access to early childhood teachers
Division 5	Requirements for educators who are early childhood teachers.

RELATED LEGISLATION	
NSW Anti-Discrimination Act 1977	Fair Work Act 2009
Federal and State Occupational Safety and Health Legislation	Federal and State Equal Opportunity Legislation and any other relevant industrial awards
Education and Care Services National Law Act 2010	Children and Young Persons Act 1998

RELATED POLICIES	
Code of Conduct Policy Child Safe Environment Policy Grievance Policy Governance Policy Pregnancy in Early Childhood Policy	Privacy and Confidentiality Policy Recruitment Policy Responsible Person Policy Student and Volunteer Policy

Our Service is committed to providing a safe and healthy workplace that supports employees to take breaks away from the workplace to balance work with rest, recreation and family responsibilities.

The *Staff Leave Entitlement Policy* aims to comply with Government legislation and workplace laws to provide clear guidelines in relation to employment conditions and entitlements set by Fair Work Australia through the National Employment Standards and relevant Awards, including but not limited to Children's Services 2010 Modern Award and Education Services (Teachers) 2020 Modern Award.

### Purpose

This policy has been developed to communicate expectations and obligations regarding applying for leave from the Service including- Annual leave, Personal/Carer's Leave, Parental Leave Pay, Dad and Partner Pay, Long Service Leave, Community Service Leave, Family and Domestic Violence Leave, Compassionate Leave, Rostered Days Off, Superannuation, Termination/Resignation of employment and Overtime/ Time in Lieu.

### Scope

This policy applies to staff, educators, approved provider, nominated supervisor and management the Service.

### Implementation

Our Service will commit to providing leave arrangements for all employees as legislated by the Australian Government through relevant industrial Awards and the National Employment Standards as set by Fair Work Australia. We will offer an opportunity for staff to access paid and unpaid leave for a range of purposes to support a healthy and productive workplace. This policy provides guidelines for staff to request and apply for leave.

All documentation relating to Leave Entitlements is to be stored confidentiality in individual staff files.

### Definitions

#### Family Member

Fair Work Australia defines an immediate family member as a:

- spouse or former spouse
- [de facto partner](#) or former de facto partner
- child
- parent
- grandparent
- grandchild

- sibling, or
- child, parent, grandparent, grandchild or sibling of the employee's spouse or de facto partner (or former spouse or de facto partner).

This definition includes step-relations (e.g., step-parents and step-children) as well as adoptive relations. A household member is any person who lives with the employee.

#### Types of Employment: Full Time/ Part Time/ Casual

A full-time employee is engaged to work an average of 38 ordinary hours per week.

A part-time employee is an employee who is engaged to work on a regular basis for less than 38 hours per week.

Casual employment means employment on a day-to-day basis. Casuals will be paid a minimum of two hours pay for each engagement.

#### National Employment Standards (NES)

The NES sets minimum employment standards and conditions for employees within Australia including maximum weekly hours, requests for flexible working arrangements, offers and requests to convert from casual to permanent employment, parental leave and related entitlements, annual leave, personal/carer's leave, compassionate leave and unpaid family and domestic violence leave, community service leave, long service leave, public holidays and notice of termination and redundancy pay.

#### Annual Leave

Annual Leave will be accrued at the rate as stated in the relevant Award and NES.

The NES, Children's Services Award and Educational Services (Teachers) 2020 state full time employees will be entitled to 4 weeks Annual Leave every 12 months. Part time employees are entitled to Annual Leave on a pro rata basis. For example, if an employee works 19 hours per week, they will be entitled to 2 weeks Annual Leave every 12 months. Casuals are not entitled to Annual Leave.

Annual Leave begins to accumulate from the first day of employment. Annual Leave accumulates when employees are on leave including paid leave, such as paid annual leave and paid sick and carer's leave, community service leave including jury duty and long service leave.

Annual leave does not accumulate when the employee is on unpaid annual leave, unpaid sick/carer's leave, unpaid parental leave and unpaid family and domestic violence leave.

Annual Leave does not accumulate when an employee is on leave on the Paid Paternity Leave Scheme. The balance of Annual Leave at the end of each year carries over to the next year.

### Requesting Annual Leave

Annual leave must be accumulated before it can be taken as paid leave.

To request Annual Leave, employees must lodge a *Leave Request Form* and hand it to the Nominated Supervisor. Employees will be notified in writing if the request has been successful and approved. Leave will not be granted to any two (2) employees for the same period. Leave request forms must be submitted at least 2 weeks before the leave is requested.

All leave will be subject to approval. The operational and key staff requirements of the business will be taken into consideration prior to leave being approved. This includes ensuring the Education and Care Services National Regulations (2011) requirements for staffing are met at all times.

### Direction to take Annual Leave

Employees may be directed to take Annual Leave if the employee has an excessive accumulation of Annual Leave, usually if the balance of Annual Leave is over 6 weeks.

### Christmas Holiday Period

Our Service does not close over the Christmas holiday period. During this time any employee wishing to take annual leave must complete the annual leave request form and have their leave request authorised.

Employees must have leave owing to be eligible for leave at Christmas. If you have been approved for leave but then come Christmas all leave has been exhausted you WILL NOT be entitled to that time off as we DO NOT authorise leave without pay. As not all employees can take leave every Christmas we encourage the 1 on 1 off rule, keeping in mind that you have leave owing.

### Personal/ Carer's Leave

Personal Leave will be accrued at the rate as stated in the relevant Award and NES.

The NES, Children's Services Award and Educational Services (Teachers) 2020 state Personal Leave will be accrued at the rate as stated in the relevant award or agreement. All permanent full-time staff are entitled to 10 days Personal Leave each year, and pro-rata for part-time staff. Casual staff are not entitled to Personal Leave.

Personal Leave provides provisions for an employee take time off to help them deal with personal illness, caring responsibilities and family emergencies. Personal Leave can be used when an employee is ill or

injured. An employee may have to take time off to care for an immediate family or household member who is sick or injured or help during a family emergency. This is known as Carer's Leave, but it comes out of the employee's Personal Leave balance.

Personal Leave begins to accumulate from the first day of employment. Personal leave must be accumulated before it can be taken as paid leave. Personal Leave accumulates when employees are on leave including paid leave such as paid annual leave and paid sick and carer's leave, community service leave including jury duty and long service leave and Paid Parental leave.

Personal leave does not accumulate when the employee is on- unpaid annual leave, unpaid sick/carer's leave, unpaid parental leave and unpaid family and domestic violence leave.

### Notification of Absence

If you are unwell and cannot attend your rostered shift you must contact the Nominated Supervisor or responsible person at least **four (4) hours** before the commencement of your shift. Under no circumstances are messages to be left with a colleague. Text messages/ emails/ Private Messages are not an acceptable form of communication.

If you do not notify the Nominated Supervisor/Responsible Person and do not attend for your shift, it will be considered that you have abandoned your responsibilities and your employment may be terminated.

### Requesting Personal Leave

Personal leave should not be requested in advance. We encourage all medical appointments to be arranged outside of work hours. If a medical appointment or elective surgery is pre-arranged and it is advised the employee is unfit to work, then this will be discussed with the Nominated Supervisor prior to leave being approved.

### Medical Certificate Request

For those in permanent positions, personal leave will only be paid when a doctor's certificate or statutory declaration is provided. If you are unable to gain a doctor's certificate for the personal leave day you must sign a statutory declaration and attach it to your timesheet.

### Unpaid Personal Leave

All employees, including casual workers, are entitled to 2 days unpaid Personal/Carer's Leave each year. Employees get 2 days unpaid carer's leave each time an immediate family member or household member of the employee needs care and support because of:

- illness
- injury or
- an unexpected emergency.

Full time and Part time employees are unable to use unpaid Personal leave if they have any accumulation of Personal Leave.

### Health of Employee

Employees may be requested to provide a medical clearance if management is concerned that the employee may have an injury or illness that provides a risk to their own health or wellbeing or the health or wellbeing to children or colleagues. The employee may be requested to take Personal Leave or Leave without Pay until a medical clearance is arranged.

### Parental Leave

Parental leave lets employees take time away from work for the birth or adoption of a child. The term 'parental leave' can include:

- unpaid parental leave
- government-funded payments-
  - Paid Parental Leave
  - Dad and Partner Leave
- employer-funded paid parental leave.

**Unpaid Parental Leave** Under the National Employment Standards in the Fair Work Act 2009, an employee employed with the same employer for 12 months or more before they or their partner gives birth or adopts a child, may be entitled to up to 12 months of unpaid parental leave. An employee can also request an additional 12 months' unpaid leave. (Including long-term casuals)

### Paid Parental Leave

The Paid Parental Leave scheme is an entitlement for working parents of children born or adopted on or after 1 January 2011. Eligible working parents can get up to 18 weeks of government funded Parental Leave Pay at the National Minimum Wage.

If the child's birth or adoption is on or after July 1, 2020, 30 of these days will be flexible- 12 weeks (60 days of payable days) and 30 *Flexible Paid Parental Leave* days. Flexible Days may be taken within 2 years of the child's birth or adoption Flexible Paid Parental Leave may be given to another person caring for the child if the parent chooses to return to work or are no longer the primary carer for the child.

Full-time, part-time, casual, seasonal, contract, and self-employed workers may be eligible for help under the scheme.

Parental Leave Pay doesn't change an employee's existing leave entitlements or provide a new entitlement to leave.

<https://www.servicesaustralia.gov.au/individuals/services/centrelink/parental-leave-pay/how-much-you-can-get/paid-parental-leave-period>

**Dad and Partner Pay** Fathers and other eligible partners can apply for a two-week *Dad and Partner Pay* to help them take time off work to support new mothers in their caring role and to be involved in the care of their new baby right from the start. *Dad and Partner Pay* is income tested.

The Service requires a minimum of 10 weeks written notice if a staff member plans to take parental leave; this will be acknowledged in writing by management.

#### Employee Funded Parental Leave/Entitlement

The Paid Parental Leave scheme cannot be absorbed into a paid maternity or leave scheme provided by our Service. However, our Service will: insert information about your Service's employer-provided leave if applicable. See- Leading Practice Parental Leave Policy <https://www.wgea.gov.au/parental-leave>

#### Long Service Leave

Long service leave applies to employees who are full-time, part-time or casual. If an employee has been working for the same employer for 10 years, they are entitled to 2 months (8.67 weeks) paid leave, to be paid at the employees ordinary gross weekly wage under the [Long Service Leave Act 1955](#) (the Act).

Employees are entitled to Long Service Leave as per state/territory laws or provisions. Contact the [long service leave agency](#) in your state or territory for further information.

To request Long Service Leave, employees must lodge a *Leave Request Form* and hand it to the Nominated Supervisor. Employees will be notified in writing if the request has been successful and approved. Leave will not be granted to any two (2) employees for the same period. Leave request forms must be submitted at least 2 weeks before the leave is requested.

### Jury Duty

Employees must advise their employers of the period or expected period of leave as soon as possible. If an employee requests leave, they need to provide evidence showing they attended jury selection or jury duty. Employees are paid by the court a portion of their base pay rate per day. Employers may be required to provide make-up payment for the ordinary hours worked, for up to 10 days.

### Family and Domestic Violence Leave

The NES provides conditions for all employees to request 5 days unpaid family and domestic violence leave each year. Family and Domestic Violence Leave does not accumulate from year to year if it isn't used. The 5 days of leave renew every 12 months.

### Compassionate Leave

All employees (including casual employees) are entitled to compassionate leave.

Compassionate leave can be taken when a member of an employee's immediate family or household:

- dies or
- contracts or develops a life-threatening illness or injury.

Full-time and part-time employees receive paid compassionate leave and casual employees receive unpaid compassionate leave.

Full-time and part-time employees are paid at their base pay rate for the ordinary hours they would have worked during the leave. Compassionate leave cannot be cashed out.

### Termination/Resignation Conditions

Notice of termination of employment will be as per relevant Award. In the event of instant dismissal, the notice period may be paid, and the employee asked to leave immediately.

Employees who fail to give the required notice must forfeit the relevant termination pay. Notice to terminate employment must be given in writing to the Nominated Supervisor.

### [Children's Service Award 2010](#)

Employee's period of continuous service with the employer at the end of the day the notice is given	Period of notice
Not more than one year	1 week
More than 1 year but not more than 3 years	2 weeks
More than 3 years but not more than 5 years	3 weeks

More than 5 years	4 weeks
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An employee/employer has to provide an extra week of notice if they are over 45 years old and have worked for the employer for at least 2 years.

Educational Services (Teachers) Award 2020

Period of notice - 4 weeks' notice

An employee/employer has to provide an extra week of notice if they are over 45 years old and have worked for the employer for at least 2 years.

**Absence from employment without notification**

An employee may be taken to have abandoned their employment if they do not provide notification of absence. The Nominated Supervisor will make reasonable attempts to contact the employee, if the employee does not respond to these attempts the termination of employment procedure will be instructed.

**Rostered Days Off**

Our Service provides provision for Rostered Days Off (RDO's). Full time employees work additional hours each day which accumulate into a paid RDO. RDO's are rostered onto the roster each month.

Each day an employee would work 8 hours and get paid for 7.6 hours to get one paid day off every month.

**Overtime And Time In Lieu**

Overtime may be paid in circumstances where the employee works over 38 hours per week or where employees are required to work or attend meetings or training outside of general ordinary hours Overtime rates will be paid as per award. Overtime must be approved by the Nominated Supervisor prior to the employee working additional hours.

Time in Lieu (TIL) may be accepted by an employee in agreement for additional hours worked instead of overtime.

**Source**

Australian Government. [Fair Work Ombudsman](#)

Australian Government. Fair Work Ombudsman. [Community service leave](#)

Australian Government. Fair Work Ombudsman. [Jury duty](#)

Australian Government. Fair Work Ombudsman. [Long Service Leave](#)

Australian Government. Fair Work Ombudsman. [Maternity & parental leave](#)

Australian Government. Fair Work Ombudsman. Modern Award. [Children's Services Award 2010](#)

Australian Government. Fair Work Ombudsman. Modern Award. [Educational Services \(Teachers\) Award 2020](#)

Australian Government- Fair Work Ombudsman [Parental Leave Best Practice Guide](#)

Australian Government. Fair Work Ombudsman. [Sick & carer's leave](#)

Australian Government Services Australia *Paid Parental Leave Scheme Employer Toolkit* (updated 2020).

<https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/paid-parental-leave-scheme-employers/what-resources-are-available/paid-parental-leave-scheme-employer-toolkit>

[Education and Care Services National Regulations](#). (2011).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Date Reviewed	Modifications	Next Review Date
August 2021	New Policy Drafted	August 2022

## Staff Wellbeing Policy COVID-19

### QA4 Staffing arrangements

4.1 Staffing arrangements - Staffing arrangements enhance children's learning and development.

4.1.1 Organisation of educators - The organisation of educators across the service supports children's learning and development.

4.1.2 Continuity of staff - Every effort is made for children to experience continuity of educators at the service.

According to the World Health Organisation (WHO), adults spend approximately *one third* of their lives at work. Our work in Early Childhood Education requires sustained high physical, mental and emotional effort to complete our job. The COVID-19 pandemic, however, is having an increasingly significant impact on not only the way we live but also the way we work. The unpredictability of our current situation can take a toll on our mental and physical health and therefore the wellbeing of staff is at the forefront of management and planning. Our Service is committed to provide leadership by implementing strategies to support the health, safety and wellbeing of our employees.

### PURPOSE

We believe in providing a healthy workplace that values and enhances the health and wellbeing of our employees. During challenging times of uncertainty, enhancing wellbeing is critical as it can help foster resilience and create a positive and supportive working environment.

### SCOPE

This policy applies to staff and management of the Service.

### DEFINITION

Wellbeing is a complex concept but can generally be defined as an interplay between physical, psychological, emotional and social health factors. Wellbeing is linked to our happiness and how we feel

about ourselves and our lives. *'Wellbeing can change moment to moment, day to day and be influenced by what's happening in a specific moment'*. (BeYou, 2020)

## IMPLEMENTATION

During this challenging time, our Service is focused on implementing proactive measures to support the wellbeing of all employees. As our Educators care for, and educate young children, it is essential for staff to implement self-care strategies to enhance their own health and wellbeing. Employees who remain healthy and manage their own emotions, enhance the workplace culture and embody the healthy behaviours we model to children on a daily basis.

External factors beyond our control, may impact the personal wellbeing of employees. Our Service will collaborate with staff to develop a shared language and understanding of wellbeing, identify the needs of staff at this particular time and implement strategies to support and build their wellbeing.

### The Approved Provider and Management will:

- maintain strong and supportive relationships with all staff members (including staff on leave)
- provide accurate and up to date information from reliable sources related to:
  - COVID-19
  - health and safety of staff
  - employment
  - wages
  - leave entitlements
- provide a workplace environment and systems that are supportive of employee health and wellness (see COVID-19 Management Policy)
- provide opportunities for staff discussion- individually and as a whole staff
- identify common areas of concern and prioritise these
- acknowledge stressful situations for employees, both at work and at home
- show sensitivity and empathy to the feelings of individual staff members
- foster wellbeing initiatives as suggested through Government and Sector organisations (see Resource section)
- provide opportunities for employees to be involved in online professional development opportunities, time for programming, mentoring sessions and capacity building
- ensure employees take their required breaks (e.g. morning tea, lunch)
- encourage employees to support colleagues during difficult situations

### The Approved Provider, Nominated Supervisor and Educators will:

- create an environment to enhance wellbeing where all members feel supported and valued
- be respectful, caring and inclusive
- utilise each other's strengths regardless of qualification and experience
- challenge negative or unhelpful conversations or comments
- be mindful and self-aware
- engage in wellness initiatives

## Resources

- 'Wellness encompasses the health of the whole person- physical, mental, social and emotional'. BeYou
- [Beyond Blue](#)- online and phone mental health support. 1300 22 4636
- [Beyou](#)- Educator self-care resource for early learning and schools
- [Healthier. Happier. Workplaces](#) Queensland Government Resources, information, initiatives to help everyone think about small changes to improve their health and fitness
- [Head to Health](#)- Australian Government Department of Health Digital mental health resources for all your needs.
- [Smiling Mind](#)- Free mindfulness meditation app to help you look after your mental health and manage stress and daily challenges
- [Ted Talks](#)- explore the latest thinking on how to build a better learning community for educators, families and children.
- [The Black Dog Institute](#)- Provides useful information on workplace wellbeing and the role we can play in creating a mentally healthy workplace.
- [The Spoke](#)- Early Childhood Australia's Blog provides accurate and current information for the Early Childhood sector.
- [Work Health and Wellbeing- Strengthen your business](#) Workplace Health and Safety Queensland. Toolkit designed to help businesses to improve systems that influence work health and wellbeing.

## Source

- Australian Children's Education & Care Quality Authority. (2014).
- Be You (2018): <https://beyou.edu.au>
- Early Childhood Australia Code of Ethics. (2016).
- *Fair Work Act 2009* (Cth).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2020).
- *Privacy and Personal Information Protection Act 1998* (Cth).
- Revised National Quality Standard. (2018).
- Queensland Government Healthier. Happier. Workplaces
- *Work Health and Safety Act 2011* (Cth).
- *Workplace Relations Act 1996* (Cth).
- World Health Organization: [https://www.who.int/occupational\\_health/publications](https://www.who.int/occupational_health/publications)

# Quality Area 5 – Relationships With Children

- ✓ Anti-Bias and Inclusion Policy
- ✓ Behaviour Guidance Policy
- ✓ Behaviour Guidance Bullying Policy
- ✓ Gender Equity Policy
- ✓ Interactions with Children, Family and Staff Policy
- ✓ Respect for Children Policy

## Anti-Bias and Inclusion Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 5 Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

5.2 Relationships between children - Each child is supported to build and maintain sensitive and responsive relationships.

5.2.1 Collaborative learning - Children are supported to collaborate, learn from and help each other.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups
157	Access for parents

RELATED POLICIES	
Additional Needs Policy Behaviour Guidance Policy Code of Conduct Policy Educational Program Policy Gender Equity Policy	Interaction with Children, Family and Staff Policy Orientation of Families Policy Privacy and Confidentiality Policy Respect for Children Policy

All children have the right to be treated equally. Diversity in all its forms should be embraced within Early Childhood Services to help develop positive and accepting attitudes in children, and to help them gain a better understanding of their care environment, community, country and the world.

### PURPOSE

We aim to provide an inclusive environment for all children, families and educators, acknowledging the uniqueness of everyone regardless of their additional need and abilities, race, gender, sexuality religion, culture, physical and mental abilities and socio-economic background. This policy ensures all children; families and staff are welcome, treated equitably and with respect.

## SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

## IMPLEMENTATION

Our Anti-Bias and Inclusion policy underpins the philosophy of the Service. The role of educators is to encourage children to share and learn about the individuality of each child and their family and their role in the Service. This policy aims to assist children to form positive social relationships and to learn to accept the diversity of members of the Service community.

‘Educators who are culturally competent respect multiple cultural ways of knowing, seeing and living, celebrate the benefits of diversity and have an ability to understand and honour differences. This is evident in everyday practice when Educators demonstrate an ongoing commitment to developing their own cultural competence in a two-way process with families and communities.’ (EYLF Page 16)

### In Relation to Cultural or National Origin and Racial Identity:

- Children and Educators will have access to information and training about other cultures/racial identity, especially those relevant in the Service.
- Educators will work with one another, families and children to continue to extend both their individual and communities cultural competence.
- Educators will expose children to a wide variety of concrete materials from daily life of families/cultures.
- Where possible, the Service will employ Educators that reflect various cultural, national origin and racial identities.
- Educators will affirm and foster children’s knowledge and pride in cultural identity.
- Educators will foster children’s curiosity, enjoyment and empathetic awareness of cultural differences and similarities.
- Educators will teach children to overcome any inappropriate responses triggered by cultural differences.
- Educators will encourage children to ask about their own and other’s physical characteristics.
- Educators will enable children to feel pride, but not superiority, about their racial identity. Educators will help children to become aware of our shared physical characteristics – what makes us all human.

- Educators will encourage parent input into the program, sharing culture, racial identity i.e. First language and to participate on a level that they feel comfortable.
- Educators will collect information from each family on enrolment and incorporate it in the program to meet individual family needs re: ethnicity and home language.
- Educators where possible will use both the Educators and children's first language verbally and visually within the Service environment.
- Educators will respect all cultures by presenting photographs, pictures, play equipment, books, posters, music, dramatic play and dolls that will encourage open discussion and exploration.
- Where possible creative materials will include 2D and 3D materials of different skin tones.
- Educators will present books that reflect different languages and children's first language.
- Educators will know and understand the needs, strengths and attitudes of each culture who attend the Service.
- Educators will challenge inappropriate or stereotypical conversation with children

#### In Relation to Gender Equity

- Educators will ensure that all children are given equal opportunities to engage in all experiences and interactions regardless of their gender.
- Educators will monitor and reflect on their own interactions for bias and reflect regularly on the language used with children.
- Educators will aim to use gender inclusive language.
- Educators will offer opportunities for both male and female family members to be equally involved within the program.
- Educators will assist children to identify stereotypes and unfair treatment so that they can discuss ways in which to include the perspectives of others.
- Educators will be positive role models.
- Educators will provide resource materials that are not stereotypical.
- Educators will provide diversity of gender play e.g. Mechanic workshop, males and females in work and play clothes.
- Educators will provide a balance of men and women involved in a variety of jobs in and out of the home e.g. Show men and women repair-people, doctors, beautician, police officer, salesperson, teacher etc.

#### In Relation to Diversity in Family Composition

- Educators will create an environment that is welcoming to all families.

- Educators will respect each family, and work in partnership to support the child's emergent identity as an individual, member of their family, our Service and the community.
- Educators will provide resources, books, puzzles that reflect diversity in family structure including same sex, single parent, extended, nuclear, step and adopted families.
- Educators will engage in simple discussion about families that focus on fact rather than values e.g. "some children live with their Mum or Dad, some children live with their mum and dad, some with grandparents, and some with two mums or two dads.
- Educators will be encouraged to seek awareness and reflect on his/her own feelings, beliefs and background and evaluating the effect these may have on their attitudes and interactions with families.
- Educators will incorporate various family lifestyle choices during discussions ensuring that they reflect diversity in income. They will treat all families regardless of socioeconomic background with respect.
- The Educators and children will discuss how members of the community can support one another through the provision of resources, donations of goods or time etc.

#### In Relation to Indigenous and Torres Strait Islander People;

- Educators will deepen their own knowledge and understanding of Indigenous and Torres Strait Islander culture through attending professional development (when possible), reading current information and regularly reflecting together as a team to embed Indigenous and Torres Strait Islander perspectives and culture into the program in a positive way, consistent with how local Indigenous community wish to be presented.
- The Service will develop an acknowledgement of country, which will be displayed and will be conveyed during special events and incorporated into the program on a regular basis.
- Educators will develop awareness/understanding about the Indigenous and Torres Strait Islander people as part of the cultural heritage of all Australians.
- Educators will show respect for the Indigenous and Torres Strait Islander culture, aiming to instil sensitivity/appreciation of the culture and a knowing and valuing of individuals.
- Educators will encourage access of the Indigenous and Torres Strait Islander community into the mainstream of children services.
- Educators will show sensitivity and respect the numerous Indigenous and Torres Strait Islander languages by incorporating where possible verbal and visual language into the Service environment.
- Educators will access and encourage involvement of the Indigenous and Torres Strait Islander families, Educators and community members who have a vast knowledge of their culture.

#### In relation to ability

- Educators will provide an inclusive educational environment in which all children can succeed.
- Educators will promote acceptance, respect and appreciation for individuals varying abilities.
- Educators will consult with all families and other professionals to enable full participation in the program for children with varying abilities. Educators will evaluate and alter the environment to enable all children to develop autonomy, independence, competency, confidence and pride.

- Educators will provide children and parents with developmentally appropriate information about varying abilities to foster understandings that we are all similar and different.
- Educators will empower all children in their own learning to ensure that they gain a feeling of self-respect.
- Educators will treat all children equally and develop an understanding that everyone has something important to contribute.
- Educators will observe all children and with family consultation, provide an individualised program to extend the child's interests and abilities.
- Educators will display images of people of a range of ages, including elderly people and young children doing different activities.
- Educators will create an environment where all children can participate in activities and experiences

#### Promoting inclusion and diversity into the curriculum

- Educators will promote positive influences, modelling appropriate communication, non-bias or gender specific language and attitudes
- Educators will take a flexible approach with children and families
- Educators will develop appropriate expectations for each child
- Management will assist Educators with the development of required skills and knowledge for working with children and families
- Management and Educators will work with Inclusions support facilitators to aid the inclusion of children with additional needs
- Educators will explore the values and uniqueness of the diversity within the service. These opportunities will form part of the curriculum
- Educators treat children with respect by answering their questions honestly
- Educators will adapt activities, interactions, communication, the environment and documentation to ensure all children and families are actively included to participate in the curriculum
- Educators will provide children with a range of resources, equipment and opportunities to enhance their awareness of and access to diversity
- Educators will incorporate children's home language
- Educators will reflect on the curriculum ensuring inclusive practice and goals set for children are being met
- Educators will involve families in the planning of learning opportunities reflective of their culture

Source:

- Australian Children’s Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Early Years Learning Framework for Australia: Belonging, Being and Becoming, 2009
- Exploring Multiculturalism [www.cscentral.org.au/Resources/Exploring\\_Multiculturalism.pdf](http://www.cscentral.org.au/Resources/Exploring_Multiculturalism.pdf)
- Revised National Quality Standard

Review:

Policy Reviewed	Modifications	Next Review Date
February 2017	Updated the references to comply with the revised National Quality Standard	
March 2018	Minor terminology adjustments made to the policy	March 2019
April 2020	Minor terminology adjustments made to the policy	April 2021

## Behaviour Guidance Policy

### Quality Area 5 - Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

5.2 Relationships between children Each child is supported to build and maintain sensitive and responsive relationships.

5.2.1 Collaborative learning Children are supported to collaborate, learn from and help each other.

5.2.2 Self-regulation Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

The right for children to receive positive guidance and encouragement in a supportive and respectful environment is promoted within Education and Care Services National Regulations. Children learn to face a variety of challenges throughout their lives and through this develop not only self-regulation, but positive dispositions such as resilience and perseverance. Learning the difference between acceptable and unacceptable behaviour assists children to regulate their own behaviours in different social and emotional environments when interacting with peers and adults.

### Purpose

We aim to create positive relationships with children by helping them to feel safe, secure, and supported within our Service. We will ensure children are treated fairly and equitably and with respect and consistency, as they are supported to develop the skills and knowledge required to behave in a socially and culturally acceptable manner.

Supporting children to develop socially acceptable behaviour and self-regulation is a primary goal for educators and families. This is embedded in fundamental documents including the Early Years Learning Framework (EYLF), Education and Care Services National Regulations, and the National Quality Standard (NQS).

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Definitions

Behaviour guidance- this term is used to reflect current thinking about the most positive and effective ways to help children gain understanding and learn skills that will help them to manage their own behaviour.

Self-regulation- The ability to manage energy states, emotions, behaviour and attention: the ability to return to a balanced, calm and constant state of being. Self-regulation is a key factor for mental health, wellbeing and learning (KidsMatter, Early Childhood, 2014)

Inclusion- taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstance and geographic location) in curriculum decision-making processes. (EYLF)

### Implementation

The behaviour and guidance techniques used by staff and Educators at our Service are designed to give children the opportunity to expand their experiences of life in a productive, safe environment that allows individuals the right to safety, tolerance, self-expression, cultural identity, dignity and the worth of the individual.

We believe in providing boundaries as part of a loving and secure relationship with children and families to help them feel secure and self-confident. Children benefit from knowing that their environment is stable and that a competent adult is taking care of them.

There are three aspects to promoting positive behaviour:

1. A learning environment that is positive and supportive
2. Strategies for building skills and strengthening positive behaviour
3. Strategies for decreasing undesired behaviours

Management/Nominated Supervisor/Responsible Person will ensure:

- Information is gathered from families about their children's social skills and relationship preferences, which will be recorded in the child's individual file. Our educators will use this information to engage children in experiences that support children to develop and practice their social and shared decision-making skills.
- A partnership is developed with local schools and other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child's file.
- Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else.
- Children are being acknowledged when they make positive choices in managing their behaviour.
- Positive strategies are being implemented to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour. In addition, we will implement strategies educating children about developing behaviour limits and the consequences of inappropriate behaviour.
- Excessive behaviour is managed and communicated with families.
- Support educators to enhance their skills and knowledge in guiding children's behaviour

#### Educators will:

- Encourage the individual social development in each child, striving to develop children's self-control and understanding the feelings of others
- Guide children's behaviour, teaching them how to be considerate of others – to think about the effects of their actions on others. It is important that children understand what acceptable and unacceptable behaviour is and how to manage their emotions.
- Use positive guidance through redirection. In the instance of adverse behaviour being persistently observed, Educators will evaluate their program, room set up, supervision etc. to reflect on inappropriate behaviour, triggers and sources.
- Role model appropriate behaviour and language, encouraging children to socialise with other children, including children of different cultural backgrounds as well as from different age groups and different sexes.
- Implement "Time with" an adult, which will be used when all other strategies (above) have been exhausted. "Time with," allows children time to reflect on their actions, assisting in fostering self-discipline and to acknowledge that there are consequences to actions. "Time with" will occur under the supervision of Educators.
- Take into consideration the child's past experiences as their behaviour could be a result from past trauma such as changes in routine, changes or losses within the family, placement in care, or more serious circumstances involving abuse, neglect, or family violence.

- Be responsive to these former experiences, designing and implementing behaviour plans with the individual child that include strategies which will assist alternative and positive behaviour.
- Ensure all strategies being implemented are appropriate to the child's age and developmental capacity.
- Adapt a positive approach, excluding cruel, harsh, humiliating or demeaning actions.
- Consult with industry professionals to support the child within the Service and implement techniques within the program to benefit all.
- Commit to professional development and keep up to date with industry information regarding behaviour management.
- Re-direct a child who may be causing or about to cause harm to himself or herself, another child or adult. Incidents may include a child who is kicking, spitting, biting, throwing furniture or toys, punching or hitting, or being disruptive. Redirection may also include an incident where a child places itself in a dangerous situation, for example, climbing a fence or hiding under furniture. Safety is a priority and this may mean using physical re-direction in which an Educator will actually remove the child from the harmful situation
- Complete a 'Behaviour Incident Report' with each incident that occurs. Families are to be notified where they will be required to read and sign in an instance where a child or children's safety has been jeopardised.
- Continue observing the child, where a similar incidence occurs three times the child's parents and Educators will meet to discuss the issue and create a behaviour management plan of action to support the child in the environment.
- Exchange information with families on the subject of behaviour management which is encouraged both on an informal and more formal basis, such as parent interviews and through newsletters.
- Be sufficiently informed, trained and supervised to implement the behaviour management plan created, ensuring that information is composed and recorded for reflection on its effectiveness for the individual child.
- Support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others.
- Discuss emotions, feelings and issues of inclusion and fairness, bias and prejudice and the consequences of their actions and the reasons for this as well as the appropriate rules.
- Encourage children to listen to other people's ideas, consider pro-social behaviour and collaborate in problem solving situations.
- Listen empathetically to children when they communicate their emotions, provide encouragement as they reassure the child it is normal to experience positive and negative emotions.
- Guide children to remove themselves from situations where they are experiencing frustration, anger or fear.

- Support children to negotiate their rights and rights of others and mediate perceptively when children experience complexity in resolving dissimilarity.
- Learn about children's relationships with others and their relationship preferences they have and use this knowledge to encourage children to manage their own behaviour and expand on their empathy skills.
- Work with individual families and professional agencies to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.
- Use positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them.
- Remain calm, tender and tolerant as they encourage children who are strongly expressing distress, frustration or anger.
- Guide children's behaviour with a focus on preserving and promoting children's self-esteem as they learn to self-regulate their behaviour.

#### Families will:

- Be informed of behaviour management concerns we may have with their child, this includes: the positive and negative aspects of the day.
- Collaborate with Educators and professional agencies when required in order to develop a broader understanding of the child's developmental level, the child's family, the parent's approach, and any recent events, which may be influencing the child's behaviour.

#### Children will:

- Learn to respect the rights and needs of others by anticipating the result and consequences of their behaviour.
- Be given positive guidance towards acceptable behaviour so they learn what acceptable and unacceptable behaviour is.
- Need to learn to be responsiveness of their actions and how their behaviour impacts on others.
- Be encouraged to use their words rather than actions to resolve conflicts
- Build on strengthening their communication through intentional teaching moments which will include:
  - Greeting others when they arrive and depart from the Service
  - Sharing resources
  - Assisting when it is time to pack away the indoor and outdoor environment
  - Using manners such as please and thank-you

- Learn to wait for their turn for an appropriate period of time. This will depend on age and development
- Learn about the feelings of others throughout the program in order to assist children to understand the consequences of their actions.
- Be encouraged to engage in cooperative and pro-social behaviour and express their feelings and responses to others' behaviour confidently and constructively, including challenging the behaviour of other children when it is disrespectful or unfair.

#### Positive behaviour strategies:

Guiding children's behaviour is an important aspect of caring for and educating children. Positive strategies need to be developed to assist children learn appropriate ways of behaving. Corporal punishment and unreasonable discipline are not permitted in children's services, not only because the child may be physically harmed, but also because it nearly always has detrimental effects on the child's self-esteem and feelings of security.

- Establish positive relationships with children
- Empower children to use language and other forms of non-hurtful communication to communicate their emotions
- Promote positive, empathetic relationships between children assisting them to develop respectful relationship
- Encourage and assist children to make decisions for themselves and provide opportunities for independence and self-regulation
- Provide clear and reasonable limits so that children know what is expected of them and follow through to help them abide by the limits
- Model appropriate behaviours
- Provide positive feedback and focus on children's strengths and achievements and build on their abilities
- Be understanding and supportive – acknowledge children's emotions
- Help children develop a sense of social responsibility, so that they become aware of the impact of their actions on others
- Promote children's initiative and agency
- Discuss guidelines, rules, limits and what is fair with children, and use their contributions in setting limits and guidelines.

- Provide age appropriate and interesting activities, experiences and equipment for children to use and become engaged in as they challenge their development
- Providing opportunities for children to explore both in the indoor and outdoor environment
- Set up the environment (indoor and outdoor) for children to engage in activities and experiences in accordance with their abilities and interests
- Ensure there is sufficient materials and equipment
- Implementing a regular routine in order to support children’s positive behaviour. Routines help to provide a sense of security, so children feel settled.

Source:

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- <http://raisingchildren.net.au>
- [www.napcan.org.au](http://www.napcan.org.au)
- [www.cyh.com](http://www.cyh.com)
- [www.acwa.asn.au](http://www.acwa.asn.au)
- [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)

Review:

Policy Reviewed	Modifications	Next Review Date
April 2018	<ul style="list-style-type: none"> <li>- Further research has been conducted, updating the rationale and terminology throughout the policy.</li> <li>- Have incorporated positive behaviour strategies for educators to use to assist in guiding children’s behaviour.</li> <li>- Updated the references to comply with the revised National Quality Standards.</li> </ul>	April 2019
March 2020	<ul style="list-style-type: none"> <li>- Minor changes to spelling</li> </ul>	March 2021
December 2020	Changed layout to make easier to read	December 2021

## Gender Equity Policy

Quality Area 5 Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

5.2 Relationships between children Each child is supported to build and maintain sensitive and responsive relationships.

5.2.1 Collaborative learning Children are supported to collaborate, learn from, and help each other.

To create an environment that supports, reflects, and promotes equitable and inclusive behaviours and practices, and respects individuals and groups of people, it is crucial that as a Service we examine its value and belief systems.

### PURPOSE

To ensure children are treated with respect and equality irrespective of gender. We aim to affirm the rights of all children in developing to their full potential irrespective of gender. Children will be encouraged to develop a sense of pride and self-worth, as they develop respect for each other's rights and responsibilities.

### SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

### IMPLEMENTATION

Gender plays a significant role in the lives of children. Educators working with children need to observe the implication of gender in children's choice of friends, activities, language, interactions, group dynamics and behaviour. These observations can lead to valuable insight into children's understandings about gender and what is acceptable and unacceptable behaviour.

Management/Nominated Supervisor/Responsible Person/Educators will:

- Be mindful and respectful of how activities and experiences provided may impact on the expectations, interests, and behaviours of all genders.
- Provide a stimulating learning environment in which all children will be encouraged to explore a full range of experiences and emotions.
- Act as advocates of children in dealing with other adults who act in a bias manner against a child due to their gender or gender identity.
- Discourage the identification of skills, behaviours and feelings as 'boys' and 'girls'.
- Encourage children to look upon both sexes as equal.
- Support the gender equity policy review by focusing on how children constructed gender, the effects of gender in curriculum, teaching and learning.
- Be responsive and ensure their actions are relevant to the specific and changing gender dynamics that emerge from the different ways in which different children interpret gender.
- Monitor language, attitudes and assumptions about gender and anti-bias of themselves, other educators and children.
- Give positive messages about gender equity through their actions and words and avoid giving messages that promote traditional gender roles and gender bias.
- Critically reflect on their practices and environment and model a positive attitude towards gender equality.
- Encourage and support all children to participate in the full range of experiences and activities.
- Encourage all children to express their emotions and to display affection and empathy.

Source:

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation
- National Quality Standards
- Early Childhood Australia
- Relationships with children
- [http://www.earlychildhoodaustralia.org.au/nqsplp/wpcontent/uploads/2012/06/NQS\\_PLP\\_E\\_Newsletter\\_No36.pdf](http://www.earlychildhoodaustralia.org.au/nqsplp/wpcontent/uploads/2012/06/NQS_PLP_E_Newsletter_No36.pdf)
- Revised National Quality Standard

Review:

Policy Reviewed	Modifications	Next Review Date
April 2018	New Policy Created	April 2019
April 2020	Minor terminology adjustments made to the policy	April 2021

## Interactions with Children, Families & Staff Policy

### Quality Area 5 Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

5.2 Relationships between children - Each child is supported to build and maintain sensitive and responsive relationships.

5.2.1 Collaborative learning - Children are supported to collaborate, learn from and help each other.

### PURPOSE

We aim to build positive relationships with children, families and educators through collaboration and interactions, which is reflective in our Service philosophy and the Early Years Learning Framework. Educators will encourage positive relationships between children and their peers as well as with educators and families at the Service, ensuring children feel safe and supported.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

In order to build and maintain positive and respectful relationships with children, families and Educators our Service will adhere to our philosophy and code of ethics to guide:

#### Interactions with Children

Children need positive relationships with Educators that are trusting and responsive to their needs.

Management and Educators will:

- Create a welcoming and relaxed atmosphere in which children experience equitable, friendly and genuine interactions with all Educators
- Use appropriate language and behaviour will be role modelled by Educators
- Support children to be aware of their own feelings as well as the feelings of others

- Encourage children to treat all children with respect as their friend
- Provide children with the opportunity to explore their dispositions for learning by expressing themselves and their opinions
- Assist the children to build resilience and self-assurance through positive interactions
- Guide children's behaviour positively
- Respect the rights of children
- Support children in the early childhood environments
- Speak to children in a positive manner at all times, promoting respect, tolerance and empathy; this includes children using non-verbal cues
- Engage in meaningful, open interactions that support the acquisition of skills for life and learning of children
- Respect each child's uniqueness, be attuned to and respond sensitively and appropriately to children's efforts to communicate and will use the child's own language, communication styles and culture to enhance their interactions
- Listen to children and take them seriously; they will support and encourage children to use appropriate language in their interactions with adults and peers. Educators will extend upon children's interests and ideas through questions and discussions, supported in observations, reflections and programming
- Communicate with children by getting down to their level, showing respect to the child whilst promoting effective communication and eye contact.
- Show empathy to children
- Ensure that the values, beliefs and cultural practices of the child and family are considered and respected
- No child is ever isolated for any reason other than illness, accident or pre-arranged appointment with parental consent. During this time they will be under adult supervision
- Regularly reflect on their relationships and interactions with children and how these can be improved to benefit each child
- Challenge children's individual development

### **Interactions with Families**

Effective communication is the key to developing and maintaining positive interactions and relationships with others. Educators working within our service are required to demonstrate mutual respect towards each other and value the contributions made by each educator. This enables our Service to maintain positive relations and model the type of communication they want children to develop. Educators also need to use positive communication with families and children in order to create a responsive and inclusive environment for all.

### **Management and Educators will ensure:**

- All families are treated equitably without bias or judgement; recognising that each family is unique
- Families and children are greeted upon arrival
- Two-way communication is established through leading by example and asking questions
- Use common terminology when talking to parents regarding their child's development
- Never discuss another child or family information with a parent or visitor
- Remain sensitive to cultural differences amongst families and are to encourage families to share cultural aspects with the children and Educators at the Services
- Always endeavour and seek the advice and opinion from experts with family permission, to help with regards to a child with additional needs or support a family through resources available from such support agencies as Inclusion Support Agency, Area Health or the private sector
- Endeavour to recognise and implement a number of different ways to communicate with families in their preferred chosen way

- Ensure verbal communication is always open, respectful and honest
- Provide families with up to date service information and notices through Daily Reports, Newsletter, communal signs, emails and sign-in sheets
- Regularly reflect on parent input into the program and make changes where necessary that will best benefit the service and children
- Ensure children are treated and programmed for as individuals

### **Interactions with Staff and Educators**

The Service recognises that the way Educators interact with each other has an effect on the interactions they have with children and families.

#### **To maintain professionalism at all times, Educators will:**

- Preserve professional communication in order create an effective work environment and to build a positive relationship with Educators, Children and Families. Communication amongst colleagues creates a positive atmosphere and a professional Service for families. Communication between staff and families ensures that important information is being passed on and that consistency occurs
- Collaborate together as a team sharing room roles and responsibilities through the use of a roster where necessary
- Be respectful when listening to each other's point of view and ideas
- Maintain effective communication to ensure that teamwork occurs
- Refer to the Staff Grievance Policy/Procedure if they feel a situation with another Educator is not being handled with professionalism, respect and quality
- Recognise each other's strengths and valuing the different work each does
- Work collaboratively to reach decisions which will enhance the quality of the Education and care offered at the Service
- Welcome diverse views and perspectives
- Work together as a team and engage in open and honest communication at all times
- Respect each other's positions and opinions.
- Develop and share networks and links with other agencies
- Resolve differences promptly and positively and using the experience to learn more effective methods of working together

#### **To enhance communication and teamwork, Educators will:**

- Provide new educators with relevant information about the Service and program through an Educator handbook, induction and daily communication
- Maintain confidentiality
- Treat each team member with respect
- Be sensitive to the feelings and needs of other team members
- Provide constructive feedback to each other
- Trust each other

- Value the role and contribution of each educator
- Provide opportunities for all educators to have input and evaluate the program
- Appreciate and utilise educator skills and interests
- Provide support and assistance to each other
- Share responsibilities
- Have a flexible attitude towards team roles and responsibilities
- Greet each other by name
- Show genuine interest in the other person by using active and reflective listening
- Communicate ideas and opinions clearly and professionally
- Use a communication diary to pass on messages and record relevant information
- Hold monthly educator meetings
- Use appropriate conflict resolution techniques to solve problems
- Ensure policies and procedures are up to date regarding communication, expected behaviour and grievances
- Opportunities for professional development

**Source:**

- Education and Care Services National Regulation 2015
- National Quality Standards
- Early Years Learning Framework
- Respectful Relationships  
<http://www.cscentral.org.au/Resources/Publications/respectfulrelationships.pdf>

**Review:**

Policy Reviewed	Modifications	Next Review Date
October 2018	<ul style="list-style-type: none"> <li>- Minor changes made and additions to ensure Educators are challenging children's individual development.</li> <li>- Updated the references to comply with the revised National Quality Standard</li> </ul>	October 2019

## Respect for Children Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 5 Relationships with children

5.1 Relationships between educators and children - Respectful and equitable relationships are maintained with each child.

5.1.1 Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident, and included.

5.1.2 Dignity and rights of the child - The dignity and rights of every child are maintained.

5.2 Relationships between children - Each child is supported to build and maintain sensitive and responsive relationships.

5.2.1 Collaborative learning Children are supported to collaborate, learn from, and help each other.

5.2.2 Self-regulation Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational program
84	Awareness of child protection law
115	Premises designed to facilitate supervision
118	Educational leader
126	Centre-based services- general educator qualifications
145	Staff record
155	Interactions with children
156	Relationships in groups
157	Access for parents
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed

RELATED POLICIES	
Additional Needs Policy	Educational Program Policy
Anti-Bias & Inclusion Policy	Family Communication Policy
Celebrations Policy	Gender Equity Policy
Child Protection Policy	Interactions with Children, Family and Staff Policy

Child Safe Environment Policy Children’s Belongings Policy Clothing Policy Dealing with Complaints Policy	Medical Conditions Policy Nappy Change & Toileting Policy Photograph Policy Privacy and Confidentiality Policy
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Within an early childhood community many different relationships are negotiated with and between children, educators and families. The way in which these relationships are established and maintained, and the way in which they remain visible, impacts on how the early childhood community functions as a whole. Relationships directly affect how children form their own identity, whether they feel safe and supported, and ultimately, their sense of belonging.

### Purpose

The Early Years Learning Framework (EYLF) (2009) highlights educators’ relationships with children as central to supporting their learning. Principle 1 in the EYLF is about secure, respectful, and reciprocal relationships.

Our philosophy guides our interactions and relationships with children. We aim to ensure all educators develop positive relationships with children based on respect and fostering children’s self-esteem and development.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

All children have a right to feel accepted and respected. This is a principle set out in the United Nations Convention on the Rights of the Child. The Convention emphasises the importance of children developing connections to culture and community as a means of fostering a strong sense of personal identity and belonging.

Our Service is dedicated to protecting children from abuse and neglect and promotes a child safe environment, maintaining children’s wellbeing. We promote cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability. We aim for children to feel safe and secure and we believe in forming strong attachments and connections with educators, children, and families at the Service. Educators employed at the Service will use teaching techniques and strategies to establish positive relationships with children and their families, working in conjunction with the National Quality Standard as we build supportive relationships.

By teaching respect for cultural diversity, educators will assist children to:

- learn about their cultural background and develop a strong sense of self identity

- learn about and appreciate cultures and traditions other than their own
- learn to enjoy and respect differences and recognise universal characteristics we all share
- learn about racial prejudice and understand why it should be challenged

#### Management/Nominated Supervisor/Responsible Person/Educators Will:

- provide a child safe, comfortable and happy environment where children's concerns are always responded to
- promote children's bodily integrity (respecting their physical space and only using touch when necessary and appropriate)
- support children's consent by acknowledging and respecting a child's right to refuse or say no
- respect each child's uniqueness, displaying appreciation and respect for children as individuals
- use a positive and non-threatening tone when interacting with children in all situations
- ensure mealtimes are relaxed and unhurried
- sit with children during mealtimes, engaging in respectful conversations
- never force a child to do something against their requests: This includes rest, eat, participation in group experiences and activities.
- role model respect to children in everyday dealings with both adults and children
- endeavour to be aware of each individual child's values, culture, and feelings, and respond appropriately
- value diversity and not tolerate any discriminatory practices
- encourage children to initiate conversations about their experiences at home encouraging them to express their ideas and feelings
- encourage children to request assistance when taking on new challenges, inspiring children's independence, and confidence
- regularly reflect on their relationships and interactions with children and how these can be improved to benefit each child.
- inspire, encourage, and accept each child and encourage them to do the same with their peers by actively:
  - fostering each child's construction of a knowledgeable, confident self-identity.
  - fostering each child's comfortable, empathetic interactions with a diverse range of people.
  - fostering each child's critical thinking about bias, and to question and enquire.
  - fostering each child's ability to stand up for herself/himself and others in the face of bias.
- respond respectfully and appropriately to children's attempts as they participate and converse in sustained conversation about their interests
- implement a predictable routine for children with interest-based activities and experiences

- provide a range of planned and spontaneous experiences for children to challenge and maximise learning opportunities
  - use a variety of communication strategies inclusive of verbal and non-verbal cues to support the development of relationships with children
  - empower children to speak up and raise any concerns
  - support children’s home language when communicating and interacting to build trust and positive relationships
  - respect children and families’ diversity and the development of cultural competency within the Service
  - support children and build secure attachments through a collaborative partnership with families
  - encourage children to develop confidence in their ability to express themselves
  - encourage children to work through differences appropriately and with guidance where necessary
- respect each child’s uniqueness and communicate that respect to the child
- ensure children are aware of how to raise concerns or provide feedback
  - respond or report to children about how their feedback has been acted upon

#### Source

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation 2015
- National Quality Standard
- The Anti-Bias approach in Early Childhood, Second Edition, Elizabeth Dau 2001
- Early Childhood Australia
- Respectful Relationships  
<http://www.cscentral.org.au/Resources/Publications/respectful-relationships.pdf>
- Relationships with children  
[http://www.earlychildhoodaustralia.org.au/nqsplp/wp-content/uploads/2012/06/NQS\\_PLP\\_E-Newsletter\\_No36.pdf](http://www.earlychildhoodaustralia.org.au/nqsplp/wp-content/uploads/2012/06/NQS_PLP_E-Newsletter_No36.pdf)
- Revised National Quality Standard

#### Review

Date Reviewed	Modifications	Next Policy Review Date
October 2017	Minor changes made to policy Updated the references to comply with the revised National Quality Standard	October 2018
September 2018	Minor adjustments made to further support the formation of respectful relationships.	September 2019
September 2020	minor editing (lower case letters following bullets) sources checked for currency	September 2021
September 2021	Added Education and Care Services National Regulations Added Related Policies	September 2022

# Quality Area 6 – Collaborative Partnerships with Families and Communities

- ✓ Dealing with Complaints Policy (Families)
- ✓ Enrolment Policy
- ✓ Family Communication Policy
- ✓ Grievance Policy (Families)
- ✓ Grievance Policy (General)
- ✓ Managing An Aggressive Parent Policy
- ✓ Non-English-Speaking Background Policy
- ✓ Open-Door Policy
- ✓ Orientation of Families Policy

## Enrolment Policy

### National Quality Standard (NQS)

#### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with families - Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - 6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions
  - 6.1.2 Parent views are respected - The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
  - 6.1.3 Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
- 6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.
  - 6.2.3 Community and engagement - The service builds relationships and engages with its community  
Enrolment and orientation is an exciting and emotional time for children and families. It is important to manage this time with sensitivity and support, building partnerships between families and the Service. Such partnerships enable the Service and families to work toward the common goal of promoting consistent quality outcomes for individual children and the Service.

Enrolment and orientation are an exciting and emotional time for children and families. It is important to manage this time with sensitivity and support, building partnerships between families and the Service. Such partnerships enable the Service and families to work toward the common goal of promoting consistent quality outcomes for individual children and the Service.

LEGISLATIVE REQUIREMENTS/EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
S175	Offence relating to requirement to keep enrolment and other documents
77	Health, hygiene and safe food practices
78	Food and beverages
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
88	Infectious diseases
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
96	Self-administration of medication
97	Emergency and evacuation procedures
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct of risk assessment for excursion
102	Authorisation for excursions
102D	Authorisation for service to transport children
157	Access for parents
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures

173	Prescribed information is to be displayed
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	Family Assistance Law – Incorporating all related legislation for Child Care Provider Handbook in Appendix G <a href="https://www.dese.gov.au/resources-child-care-providers/resources/child-care-provider-handbook">https://www.dese.gov.au/resources-child-care-providers/resources/child-care-provider-handbook</a>

RELATED POLICIES	
Acceptance and Refusal Authorisation Policy Additional Needs Policy Arrival and Departure Policy CCS Governance Policy Children's Belongings Policy Control of Infectious Disease Policy Dealing with Complaints Policy Excursion/Incursion Policy Family Communication Policy Immunisation Policy	Incident, Injury, Trauma and Illness Policy Interactions with Children, Families and Staff Policy Medical Conditions Policy Orientation of New Families Policy Payment of Fees Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Safe Transportation Policy Sick Children Policy Sun Safe Policy Withdrawal of a Child Policy

### Purpose

We aim to ensure children and families receive a positive and informative enrolment and orientation process that meets their individual needs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Enrolment

According to the Child Care Provider Handbook (June 2019) '*enrolling children is a requirement under Family Assistance Law for all children who attend childcare (or have an arrangement for care) regardless of their parent's or guardian's eligibility for Child Care Subsidy. An enrolment links the child, the individual claiming the subsidy and the childcare service.*' An enrolment notice is required for each child attending the service. This reflects the type of arrangement that is in place between the provider and the family/individual or organisation.

When a family has indicated their interest in enrolling their child in our Service, we will organise an enrolment meeting to share information and build relationships.

- Families will be provided with a range of information about the Service which may include:
  - the service philosophy, inclusion, programming methods, menu, incursions, excursions, fees, policies, procedures, SunSmart requirements, regulations and the licensing and assessment process for our State, signing in and out procedure, the National Quality Framework, room routines, educator qualifications, introduction of educator in the room the child will be starting in, and educator and parent communication strategies.
- Families will be invited to ask questions and seek any further information they may require
- Families will be provided with possible vacancies and start date
- Families will be invited to bring their child into the Service at a time that is mutually convenient to familiarise themselves with the environment and educators as part of the Orientation process
- Any matters that are of a sensitive nature, such as discussing a child's medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with management. Families will be required to bring any documents required in relation to court orders, medical needs, or plans.
- Families will complete the enrolment form informing management of their child's interests, strengths, and individual needs. This is updated annually to ensure information is current. Parents are re-enrolled for the following year when completed forms are returned to the centre. These bookings are based on availability.
- If a family or child uses English as a second language or speak another language at home, we request that families provide us with some key words in the language/s the child speaks so that educators can learn these words. Educators may use visuals to assist the child's understanding and be able to communicate with others.
- Families must complete a Child Care Subsidy activity test to check eligibility and entitlements for CCS and Additional Child Care Subsidy (ACCS). This can be completed online through myGov website.
- The Complying Written Arrangement (CWA) will be discussed with families which states the fees charged in exchange for care sessions.
- Information about gap fees and absences will be discussed.
- It is a legal requirement that prior to the child starting at the Service we have all required documents including
  - the completed enrolment forms
  - medical management plans (if relevant) completed by the child's general practitioner
  - a current Immunisation History Statement from the Australian Immunisation Register (AIR) showing the child is up to date with immunisations for their age *and*

- details of any court orders, parenting orders or parenting plans
- It is a requirement of the Family Assistance Office that immunisation information held by the Service is kept current. Parents are reminded mid-way through the year to provide any immunisation updates to the Service in order to continue receiving childcare subsidy.
- Parents must notify the Service if their child is not up to date with their immunisations for their age via the enrolment form and attach the required documentation on their *AIR immunisation History Statement*.
- Families are advised that since January 2018 children who have not been immunised due to parent's conscientious objection cannot be enrolled at the Service.
- If a child cannot be immunised due to a medical condition they may still be enrolled at the Service with supporting documentation (Medical Exemption Form).
- Unborn children may be placed on the waiting list to avoid the unfair allocation of places that may occur if children can only be placed on the list after birth. If an unborn child is placed on the waiting list, the family must advise the Service of the expected birth date. It is the responsibility of the parent to inform Management of the name and date of birth of the child within three months after the expected birth date. If this information is not provided, then the child and family details will be removed from the list.
- It is the family's responsibility to keep the Service informed of any changes to the information recorded on the application form.

### Implementation

Our Service accepts enrolments of children aged between 6weeks- 6 years of age.

Enrolments will be accepted providing:

- a) the maximum daily attendance does not exceed the licensed capacity of the Service
- b) a vacancy is available for the booking required
- c) the adult to child ratio is maintained in each room
- d) priority of access guidelines is adhered to.

### Priority of Access guidelines

The Department of Family and Community Services and Indigenous Affairs have set priority of access guidelines for all children's services eligible for Child Care Subsidy. Every Child Care Subsidy approved childcare service is required to abide by the guidelines which families will be informed of during the enrolment process.

The Priority Lists are used when there is a waiting list for the Service or when several parents are applying for a limited number of vacant places. When families apply to join the list, they are asked a series of questions to determine their circumstances. A scoring system is applied based on their responses. This determines their

child's place on the waiting list. As places become available, they are offered to those highest on the list as stated in the guidelines above.

Children with disabilities will be enrolled, if in the opinion of management, the Service can meet the child's needs. Additional resources and funding may be required.

**The Priority of Access levels, which the Service must follow when filling vacancies, include:**

1. A child at risk of serious abuse or neglect.
2. A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy the work/training/study test under Section 14 of the Family Assistance Legislation Amendment (Child Care) Act 2010.
3. Any other child.

**Within these three categories priority is also given to:**

- Children in Aboriginal and Torres Strait Islander families
- Children in families, which include a disabled person
- Children in families on low income
- Children in families from culturally and linguistically diverse backgrounds
- Children in socially isolated families
- Children of single parents/guardian

Upon enrolment families will be informed of their priority and directed that if the Service has no vacancies and their child's position is a priority 3 under the Priority of Access Guidelines, it may be required that their child leave or reduce their days in order to make a place for a higher priority child.

### **Enrolment**

When a family has indicated their interest in enrolling their child in our Service, the following will occur:

- Families will be invited to come on a tour of the Service.
- o Families will be provided with a range of information about the Service which will include: programming methods, menu, incursions, excursions, inclusion, fees, policies, procedures, sun smart requirements, regulations for our State and the licensing and assessment process, signing in and out procedure, the National Quality Framework, room routines, educator qualifications, introduction of educator in the room the child will be starting in and educator and parent communication.
- Families are invited to ask questions and seek any further information they require.
- Families are given a copy of the Parent Handbook, which outlines the Service operation and philosophy.

- Families will be provided with vacancies, a start date and a suitable time for the child to be orientated to the Service.
- Families are informed of the Priority of Access guidelines and have their position assessed as to how they place within this system. Any matters that are sensitive of nature, such as discussing a child's medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with management. Families will be required to bring any corresponding documents in relation to court orders, medical needs or plans.
- Families will need to complete the enrolment form informing management of their child's interests, strengths and individual needs.
- If a family or child uses English as a second language, or speak another language at home, we request that families provide us with some key words in the languages the child speaks at this time so that educators can learn the words. Educators will furthermore use visuals to assist the child to understand and be able to communicate with others.
- Families will need to complete a Child Care Subsidy assessment online to check eligibility and entitlements to CCS which needs to be done through myGov website.
- Where there are certain changes to the individual Complying Written Arrangements (CWA) for care between the provider and an individual, the provider must update the arrangement in writing, and the families are required to confirm the changes through myGov.
- Families will be invited to bring their child into the Service at a time that is convenient to familiarise themselves with the environment and educators.
- It is a legal requirement that prior to the child starting at the Service we have all corresponding documents including enrolment form, medical plans, birth certificate or passport, immunisation status and any court orders.
- It is a requirement from Family Assistance Office that immunisation information is continuous. Parents are reminded mid-way through the year to provide any immunisation updates to the Service in order to continue receiving childcare benefits.
- Parents must notify the Service if their child has not been immunised via the enrolment form.
- Parents must complete the 'Immunisation Exemption - Conscientious Objection Form' as part of the Australian Childhood Immunisation Register process.
- Families are required to provide current Australian Childhood Immunisation Register (ACIR) History Statement which shows that the child is up to date with their scheduled immunisations. The ACIR is a national register administered by Medicare that records details of vaccinations given to children. Please note that children's 'blue books' are not accepted.
- Unborn children may be placed on the waiting list to avoid the unfair allocation of places that would occur if children could only be placed onto the list once born. If an unborn child is placed on the waiting list, then it is the responsibility of the parent to inform Management of the name and date of

birth of the child within three months after the expected birth date. If this information is not provided, then the child and family details will be removed from the list.

- It is the family's responsibility to keep the Service informed of any changes to the information recorded on the application form.

**Families will be asked to provide the following information:**

23. Full name/s of parent/s (or the person legally responsible for the care of the child) residential address, place of employment and contact telephone number
24. Each parent's occupation
25. The full name, address and contact telephone number of a person or persons, authorised by the parent who may be contacted in case of an emergency concerning the child if a parent is unable to be contacted (authorised nominee)
26. The full name, address and contact telephone number of any person authorised by the parent to collect the child from the Service (authorised nominee)
27. Full name of the child
28. Child's date of birth
29. Child's residency status
30. Child's address
31. Gender of the child
32. Cultural background of the child
33. Provision of care – if care will be a routine and/or casual etc.
34. Session start and end times
35. Complying Written Agreement on fee information
36. Immunisation History Statement
37. Any court orders or parenting agreements regarding the child
38. The primary language spoken by the child; if the child has not learnt to speak, the child's family's language
39. Any special requirements of the family, including for example cultural or religious requirements
40. The individual needs of a child with a disability or with other additional needs
41. A statement indicating parental permission for any medications to be administered to the child whilst at the Service. [Only a parent on the enrolment form can authorise the administration of medication.]
42. Authorisation and signature by parent/authorised person for the approved provider, nominated supervisor or educator to seek:
  - medical treatment for the child from a registered practitioner, hospital, or ambulance service
  - transportation of the child by an ambulance service

43. Child's Medicare number
44. Specific healthcare needs of the child, including allergies and intolerances
45. Any medical management plan for a specific severe healthcare need, medical condition, or allergy, such as an Anaphylaxis Emergency Management Plan or Risk Minimisation Plan.
46. Details of any dietary restrictions for the child
47. The name, address and telephone number of the child's doctor
48. Authorisation for regular occurring outings/excursions
49. CRN for child and claimant
50. Child Care Subsidy Assessment confirmation

### Orientation of the service

During the orientation of the Service, families will be:

- provided with the enrolment form to be completed or shown how to complete this through an online platform
- Child Care Subsidy is explained to families and assistance may be offered to assist with the application process.
- provided with an outline of the Service policies which will include key policies such as: Payment of fees, Sun Safe, Incident, Illness, Injury and Trauma, Control of infectious diseases, Sick child policy and Administration of Medication
- shown the signing in/out process
- advised of appropriate clothing for children to wear to the Service, including shoes, hats, and sunscreen
- informed about policies regarding children bringing in toys from home
- introduced to their child's educators
- taken on a tour around the Service
- invited to visit the service at different times during the day
- provided with suggestions for developing and maintaining a routine for saying goodbye to their child
- asked to share information on any medical management plan or specific healthcare needs of their child (if applicable)
- introduced to the room routine and Service program, including portfolios and the observation cycle
- informed about Service communication strategies including meetings, interviews, newsletters, emails, etc.
- given the opportunity to set goals for their child
- confirm preferred method of communication.

### Enrolment pack

Once the enrolment is confirmed families will be provided with an enrolment pack which consists of:

- Parent Handbook, which outlines the Service's operation and philosophy
- current fee structure and payment details
- Child Care Subsidy information
- Information about the online App or platform (if applicable)
- Information on the National Quality Framework, National Quality Standards and the Early Years Learning Framework
- ECA Code of Ethics brochure

#### Management will ensure:

- the enrolment form is completed accurately and, in its entirety
- authorisations are signed by parents/guardians
- a child with medical needs does not begin at the service unless a medical management plan is received and medication is brought to the service each day
- the child's Medical Management Plan is recorded, and this information is shared/distributed to Educators
- Action Plans are completed in full (if relevant)
- Administration of Medication forms are completed (if relevant)
- Risk Minimisation Plans and Communication Plans are requested/completed with parents for children with medical needs
- the appropriate Room leader is informed of the new child including any medical conditions, interests, developmental needs, and strengths.
- immunisation history statement has been sighted and photocopied
- the child is added to Earlyworks
- a file for the Child's information is created

#### Child Care Subsidy (CCS)

[Child Care Subsidy](#) (CCS) offers assistance to families to help with the cost of childcare for children aged 0-13 years. The number of hours of Child Care Subsidy a family is entitled to per fortnight is determined by an activity test. The more hours of activity parents do, the more subsidised care they can access, up to a maximum of 100 hours per fortnight for each child.

#### [Child Care Subsidy activity test](#)

- CCS is based on the combined family income, activity test and the type of early childhood education and care service

- Families must complete the Child Care Subsidy activity test online through the myGov website
- Families are provided with a Customer Reference Number (CRN)
- Child Care Subsidy is paid directly to providers to be passed on to families as a fee reduction
- Families will contribute to their childcare fees and pay the Service the difference between the fee charged and the subsidy amount- generally called the 'gap fee'
- Families may also be eligible for [Additional Child Care Subsidy](#) depending upon their circumstance

### Enrolment Record Keeping

Our *Record Keeping and Retention Policy* outlines the information and authorisations that we will include in all child enrolment records.

### On the child's first day

Consideration will be made to each family regarding the initial settling in period and strategies may be offered to assist both parents and the child. Parents will be reassured that they are able to stay with their child for as long as they choose in the early days; speak to their child's educator at any time; contact the service during the day to 'check' in on their child and request help with separation if this is a problem for their child.

On the first day, the child and their family will be welcomed and shown where or how to sign their child in/out of the service

- They will be greeted by an educator and walked to their room
- The educator will discuss what is happening in the room, and show where the child's locker is located
- Information about collecting their child at the end of the day will be discussed
- Educators will ensure information about the child's first day is shared with parents
- Management will ensure the orientation checklist has been completed and all required documents and information has been received from families.

### Source

- The Business of Childcare, Karen Kearns
- Education and Care Services National Regulation
- National Education and Care Regulations
- Department of Human Services (Centrelink)  
<https://www.humanservices.gov.au/customer/services/centrelink/child-care-benefit>
- \* Revised National Quality Standard

## Review

Date Reviewed	Modifications	Next Policy Review Date
August 2017	Changes made to comply with Department of Human Services. Included information about benefits for families	August 2018
October 2017	Updated the references to comply with the revised National Quality Standard	October 2018
September 2018	Updated to comply with Child Care Subsidy changes.	September 2019
September 2020	minor editing changes  sources checked for currency	September 2021
September 2021	Added legislative requirements/education and care services national regulations  Added related legislation  Added related policies	September 2022

## Family Communication Policy

### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with family- Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - 6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions
  - 6.1.2 Parent views are respected - The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
  - 6.1.3 Families are supported Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
- 6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.
  - 6.2.1 Transitions - Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
  - 6.2.2 Access and participation - Effective partnerships support children's access, inclusion and participation in the program
  - 6.2.3 Community and engagement - The service builds relationships and engages with its community

### PURPOSE

We encourage family participation and open communication within our Service. Families are invited to join our facebook parent committee and assist with projects which works in collaboration with our open-door policy.

We aim to ensure open communication is concurrent through the enrolment and orientation process, policy review, feedback forms, parent committee, daily program, documentation, formal and informal meetings, emails and conversations.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

We understand the primary influence that families have in their children's lives, and that effective relationships between educators and families are fundamental to achieve quality outcomes for children. Community partnerships that focus on active communication, consultation and collaboration also contribute to children's learning and wellbeing. Positive relationships with families' turn into a partnership as together we share a common goal and responsibility for reaching goals for children.

We will provide regular information about the Service and continuous prospects for families to contribute in our curriculum.

### Management will ensure:

- Families are aware of our open door unless such entry would pose a risk to the safety of children/educators or breach court orders regarding access to children.
- Educators provide information to families regarding the content and operation of the educational program
- Families have access to their child's developmental records outlining their strengths, needs and interests and developmental progress against the framework.
- A weekly menu, which accurately describes the food and beverages provided each day,
- Families are notified of any incident, injury, trauma or illness that occurs for their child whilst at the Service using our online Earlyworks system.

- The early childhood environment has an administrative space that is adequate for the purpose of consulting with parents and for conducting private conversations and meetings.
- Families are notified of changes to Service policies and National Regulations.
- The current Education and Care Services National Regulations is available for parents to access
- The enrolment and orientation process provide families with information about the philosophy, policies and practices of the Service.
- A Parent Committee is created to encourage family involvement in the Service.

#### Nominated Supervisor will:

- Inform families about the processes for providing feedback and making complaints.
- Be available for families on arrival and pick up to pass on feedback and information about their child's participation in the curriculum.
- Encourage families to be involved in the curriculum, providing feedback, visiting the Service, bringing in items from the home environment and giving feedback on children's emerging interests and needs.
- Endorse continuous open and direct two-way communication with families, assisting them to feel associated with their children's experiences, developing trust and collaboration.
- Provide families with a range of communication methods which will include emails, verbal communication, communal signage in the Service, newsletters, Daily Report, Family Involvement Wall, Notice Board and notes sent home.

#### Families will:

- Provide accurate information on enrolment and medical information forms during the enrolment.
- Process and notify educators when any information changes.
- Be requested to contribute to the quality improvement progression within the Service.
- Be encouraged to attend children's excursions to help meet required ratios and to support their children's knowledge of and engagement in their community.
- Be invited to assist with working bees held at the service.
- Be invited to events held periodically to help family's network and develop friendships in the local community.
- Be asked to review the centre policies, children's goals and routines.

#### Source

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Early Years Learning Framework for Australia: Belonging, Being and Becoming, 2009
- Raising Children Network – Involving parents in school and childcare  
[http://raisingchildren.net.au/articles/involving\\_parents\\_in\\_school\\_and\\_childcare.html](http://raisingchildren.net.au/articles/involving_parents_in_school_and_childcare.html)
- Revised National Quality Standard

#### Review

Policy Reviewed	Modifications	Next Review Date
April 2017	Minor changes made to policy	April 2018
October 2017	Updated the references to comply with the revised National Quality Standard	October 2018
April 2018	Minor terminology and grammatical adjustments made to further support understanding and implementation	April 2019
April 2020	Minor terminology adjustments made to the policy	April 2021

## Grievance Policy (General)

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with families - Respectful relationships with families are developed and maintained and families are supported in their parenting role
- 6.1.2 Parent views are respected - The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
- 6.2 Collaborative partnerships - Collaborative partnerships enhance children's inclusion, learning and wellbeing.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care service must have policies and procedure
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES	
Code of Conduct Policy	Privacy and Confidentiality Policy
Family Communication Policy	Record Keeping and Retention Policy
Grievance Policy (Families)	Respect for Children Policy
Grievance Policy (Staff)	Responsible Person Policy
Interactions with Children, Family and Staff Policy	Student and Volunteer Workers Policy

Feedback from families, educators, staff, and the wider community is fundamental in creating an evolving Childcare Service working towards the highest standard of care.

It is foreseeable that feedback will include divergent views, which may result in complaints. This Policy details our Service's procedures for receiving and managing informal and formal complaints. Parents, Educators, Visitors, Students, and the community can lodge a grievance, with the understanding that it will be managed conscientiously and confidentially.

### Purpose

We aim to investigate all complaints and grievances with a high standard of equity and fairness. We will ensure that all persons making a complaint are guided by the following policy values:

- Procedural fairness and natural justice
- Code of ethics and conduct

- Culture free from discrimination and harassment
- Transparent policies and procedures
- Opportunities for further investigation
- Adhering to our Service philosophy

### Procedural fairness and natural justice

Our Service believes in procedural fairness and natural justice that govern the strategies and practices which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

Grievances can transpire in any workplace. Handling them appropriately is imperative for sustaining a safe, healthy, harmonious, and productive work environment. The Grievance Policy ensures that all persons are presented with procedures that:

- Value the opportunity to be heard
- Promote conflict resolution
- Encourage the development of harmonious partnerships
- Ensure that conflicts and grievances are mediated fairly
- Are transparent and equitable.

### Definitions

Complaint: An issue of a negligible nature that can be resolved within 24 hours and does not require a comprehensive investigation. Complaints include a manifestation of discontentment, such as poor service, and any verbal or written complaint directly related to the Centre (including general and notifiable complaints).

Complaints do not include staff, industrial or employment matters, occupational health and safety matters (except associated with the safety of children).

Complaints and Grievances Register: Records information about complaints and grievances received at the centre, along with the outcomes. This register must be kept in a secure file, accessible only to educators and Department of Early Childhood Education and Care. The register can provide valuable information to the Approved Provider and Nominated Supervisor of the service to ensure children and family's needs are being met.

Grievance: A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. For example: If the service is in breach of a regulation causing injury or possible harm to a child.

Mediator: A person who attempts to make people involved in a conflict come to an agreement.

Mediation: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

Notifiable complaint: A complaint that alleges a breach of the Regulation and Law, National Quality Standards or alleges that the health, safety, or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider or Nominated Supervisor to the Department of Early Childhood Education and Care within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)).

If the Director is unsure whether the matter is a notifiable complaint, it is good practice to contact Regulatory Authority for confirmation. Written reports must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee
- any other relevant information

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au) and logged using NQA ITS (National Quality Agenda IT System).

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises (Regulation 12).

A serious incident should be documented in an Incident, Injury, Trauma and Illness Record (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory

Authority must be notified within 24 hours of a serious incident occurring at the centre (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183

### Privacy and Confidentiality

- Management and Educators will adhere to our Privacy and Confidentiality Policy when dealing with grievances. However, if a grievance involves a staff member or child protection issues, a government agency may need to be informed.

### Conflict of Interest

It is important for the complainant to feel confident in

- Being heard fairly
- An unbiased decision-making process

Should a conflict of interest arise during a grievance or complaints that involves the Approved Provider, the Nominated Supervisor or other Management will be nominated as an alternative mediator.

Our Service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the Services Code of Conduct must be adhered to.

### The Approved Provider/ Nominated Supervisor will:

- ensure the name and telephone number of the person to whom complaints can be made is clearly visible at the service
- ensure information about our Grievance Policy is easily accessible to all families, visitors, and volunteers
- treat all grievances seriously and as a priority
- ensure grievances remain confidential
- ensure grievances reflect procedural fairness and natural justice
- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- investigate and document the grievance fairly and impartially

The investigation will consist of:

- reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent
- discussing the nature of the complaint (or breach) and giving the accused educator, staff member, volunteer, or visitor an opportunity to respond

- permitting the accused person to have a support person present during the consultation (for example: Union Representative or family member; however, this does not include a lawyer acting in a professional capacity).
- providing the employee with a clear written statement outlining the outcome of the investigation.
- Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint.
  - management will provide a written response outlining the outcome and provide a copy to all parties involved.
  - if a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflects the resolution and sign in agreeance.
- should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- keep appropriate records of the investigation and outcome and store these records in accordance with our *Privacy and Confidentiality Policy* and *Record Keeping and Retention Policy*.
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation and bullying
- request feedback on the grievance process using a feedback form
- review the effectiveness of the Service policy and procedures to ensure all complaints and grievances have been handled fairly and professionally
- track complaints to identify recurring issues within the Service.
- notify the Regulatory Authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised.

### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian Human Rights Commission: <https://www.humanrights.gov.au>
- Education and Care Services National Regulation. (2011).
- National Quality Standard. (2017).
- Revised National Quality Standard. (2018).

### Review

Date Reviewed	Modifications	Next Policy Review Date
August 2017	Changes made with the addition to definitions of	August 2018

	terminology to ensure a clear understanding when dealing with a compliant and grievance.	
October 2017	Updated the references to comply with the revised National Quality Standard	August 2018
August 2018	Changes made to reflect a more generalised approach, taking out the Educator/Student complaint specifications	August 2019
October 2019	Minor changes to spelling	October 2020
August 2020	minor editing additional related policies addition of section: Procedural Fairness and Natural Justice reference to Reportable Conduct Scheme added link to Regulatory Authority added	August 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies Section Corrected minor spelling errors	July 2022

## Dealing with Complaints Policy (Families)

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with families - Respectful relationships with families are developed and maintained and families are supported in their parenting role
- 6.1.2 Parent views are respected - The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
- 6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.

LEGISLATIVE REQUIREMENTS/EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Sec.172	Offence to fail to display prescribed information
Sec. 174	Offence to fail to notify certain information to Regulatory Authority
168(2)(o)	Education and care service must have policies and procedures for dealing with complaints
173(2)(b)	Requires an approved provider to make the name and telephone number of the person to whom complaints may be addressed clearly visible at the service
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rule 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	Family Assistance Law – Incorporating all related legislation for the Child Care Provider Handbook in Appendix G

RELATED POLICIES	
CCS Accounts Policy	Interactions with Children, Family and Staff Policy Payment of Fees Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Respect for Children Policy Responsible Person Policy Student and Volunteer Workers Policy
CCS Governance Policy	
Child Protection Policy	
Code of Conduct Policy	
Dealing with Complaints Policy (Staff)	
Dealing with Complaints Policy (General)	
Enrolment Policy	
Family Communication Policy	

Feedback from families, educators, staff, and the wider community is fundamental in creating an evolving Childcare Service working towards the highest standard of care and education.

It is foreseeable that feedback will include divergent views, which may result in complaints. This Policy details our Service's procedures for receiving and managing informal and formal complaints. Parents can lodge a grievance or complaint with management in the understanding that it will be managed conscientiously and confidentially.

### Purpose

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for dealing with complaints (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

We aim to investigate all complaints and grievances with a high standard of equity and fairness. We will ensure that all persons making a complaint are guided by the following policy values:

- procedural fairness and natural justice
- code of ethics and conduct
- culture free from discrimination and harassment
- transparent policies and procedures
- opportunities for further investigation
- adhering to our Service philosophy

Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence.

### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

### Implementation

Grievances and complaints can transpire in any workplace. Handling them appropriately is imperative for sustaining a safe, healthy, harmonious, and productive work environment. Our Dealing with Complaints Policy ensures that all persons are presented with procedures that:

- Value the opportunity to be heard
- Promote conflict resolution
- Encourage the development of harmonious partnerships

- Ensure that conflicts and grievances are mediated fairly and
- Are transparent and equitable.

## Definitions

**Complaint:** An issue of a negligible nature that can be resolved within 24 hours and does not require a comprehensive investigation. Complaints include a manifestation of discontentment, such as poor service, and any verbal or written complaint directly related to the Service (including general and notifiable complaints). Complaints do not include staff, industrial or employment matters, occupational health and safety matters (except associated with the safety of children).

**Complaints and Grievances Register:** Records information about complaints and grievances received at the Service, along with the outcomes. This register must be kept in a secure file, accessible only to educators and Regulatory Authority. The register can provide valuable information to the Approved Provider and Nominated Supervisor of the Service to ensure children and family's needs are being met.

**Grievance:** A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. For example: If the service is in breach of a regulation causing injury or possible harm to a child.

**Mediator:** A person who attempts to make people involved in a conflict come to an agreement.

**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

**Notifiable complaint:** A complaint that alleges a breach of the Regulation and Law, National Quality Standards or alleges that the health, safety, or wellbeing of a child at the Service may have been compromised. Any complaint of this nature must be reported by the Approved Provider or Nominated Supervisor to the Department of Early Childhood Education and Care within 24 hours of the complaint being made – (Section 174[2] [b], Regulation 176[2][b]).

If the Director is unsure whether the matter is a notifiable complaint, it is good practice to contact The Regulatory Authority for confirmation. Written reports must include:

- Details of the event or incident
- The name of the person who initially made the complaint
- If appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- Contact details of a nominated member of the Grievances Subcommittee
- Any other relevant information

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au) and logged using NQA ITS (National Quality Agenda IT System).

**Serious incident:** An incident resulting in the death of a child, or an injury, trauma, or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is

removed from the Service in contravention of the Regulations or is mistakenly locked in/out of the Service premises (Regulation 12).

A serious incident should be documented in an Incident, Injury, Trauma, and Illness Record (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified within 24 hours of a serious incident occurring at the Service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

### Privacy and Confidentiality

- Management and Educators will adhere to our Privacy and Confidentiality Policy when dealing with grievances. However, if a grievance involves a staff member or child protection issues, a government agency may need to be informed.

### Conflict of Interest

It is important for the complainant to feel confident in:

- Being heard fairly
- An unbiased decision-making process

Should a conflict of interest arise during a grievance or complaints that involve the Approved Provider, Nominated Supervisor or other Management will be nominated as an alternative mediator.

Our Service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the services Code of Conduct must be adhered to.

### The Approved Provider/ Nominated Supervisor will:

- ensure the name and telephone number of the person to whom complaints can be made is clearly visible at the service
- ensure information about our *Grievance Policy* is easily accessible to all families
- treat all grievances seriously and as a priority
- ensure grievances remain confidential
- ensure grievances reflect procedural fairness and natural justice
- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- investigate and document the grievance fairly and impartially. The investigation will consist of:
  - reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent.
  - discussing the nature of the complaint (or breach) and giving the accused educator, staff member, volunteer or visitor an opportunity to respond.

- permitting the accused person to have a support person present during the consultation (for example: Union Representative or family member; however, this does not include a lawyer acting in a professional capacity).
- providing the employee with a clear written statement outlining the outcome of the investigation.
- advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint.
  - Management will provide a written response outlining the outcome and provide a copy to all parties involved.
  - If a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflect the resolution.
- should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- keep appropriate records of the investigation and outcome and store these records in accordance with our *Privacy and Confidentiality Policy* and *Record Keeping and Retention Policy*.
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation and bullying
  - request feedback on the grievance process using a feedback form
  - track complaints to identify recurring issues within the Service.
  - notify the Regulatory Authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised.

#### Families will:

- Be informed of our duty of care to ensure that all persons are provided with a high level of equity and fairness in relation to grievances and complaints management and procedures. The grievance procedure for families ensures fair opportunity for all stakeholders to be heard and promotes effective conflict resolution within our Service.
- Attempt to discuss their grievances with the relevant Educator associated with a particular child and/or family.
- Communicate (preferably in writing) any concerns they may have.
- Raise any unresolved concerns with the Approved Provider or Nominated Supervisor.
- Maintain confidentiality at all times.

#### The Educators will:

- listen to the family's view of what has happened

- clarify and confirm the grievance, documenting all the facts prior to the investigation
- encourage and support the family to seek a balanced understanding of the issue
- discuss possible resolutions available to the family. These would include external support options
- encourage and assist the family to determine a preferred way of solving the issue
- record the meeting, confirming the details with the family at the end of the meeting
- maintain confidentiality at all times
- refer families (as necessary) to Service policies that may assist in resolving the grievance.

*If the grievance cannot be resolved, it is to be referred to the Nominated Supervisor who will investigate further:*

- if appropriate, collect relevant written evidence. This evidence will be treated in strict confidence and will be held in a secure place
- involve the Approved Provider or Licensee in the conflict resolution as required
- should it be necessary to interview relevant people concerning the grievance, their involvement should be kept to the minimum necessary to establish the facts
- third parties providing evidence must also be made aware that the matter is to be kept confidential.

Should the grievance be lodged against another person(s), these person(s) will be interviewed separately and impartially. Individuals must be given the opportunity to respond fully to the allegations and may have another person present, as a support person, if they wish. If after investigation, it is concluded that the grievance is substantiated:

- both parties will be told of the decision and the reason for it
- immediate and appropriate steps will be taken to prevent the grievance from recurring
- if after investigation, it is concluded that the grievance is not substantiated both parties will be notified of the decision and the reason
- the family will be informed that if they are not satisfied with any decision relating to the grievance procedure that they should consult with an external body for further advice such as the Regulatory Authority.
- if the grievance is of a serious nature, the Nominated Supervisor is responsible to inform the Regulatory Authority

## Evaluation

To ensure complaints and grievances are handled appropriately, the Nominated Supervisor will:

- evaluate each individual complaint and grievance as recorded in the *Complaints and Grievance Register* to assess that a satisfactory resolution that has been achieved
- review complaints and grievances as recorded in the *Complaints and Grievance Register* to ensure a pattern of similar grievances is not occurring.

- review the effectiveness of the service policy and procedures to ensure all complaints and grievances have been handled fairly and professionally
- Consider feedback from staff, educators and families regarding the policy and procedure.

### Source

Australian Children’s Education & Care Quality Authority. (2014).

Australian Human Rights Commission: <https://www.humanrights.gov.au>

Commonwealth Ombudsman. (2009). Better practice guide to complaint handling:

[https://www.ombudsman.gov.au/\\_data/assets/pdf\\_file/0020/35615/Better-practice-guide-to-complaint-handling.pdf](https://www.ombudsman.gov.au/_data/assets/pdf_file/0020/35615/Better-practice-guide-to-complaint-handling.pdf)

Education and Care Services National Regulation. (2011).

Fair Work Australia: <https://www.fairwork.gov.au/>

National Quality Standard. (2017).

### Review

Date Reviewed	Modifications	Next Policy Review Date
August 2017	Changes made with the addition to -Definitions of terminology to ensure a clear understanding when dealing with a compliant and grievance. -Families Responsibilities Evaluation of complaints and grievances	August 2018
August 2018	Updated the references to comply with the revised National Quality Standard	August 2019
August 2020	minor editing additional related policies reference to Reportable Conduct Scheme added link to Regulatory Authority added	August 2021
September 2021	Legislative Requirements/Education and Care Services National Regulations Added Related Legislation Added Related Policies	September 2022

## Non-English-Speaking Background Policy

### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with families - Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - 6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions
  - 6.1.2 Parent views are respected - The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
  - 6.1.3 Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
- 6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.
  - 6.2.3 Community and engagement - The service builds relationships and engages with its community

Everyone has the right to be treated equally and with respect. By helping children to appreciate and accept differences and similarities, we can help them to learn to make decisions based on individual choice.

### PURPOSE

Diversity enriches life and culture. We aim to provide and promote a Service where children can realise their full potential regardless of gender, race, and cultural background. We believe in honouring diversity, striving to engage in respectful interactions with children, Educators, and families. This will be reflective in our relationships with children and their families and in our resources and programs/experiences.

### SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

### IMPLEMENTATION

Culturally and Linguistically Diverse (CALD)/Non-English-Speaking Background (NESB). The term "culturally and linguistically diverse" (CALD) is commonly used to describe people who have a cultural heritage different from that of the majority of people from the dominant Anglo Australian culture, replacing the previously used term of people from a "non-English speaking background" (NESB).

### Management/Nominated Supervisor will ensure:

- Enrolment and Orientation information can be translated into the family's home language.
- If any family of a child enrolled at the Service is not fluent with the English language, policies and other Service information will be provided to that family in a language that is readily understood by the family.
- An interpreting service is accessible to ensure clear communication between the service and family. Support from interpreting services is available if communication is difficult between staff, children and families.
- Translating and Interpreting Service 131 450
- Website: [www.tisnational.gov.au](http://www.tisnational.gov.au)

- General information, resources and support can be obtained from the Department of Family and/or Community Services relative to your State.
- Families have the opportunity to influence and shape the Service, to review Service policies and contribute to Service decisions with language not being a barrier or hindrance in the process.
- Information, including brochures and factsheets are available to families about Community Services and resources to support parenting and family wellbeing in their chosen language.
- The expertise of families is recognised, encouraging them to participate in decision making about their child's learning and wellbeing that are respectful to the family's cultural background.
- Families have opportunities and support to be involved in the program and In-Service activities presented in a way that is not limited to English speaking families.

#### Educators will:

- Provide a program and environment that is inclusive of all children and families, promoting to children the importance of showing acceptance of different and diverse cultural practice including home language.
- Explore different cultures within the Service and encourage children to learn about other cultures as well as their own.
- Consider the cultural and linguistic backgrounds of all the children in the program training themselves with common words to assist the child and family.
- Be aware of interpretations of body language that may vary across cultures.
- Pronounce and spell children's name correctly.
- Find out which festivals are important to the children and family to include in the program.
- Use books, posters and resources incorporating various languages into the Service.
- Be aware of taking a tokenistic approach when celebrating cultural diversity.
- Embed cultural diversity within the program.

#### Source

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Exploring Multiculturalism, Anti-Bias and Social Justice in Children's Services. Miriam Giu
- Revised National Quality Standards

#### Review

Policy Reviewed	Modifications	Next Review Date
February 2017	Minor terminology changes made, ensuring diversity is embedded with the service program	February 2018
October 2018	Updated references to comply with the revised National Quality Standard	October 2019
March 2020	Minor changes to spelling	March 2021

## Open Door Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with families - Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - 6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions
  - 6.1.2 Parent views are respected - The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
  - 6.1.3 Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
- 6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.
  - 6.2.3 Community and engagement - The service builds relationships and engages with its community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
155	Interaction with children
157	Access for parents
161	Authorisations to be kept in enrolment record
181	Confidentiality of records kept by approved provider

RELATED POLICIES	
Child Safe Environment Policy Code of Conduct Dealing with Complaints Policy (Family) Enrolment Policy	Family Communication Policy Interactions with Children, Family and Staff Policy Orientation of Families Policy

We value and pride ourselves on our partnership with families. We believe families are children's first teachers and therefore we embrace parents, guardians, and family involvement within our Service. Participation by parents, guardians, and other family members, conveys a positive impression to children. Children feel supported and a sense of belonging and well-being is promoted.

We believe in offering an open-door policy welcoming family to visit the Service when it is convenient for them.

### Purpose

To ensure the best care for children and families, we believe it is important to provide families with the opportunity to visit our facilities and participate in our program at a time that is convenient for them. We acknowledge that families provide a wealth of valuable information and understanding about their child and we foster strong, respectful partnerships between our staff and educators and families. We encourage families to join in on our learning activities and celebrate events and special days with us.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

We operate with an open-door policy, where families are welcome to visit our Service anytime during operating hours. There are many opportunities for family involvement, and we communicate these through regular newsletters, our family notice board, and our digital communication app-EarlyWorks. We recognise that time is valuable to all families, which is why we accommodate many forms of participation and contribution.

*“Children thrive when families and educators work together in partnership to support young children’s learning.”*

(Early Years Learning Framework, p.9)

### Management and Educators will ensure:

- families are always welcome to spend time in the Service and share special moments with their children.
- families are aware of our open-door policy and are welcome to join in learning activities and celebrate events and special days held at the Service.
- families are provided with information about special days and events they may want to participate in. For example:
  - Mother’s Day
  - Father’s Day
  - Open Day
  - Grandparents Day
  - Graduation Ceremonies and events
  - Christmas Celebrations

- Excursions/Incursions
- Cultural visits
- Story Time
- Cooking Experiences
- Parent-lead learning experiences
- the Service is flexible and works with the family to accommodate involvement by family members.
- a variety of activities within the Service are organised at different times of day and week to include as many parents as possible.

**Families can:**

- visit the Service at all times. This may include visiting their child who is already enrolled, or as an enquiry prior to enrolment.
- participate in our program by sharing their skills with the children. This may include playing an instrument, telling a story, sharing cultural traditions, cooking experiences, workshops etc.
- make an appointment with management to discuss their child. This may include evaluating their child’s program and providing feedback, raising concerns or setting new goals
- donate recyclable material that can be used within our early childhood program.
- discuss any changes that have occurred in the child’s life, for example, changes in family circumstances, moving to a new house, death of a family member or friend in order for educators to best support all children through difficult times
- attend any Service events and celebrations that are organised throughout the year
- share feedback, ideas and thoughts about the Service
- remain informed about what is happening within the Service through discussions, newsletters, social media etc.

**Source:**

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Revised National Quality Standards

**Review:**

Date Reviewed	Modifications	Next Policy Review Date
October 2016	New Format created and policy created	October 2017
August 2017	Minor changes made to improve operational understanding &	August 2018

	delivery	
October 2018	Updated references to comply with the revised National Quality Standard	October 2019
February 2020	Minor changes to spelling and grammar	February 2021
November 2020	<ul style="list-style-type: none"> <li>Minor edits to policy sources checked and updated</li> </ul>	November 2021
November 2021	Added Education and Care Services National Regulations Added Related Policies	November 2022

## Orientation of Families Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 6: Collaborative Partnerships

- 6.1 Supportive relationships with families - Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - 6.1.1 Engagement with the service - Families are supported from enrolment to be involved in their service and contribute to service decisions
  - 6.1.2 Parent views are respected - The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
  - 6.1.3 Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
- 6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.
  - 6.2.3 Community and engagement - The service builds relationships and engages with its community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

RELATED POLICIES	
Arrival and Departure Policy	Enrolment Policy
Administration of Medication Policy	Incident, Injury, Trauma and Illness Policy
Anaphylaxis Management Policy	Payment of Fees Policy
Asthma Management Policy	Privacy and Confidentiality Policy
Child Safe Environment Policy	Sick Children Policy
Code of Conduct Policy	

Enrolment and orientation to any Early Education and Care Service is an exciting and sometimes, an emotional time for children and families. It is important to manage this time with sensitivity and support, building partnerships between families and the Service and importantly, trust with the child. Such partnerships enable the Service and families to work toward the common goal of promoting consistent quality outcomes for individual children and the Service.

### Purpose

We aim to ensure children and families are provided with an orientation procedure that allows the family to transition into the Service positively and informatively, meeting the children and families' individual needs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

## Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Implementation

Orientation is an important process for children, families, and educators to gain vital information about the individual child's needs, interests and strengths. To enable children to feel safe and secure, and to set the foundations for a trusting partnership, we feel that it is necessary for the family to attend an orientation visit. This visit, or visits, assist the child to adjust to a new setting and helps to make the transition from home to the Service a smooth and positive experience.

During orientation, educators will discuss the following in order to gain a better understanding in supporting the family:

- the cultural and/or linguistic background for families from non-English speaking backgrounds (external support may be required)
- the family's needs in relation to work or other commitments
- days and times childcare is required
- the family's previous knowledge or experience of other children's services
- any additional needs of the child and/or their family
- any court orders, parenting orders that are applicable to the child.
- service philosophy and curriculum
- the child's interests.
- family goals and expectations
- any allergies or dietary needs for the child
- emergency or health care plans for the child if relevant
- the Service and room routines.

## Management will ensure:

- the orientation process is well organised, flexible, and informative.
- the child and family visit the Service and familiarise themselves with the environment. The child may participate in the activities and experiences if they feel comfortable.
- the family and child/children are introduced to the educators in the room.
- to create a welcoming environment and interact positively with the child and family.
- the child and family are respected at all times, acknowledging the individuality of each parenting style

- families are encouraged to ring, email, or visit the Service as often as they like when their child has commenced care
- families are reassured that if the child is distressed over a long period of time the educators will contact them
- support agencies are contacted for children with additional needs
- families know how to provide feedback
- families are informed that critical information from their child's enrolment form is communicated with educators- (emergency contacts, authorised nominees, court orders, immunisation status, medical and health conditions where relevant)

#### Educators will:

- greet children and families upon arrival
- create a welcoming and inviting environment
- discuss with families the best transition process for their child
- encourage families to stay as long as they need to in order to reassure their child
- encourage families to say good-bye to the child when dropping off
- phone families if the child remains distressed
- seek information about the child and family throughout the orientation process

#### During the orientation of the Service, families will be:

- Given the Service enrolment form to be completed
- Provided with an outline of the Service policies which will include fees payment, sun safety, illness and accident and medical authorisation
- Provided with a Parent Handbook
- Spoken to about the fees and setting up direct debit
- Shown the signing in/out process
- Spoken to about appropriate clothing worn to the Service, including shoes
- Informed about children bringing in toys from home
- Introduced to the child's Educators
- Taken on a tour around the Service

- Discuss medical management plan and allergies completed on file (if applicable)
- Advised about the daily report/journal and how parents can view this on EarlyWorks
- Introduced to the room routine and Service program
- Informed about Service communication – meetings, interviews, newsletters, emails etc.
- Informed about wearing sun safe Hats and application of Sunscreen
- Able to set Family Goal's for their child
- Asked to confirm their preferred method of communication.

### Transition from Nursery to Multi-Age

- Children will only be transitioned when they are ready in all aspects of their development and in accordance with their age
- Room transitions will occur once there is a vacant position for the child
- Management will consult with families when a child is transitioning to the next room, discussing their expectations and requirement to ensure the child settles into their new environment.
- Management and Educators aim to ensure the transition between rooms is positive and smooth, communicating with families about how the transition is progressing.

### Evaluation and follow up

Once the child has attended the Service for a few days, educators will ensure they:

- speak directly with the family to ask how their child and the family has settled into the routine of childcare.
- welcome any questions or concerns the family may have.
- provide information to the family of how their child has settled in these early days (interests, friends, songs they like to sing, craft activities etc.)
- request families to offer suggestions of how the Service could improve the orientation process (provide families with an Orientation Survey to complete).

### Source

- The Business of Childcare, Karen Kearns 2004

- Education and Care Services National Regulation 2015
- National Quality Standard (NQS)
- Managing Emergency Situations in Education and Care Services
- Revised National Quality Standards

## Review

Date Reviewed	Modifications	Next Policy Review Date
November 2016	New Format created, and policy created	November 2017
August 2017	Minor changes made to the policy	August 2018
October 2018	Updated references to comply with the revised National Quality Standard	October 2019
December 2019	Removed section with focus educator as we no longer use	December 2020
November 2020	Added evaluation and follow up Minor changes	November 2021
November 2021	Added Education and Care Services National Regulations Added Related Policies	November 2022

## Termination of Enrolment Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 2: Children's Health and Safety

2.2 Safety Each child is protected

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

2.2.3 Child Protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### Quality Area 6: Collaborative Partnerships

6.1 Supportive relationships with families - Respectful relationships with families are developed and maintained and families are supported in their parenting role

6.2 Collaborative partnerships- Collaborative partnerships enhance children's inclusion, learning and wellbeing.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interaction with children
168	Education and care service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Prescribed enrolment documents to be kept by the Approved Provider
183	Storage of records and other documents

RELATED POLICIES	
Additional Needs Policy	Inclusion Support Management Plan
Behaviour Guidance Policy	Payment of Fees Policy
Enrolment Policy	Withdrawal of a Child Policy
Code of Conduct Policy	Work, Health and Safety Policy

Management and staff are dedicated to developing a respectful and effective partnership between the family and Service. This partnership supports children's inclusion, access, engagement, and participation in the Service. Management implements systems to manage risks whilst promoting the health, safety and wellbeing of all children and staff within the Service. There may be some circumstances where this is compromised due to non-compliance of our policies and therefore the appropriate course of action could lead to the termination of a child's enrolment.

## Purpose

*'All children have the right to experience quality education and care in an environment that provides for their physical and psychological wellbeing and provides support for each child's growing competence, confidence and independence.'* Quality Area 2, ACECQA.

We have the legal duty to ensure the health, safety and wellbeing of children, management, educators, families, volunteers and visitors at our Service. To promote respectful and effective partnerships with families, we ensure that parents participate in a comprehensive induction and orientation to the Service including detailing our terms of enrolment, as per our legal agreement, which advises families on the Services' right to terminate a child's enrolment if a service policy has been breached.

## Scope

This policy applies to families and management of the Service.

## Implementation

Management/Nominated Supervisor/ Responsible Person will:

- work in partnership with families to promote inclusion of all children within the Service.
- use positive language and a range of communication strategies with children and families to ensure positive relationships.
- discuss concerns or issues of non-compliance with supervisors/management before communicating with families.
- document all communication and meetings (informal and formal) with families and outside professional support.
- access external professional support to ensure child's inclusion in the Service's program.
- document proposed strategies and practices suggested to resolve any issue.
- develop individual educational plans for children as required (refer to *Behaviour Guidance Policy, Additional Needs Policy, Inclusion Support Management Plan*)
- implement State and Federal Government requirements for vaccination requirements for enrolment of children.
- remind families of our *Code of Conduct policy*
- document evidence of non-compliance, events, behaviour, grievances, and observations.
- ensure minutes are collected and signed by all parties present at meetings to ensure a true and accurate record of the meeting.

## Behaviour Guidance

There are times when children's behaviour requires guidance, which will always be undertaken according to the Service's policies and procedures. Every effort will be made to deal with the behaviour using positive guidance and working closely with families to implement a plan in order to help rectify any unacceptable

behaviour. If the child's behaviour continues to be disruptive and harmful and the safety of other children and staff is compromised, we reserve the right to ask you to withdraw your child from the Service.

### Service Policies

Our Service has a range of policies and procedures to ensure the safety, welfare and wellbeing of children, staff, families and visitors of the Service. We reserve the right to terminate a child's enrolment if at any time a Service policy has been breached.

This may include:

- failure to comply with the enrolment contract
- disparaging, hurtful, or unsafe behaviour of a child that continues even with parent collaboration and/or support agency involvement in modifying the behaviour
- non-payment of childcare or late fees and/or recurring late payment of fees
- continuing to pick up the child past the required licensed time after consistent documented warnings
- inability to meet the child's individual needs without family support and commitment to ensure their child receives the best possible support within our Service
- deliberate impertinence towards the approved provider or staff- *Code of Conduct policy*
- if a parent knowingly brings their child ill to the Service
- consistent child-rearing style differences between the parent and provider
- false information given by a parent either verbally or in writing
- bullying and/or harassing educators, children or families enrolled at the Service- *Code of Conduct Policy*
- failure to provide AIR Immunisation History Statement or AIR Immunisation Medical Exemption form or AIR Immunisation History Form (catch up schedule)

### Termination Notification

Management or the Nominated Supervisor will advise families in writing that their child's enrolment will be terminated following all attempts to rectify any non-compliance.

Two weeks' notice will be provided to families, unless the safety and wellbeing of other children, staff or families is at risk. In this case, an immediate termination of enrolment may apply.

Any outstanding fees will be provided to families and remain due to be paid upon termination of enrolment.

The initial Bond payment made on enrolment will not be refunded until any outstanding fees are paid.

## Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Lady Gowrie, <http://www.gowrie-sydney.com.au> Updated March 2010
- Anti-Discrimination Act 1977.
- Revised National Quality Standards

## Review

Date Reviewed	Modifications	Next Policy Review Date
October 2018	New format created and policy created	October 2019
April 2020	Minor spelling changes	April 2021
November 2020	policy reviewed/ sources checked	November 2021
November 2021	Added Education and Care Services National Regulations Added Related Policies	November 2022

# Quality Area 7 – Governance and Leadership

- ✓ Childcare Subsidy (CCS) Governance Policy
- ✓ Determining the Responsible Person Present Policy
- ✓ Governance Policy
- ✓ Payment of Fees Policy
- ✓ Privacy and Confidentiality Policy
- ✓ Professional Development Policy
- ✓ Record Keeping and Retention Policy
- ✓ Relief Educators Policy
- ✓ Social Media Policy
- ✓ Students and Volunteers Policy
- ✓ Unexpected Death of a Staff Member at the Service Policy
- ✓ Withdrawal of a Child Policy
- ✓ Writing, Reviewing and Maintaining Policies Policy

## NATIONAL QUALITY STANDARD (NQS)

### Quality Area 7: Governance and Leadership

- 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
- 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
- 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
2.1	Provider approvals
2.2	Service approvals
Division 1	Applications for Service approvals
Division 3	Transfer of Service approvals

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	See all related legislation for Child Care Provider Handbook in Appendix G <a href="https://www.education.gov.au/child-care-provider-handbook-0">https://www.education.gov.au/child-care-provider-handbook-0</a>

RELATED POLICIES	
CCS Notifications Policy Enrolment Policy Fraud Prevention Policy Governance Policy	Payment of Fees Policy Personnel Policy Record Keeping and Retention Policy

To comply with legislation when either applying or maintaining the Child Care Subsidy (CCS) a CCS Governance Policy is required. Our policy covers: evidence ensuring ongoing compliance with Education and Care National Law and Regulations, Family Assistance Law, Australian Taxation laws, Australian Securities, and Investment Commission (ASIC) and the Australian Government's guidelines provided in the Child Care Provider Handbook (2019). Our financial integrity is transparent as we provide information about our organisation size and structure, decision making processes, employment procedures, fit and proper check's operational structure, financial viability, and risk management.

## Purpose

Our Service aims to comply with the Child Care Subsidy legislative requirements associated with operating a fee reduction service for eligible families. We understand the Department of Education, Skills and Employment (the department's) approach to maintaining the financial integrity of all childcare funding. Our Service has a genuine commitment to meet our obligations to maintain financial integrity and have effective compliance systems in place to ensure childcare funding we receive is administered appropriately. Our Service accepts the legal responsibilities associated with claiming Child Care Subsidy within the Family Assistance Law. We will continuously examine our business and service model to identify opportunities to cater to the needs of our families and community. (Child Care Financial Integrity Strategy, 2019).

## Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Approved Provider Details

To claim Child Care Subsidy, our Service must be approved by a delegate of the Secretary of the Department of Education and Training by showing the required evidence and information to ensure ongoing compliance with the Family Assistance Law. Our service will ensure all reporting requirements for claiming and administering CCS will be maintained.

## Source:

Australian Government Department of Education and Training <https://www.education.gov.au/child-care-providers>

Australian Government Department of Education *Child Care Provider Handbook (2018)*  
<https://www.education.gov.au/child-care-provider-handbook-0>

Australian Government Department of Education and Training *Guide to Additional Child Care Subsidy (child wellbeing) Version 1, released 29 June 2018*  
[https://docs.education.gov.au/system/files/doc/other/guide\\_to\\_additional\\_child\\_care\\_subsidy\\_child\\_wellbeing.pdf](https://docs.education.gov.au/system/files/doc/other/guide_to_additional_child_care_subsidy_child_wellbeing.pdf)

Australian Government Department of Education- *Business support tools and resources for child care services*  
<https://www.education.gov.au/business-support-tools-and-resources-child-care-services>

Australian Government Department of Education and Training (2017) *Child Care Services Business Support Resource – A guide for considering your business*  
[https://docs.education.gov.au/system/files/doc/other/business\\_support\\_resource\\_1.pdf](https://docs.education.gov.au/system/files/doc/other/business_support_resource_1.pdf)

Australian Government Department of Education . *Child Care Financial Integrity Strategy, 2019*  
<https://docs.education.gov.au/node/52656>

Australian Government Department of Education. *Mandatory Documents for Care Subsidy Approval Applications August 2019* <https://docs.education.gov.au/node/50221>

Australian Government Department of Education. *New Child Care Package for providers (from 2 July 2018)* <https://www.education.gov.au/new-child-care-package-providers-2-july-2018>

Becoming a Child Care Subsidy approved child care service <https://www.education.gov.au/becoming-child-care-subsidy-approved-child-care-service>

## Review

Date Reviewed	Modifications	Next Policy Review Date
August 2020	New Policy Draft	August 2021
October 2021	Added Education and Care Services National Regulations Added Related Legislation Added Related Policies	October 2022

## Social Media Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
- 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
- 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service
- 7.2 Leadership - Effective leadership builds and promotes a positive organisational culture and professional learning community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
181	Confidentiality and storage of records
183	Storage of records and other documents

RELATED POLICIES	
Child Safe Environment Policy Code of Conduct Policy Cyber Safety Policy Family Communication Policy Grievance Policy (family) Health and Safety Policy Interactions with Children, Family and Staff Policy	Privacy and Confidentiality Policy Respect for Children Policy Responsible Person Policy Student and Volunteer Workers Policy Supervision Policy Work Health and Safety Policy

We recognise both the benefits, and challenges, of using Facebook and other social media platforms in the early childhood setting. This policy has been developed to provide employees, families, volunteers and students with standards of use as they engage in conversations or interactions using social media for official, professional and personal use.

### Purpose

Being part of our Service entails a position of trust and responsibility. We aim to ensure that our Service, children, educators, and/or families are not compromised in any form on Facebook or any other social media platform and that all social media usage complies with our Service's philosophy, relevant policies, and the code of conduct.

## Scope

This policy applies to children, families, staff, management and visitors of the Service.

## Implementation

Social media is defined as “forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos)” (Merriam-Webster dictionary).

We recognise that there are many advantages in using social media to network within Service operations. It is important to approach usage with caution, through careful and systematic management. Whilst healthy debate may provide thought-provoking discussion, there are guidelines in place to ensure that our Service remains open and welcoming for children, families, and staff.

The National Principles for Child Safe Organisations recognise the importance of safe physical and online environments to promote safety and wellbeing of all children. Our Service has the responsibility to ensure children and educators are protected from harm when they engage with digital technology including Social Media.

This policy applies to all forms of social media including (but not limited to):

- Social networking sites e.g. Facebook, Twitter, LinkedIn
- Image sharing sites e.g. Instagram, Snapchat, and Imgur
- Music/dance videos e.g. Tik Tok
- Video hosting sites e.g. YouTube and Vimeo
- Community blogs e.g. Tumblr and Medium
- Discussion sites e.g. Reddit and Quora

## Service Facebook Account

Our Service has a Facebook account to converse and share information with our families and community, which is administered by management and educators.

The intent for our Service Facebook page is to:

- keep families in touch with what's happening at the Service, including upcoming and special events.
- connect with the community and other families
- provide educational information to families and employees.

NOTE: The Service Facebook account must not be used for personal comments or discussions.

The intent for our Service Facebook page is to:

1. Keep in touch with what's happening at the Service, including upcoming and special events.
2. Provide educational purposes to families and employees and not for a personal nature.

#### Privacy

- All staff and educators must remain aware that they represent and could be identified as an employee of the Service through any online activity.
- Staff and educators must maintain appropriate privacy of families, employees, students, children and volunteers, including when they have obtained permission to publish content to the Service Facebook account.
- Absolutely no written content will be published to Facebook without the implicit and written permission of families to whom the content relates.
- Our Service will gain implicit and written family permission prior to posting photos of children.
- Passwords will not be shared without authorisation from management.
- Our Service will remain up to date with any changes to Facebook ensuring privacy settings remain up to date.

In regard to the service Facebook page the Approved Provider or Nominated Supervisor will:

- obtain written authorisation from a child's parents prior to posting any comment or photos of their child to the page
- ensure personal information about families, children and staff is not posted on-line
- ensure the highest level of privacy settings are established and maintained on the account
- ensure all passwords are kept confidential
- log out of Facebook when not in use and prior to leaving the Service
- regularly scan online content related to the Service to ensure appropriateness.
- adhere to our *Grievance Policy* and procedures to investigate any occurrences where a person working at the Service may:
  - post photos or information of the Service or children
  - defame, harass, or bully any other person who works at the Service or is connected to the Service.
- ensure that any staff or educator found guilty of any Facebook misconduct (on both the Service Facebook page and any private page) is aware that this may result in termination of employment.

In regard to all social media, the Approved Provider, Nominated Supervisor, educators, staff members, volunteers and students will not:

- access personal Facebook accounts or any other social media accounts on any workplace device
- access personal Facebook or any other social media accounts whilst educating and caring for children
- post any photos taken of the children enrolled at the service on their personal Facebook or any other social media account
- post any information about colleagues, children, or families on any personal social media account
- vilify, harass or bully any other person who works at the Service, family or community member connected to the Service
- post offensive or derogatory comments or information that could bring their professional standing or that of the Service into disrepute
- use their personal camera or phones to take photos or video whilst at the Service, unless prior consent is given by management

### Personal Social Media Accounts

Staff members are to use their own personal discretion when adding a family of the Service as a 'friend' on Facebook or any other social media. The Service does not recommend that staff add families of the Service to personal social media accounts as they will still be seen as a representative of the Service and required to uphold the Service's Code of Conduct on all posts. It is extremely important not to post information about the Service, colleagues, children, or families on personal social media accounts, as this not only contravenes the Service policies and code of conduct, but is considered a breach of the Commonwealth's *Privacy Act 1988* and *Privacy and Personal Information Protection Act 1998*.

Families are asked to respect that staff may have a personal policy on adding families to personal social media accounts due to their professional philosophy, and that the Service does not recommend staff to have families as friends on their private account.

If adding families to personal social media accounts, educators will adhere to relevant policies, including the Code of Conduct of the Service.

### Consequences for inappropriate conduct

For inappropriate conduct to be lawful, there is a need to demonstrate a connection between the behaviour and the employment relationship that:

- is likely to cause serious damage to the relationship between the employee and Service

- damages or harms the Service’s interest or reputation
- is incompatible with the employee’s duties in the education and care sector.

A person who has been involved in inappropriate conduct may require reprimand as per our *Code of Conduct Policy*. This may lead to termination of their position.

### Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Dictionary by Merriam-Webster: <https://www.merriam-webster.com/>
- Early Childhood Australia Code of Ethics. (2016).
- eSafety Commissioner: <https://www.esafety.gov.au/educators/esafety-early-years-program-for-educators>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Standard. (2020).
- *Privacy Act 1988*.
- *Privacy and Personal Information Protection Act 1998*.
- Revised National Quality Standard. (2018).

### Review

Date Reviewed	Modifications	Next Policy Review Date
August 2017	Major changes to the policy with the additional specifications to ensure a clear and precise understanding of expectations	August 2018
October 2018	Updated references to comply with the revised National Quality Standard	October 2019
August 2020	Policy modified into a ‘social media’ policy. Additional information added to points. Headings modified to reflect inclusion of ‘social media’ Sources checked for currency. Unrelated references/sources deleted. References corrected, added &/or updated, and alphabetised.	August 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies	July 2022

## Professional Development Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
- 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
- 7.2 Leadership - Effective leadership builds and promotes a positive organisational culture and professional learning community
  - 7.2.1 Continuous improvement - There is an effective self-assessment and quality improvement process in place
  - 7.2.2 Educational leadership - The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
  - 7.2.3 Development of professionals - Educators, co-ordinations and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
118	Educational Leader
126	Centre-Based services – general educator qualifications
136	First Aid qualifications
138	Application for qualification to be assessed for inclusion on the list of approved qualifications
168	Education and care service must have policies and procedures.

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	See all related legislation for Child Care Provider Handbook in Appendix 1 <a href="https://www.education.gov.au/child-care-provider-handbook-0">https://www.education.gov.au/child-care-provider-handbook-0</a>

RELATED POLICIES	
CCS Governance Policy Code of Conduct Policy Enrolment Policy	First Aid Policy Payment of Fees Policy Record Keeping and Retention Policy Work, Health and Safety Policy

### Purpose

Professional development allows individuals to build and improve their knowledge and skills within the early childhood industry whilst keeping up to date with current research and recommended practice. The Early Childhood Education sector continues to grow and change. These changes impact on licensing and assessment requirements as well as our interactions and documentation of individual children. To comply and improve we implement procedures for identifying areas in which our educators and staff can enhance skills and knowledge in the early childhood industry through relevant and effective professional development and training. We aim to review and update individual professional development plans based on performance appraisals detecting strengths, interests, and goals.

## Scope

This policy applies to Educators, Staff and Management of the Service

## Implementation

The Early Childhood Australia (ECA) Code of Ethics suggest that in relation to being professional, educators will take responsibility for reflecting on and assessing their professional values, knowledge and practice, and the positive contribution to the early childhood profession. Educators will engage in critical reflection, ongoing professional learning and support research that builds knowledge and that of the profession.

## Management will ensure:

- the nominated supervisor and administration staff are aware of Family Assistance Law legislation, enrolment processes and management of Child Care Subsidy as detailed in the *Child Care Provider Handbook*
- the roster supports at least one nominated supervisor and person in day-to-day charge of the Service, who holds the following qualifications is in attendance at all times at the service when children are being educated and cared for and immediately available in an emergency:
  - ACECQA approved and current first aid qualification including CPR
  - ACECQA approved and current emergency asthma management training
  - ACECQA approved and current anaphylaxis management training
  - child protection training
- the Nominated Supervisor undertakes professional development in accordance with National Law and Regulations, Family Assistance Law, Child Care Subsidy and their individual professional development plan
- all educators and staff are provided with professional learning for the Child Safe Standards
- professional development is linked to the Quality Improvement Plan
- continuity of care for the children will be the primary consideration when moving staff to different rooms. Where possible, one person familiar to the children will remain in the room.
- they are positive role models for educators and staff
- educators are supported to attend professional development by committing time and resources in order to develop new skills and knowledge that can be shared within the Service.

## A Nominated Supervisor will:

- Ensure Child Protection training is valid and updated every 12months to maintain skills and knowledge required by National Regulations and best practice.
- Hold a current first aid (including CPR), asthma and anaphylaxis training at all times
- Hold a Food Handlers Supervisor Certificate

- Attend a minimum of 4 professional development courses over a 12-month period
- Be a positive role model for Educators and Staff
- Collaborate with the Educational Leader to identify training needs across the service and source appropriate training and mentoring for educators
- Ensure strategies are implemented by Educators to make practical use of the information gained from professional development.

#### Educators will:

- Keep up to date with Child Protection training ensuring currency and compliance
- Hold a current first aid (including CPR), asthma and anaphylaxis training at all times
- Hold current food handlers' certificate
- Attend a minimum of 4 professional development courses over a 12-month period
- Permanent-part time and casual staff (other than relief staff) are to attend a minimum of 1 in-service per calendar year.
- Seek assistance and direction from the Service's Educational Leader regarding the in-services and training.

#### Example of professional development resources and experiences

- ✓ Networking with other services & professionals
- ✓ Mentoring & Coaching programs
- ✓ In-house or external training (workshops, courses)
- ✓ Self-Paced training packages
- ✓ Sharing information gained from formal studies
- ✓ Hands on job training
- ✓ Learning & skills sharing
- ✓ Conferences
- ✓ Visitors from local areas
- ✓ Meeting discussions
- ✓ Reading professional publication & websites
- ✓ viewing professional DVD's
- ✓ Engage in professional reflection (journals)
- ✓ Readings

Professional Development is a term used which includes, workshops, conferences, in-services, training sessions, formal studying, readings and research. A commitment by Early Childhood Educators to ongoing professional development is the key to effective continuous improvement and the provision of quality

childcare. Engaging in professional development helps to identify areas of strengths and area requiring improvement.

#### Source

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Revised National Quality Standard

#### Review

Policy Reviewed	Modifications	Next Review Date
May 2017	-Added the importance of professional development, -Added responsibilities and different meanings of professional development	May 2018
October 2017	Updated references to comply with the revised National Quality Standard	October 2018
May 2018	Minor grammatical changes made to content. (Not critical to it’s delivery)	May 2019
July 2021	Added Education and Care Services National Regulations Added Related Policies	July 2022

## Payment of Fees Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1 Governance - Governance supports the operation of a quality service
- 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
- 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
172	Notification of change to policies and procedures

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017 A New Tax System (Family Assistance) Act 1999	Family Law Act 1975

RELATED POLICIES	
Arrival and Departure Policy Child Care Subsidy (CCS) Governance Policy Enrolment Policy Governance Policy	Orientation of Families Policy Privacy and Confidentiality Policy Termination of Enrolment Policy

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for the payment of fees and the provision of a statement of fees charged by the service and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

Quality early education and care provides the foundation for children's development and social engagement whilst supporting workforce participation of parents and carers. Our Service is committed to providing quality education and care to all children at an affordable fee for families.

As an approved childcare service, Child Care Subsidy (CCS) is available to reduce fees to eligible families. Our fee structure is based on our ability to provide the requirements of the Education and Care National Law and National Regulations, Family Assistance Law, the Australian Taxation Office and guidelines contained in the Child Care Provider Handbook.

## Purpose

For parents to gain a clear understanding of the Service fee structure, payment requirements and Child Care Subsidy benefits prior to enrolment. This policy explains process of fee payment and the necessity of ensuring children's fees are paid on time and consequences for failure to pay fees on time.

## Scope

This policy applies to children, families, staff, management and visitors of the Service.

## Implementation

Our Service aims to ensure families understand the fee schedule and payment process required for education and care to be provided for their child. We are committed to meet our obligations to maintain financial integrity and comply with all Child Care Subsidy legislative requirements. We have effective compliance systems in place to ensure childcare funding is administered appropriately. Our Service ensures the confidentiality and privacy of all personal information provided to the Service about the enrolled child and family.

The fee structure of the Service includes:

## General Fees

- Fees are charged daily and vary depending on the Child Care Subsidy (which replaces the current Child Care Benefit and Child Care Rebate from 2nd July 2018). The Child Care Subsidy will be paid directly to the Service.
- Basic requirements that must be satisfied for an individual to be eligible to receive Child Care Subsidy for a child include:
  1. The age of the child (must be 13 years or under and not attending secondary school)
  2. The child meeting immunisation requirements
  3. The individual, or their partners, meeting the residency requirements
- Families level of Child Care Subsidy will be determined by:
  1. Combined family income
  2. Activity level of parents
  3. Type of childcare Service
- Fees must be kept in advance of a child's attendance

- Fees are to be paid fortnightly through a direct debit system.
- Fees are payable in advance for every day that a child is enrolled at the Service. This includes pupil free days, sick days and family holidays
- Fees are charged at full days only (no matter what the attendance hours are)
- Casual days may be offered to families if available within the Service's license and must be paid for on the day.

#### Payment of fees

- Fees are set up using iDebit Pro
- Families will be issued with a fee statement on a fortnightly basis in accordance with the fee payment and Regulatory requirements.
- A dishonour fee will apply for direct debit transactions where there are insufficient funds to cover the fees.

#### Financial Difficulties

- If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of the approved provider

#### Failure to Pay

- If a family fails to pay the required fees on time, a reminder letter will be issued after one week and then again after two weeks, where the fees are still outstanding. A child's position will be terminated if payment has not been made after the three weeks, to which the family will receive a final letter terminating the child's position. At this time the Service will initiate its debt collection procedure, following privacy and conditional requirements. In the event the account is referred to a debt collection agency all additional fees and charges will be added and payable by the account holder.

#### Late Fees

- Our Service is not licensed or insured to have children on the premises after hours. This is a breach in the Education and Care Regulations.
- It is unacceptable to pick children up late from the Service. A late fee will apply where children are not picked up prior to closing time. Currently, a fee of \$30.00 per 15-minute block and part thereof will occur.
- A review of the child's enrolment will occur where families are consistently late.

## Change of Fees

- Fees are subject to change at any time provided a minimum of four weeks written notice is given to all families

## Termination of Enrolment

- Parents are to provide two weeks written notice of their intention to withdraw a child from the centre.
- If termination from the Service is required without notification, families can lose their Child Care Subsidy resulting in the payment of full fees to be charged.

## Responsibility of Management

- The Accounts Manager is responsible for the billing and chasing of fees.
- Should families wish to discuss fees, they will need to see the Nominated Supervisor.

## Responsibility of Families

- Provide the Service with the correct enrolment details to facilitate the CCS claim, if required, including:
  - Centrelink Reference Numbers for child and CCS claimant
  - Date of Birth for child and CCS claimant
- Ensure payment of fees as per policy
- Notify Centrelink of any changes that may affect their CCS entitlement
- Confirm their child's enrolment through the parents myGov account.

## Source

- The Business of Childcare, Karen Kearns
- National Quality Standard
- Revised National Quality Standard

Policy Reviewed	Modifications	Next Review Date
March 2017	Minor changes made to ensure compliance with regulations and government requirements.	March 2018
October 2017	Updated references to comply with the revised National Quality Standard	March 2018
March 2018	Changes made to comply with Regulations and changes to Child Care Subsidy	March 2019
May 2020	Minor spelling changes	May 2021
October 2021	Added Education and care services regulations Added related legislation Added related policies	October 2022

## Student and Volunteer Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1 Governance - Governance supports the operation of a quality service
  - 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
  - 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
  - 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service
- 7.2 Leadership - Effective leadership builds and promotes a positive organisational culture and professional learning community
  - 7.2.2 Educational leadership - The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
  - 7.2.3 Development of professionals - Educators, co-ordinations and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
120	Educators who are under the age of 18 to be supervised
145	Staff Records
149	Volunteers and Students
168	Policies and Procedures

RELATED POLICIES	
Code of Conduct Policy	Interactions with Children, Families and Staff Policy
Child Protection Policy	Work, Health and Safety Policy
Child Safe Environment Policy	Bullying, Discrimination and Harassment policy
Grievance Policy	Respect for Children Policy
Staffing Arrangements Policy	Supervision Policy
Privacy and Confidentiality Policy	
Family Communication Policy	

Our Service values the participation of students and volunteers. Having students and voluntary workers within the Service helps to inform the community about our program and the value of the work we do. Students and voluntary workers are welcomed to the Service; however, the children's care and safety are our priority.

### Purpose

Our Service supports participation of work placement students (including work experience students) and volunteers wanting to develop professional skills and knowledge in their effort to become Early Childhood Professionals. We aim to build relationships with community members, providing appropriate learning opportunities for students and volunteers to contribute to our program. To ensure a professional and pleasurable learning experience, students and volunteers will be encouraged to participate in the centre's daily routine and assist in accordance with their qualification level to work with children under the National Quality Framework requirements.

## Scope

This policy applies to children, families, staff, management and visitors of the Service.

## Implementation

### Management/Nominated Supervisor/ Responsible Person will:

- appoint an educator to be the Student Supervisor/mentor for the duration of the placement.
- conduct an orientation for the student or volunteer including taking the student or volunteer on a tour of the Service, showing emergency exits, staff room and bathroom facilities.
- provide the student/volunteer with a Student and Volunteer Handbook
- negotiate with the student or volunteer the times/hours to be worked, and dates of the placement.
- advise students or volunteer to bring in a poster with a photo introducing themselves and outlining the reason for their placement.
- inform families, children, and educators when work experience students and volunteers are present at the Service, including their role and hours they will be attending the Service
- ensure work placement students or volunteers are never left alone with children or included in the ratio of adult to children
- ensure students are aware that they must not discuss concerns, issues or complaints with parents, guardians and/or visitors
- introduce the student or volunteer to educators and their Room Leader.
- assist the student or volunteer to complete the *Educator Acknowledgement Checklist* (see Appendix 1)
- show the student or volunteer where they can access the Service policies
- ensure the student has signed a confidentiality agreement prior to commencing their placement.
- discuss any relevant important information about specific children to the student or volunteer (i.e. court orders, additional needs, dietary needs) so that the student or volunteer is aware of potential issues
- liaise with learning institutions and accept suitable student placements under the institution's supervision
- assist learning institutions to place suitable students with individual educators
- ensure student's/volunteer's paperwork and insurances are current.

### Educators will:

- maintain open communication with work experience students and volunteers along with their practicum teachers about their performance.
- support all student's and volunteer's practicum requirements to the best of their ability during the placement.
- work as a team sharing appropriate skills and knowledge with each student and volunteer.
- ensure all colleagues are provided with relevant information about tasks the student is required to complete in the service as part of their practicum.
- be aware of student and volunteer expectations.

- have the time and proficiencies to support each student and volunteer in their placement.
- encourage students to seek help and advice as required.
- be positive role model, showing appropriate behaviour and conduct themselves in a professional manner.
- guide the students throughout the day.
- make the student or volunteer feel welcome and a valued member of the team.

#### The Domain Leader will:

- discuss the progress of written work and performance with the student or volunteer.
- discuss any concerns raised by the student with the Student Supervisor.
- ensure students or volunteers are directly supervised at all times during children's nappy change times.
- encourage students to use their initiative.
- ensure the student/volunteer remains up to date with their assessments/tasks to be completed.
- discuss concerns with student/volunteer with management
- never leave the student alone with a child or children

provide honest and accurate feedback to the student's training institution supervisor as required

#### Work Experience Students and Volunteers will:

- learn about the children through interaction and practical experience.
- develop the skills and knowledge needed to care for and educate children.
- learn about the importance of working as part of a team in the Early Childhood profession
- learn strategies for working in a team environment.
- learn and accommodate the expectations of qualified educators in the Service.
- inform their room leader in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms.
- keep up to date with all written work requirements.
- work a variety of shifts to gain knowledge of different aspects of Service operations.
- bring in a poster introducing themselves that will include:
  - Name
  - Photo
  - Course they are studying
  - RTO/university/school they are studying with
  - Dates and times they will be at the Service
  - The focus of their study.
- discuss any problems the student may be experiencing with their room leader.
- adhere to all Service policies and procedures.

- never remove a child from direct staff supervision.

#### Probity Checks:

- All students will supply identity details to the Nominated Supervisor
- All students will complete a Working with Children Check [or similar in each state/territory prior to commencing their placement]
- All students will have a meeting with the Nominated Supervisor to receive information regarding the following service policies:
  - Child protection
  - Privacy and Confidentiality
  - Grievance
  - Work, Health and Safety
  - Code of conduct

#### Students at risk:

If educators feel that the student is at risk of failing their practicum, the following steps will be taken:

1. the Room Leader will alert the Student's training institution Supervisor of any concerns regarding the student.
2. both the Student Supervisor and the Room Leader will discuss concerns with the student.
3. the Room Leader will arrange for the student's supervisor/assessor to visit the Service and discuss concerns that have ascended.
4. the student's educational institution and Nominated Supervisor will govern the outcome of the practicum.

#### Termination of Practicum:

Termination of student's placement will occur if the student:

- harms or is at risk of harming a child in their care.
- is under the influence of drugs or alcohol.
- fails to notify the Service if they will not be attending the Service.
- does not adhere to starting times or break times.
- is observed using repeated inappropriate behaviour at the Service.
- does not comply with all policies and procedures addressed in the student package.

- does not provide the photo with an introduction on commencement.
- does not keep up to date with their work placement tasks.
- removes any child or children from the direct supervision of an educator.

#### Source

- Education and Care Services National Regulations
- National Quality Standard
- Early Years Learning Framework
- Work Health and Safety Act 2011
- Fair Work Act
- Dealing with Employee Work-related Concerns and Grievances Policy and Guidelines: NSW DPC
- Preventing and Responding to Workplace Bullying: Safe Work Australia Draft Code of Practice
- Anti-bullying jurisdiction: Fair Work Commission
- Revised National Quality Standards

#### Review

Date Reviewed	Modifications	Next Policy Review Date
January 2018	Updated references to comply with the revised National Quality Standards	January 2019
January 2019	Minor changes made grammatically	January 2020
February 2020	Minor changes to spelling	February 2021
October 2020	Additional sources added and links edited/checked Attached Appendix 1: Student and Volunteer Acknowledgment Checklist	October 2021

## Appendix 1:

### Student and Volunteer Acknowledgement Checklist

Name	
Institution	
Placement Dates	

Orientation Pack	Included
Student/Volunteer Policy	
Student/Volunteer Detail Form	
Working With Children Check Information	
Student and Volunteer Handbook	
Student/Volunteer sign in/sign out register	
Centre Philosophy	

Orientation Pack	DISCUSSED Yes/No
<b>Service</b>	
Student/Volunteer Detail Form	
Working with Children Check Number – WWCC and expiry date recorded	
Introduced to educators	
Shown where & how to sign in/out	
Explained breaks and shown a place to take breaks	

Shown the toilet and bathroom facilities	
Explained hand washing procedure – how and when	
Shown all storerooms and sheds	
Shown around the indoor and outdoor environment	
Shown the meeting point and location of all evacuation procedures	
Shown how to use kitchen appliances. e.g. microwave, oven, kettle etc	
Reinforced dress policy	
Communicated routines and shown where this is displayed in each room	
Gone through student handbook, underlining the Service philosophy and expectations	
Explained qualifications highlighting fundamental duties and responsibilities	
Clarified management structure within the service	
Reinforced the Service’s privacy and confidentiality agreement	
Explained opening and closing procedures	
Shown where copies of the Service Policies are situated for future access and referral	
Explained the role of the regulatory authority	
Explained the Assessment and Rating process and National Quality Standards	
Smoking In the workplace	
<b>Service Policies and Procedures</b>	
Grievance	
Supervision	
Child Protection	
Respect for Children	
Sun Safe	
Behaviour Guidance	

Code of Conduct	
Sleep and Rest	
Social Media	
<b>Procedures</b>	
Sleep Procedure	
Nappy Change Procedure	
Toddler Nappy Change Procedure	
Toileting Procedure	
Cleaning Procedure	
Sick Leave	
Supervision	

Your Supervisor is:			
<input type="checkbox"/> I have read and agree to abide by the Service policies and procedures outlined in the acknowledgement checklist.			
Student's Name:			
Student's Signature:		Date:	
Supervisor Name:			
Supervisor's Signature:		Date:	

## Student Evaluation

Student's Name:		Date:	
Student's Signature:			

Feedback	Rating - circle (1 – Unacceptable - 10- Exceptional)									
Interactions with children	1	2	3	4	5	6	7	8	9	10
Participation with families	1	2	3	4	5	6	7	8	9	10
Programming	1	2	3	4	5	6	7	8	9	10
Children's experiences	1	2	3	4	5	6	7	8	9	10
Ensuring children's safety	1	2	3	4	5	6	7	8	9	10
Health and Hygiene	1	2	3	4	5	6	7	8	9	10
Collaboration	1	2	3	4	5	6	7	8	9	10
Showing initiative	1	2	3	4	5	6	7	8	9	10
Ability to ask questions	1	2	3	4	5	6	7	8	9	10
Personal Appearance	1	2	3	4	5	6	7	8	9	10
Ability to follow policies and procedures	1	2	3	4	5	6	7	8	9	10
Strengths:										

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Areas for Improvement:
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## Determining the Responsible Person Present

Quality Area 7 Governance and Leadership

7.1.2 Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

7.1.3 Roles and responsibilities Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

7.2 Leadership Effective leadership builds and promotes a positive organisational culture and professional learning community.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
Section 162	Offence to operate education and care service unless responsible person is present
Section 169	Offence relating to staffing arrangements
117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charge
117C	Minimum requirements for a nominated supervisor
150	Responsible Person
168	Policies and Procedures
173	Prescribed information to be displayed
177	Prescribed enrolment and other documents to be kept by approved provider

RELATED POLICIES	
Code of Conduct Policy	Respect for Children Policy
Health and Safety Policy	Staffing Arrangements Policy
Interactions with Children, Family and Staff Policy	Supervision Policy
Privacy and Confidentiality Policy	Work Health and Safety Policy

As per Education and Care Regulations, a Responsible Person must be physically in attendance at all times that the Service is educating and caring for children.

*Approved Providers are responsible for appointing a responsible person who is aged 18 years or older, has adequate knowledge and understanding of the provision of education and care to children, and have the ability to effectively supervise and manage an education and care service (ACECQA, 2017).*

### Purpose

Our Service is committed to meeting our duty of care obligations under the Education and Care Services National Law and National Regulations to ensure a Responsible Person is physically on the premises at all times children are being educated and cared for.

## Scope

This policy applies to Management, Approved Provider, Nominated Supervisor, Responsible Person and educators of the Service.

## Definitions for Responsible Person

NAME	DEFINITION
Nominated Supervisor	A person with responsibility for the day-to-day management of an approved service. The Nominated Supervisor has a range of responsibilities under the Law and Regulations that govern the operation of education and care services.
Person in day-to-day charge (PIDTDC)	A person who is physically at the service and has the role of Nominated Supervisor or duly appointed person. The Responsible Person has consented to be placed in day-to-day charge of the service but does not take on the responsibilities of the Nominated Supervisor rather, they ensure the consistency and continuity in practices.

## Implementation

A Responsible Person will be on the premises at all times, and the details of the Responsible Person will be clearly visible to families and visitors at the main entry of the Service. A record of the Responsible Person will be documented each day via the Responsible Person Register.

If the Responsible Person leaves the premises, they will 'hand over' obligations for the role to another duly appointed person at the Service. It is vital that all handovers to a designated Responsible Person are documented when commencing this position throughout the day via the Responsible Person record. The process for determining the Responsible Person will be clear to all educators and staff, and procedures will be followed at all times. Both the outgoing and incoming Responsible Persons will ensure the displayed name of the current Responsible Person at the Service correctly reflects who presently holds the position.

Our Service will have one Responsible Person present at all times when caring for and educating children.

### A Responsible Person can be:

- the Approved Provider or a person with management or control
- a Nominated Supervisor *or*
- a person in day-to-day charge of the service (PIDTDC)

### The Approved Provider/Management will ensure a Responsible Person:

- is appointed and physically on the premise at all times children are being educated and cared for
- is over the age of 18 years
- meets the minimum requirements for qualifications, experiences and management capabilities
- holds a valid and current Working With Children Check (or state/territory equivalent) and Australian National Police Check
- has completed child protection training and is aware of the reportable conduct scheme
- has knowledge and a commitment to the National Child Safe Standards
- has adequate knowledge and understanding of the provision of education and care to children, the Education and Care National Law and Regulations and National Quality Standard, the approved learning framework (EYLF), Family Assistance Law and administration of CCS
- has the ability to effectively supervise and manage an education and care service
- is a fit and proper person (as per regulatory authority conditions)
- has evidence of completing an approved diploma level education and care qualification or higher is considered as a requirement or 'actively working towards' an ACECQA approved qualification
- provides references including their current and previous employers. These will be checked, and records kept on file
- provides written consent for the position of Responsible Person and this is filed in staff records (not required if the approved provider is the responsible person)

### The Approved Provider/Management will ensure:

- the regulatory authority is notified 7 days prior to a Nominated Supervisor starting at the Service or within 14 days after the person has commenced the role through NQA IT System
- the regulatory authority is notified if the Nominated Supervisor changes their name or contact details; is no longer employed by the Service, has been removed from the role or withdraws their nomination.
- a Responsible Person will be removed from the position should management become aware of a matter or incident which affects the ability of the person to meet the minimum requirements of the position.
- the staff register has the name of the Responsible Person at the Service for each time children are being educated and cared for by the Service
- a Responsible Person is on duty from the time the Service opens each day until the time the Service closes
- the PIDTDC interchanges with the Nominated Supervisor in their absence

- Responsible Persons are aware that they have to sign off when they have finished their duty and will ensure the Nominated Supervisor or appointed Responsible Person (PIDTIC) will sign on and take on the role
- a staff record is kept recording
  - the full name, address and date of birth of the Responsible Person/Nominated Supervisor
  - evidence of relevant qualifications
  - if applicable, evidence that the Responsible Person/Nominated Supervisor is actively working towards that qualification
  - evidence of any approved training (including first aid training and child protection training)
  - acceptance for a Working with Children Check – identifying number and expiry date

#### A Nominated Supervisor/ appointed Responsible Person will:

- provide written consent to accept the role of Responsible Person/Nominated Supervisor
- sign their name and hours of responsibility on the Responsible Person register
- ensure that the identity of the Responsible Person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors
- inform the director in a timely manner in the event of absence from the Service due to leave or illness so they can be replaced by another Responsible Person
- ensure they have a sound understanding of the role of Responsible Person
- abide by any conditions placed on the Responsible Person
- understand that a Responsible Person placed in day-to-day charge (PIDTIC) of the Service does not have the same responsibilities under the National Law as the Nominated Supervisor
- in the case of Nominated Supervisor, notify the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper (such as the suspension or cancellation of a Working with Children Check card or teacher registration), or if they are subject to disciplinary proceedings.
- notify management at the Service in writing, if they wish to withdraw their consent to be a Responsible Person
- Responsible Person appointments will be recorded on the Staff Roster, so all educators and staff are aware of who is appointed Responsible Person at all times the service is open
- the Director/Nominated Supervisor will advise educators and staff the educators who have been appointed as a Responsible Person

## Related Procedures and Documents

Responsible Person Procedure

Responsible Person Offer and Acceptance

## Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Australian Children’s Education & Care Authority. (2017). Responsible Person Requirements for Approved Providers: <https://www.acecqa.gov.au/sites/default/files/2018-09/ResponsiblePersonRequirements.pdf>
- Education and Care Services National Law Act 2010. (Amended 2018).
- [Education and Care Services National Regulations](#). (2011).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2017). (Amended 2020).
- Guide to the National Quality Standard. (2017).
- Revised National Quality Standard. (2018)

## Review

Date Reviewed	Modifications	Next Policy Review Date
July 2019	Terminology improvements made to support clearer understanding and implementation	July 2020
April 2020	Minor terminology adjustments made to the policy	April 2021
August 2021	Added Education and Care Services National Law and National Regulations Added Related Policies	August 2022

## Governance Policy

### NATIONAL QUALITY STANDARDS (NQS)

#### Quality Area 7: Governance and Leadership

7.1 Governance - Governance supports the operation of a quality service

7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service

7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service

7.2 Leadership - Effective leadership builds and promotes a positive organisational culture and professional learning community

7.2.1 Continuous improvement - There is an effective self-assessment and quality improvement process in place

7.2.2 Educational leadership - The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle

7.2.3 Development of professionals - Educators, co-ordinations and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND LAW	
29	Condition on service approval-insurance
31	Condition on service approval-quality improvement plan
55	Quality improvement plan
73	Educational program
74	Record of child assessments or evaluations for delivery of educational program
84	Awareness of child protection law
117B	Minimum requirements for person in day-to-day charge
157	Access for parents
158	Children's attendance record to kept by approved provider
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
165	Record of visitors
167	Record of service's compliance
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider
180	Evidence of prescribed insurance
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records
Sec.13	Matters to be taken into account in assessing whether fit and proper person
Sec.14	Regulatory Authority may seek further information
Sec.21	Reassessment of fitness and propriety
Sec.51	Conditions on service approval
Sec.161	Offence to operate education and care service unless responsible person is present
Sec.172	Offence to fail to display prescribed information
Sec.173	Offence to fail to notify certain circumstances to Regulatory Authority
Sec.174	Offence to fail to notify certain information to Regulatory Authority

Sec.175	Offence relating to requirement to keep enrolment and other documents
Sec.188	Offence to engage person to whom prohibition notice applies

RELATED POLICIES	
Acceptance and Refusal Authorisation Policy	Medical Conditions Policy
Administration of First Aid Policy	Nutrition Food Safety Policy
Arrival and Departure Policy	Payment of Fees Policy
CCS Governance Policy	Privacy and Confidentiality Policy
Code of Conduct Policy	Probation and Induction Orientation Policy
Child Protection Policy	Safe Transportation Policy
Child Safe Environment Policy	Sleep and Rest Policy
Control of Infectious Diseases Policy	Staffing Arrangements Policy
Dealing with Complaints Policy	Student and Volunteer Policy
Emergency and Evacuation Policy	Sun Safety Policy
Enrolment Policy	Water Safety Policy
Interactions with Children, Staff and Families Policy	

The Governance Policy provides the overall direction, effectiveness, supervision and accountability of a Service. Management is responsible for guiding the direction of the service, ensuring that its goals and objectives are met in line with the philosophy, and all legal and regulatory requirements governing the operation of the service.

### Purpose

Our Service aims to ensure all legal and financial requirements are implemented and recognised through appropriate governance practices, providing quality education and care, meeting the principles, practices and elements of the Early Years Learning Framework and the National Quality Standard.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place in relation to the governance and management of the service (regulation 168) and that they take reasonable steps to ensure those policies and procedures are followed (regulation 170).  
ACECQA 2021

Governance is the process that our Service is directed, controlled and held accountable to ensure the right decisions are made.

The Approved Provider and Nominated Supervisor of the Service accept the legal responsibilities associated with establishing, administering, and maintaining the Service. Our Service has the following established positions:

Nominated Supervisor	Erin Tracey
Educational Leader	
Responsible Persons	Shae Ballinger
	Lynn Frik
	Melissa Gibson
	Kaylene Little
	Carlynn Wilson
	Chloe Harrington
Domain Leaders	Nursery – Lynn Frik
	Multi-Age – Melissa Gibson
	BEES – Melissa Gibson
	4 year Kindergarten – Shae Ballinger
	3 Year Old Kindergarten –

The Approved Provider is legally responsible for:

- ensuring compliance with the Education and Care Services National Law and Education and Care Services National Regulations
- complying with Family Assistance Law
- appointing a Nominated Supervisor, an Educational Leader and a Director for the Service
- ensuring background checks, including criminal history and working with children checks, are completed for all staff and educators
- determining whether or not a person working in the service is a ‘fit and proper person’
- supporting the Nominated Supervisor [Responsible Persons] in their role, providing adequate resources to ensure effective administration of the Service
- developing a clear and agreed philosophy, which guides business decisions and the work of management and staff
- acting honestly and with due diligence
- ensuring there is a sound foundation of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the Service to be in line with the Service’s philosophy and goals
- maintaining up to date and current policies and procedures for compliance by all educators
- confirming incident, injury, illness or trauma records are stored in a kept in a safe and secure place until the child is 25 years of age. In the event of a death of child while being cared for by the service or may have occurred as a result of an incident, the records must be kept until 7 (seven) years after the death.
- being an employer, including all legal and ethical responsibilities that this entails
- appointing staff and monitoring their performance

- ensuring educator qualification requirements are current
- ensuring all educators and staff have a clear understanding of the hierarchy of management.
- providing clear and direct written and verbal feedback and instruction that is suitable and appropriate to the task
- ensuring the Service remains financially viable and can meet its debts and other obligations as they fall due
- managing control and accountability systems
- reviewing the Service's budget and monitoring financial performance and management to ensure the Service is solvent at all times and has sound financial strength
- approving annual financial statements and providing required reports to government bodies and maintaining appropriate delegations and internal controls
- complying with funding agreements where appropriate
- reviewing the work process regularly
- developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service
- ensuring the educational program is based on an approved learning framework (EYLF) and contributes to each child's sense of identity and wellbeing

**The Nominated Supervisor is responsible for:**

- adhering to the Education and Care Services National Law and National Regulations
- developing ethical standards and a code of conduct which guide actions and decisions in a way that is consistent and reflective of the Service's expectations.
- undertaking periodical planning and risk assessments and having appropriate risk management strategies in place to manage risks faced by the Service.
- ensuring that actions taken, and decisions made are clear and consistent and will help build confidence in all stakeholders.
- the day to day management of the Service
- the effectiveness of the Service's well-defined partnership between the Management Committee and the Nominated Supervisor. The partnership requires clear understanding of roles and responsibilities, and regular and open communication.
- producing outcomes together with educators and staff. Educators must agree on their responsibilities and work according to current policies and procedures.
- providing educators with training, resources, and support

- identifying and reporting if something significant occurs (for example: Work Health and Safety; Fraud Prevention; Complaint handling)
- identifying work required for completion and delegate to the appropriate educator/staff
- ensuring educators and staff do not delegate responsibilities for which they are accountable for or have been delegated to them by Management
- delegate all tasks in writing with a clear due date
- ensuring educators are adhering to service policies and procedures.

### Service Philosophy

- The development and review of the philosophy and policies will be a continuous process on an annual basis or when required.
- The philosophy and associated statement of purpose will reinforce all other documentation and the practices of the Service. The philosophy will reflect the principles of the approved national framework *“Belonging, Being and Becoming: The Early Years Learning Framework for Australia”*
- There will be a collaborative and consultative process to support the development and maintenance of the philosophy that will include children, parents and educators.
- All documents will be dated and include nominated review dates.

### Code Of Conduct

The standards of behaviour outlined in our Code of Conduct Policy provide guidance for all staff to make personal and ethical decisions related to confidentiality, recruitment, duty of care, record keeping, professional relationships and appropriate use of resources within the service.

### Confidentiality

All members of Management along with the Nominated Supervisor, Responsible Person, educators, and staff who gain access to confidential information, whether in the course of their work or otherwise, shall not disclose information to anyone unless the disclosure of such information is required by law and will respect the confidentiality of all documents and meetings that occur.

This also includes:

- using information acquired for their personal or financial benefit, or for the benefit of any other person.
- permitting any unauthorised person to inspect or have access to any confidential documents or other information.

- any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (e.g. email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.
- Any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (eg. Email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially

This obligation, placed on a member of the Management, Nominated Supervisor, Responsible Person, educator, and staff shall continue even after the individual has completed their term and is no longer on the Management Committee or employed by the Service. The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Management Committee.

### Review and Evaluation of the Service

- Ongoing review and evaluation will support the continuing development of the Service. We will ensure that the evaluation involves all stakeholders.
- The development of a Quality Improvement Plan (QIP) will form part of the reflection procedure. Reflection on what works within the Service and what needs additional development. This will be included in the QIP.

### Ethical Decision-Making

Our Service will make decisions which are consistent with our policies and procedures and that work in conjunction with the Education and Care Services National Law and National Regulations, our approved learning framework (EYLF), and the ethical standards within the ECA Code of Ethics.

### Maintenance of Records

- The Service will adhere to record keeping requirements outlined in the National Regulations (177).
- The Service will adhere to the storage of confidential records outlined in the National Regulations (181-184).
- The Service has a responsibility to keep sufficient records about staff, families, and children in order to operate dependably and lawfully.
- The Service will safeguard the interests of all children, their families, and the staff, using procedures to ensure appropriate privacy and confidentiality practices are upheld.
- The Approved Provider assists in determining the process, storage location, and timeline for storage of records, using the National Regulations as a minimum standard.
- The Service's orientation and induction processes will include the provision of significant information to

managers, educators, children, and families to comply with National Regulations and Standards.

- The Approved Provider will ensure that the record retention procedure meets the requirements of the following government departments and laws:
  - Australian Tax Office (ATO)
  - Family Assistance Office (FAO)
  - Family Assistance Law

### Managing conflicts of interest

- Conflict of interest, whether actual, potential, or perceived, must be declared by all members of the Management /Nominated Supervisor, Senior Staff and managed effectively to ensure integrity.
- Every stakeholder that is in a position of management has a responsibility to ensure their transactions, external business interests and relationships will not cause potential conflicts and to make such disclosures in a timely manner as they arise.
- The following process will be followed to manage any conflicts of interest:
  - Whenever there is a conflict of interest, the member concerned must notify the Approved Provider about the conflict.
  - The member with a conflict of interest must not be present during the meeting of the Management Committee or Management meeting where the matter is being discussed or participate in any decisions made on that matter. The member concerned must provide management / Licensee with any and all relevant information they possess on the particular matter.
  - The minutes of the meeting must reflect that the conflict of interest was disclosed, and appropriate processes followed to manage the conflict.
  - A Conflict of interest disclosure statement must be completed by each member of the Management / Staff member upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the Approved Provider/ and revise the disclosure statement accordingly.

### Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.

<http://cccnsw.org.au/wp-content/uploads/a-directors-manual-sample.pdf>

- Confidentiality Policy
- Work Health and Safety Act
- Child Care Service Handbook (CCMS)

## Revised National Quality Standards

### Review

Date Reviewed	Modifications	Next Policy Review Date
September 2018	Terminology improvements made to support clearer understanding and implementation	September 2019
September 2018	Updated references to comply with the revised National Quality Standard	September 2019
September 2019	Updated educator names	September 2020
February 2020	Updated educator names	February 2021
November 2020	fit and proper person checks added record keeping information added sources checked for currency	November 2021
August 2021	Updated educator names Added Educational & Care Services National Regulations Added Related Policies	August 2022
November 2021	Minor grammatical errors fixed	November 2022

## Privacy and Confidentiality Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1 Governance - Governance supports the operation of a quality service
  - 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
  - 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
  - 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service
- 7.2 Leadership - Effective leadership builds and promotes a positive organisational culture and professional learning community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	See all related legislation for Child Care Provider Handbook in Appendix 1 <a href="https://www.education.gov.au/child-care-provider-handbook-0">https://www.education.gov.au/child-care-provider-handbook-0</a>

RELATED POLICIES	
Enrolment Policy Cyber Safety Policy Family Communication Policy Grievance Policy Governance Policy Interaction with Children, Family and Staff Policy Management Committee Policy	Orientation of Families Policy Payment of Fees Policy Photograph Policy Record Keeping and Retention Policy Writing Reviewing and Maintaining Policies

Privacy is acknowledged as a fundamental human right. Our Service has an ethical and legal responsibility to protect the privacy and confidentiality of children, individuals and families as outlined in Early Childhood Code of Ethics, National Education and Care Regulations and the Privacy Act 1988 (Cth). The right to privacy of all children, their families, and educators and staff of the Service will be upheld and respected, whilst ensuring that all children have access to high quality early years care and education. All staff members will maintain confidentiality of personal and sensitive information to foster positive trusting relationships with families.

## Purpose

To ensure that the confidentiality of information and files relating to the children, families, staff, and visitors using the Service is upheld at all times. We aim to protect the privacy and confidentiality of all information and records about individual children, families, educators, staff and management by ensuring continuous review and improvement on our current systems, storage, and methods of disposal of records. We will ensure that all records and information are held in a secure place and are only retrieved by or released to people who have a legal right to access this information. Our Service takes data integrity very seriously, we strive to assure all records and data is protected from unauthorised access and that it is available to authorised persons when needed. This policy provides procedures to ensure data is stored, used and accessed in accordance with relevant policies and procedures, example enrolment policy, CCS Account policy.

## Scope

This policy applies to children, families, staff, management, and visitors of the Service.

## Implementation

Under National Law, Section 263, Early Childhood Services are required to comply with Australian privacy law which includes the *Privacy Act 1988* (the Act) aimed at protecting the privacy of individuals. Schedule 1 of the *Privacy Act (1988)* includes 13 Australian Privacy Principles (APPs) which all services are required to apply. The APPs set out the standards, rights and legal obligations in relation to collecting, handling, holding and accessing personal information.

The Notifiable Data Breaches (NDB) scheme requires Early Childhood Services, Family Day Care Services, and Out of School Hours Care Services to provide notice to the Office of the Australian Information Commissioner (formerly known as the Privacy Commissioner) and affected individuals of any data breaches that are 'likely' to result in 'serious harm'.

Businesses that suspect an eligible data breach may have occurred, must undertake a reasonable and expeditious assessment to determine if the data breach is likely to result in serious harm to any individual affected. A breach of an Australian Privacy Principle is viewed as an '*interference with the privacy of an individual*' and can lead to regulatory action and penalties.

source: OAIC Australian Privacy Principles

Further information about the APPs is included in Appendix 1 of this policy.

### Management will:

- Provide Staff and Educators with relevant changes
- Make sure all relevant staff understand the requirements under Australia's privacy law
- Keep up to date with the Australian Privacy Principles (this may include delegating a staff member to oversee all privacy-related activities to ensure compliance).
- Ensure personal information is protected in accordance with our obligations under the Privacy Act 1988 and Privacy amendments (Enhancing Privacy Protection) Act 2012
- Ensure all records and documents are maintained and stored in accordance with Education and Care Service National Regulations
- Ensure the service acts in accordance with the requirements of the Privacy Principles and Privacy Act 1988 by developing, reviewing and implementing procedures and practices that identify
  - the name and contact details of the service.
  - what information the service collects and the source of information
  - why the information is collected.
  - who will have access to the information
  - Collection, storage, use, disclosure and disposal of personal information collected by the service
  - any law that requires the information to be collected.
  - adequate and appropriate storage for personal information collected by the service
  - protection of personal information from unauthorised access
- Ensure the appropriate use of images of children
- Ensure all employees, students volunteers and families are provided with a copy of this policy
- Deal with privacy complaints promptly and in a consistent manner, following the Service's Grievance Procedures. Where the aggrieved person is dissatisfied after going through the grievance process
- Ensure families only have access to the files and records of their own children
- Ensure information given to Educators will be treated with respect and in a professional manner
- Children and staff files are located in office which is locked at the end of each day
- Ensure Information relating to staff employment will remain confidential to the people directly involved with making personnel decisions.
- Information shared with us by the family will be treated as confidential unless told otherwise.

#### Nominated Supervisor/Responsible Persons will:

- Adhere to centre policies and procedures, supporting management
- Ensure educators, staff, volunteers and families are aware of the privacy and confidentiality policy
- Ensure the service obtains consent from parents and/or guardian of children who will be photographed or videoed by the service
- Ensure families only have access to the files and records of their own children
- Information given to Educators will be treated with respect and in a professional manner
- Ensure only necessary information regarding the children's day to day health and wellbeing is given to non-primary contact educators – for example food allergies
- Will not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- Information shared with us by the family will be treated as confidential unless told otherwise.

#### Staff will:

- Read and adhere to the privacy and confidentiality policy at all times
- Ensure recording information and photographs of children are kept secure and may be required at any time by the child's parents or guardian
- Ensure families only have access to the files and records of their own children
- Treat private and confidential information with respect in a professional manner
- Will not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- Information shared with us by the family will be treated as confidential unless told otherwise.
- Always maintain individual and Service information and store documentation according to this policy.
- Not to share information about the individual or service, management information, or other staff as per legislative authority.

#### Personal information our service may request regarding children:

- Parent contact details
- Emergency contact details and persons authorised to collect individual children

- Children's health requirements
- Immunisation records
- Developmental records and summaries
- External agency information
- Custodial arrangements
- Incident reports
- Medication reports
- Childcare benefit and childcare rebate information
- Medical records
- Permission forms

#### Personal information our service may request regarding staff

- Personal details
- Tax information
- Working contract
- Emergency contact details
- Medical completed by doctor
- Immunisation details
- Working with children check
- Qualifications
- Medical history
- Resume
- Superannuation details
- Child Protection qualifications
- First Aid, Asthma and Anaphylaxis certificates

#### Source

- Australian Children's Education & Care Quality Authority.

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- United Nations Convention of the Rights of a child
- Privacy Act 1988
- Revised National Quality Standard
- Australian Childcare Alliance – Changes to the Australia’s Privacy law
- Office of the Australian Information Commission – Australian Privacy Principles

<https://www.oaic.gov.au/agencies-and-organisations/app-guidelines/>

<https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles>

#### Review

Policy Reviewed	Modifications	Next Review Date
March 2017	Minor changes made to ensure compliance with regulations	March 2018
October 2017	Updated references to comply with the revised National Quality Standard	October 2018
January 2018	Changes made to comply with changes to the Australian Privacy Act 1988, including the replacement of the National Privacy principles with the Australian Privacy Principles	January 2019
March 2020	Spelling changes	March 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies	July 2022

## Relief Educators Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1 Governance - Governance supports the operation of a quality service
- 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
- 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
- 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service
- 7.2.3 Development of professionals Educators, co-ordinations and staff members'' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NAITONAL REGULATIONS	
10	Meaning of actively working towards a qualification
82	Tobacco, drug and alcohol free environment
120	Educators who are under the age of 18 to be supervised
123	Educator to child ratios – centre based services
135	Illness or absence of early childhood teacher or suitably qualified person
145	Staff Records
149	Volunteers and Students
151	Record of Educators working directly with children
168	Policies and Procedures

RELEVANT POLICIES	
Code of Conduct Policy Child Protection Policy Child Safe Environment Policy Enrolment policy	Interactions with Children Families and Staff Policy Privacy and confidentiality policy Recruitment Policy Respect for Children Policy Staffing Arrangements Policy

Our Service aims to maintain continuity of education and care and abide by the Education and Care Services National Regulations and National Quality Standard by employing quality relief staff to replace permanent staff on a short-term basis when necessary.

We ensure our Service meets or exceeds, the minimum educator to child ratios as mandated in National Law to ensure adequate supervision is maintained and educators provide quality education and care in a healthy and safe environment.

### Purpose

Our Service is committed to be a child safe Early Education and Care Service and uphold the 10 Child Safe Standards as recommended by the National Office for Child Safety. Our recruitment and screening processes for permanent and relief staff play a vital role in protecting children from harm.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Implementation

- Potential relief staff will be required to attend an interview with management to ensure they are a *'fit and proper person'* and hold the required ACECQA approved qualifications for the particular roles within the service or be defined as a *'suitably qualified person'* for the position.
  - approved early childhood teacher qualification or
  - proof of *actively working towards* at least an approved early childhood teaching qualification AND has completed at least 50 per cent of the qualification or holds an approved early childhood education and care diploma (see: [ACECQA qualifications checker](#))
  - current Working with Children Check; Vulnerable Person check or Police/Criminal Check (as per state/territory requirements)
  - any other required qualification- (CPR, First Aid, approved asthma management training, approved anaphylaxis management training, approved child protection training)
- The interview process will include management checking references to ensure the applicant is a *'fit and proper person'* and verify their Working with Children Check (WWCC); Vulnerable Person Check or Police/Criminal Check
- Relief staff will be placed on the casual list and invited to the Service for an orientation prior to commencing any work.

### Orientation

Relief staff members are required to undergo a full induction and orientation into the Service to ensure they have a clear understanding of:

- the Service's policies and procedures
- Code of Conduct
- Child Safe Standards

- sign in and out processes
- emergency evacuation procedure
- service amenities
- children's medical and/or dietary requirements and conditions
- the Service's program and routine
- their roles and responsibilities (including mandatory reporting and reportable conduct scheme)
- supervision requirements
- privacy and confidentiality requirements
- behaviour guidance strategies implemented
- Work, Health and Safety

### [Relief Educator Induction pack](#)

Relief Educators will be issued with an induction pack prior to commencing employment, which will contain:

- Educator Handbook
- New Employee Application Checklist
- Employment Application
- Employment Details
- Immunisation Status Assessment
- Staff Record
- Charges and Convictions Declaration
- Child Safety Statement
- Superannuation Standard Choice Form
- Code Of Ethics
- Code Of Conduct
- Medical (to be completed with doctor)
- Tax File Declaration
- Privacy and Confidentiality Policy

## Employment Commencement

- It is a requirement that relief educators arrive 10 minutes prior to their shift to ensure they have adequate time to place their belongings in an allocated locker, read any educator communication, sign on and be up to date with important points that are relevant and necessary for the day.
- Relief educators are to rely on the direction of the Educational Leader / Domain Leader
- Under the guidance of their Domain Leader, relief educators are to introduce themselves to families, explain their position within the Service, inform parents who they are replacing and how long they expect to be placed at the Service.
- All relief educators are to accept and embrace the importance of confidentiality and that of the children within their care. They are to treat any information shared with them in the best interest of the child - professionally and sensitively.
- In conjunction with all permanent educators, relief educators are requested to be mindful of the time and time taken for their breaks and return promptly to minimise any disruption to the set routine.
- It is advised that all educators, whether relief or permanent, look after their health and keep their immunisations up to date.
- The Service will aim to maintain a register of relief educators that are familiar to the Service, families, children, policies, and program to ensure consistency for children, families and for the service.

## Service Dress Code

Relief educators must ensure they always maintain a professional image. Educators are always to be clean and tidy with no offensive clothing worn.

### Pants/Shorts

- Tailored black pants or denim are to be worn.
- Track pants, ripped jeans or leggings are unacceptable to wear at our Service.
- Shorts and shirts may be worn at knee length only. Clothing shorter than this is not considered to be acceptable.

### Tops

- In maintaining the professional image of our Service, staff need to consider the suitability of tops when deciding what to wear.
- A T-Shirt is required covering the shoulder.

- Singlets, midriffs, and strapless tops will not be accepted in the work environment. If it is deemed that an educator's top is too revealing, or inappropriate for wear around children and families they will be asked to return home to change. The staff member will not be paid for the time taken to remedy the clothing situation.

#### Footwear

- All educators must always wear enclosed shoes.

#### Sun Safety

- Consideration should be given to hats in summer for outdoors (as an example to children, and for your own protection).
- Educators will be required to wear a wide brimmed hat (no caps).
- Educators will be provided with sunscreen for use.
- Educators may wear sunglasses in the outdoor environment.
- Enclosed shoes are always to remain on.

#### Alcohol, Tobacco and other Drugs

- Educators are not permitted to consume alcohol, tobacco, or other drugs whilst on the premises of a children's service.
- Educators are not to offer, supply or obtain alcohol, tobacco, or other drugs to any person at the childcare service.
- Educators who are intoxicated or under the influence of drugs are not to work during any episode of intoxication.
- Any breach of these conditions will result in disciplinary action.
- Educators who use prescription medication are asked to discuss the possible side effects of these drugs with management to ensure that the educator and children always remain safe.
- Relief Educators are not permitted to administer prescription medication to children unless approved by management.

#### Source

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation 2015
- National Quality Standards

- Fair Work
- Industrial Relations
- Revised National Quality Standards

## Review

Date Reviewed	Modifications	Next Policy Review Date
October 2018	Updated references to comply with the revised National Quality Standard Minor changes made to policy	October 2019
December 2020	additional regulations added Child Safe Standards added minor edits	December 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies	July 2022

## Record Keeping and Retention Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1 Governance - Governance supports the operation of a quality service
  - 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
  - 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
  - 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service
- 7.2 Leadership - Effective leadership builds and promotes a positive organisational culture and professional learning community
  - 7.2.1 Continuous improvement - There is an effective self-assessment and quality improvement process In place
  - 7.2.2 Educational leadership - The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
  - 7.2.3 Development of professionals - Educators, co-ordinations and staff members'' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
55	Quality improvement plans
74	Documenting of child assessments or evaluations for delivery of educational program
87	Incident, injury, trauma and illness record
92	Medication record
118	Educational leader
126	Centre-based services – general educator qualifications
145	Staff record
146	Nominated Supervisor
147	Staff Members
149	Volunteers and students
150	Responsible person
151	Record of educators working directly with children
152	Record of access to early childhood teachers
158	Children's attendance record is to be kept by approved provider
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
167	Record of service's compliance
173	Prescribed information to be displayed
177	Prescribed enrolment and other documents to be kept by approved provider

180	Evidence of prescribed insurance
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents
184	Storage of records after service approval transferred

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	Work Health and Safety Act 2011
See all related legislation for Child Care Provider Handbook in Appendix G	

RELATED POLICIES	
Arrival and Departure Policy Administration of First Aid Policy Administration of Medication Policy Child Safe Environment Policy Child Protection Policy Child Care Subsidy Policy Curriculum and Educators Training Policy Death of a Child at the Service Policy Enrolment Policy Excursion Policy	Governance Policy Immunisation Policy Incident, Illness, Accident & Trauma Policy Medical Conditions Policy Photograph Policy Privacy and Confidentiality Policy Responsible Person Policy Student and Volunteer Policy Supervision Policy Unexpected Death of a Child Policy

The Approved Provider and Management are responsible for overseeing and ensuring records are maintained and stored in accordance with relevant legislation contained in the National Law and National Regulations, National Quality Standard and Family Assistance Law.

### Purpose

We aim to maintain and manage appropriate records in a private and confidential manner, working in accordance with legislative requirements and best practice standards.

### Scope

This policy applies to Management, Approved Provider, Nominated Supervisor, Responsible Person and educators of the Service.

## Implementation

The Approved Provider is responsible for compliance with record keeping requirements in accordance with Education and Care Services National Law and National Regulations. To maintain approval for Child Care Subsidy, providers must also keep certain records in accordance with Family Assistance Law.

This policy encompasses requirements for National Law and National Regulations and Family Assistance Law. Records that are required for Family Assistance Law must be kept for **seven years** and are highlighted in **red**.

## Prescribed records to be kept by approved provider:

The following records are to be retained in a secure location at the Service:

- complaints made to the provider, or to any of the services of the provider, relating to compliance with Family Assistance Law (**records must be kept for seven years**)
- children's attendance records (regardless of eligibility for Child Care Subsidy) (Regulation 158) to be kept until the end of 3 years after the child's last attendance [Regulation 183]. These records are also required for Family Assistance Law (**records must be kept for seven years**)
- record of any absences from care for all children (**regardless of eligibility for Child Care Subsidy- records must be kept for seven years**)
- statements or documents demonstrating that additional absence days in excess of the initial 42 absence days satisfy requirements (**records must be kept for seven years**)
- copies of invoices and receipts issued for the payment of childcare fees (**records must be kept for seven years**)
- the identifying number and expiry date of a Working With Children Check (WWCC), current vulnerable people check or criminal history record of all staff to be kept until the end of 3 years after the last date the staff member provided education and care to children.
- any evidence or information produced to obtain police checks and Working With Children Checks for personnel and to support any statements about these checks in an application for provider or service approval. These records are also required for Family Assistance Law (**records must be kept for seven years**)
- copies of all Statements of Entitlement issued, and any statements issued to advise that there was a change of entitlement- Child Care Subsidy (**records must be kept for seven years**)
- written record of any notice given to a state or territory body about a child at risk of abuse or neglect (**records must be kept for seven years**)

- copies of the evidence and information provided with an application for approval about persons with management or control of a provider and persons responsible for the day-to-day operation of the service **(records must be kept for seven years)**
- educational leader records (Regulation 118)
- child assessments or evaluations for delivery of the educational program (Regulation 74) (to be kept for 3 years after the child's last day of attendance [Regulation 183])
- an incident, injury, trauma and illness record (Regulation 87) (to be kept until child is 25 years [Regulation 183])
- medication records (Regulation 92) (Keep until the end of 3 years after the child's last attendance [Regulation 183])
- staff records (Regulation 145)
- record of volunteers and students (Regulation 149)
- records of the Responsible Person at the Service (Regulation 150)
- record of educators working directly with children (Regulation 151)
- record of access to early childhood teachers (Regulation 152)
- any record relating to the death of a child whilst being educated and cared for by the Service or as a result of an incident whilst being educated and cared for, until the end of 7 years after the death of a child
- child enrolment records (Regulation 160) (to be kept until the end of 3 years after the child's last attendance [Regulation 183]). *(Further details below)*
- record of the Service's compliance with the Law (Regulation 167)
- a record of each nominated supervisor and any person placed in day-to-day charge of the education and care service (Regulation 146)
- PRODA RA Number *(for specified personnel- people managing or employed in child care in roles regarding the approval and operation of a service and permitted to undertake actions through the Child Care Subsidy System- Child Care Provider Handbook p.30)*

#### Records to be kept in relation to the Nominated Supervisor (Reg. 146)

- the full name, address and date of birth
- evidence of any relevant qualifications held by the Nominated Supervisor
- if applicable, evidence that the Nominated Supervisor is actively working towards a qualification.
- If this is the case, the following must be recorded:
  - Proof of enrolment

- Documentary evidence that the Nominated Supervisor has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
- For Nominated Supervisors who are working towards the completion of a Diploma level education and care qualification, proof that they hold an approved Certificate III level education and care qualification or have as completed the units of study that equate to an approved Certificate III level education and care qualification determined by ACECQA.
- evidence of any approved training (including first aid training, current approved anaphylaxis management training, approved emergency asthma management training and approved Child Protection) completed by the Nominated Supervisor
- the identifying number and expiry date of a Working with Children Check (WWCC) and Australian National Police Check
- date the check, card, record or registration was and the date this was verified and by whom
- PRODA RA Number
- evidence of the nominators written consent to the nomination

#### Records to be kept in relation to Staff and Educators: (reg: 151, 152)

- the full name, address and date of birth
- evidence of any relevant qualifications
- if applicable, evidence that the staff member/educator is actively working towards a qualification. If this is the case, the following must be recorded:
  - Proof of enrolment.
  - Documentary evidence that the staff member/educator has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
- for educators who are working towards the completion of a Diploma level education and care qualification, proof that they hold an approved Certificate III level education and care qualification or have as completed the units of study that equate to an approved Certificate III level education and care qualification determined by ACECQA.
- evidence of any approved training (including first aid training) completed by the staff member
- the identifying number and expiry date of the Working with Children Check (WWCC) and the date this was verified. (Check with the legal requirements for each state and territory)

#### Records to be kept in relation to the Educational Leader: (Reg: 148)

- the name of the educator who is designated at this role in accordance with Regulation 118

### Records to be kept in relation to Students and Volunteers: (Reg: 149)

- the full name, address and date of birth of each student or volunteer
- the Approved Provider must also keep a record for each day on which the student or volunteer participates in the Service, the date and hours of participation.

### Records to be kept in relation to the Responsible Person: (Reg: 150)

- the staff record must include the name of the responsible person at the Service for each time that children are being educated and cared for by the Service.
- application for approval about the person responsible for day-to-day operation of a Service

### Records to be kept in relation to educators working directly with children: (Reg: 151)

- the name of each educator
- the hours that each educator works directly with children
- a staff roster or time sheet stating educators contact and non-contact hours/shift.

### Records to be kept in relation to access to early childhood teacher/s: (Reg: 152)

The approved provider of a centre-based service that provides education and care to fewer than 25 children preschool age or under must ensure that a record is kept of the following—

- (a) the period that an early childhood teacher is working with the service in accordance with regulation 130 or 131(2); and
- (b) the periods that the early childhood teacher is working directly with children and is not working directly with children.

The approved provider of a centre-based service that provides education and care to 25 or more but not more than 59 children preschool age or under must ensure that a record is kept of the period that an early childhood teacher is in attendance at the service.

The approved provider of a centre-based service that provides education and care to 60 or more children preschool age or under must ensure that a record is kept of the period that each early childhood teacher and each suitably qualified person is in attendance at the service.

### Records to be kept in relation to child enrolment: (Reg: 160)

- the full name, date of birth and address of the child
- the name, address and contact details of:
  - each known parent of the child

- any person who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted
- any person who is an authorised nominee
- any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child
- any person who is authorised to authorise an educator to take the child outside the education and care service premises
- details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child
- details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person
- gender of the child
- language used in the child's home
- cultural background of the child and parents
- any special considerations for the child (e.g. cultural, religious, dietary requirements or additional needs).
- authorisations signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the or nominated supervisor to seek:
  - medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
  - transportation of the child by any ambulance service.
- authorisation to take the child on regular outings (additional authorisation is required for transportation)
- the name, address and telephone number of the child's registered medical practitioner or medical service
- the child's Medicare number if available
- details of any specific healthcare needs of the child including any medical conditions or allergies including whether the child has been diagnosed as at risk of anaphylaxis, including details of any medical management plan.
- details of any dietary restrictions for the child
- the immunisation status of the child
- a notation that states that a staff member or approved provider has sighted a child's health record.
- a Complying Written Agreement (CWA) for all enrolments registered to claim Child Care Subsidy (CCS). Updated CWAs must be signed if there are changes to the original enrolment conditions.

- documentation relating to an Additional Child Care Subsidy (ACCS) claim

#### Records to be kept in relation to enrolled children (Reg. 74)

- documentation relating to child assessments or evaluations for delivery of the education program, including:
  - assessments of the child's developmental needs, interests, experiences and participation in the education program
  - assessments of the child's progress against the outcomes of the educational program.
  - birth Certificate
  - current immunisation record

#### Records to be kept in relation to incident, injury, trauma and illness: (Reg: 87)

- details of any incident in relation to a child or injury received by a child or trauma to which a child has been subject while being educated and care for by the Service. The following must be included:
  - the name and age of the child, including date of birth
  - gender
  - the circumstances leading to the incident, injury or trauma
  - the time and date the incident occurred, the injury that was received or the child was subjected to the trauma.
- details of any illness, which becomes apparent while the child is being educated and cared for by the Service. The following must be included:
  - the name and age of the child
  - the relevant circumstances surrounding the child becoming ill and any apparent symptoms
  - temperature record and time temperature were taken
  - the time and date of the apparent onset of the illness.
  - date when child was last at the service.
- details of the action taken by the Service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the Service. The following must be included:
  - any medication administered, or first aid provided
  - any medical personnel contacted
  - details of any person who witnessed the incident, injury or trauma including signature of witness
  - the name of any person who the education and care service notified or attempted to notify of any incident, injury trauma or illness a child has suffered at the Service and the time and date of the notification and notification attempts.

- the name and signature of the person making an entry in the record and the time and date that the entry was made
- notifications to parent/guardian including attempted notifications
- signed and dated parent/guardian acknowledgement of record
- this record must be recorded as soon as is practicable, but not later than 24 hours after the incident, injury, trauma or onset of illness occurred
- the record must show that a serious incident is entered into the [NQA IT System](#)
- these records must be kept until the child is aged 25 years.

#### Records to be kept in relation to medication: (Reg: 92, 95)

- the name of the child
- the authorisation to administer medication (including self-administration is applicable) signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication
- the name of the medication to be administered
- the time and date the medication was last administered.
- the time and date or the circumstance under which the medication should be next administered
- the dosage of the medication to be administered
- the manner in which the medication is to be administered
- if the medication is administered to the child:
  - the dosage that was administered
  - the manner in which the medication was administered
  - the name and signature of the person who administered the medication
  - if another individual is required to check the dosage, the name and signature of that person.

#### Records to be kept in relation to children's attendance: (Reg: 158)

- the full name of each child attending the Service
- the date and time each child arrives and departs
- the signature of:
  - the person who delivers and collects the child when he or she arrives and departs or,
  - the Nominated Supervisor or educator.

### Records to be kept in relation to the Service's compliance with the law: (Reg: 167)

- details of any amendments of the Service Approval made by the Regulatory Authority including:
  - the reason stated by the Regulatory Authority for the amendment
  - the date on which the amendment took, or takes, effect
  - the date (if any) that the amendment ceases to have effect
  - details of any suspension of the service (other than a voluntary suspension) including:
    - the reason stated by the Regulatory Authority for the suspension
    - the date on which the suspension took, or takes, effect
    - the date that the suspension ends
- details of any compliance direction or compliance notice issued to the approved provider in respect of the service, including:
  - the reason stated by the Regulatory Authority for issuing the direction or notice.
  - the steps specified in the direction or notice
  - the date by which the steps specified must be taken
  - this information must not include any information that identifies any person other than the approved provider.
- the Approved Provider must ensure that the documents referred to above in relation to a child enrolled at the Service are made available to a parent of the child on request. Accordingly, if a parent's access to the kind of information referred to in this documentation is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent.
- the record of compliance referred to above must be available for access on request by any person.

### Storage of Records (Reg: 183, 184)

Records made by our Service will be stored in a safe and secure location for the relevant time periods as set out above and only made accessible to relevant individuals.

If the record relates to the death of a child while being educated and cared for by the Service or as a result of an incident while being educated and cared for by the Service, the records must be kept for 7 years after the death. In the case of any other record relating to a child enrolled at the education and care service, until 3 years after the last date on which the child was educated and cared for by the service. (see Appendix 2- ACEQCA image)

All records required to maintain approval as listed in *Child Care Providers Handbook*, must be kept for **seven years**. Written records include records that are made and stored electronically, as long as they are stored safely and any changes, apart from incidental changes related to their storage and display, are also recorded. (p. 79).

If a service is transferred under the law, documents relating to a child must not be transferred without the express consent of the child's parents.

### Confidentiality of Records (Reg: 182)

The Approved Provider will ensure that information kept in a record is not divulged or communicated through direct or indirect means to another person other than:

- the extent necessary for the education and care or medical treatment of the child to whom the information relates
- a parent of the child to whom the information relates, except in the case of information kept in a staff record
- the Regulatory Authority or an authorised officer
- as expressly authorised, permitted or required to be given by or under any Act or law
- with the written consent of the person who provided the information.

### Information to be displayed (Reg: 173)

Services must have the following displayed:

- in relation to the provider approval:
  - the name of the approved provider
  - the provider approval number
  - any conditions on the provider approval.
- In relation to the service approval:
  - the name of the education and care service
  - the service approval number
  - any conditions on the service approval.
- the name of each nominated supervisor
- in relation to the rating of the service:
  - the current rating levels for each quality area stated in the National Quality Standard, and
  - the overall rating of the service.

- in relation to any service waivers or temporary waivers held by the service, the details of the waivers including:
  - the elements of the NQS and the regulations that have been waived, and
  - the duration of the waiver, and
  - whether the waiver is a service waiver or a temporary waiver.

#### The Service must also display:

- the hours and days of operation of the education and care service
- the name and telephone number of the person at the education and care service to whom complaints may be addressed
- the name and position of the responsible person in charge of the service at any given time
- the name of the educational leader at the service
- the contact details of the Regulatory Authority
- if applicable, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service.
- if applicable, a notice stating that there has been an occurrence of an infectious disease at the premises.

#### Appendix 1: Family Assistance Law

Family Assistance Law is a broad term that encompasses the following legislation:

[\*A New Tax System \(Family Assistance\) Act 1999\*](#)

[\*A New Tax System \(Family Assistance\) \(Administration\) Act 1999\*](#)

[\*Child Care Subsidy Minister's Rules 2017\*](#) (Minister's Rules)

[\*Child Care Subsidy Secretary's Rules 2017\*](#) (Secretary's Rules)

Any other instruments (including regulations) made under the [\*A New Tax System \(Family Assistance\) Act 1999\*](#) and the [\*A New Tax System \(Family Assistance\) \(Administration\) Act 1999\*](#)

Schedules 5 and 6 to the [\*A New Tax System \(Family Assistance and Related Measures\) Act 2000\*](#).

## Appendix 2: ACECQA graphic image



[https://www.acecqa.gov.au/sites/default/files/acecqa/files/NQF/Record\\_keeping\\_A4.pdf](https://www.acecqa.gov.au/sites/default/files/acecqa/files/NQF/Record_keeping_A4.pdf)

### Source

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Education Skills and Employment Child Care Provider Handbook  
<https://www.education.gov.au/child-care-provider-handbook-0>

Australian Legal Information Institute: [www.austlii.edu.au](http://www.austlii.edu.au)

Australian Taxation Office: [www.ato.gov.au](http://www.ato.gov.au)

Community Early Learning Australia: [www.cela.org.au](http://www.cela.org.au)

Department of Community Services: [www.community.nsw.gov.au](http://www.community.nsw.gov.au)

Child Care Subsidy Secretary's Rules 2017.

Department of the Officer of the Privacy Commissioner: [www.privacy.gov.au](http://www.privacy.gov.au)

Early Childhood Australia: [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au)

*Education and Care Services National Law Act 2010*. (Amended 2018).

Education and Care National Regulations. (2011).

Karen Kearns. (2017). *The Business of Childcare* (4<sup>th</sup> Ed.).

NSW Office of the Children's Guardian: [www.kidsguardian.nsw.gov.au](http://www.kidsguardian.nsw.gov.au)

*Privacy Act 1988*.

Revised National Quality Standard. (2018).

## Review

Date Reviewed	Modifications	Next Policy Review Date
December 2016	New Format created and policy created	December 2017
October 2018	Updated references to comply with the revised National Quality Standard	October 2019
March 2020	Minor changes to spelling and grammar	March 2021
December 2020	edits related to access to early childhood teacher (Reg.152) additions in relation to enrolment records (Reg. 160) additional information related to police checks/ PRODA RA number evidence of prescribed insurance- public liability added	December 2021
July 2021	Added Education and Care Services National Regulations Added Related Legislation Added Related Policies	July 2022

## Unexpected Death of a Staff Member at the Service Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

#### 7.2 Leadership – Effective leadership builds and promotes a positive organisational culture and professional learning community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
85	Incident, injury, trauma and illness policies and procedures
168	Policies and procedures are required in relation to health and safety
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES	
Administration of First Aid Policy Incident, Injury, Trauma and Illness Policy	Medical Conditions Policy Unexpected Death of a Child at a Service Policy

The sudden and unexpected death of a staff member at a childcare service is a traumatic event and can have a profound impact on other staff, Educators, children and families. As a result of the suddenness of such an event, well-trained and experienced staff can experience strong emotions and traumatic stress responses. The role of our Service is to ensure our workplace promotes the health and wellbeing of all staff and provides a safe, healthy and supportive environment in which to work. Should a serious incident occur, our Service will ensure mandatory reporting requirements are followed and support is provided to assist all staff, children and families deal with distress, grief and bereavement.

Our Service will ensure that Management and educators follow the procedures and principles within this policy and that immediate and appropriate action is taken to notify relevant authorities in the event of the death of staff member whilst at the Service. There are a number of legal requirements to adhere to in the tragic event of the death of a staff member at a Service as outlined below.

#### Scope

This policy applies to children, families, staff, management, and visitors of the Service.

#### Incident Notification

Within this policy a notifiable incident relates to a fatality in the workplace due to:

- an injury sustained in the course of a work activity
- the result of someone else's work activity or
- natural cases such as heart attacks and strokes.

Under the Work Health and Safety Act (2011) legislation, all businesses are mandated to immediately notify *SafeWork* if a notifiable incident occurs. If the regulator stipulates, the incident site must be preserved until an inspector arrives or directs otherwise.

**Phone: 13 10 50**

### Notification of a serious incident

Although there is no specific requirement stipulated in the National Law and National Regulations for reporting a death of a staff member, the approved provider must notify the state regulatory body if any circumstance arises at the service that may pose a risk to the health, safety or wellbeing of a child or children attending the service [Section 174(2) (a) and Regulation 176 (2) (a)].

The unexpected death of a staff member could be viewed as a serious incident. Notification to the regulatory authorities must be made within 24 hours. This must be done by logging into the National Quality Agenda IT System (NQA IT System).

### Initial action and Implementation of policy

- Management and educators will ensure that immediate and appropriate action is taken in the event of the death of a staff member whilst at the Service by implementing the following procedures:
- call an Ambulance immediately on 000
- assess the situation as per First Aid procedures for any immediate danger to other staff and/or children
- management/Responsible person will call the emergency contact person of the staff member
- Notify Regulatory Authorities and Safe Work
- take care not to disturb the incident site until police or inspector from SafeWork arrives
- the Responsible person will complete in detail the Service's *Incident, injury, trauma and illness* record
- management/approved provider will contact the Service's insurance company
- the approved provider will log the incident on the NQA IT System, attaching incident form and evidence within 24 hours of the death.
- <https://www.acecqa.gov.au/resources/national-quality-agenda-it-system>

### The Nominated Supervisor, Responsible Person and educators will:

- transition children away from the area
- demonstrate sensitivity, open mindedness and a balanced approach to managing the incident
- recognise and support cultural needs of staff, children and families
- ensure all evidence is preserved
- maintain accurate and detailed record keeping
- contact their legal representative for support and direction
- establish protocols for staff and Educators to discuss the traumatic event
- advise staff of social media protocol for the event
- provide professional and sensitive communication with families of the Service
- engage the services of health care professionals (counselling and support for staff)
- cooperate on an ongoing basis with inter-agencies involved in the investigation
- provide support and comfort to the family of the colleague (phone calls, reassurance, legal advice, workers compensation information etc.)

### Caring for the wellbeing of educators, children, and families:

Our Service will support staff members who may be deeply affected by the loss of a colleague by the following actions:

- provide grief counselling as soon as possible
- foster a culture of compassion, understanding and respect
- be present as a team to support one another on a day-to-day basis
- provide opportunities for staff to grieve privately (flexible rostering where possible)
- contact other childcare services or providers in your network/community to assist with emergency support if needed (providing the opportunity for colleagues to attend the funeral if appropriate)
- closely monitor staff for ongoing suffering and offer immediate support
- discuss employee leave entitlements (sick, FACS, long service, unpaid)
- promote self-care for all staff in the workplace.

Our Service will be sensitive and mindful of the impact of such an event has on all stakeholders and engage professional health professionals to provide information, guidance and support for staff, educators, children, and families.

### Educators will support children's understanding of grief and loss by:

- answering questions simply and honestly
- allowing children to express their emotions and feelings
- provide appropriate comfort
- implement a range of learning experiences to express their thoughts- drawing, movement, play
- create a safe space for time alone when needed

### Support Services

Our Service will seek advice and support from health professionals to provide appropriate information and resources to send home to families to assist in experiencing grief and the effects of trauma on children.

beyou	1300 224 636	<a href="http://www.beyou.edu.au">www.beyou.edu.au</a>
Beyond Blue	1300 224 636	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
Headspace	1800 650 890	<a href="http://www.headspace.org.au">www.headspace.org.au</a>
Lifeline	13 11 14	<a href="http://www.lifeline.org.au">www.lifeline.org.au</a>
Kid's Help Line	1800 551 800	<a href="https://kidshelpline.com.au">https://kidshelpline.com.au</a>
The Compassionate Friends of Victoria	1300 064 068	<a href="http://www.compassionatefriendsvictoria.org.au">www.compassionatefriendsvictoria.org.au</a>

## Source

- Australian Centre for Grief and Bereavement: <http://www.grief.org.au>
- Australian Child & Adolescent Trauma, Loss & Grief Network: [http://earlytraumagrief.anu.edu.au/files/ACATLGN\\_grief\\_and\\_loss.pdf](http://earlytraumagrief.anu.edu.au/files/ACATLGN_grief_and_loss.pdf)
- Education and Care National Regulations. (2011).
- Guide to the National Quality Standard. (2017).
- *Occupational Health and Safety Act 2004*.
- Safe Work Australia: [www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au)
- *Work Health and Safety Act 2011*.

Date Reviewed	Modifications	Next Review Date
May 2020	Policy Created	May 2021
July 2021	Added Education and Care Services National Regulations Added Related Policies	July 2022

## Withdrawal of a Child Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1 Governance - Governance supports the operation of a quality service
  - 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
  - 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
  - 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
160	Child enrolment records to be kept by approved provider and family day care educator
168	Education and care services must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

RELATED LEGISLATION	
Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	See all related legislation for Child Care Provider Handbook in Appendix 1 <a href="https://www.education.gov.au/child-care-provider-handbook-0">https://www.education.gov.au/child-care-provider-handbook-0</a>

RELATED POLICIES	
Acceptance and Refusal Policy	Orientation of Families Policy
Enrolment Policy	Termination of Enrolment Policy

To enable our Service to meet legal requirements, fill positions and maintain financial viability, families are required to provide notice when withdrawing their child from the Service.

### Purpose

We aim to ensure families gain a clear understanding of the Service requirements when withdrawing their child.

### Scope

This policy applies to families and management of the Service.

### Implementation

Families are to be made aware during the enrolment and orientation process about the Service requirements should they wish to withdraw their child from the Service.

### Withdrawing from the Service

- Families are required to provide management with two weeks written notice when withdrawing their child from the Service.
- The letter must state:
  - the date they are writing the withdrawal notice
  - the child's last day of attendance.
- Written withdrawal notification can be emailed or handed to management.
- This letter will be placed into the child's file and archived once they have left the Service.
- All records related to a child's enrolment must be kept securely until the end of 3 years after the last day of the child's attendance.
- Management will add an end date into the Service software program to ensure compliance with the Family Assistance Office and Centrelink.
- Fees will be charged up to the end of the two weeks from the date at which notice was received in writing, whether or not the child has attended the Service during those two weeks.
- A final account is to be processed by administration and noted on the withdrawal form. The final account is to be issued immediately to the family advising of the balance (payment is due or no payment due as applicable).
- A copy of the final account and withdrawal form is to be kept in child's file.
- Families must ensure the account is paid prior to final attendance.
- If payment has not been received, the debt recovery process is to start immediately.
- If the child does not attend during their two weeks of notice, Child Care Subsidy (CCS) will not be paid after their last day of attendance (including if the child does not attend on their last day) and full fees will be applicable (This is a policy of the Family Assistance Office in relation to Child Care Subsidy).
- At the end of the placement and if all criteria regarding fees and notice of withdrawal have been met, then the initial Bond payment made on enrolment will be refunded to the family within two weeks of the child's last day.

If at any time during the child's enrolment it is felt that it is necessary to discuss the viability of the placement due to a concern regarding the duty of care to the child or other children in our care, the Service will immediately contact the Parent/Authorised Person/s to discuss all options. This may include the termination of the child's position (*See Termination of Enrolment Policy*).

#### 14 Week Rule (CCS)

An enrolment will end for Child Care Subsidy purposes if a child does not attend a session of care at our Service for 14 continuous weeks.

This ensures that enrolments at our Service our current and do not remain open indefinitely in the Child Care Subsidy system.

## Updating and ending arrangements and enrolments

When the arrangement for care ends, the approved provider must update an enrolment notice in the Child Care Subsidy System within seven days of the change or event which caused the change to the arrangement.

### Source

- The Business of Childcare, Karen Kearns 2010
- Education and Care Services National Regulation 2015
- National Quality Standards
- Family Assistance Office
- Code of Ethics

### Review

Date Reviewed	Modifications	Next Policy Review Date
December 2016	New Format created and policy created	December 2017
August 2017	Minor changes made to policy	August 2018
October 2018	Updated references to comply with the revised National Quality Standard	October 2019
February 2020	Minor changes to spelling	February 2021
November 2020	minor additions to policy re: 14-week rule policy reviewed and sources checked for currency	November 2021
July 2021	Added Education and Care Services National Regulations Added Related Legislation Added Related Policies	July 2022

## Writing, Reviewing & Maintaining Policies Policy

### NATIONAL QUALITY STANDARD (NQS)

#### Quality Area 7: Governance and Leadership

- 7.1 Governance - Governance supports the operation of a quality service
  - 7.1.1 Service philosophy and purposes - A statement of philosophy guides all aspects of the service's operations
  - 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
  - 7.1.3 Roles and Responsibilities - Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service
- 7.2 Leadership - Effective leadership builds and promotes a positive organisational culture and professional learning community
  - 7.2.1 Continuous improvement - There is an effective self-assessment and quality improvement process in place
  - 7.2.2 Educational leadership - The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
  - 7.2.3 Development of professionals - Educators, co-ordinations and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
31	Conditions on service approval
55-56	Quality Improvement Plan
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

While it is important to have policies and procedures in an early childhood education and care service, it is equally important that the policies are regularly reviewed, and amendments made to cater for changes in legislation and researched best practice, and changes to service procedures that aim to support ongoing quality improvement.

Engagement in regular review of policies and procedures ensure that they align with quality practice within the Service and are responsive to feedback identified through the service's risk management and quality improvement systems. Guide to National Quality Framework, 2017 (amended 2020)

### Purpose

To ensure compliance with the National Quality Framework, our Service will review our policies and procedures on an annual basis, or more frequently if required due to changes having occurred within the

Service, or if considered best practice in respect of current research. We aim to work in collaboration with our educators and families, gathering feedback when updating our policies and procedures to ensure that the needs of children being educated and cared for are always being met.

### Scope

This policy applies to staff, management and families of the Service.

### Implementation

Policies and procedures are an integral part of the documentation required to meet legislative requirements for all early childhood education and care services. Policies and procedures clearly outline the processes all staff employed by a service will follow and assist all staff to understand their roles and responsibilities. They ensure a consistent approach and embedded practice across all operations and practices of a service and help to inform families how the service operates.

### Management will ensure:

- our policies and procedures are underpinned by the *Early Years Learning Framework* and ECA Code of Ethics and address the Education and Care Services National Law and National Regulations, National Quality Standard and other state/territory laws as applicable.
- all policies and procedures will be made available for families and educators to view at all times.
- all policies developed will be made in consultation with management, staff and families of children attending the Service
- our educators and staff will ensure that all policies and procedures are reviewed as per the document review routine, or more often if required (e.g. due to changes in regulations, legislation, and/or Service practices). This gives both families and educators opportunities to suggest aspects or areas that may need to be modified or improved.
- each document has a recommended review date stated in the 'Review' section of the policy document and changes are clearly made through version control.
- educators, staff, and family members are invited to have input into the policies and procedures at any time of the year, not only at the scheduled review time for a particular policy.
- policies include clear, simple statements and are presented in a logical format.
- procedures include detailed descriptions of how each policy will be implemented within the service and provide step-by-step instructions to ensure each staff member or any other person can follow in a particular circumstance.

- all policies will be signed, sourced/referenced, and dated at each review and educators and other staff will continuously seek out relevant new information and research to be included in policies in order to provide the best possible environment and practices.
- policies will be informed by relevant authorities to ensure best practice- eg: KidSafe, Cancer Council, Red Nose
- all stakeholders at the Service must be informed of any changes to policies. This will occur in writing and be provided to families, educators, other staff, management, the committee, and any other applicable individuals.
- families will be invited to join our Family Committee.
- families not involved in the Family Committee will have the opportunity to revise and help plan policies via Newsletters and specific letters to families discussing the policy or a draft of the proposed policy and given the opportunity to respond.
- all policies that are being either reviewed or developed will be displayed on the Service's noticeboard, so that all stakeholders are aware of progress at all times and can be involved in the review.

#### The procedure to reviewing a policy:

- Attention to a policy has been raised either by routine reflection, incident, feedback or the 'continuous improvement' process.
- All major stakeholders are invited to review the policy and suggest amendments (this can be done via committee Facebook page (closed group), email, newsletters, display in Service)
- A time frame of 2 weeks is given to gather all suggestions and create a draft policy
- The draft policy is made available to all major stakeholders, again via committee Facebook page, email, newsletters, display in Service
- A time frame of 7 days to respond is given. If there are no strong objections to the policy draft, the draft is reposted as the Service's Policy.
  - The Service encourages an organic approach to policies. While it is the Service's undertaking that all policies will be revised annually, the Service will revise and if necessary, amend policies based on the needs of the Service, particularly if there is an incident, regulation change or feedback received.
  - All policies will be sourced, if possible, and dated.

#### In accordance with the regulations.

Services must have policies and procedures in place relating to the categories listed in Regulation 168 of the National Regulations.

Services may have additional policies and procedures dependent upon their unique situation and operation requirements.

The Service must ensure that parents of children enrolled at the Service are notified at least 14 days before making any change to a policy or procedure that may have a significant impact on:

- the Service's provision of education and care to any child enrolled at the service; or
- the family's ability to utilise the Service.

The Service must ensure that parents of children enrolled at the Service are notified at least 14 days before making any change that will affect the fees charged or the way in which fees are collected.

If the Service considers that the notice period would pose a risk to the safety, health or wellbeing of any child enrolled at the Service, the approved provider must ensure that parents of children enrolled at the Service are notified as soon as practicable after making a change.

The Service must ensure that copies of the current policies and procedures are available for inspection at the Service upon request.

#### Source

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation

#### Review

Date Reviewed	Modifications	Next Policy Review Date
October 2018	Reviewed and created new policy and format. Updated references to comply with the revised National Quality Standard	October 2019
February 2020	Minor spelling and grammar changes	February 2021
December 2020	additional information added to implementation and responsibilities of management. small edits throughout policy page numbers added	December 2021
July 2021	Added Education and Care Services National Regulations	July 2022