

PINK LOTUS FAMILY DAY CARE SCHEME

POLICIES AND PROCEDURES



pink lotus scheme
SINCE 2014

Update record

- 4th Oct 2018: Rewrite the content based on the new NQS

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Quality Area 1.

Policy 1.01 EDUCATIONAL PROGRAM POLICY

Research accentuates that quality programs significantly influences 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.

NATIONAL QUALITY STANDARDS (NQS)

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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
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
168	Education and care service must have policies and procedures
254	Declared approved learning frameworks

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, educators, and management of the Service.

IMPLEMENTATION

Under the National Law and National Regulations, approved family day care 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.

There are two nationally approved learning frameworks in Victoria which outline practices that support and promote children’s learning:

BELONGING, BEING AND BECOMING: THE EARLY YEARS LEARNING FRAMEWORK FOR AUSTRALIA (‘EARLY YEARS LEARNING FRAMEWORK (EYLF)’)
MY TIME, OUR PLACE: FRAMEWORK FOR SCHOOL AGE CARE IN AUSTRALIA (‘FRAMEWORK FOR SCHOOL AGE CARE’).

There are also an approved learning framework specific to Victoria: the Victorian Early Years Learning and Development Framework

OUR SERVICE IS COMMITTED TO THE EYLF, FSAC, and the VICTORIA EARLY YEARS LEARNING FRAMEWORK (VEYLF)

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.

VICTORIAN 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, Portfolio and Observations of each child's strengths and development.
- The curriculum will be evaluated and reflected upon continuously by educators

MANAGEMENT WILL ENSURE:

- Ensure that a suitable program based on an approved learning framework is delivered to all children
- Ensure all Educators work with the management 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 planning/program is available at all times at the family day care residence or venue

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
- Sharing with families the children's learning progress
- 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 exams 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

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.
 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

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 1.02 ADDITIONAL NEED POLICY

Including children with additional needs requires Educators to extend upon the strategies they already use in providing quality care for children. It is imperative for Educators to develop a comprehensive understanding of each child’s interests and abilities and implement a program and environment that is receptive to their needs and inclusivity.

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.
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 environments.
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 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.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the 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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VIC	
155	Interactions with children
156	Relationships in groups
157	Access for parents

PURPOSE

To be responsible for each child, irrespective of their additional needs and abilities. We aim to provide 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 have the opportunity to grow and develop to their individual potential.

SCOPE

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

In accordance with The National Quality Standard, our Service positively responds to and welcomes children with additional needs who -

- Are Aboriginal or Torres Strait Islanders
- Are recent arrivals in Australia
- Have a culturally and linguistically diverse background
- Are experiencing difficult family circumstances or stress
- Are at risk of abuse or neglect
- Are experiencing language and communication difficulties
- Have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder
- Have a medical or health condition
- Demonstrate challenging behaviours and behavioural or psychological disorders
- Have developmental delays
- Have learning difficulties
- Are gifted or have special talents

We understand that additional needs may be temporary or permanent and ascend from diverse origins, which require different responses. Supporting children with additional needs enables them to participate and feel included; this also helps promote their strengths and may reduce their risk of developing mental health difficulties. Strategies for supporting children with additional needs can diverge significantly, because every child is unique.

IMPLEMENTATION

MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- 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.
- The program and curriculum is inclusive and meets the individual needs of children with additional needs.
- The Service/Educator works with external professionals and families to certify the educational program and learning environment is most suited to each child with additional needs, including children and families from culturally diverse backgrounds. We will keep a copy of any specific plans or instructions provided by external resource providers and professionals for children with additional needs.
- Children's sensory sensitivities to pressure, texture, smell, noise or visual expectation of the environment or colour is considered within the environment.
- 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.
- Encourage families to establish a relationship with the Educator who will be working with the child to converse and comprehend the child's needs and to certify the suitable resources and support provided to both the family and the child.

- Support Educators through professional development and networking with professional agencies to certify Educators are meeting the needs of each individual child
- Seek assistance, training and where possible, financial funding from inclusive support agencies to promote the development of skills in children with identified additional needs.
- Ensure privacy and confidentiality for children and families is maintained

EDUCATORS WILL:

- Treat children equally and fairly regardless of perceived dissimilarities.
- Create an inclusive program, which is adaptable and supportive of all children.
- 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, encouraging children to explore and participate.
- Listen to children's concerns and discuss diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour.
- Work with other professionals who play a role in supporting the child's development.
- Seek specific professional intervention and training in order to meet the individual child's needs
- Develop a Support Plan (SP) for each child that will be kept on file at the Service and shared with families, the child's medical practitioners and/or professional support services.
- 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.
- Work with families to meet children's developmental needs, building strengths and capabilities.
- Work collaboratively with health professionals and families together to discuss and plans to support children.
- Talk to children about differences and acceptance.
- Providing opportunities for all children to play and learn together, promoting cooperative, caring and pro social behaviours.

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.
<https://www.kidsmatter.edu.au/early-childhood/about-mental-health/about-mental-health-and-wellbeing-children-additional-needs>
 Early Years Learning Framework
 National Quality Standards
 Putting Children First, Newsletter of the National Childcare Accreditation Council (NCAC)
 Issue 23 September 2007
 Children's Services Central – Early Identification of Children with Additional Needs
 Revised National Quality Standard

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
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MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations
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ADDITIONAL NEEDS PROCEDURE

Children with additional needs require support by using specialised strategies catering for their specific needs or circumstances. When planning for children with additional needs Educators are required to focus on their abilities and interests. It is essential that the program is flexible and allows children to engage in ways that are meaningful for them. Our Service wants children to develop to the best of their personal ability. We aim to promote and encourage this by:

1. Gathering information provided by families and other professionals who are working with the child, including psychologists, early intervention specialists, social workers and speech or occupational therapists.
2. Meeting with families to gain information about the strategies that support their child's learning in the home environment.
3. Conducting specific observations on the individual child, which outlines their interests, strengths and needs
4. Acquainting Educators with, and share knowledge about, the specific communication needs of each child. This will include verbal and non-verbal communication skills and cues. This may include a communication book, verbal daily information exchange, formal and informal meetings etc. Where applicable, this may include things such as sign language and or learning key words in the child's home language.
5. Developing a Support Plan (SP) with families and support agencies, which is a live document and continuously evaluated by all parties involved.
6. Accessing external professional support services for children with additional needs.
7. Networking with the Nominated Supervisor to ensure the needs of each child are met throughout their education and care at the service.
8. Attending professional development workshops to enhance their understanding about the additional needs and how to meet the child's needs.
9. Encouraging families to update the Service with information throughout the year, promoting the continuity of learning for each child.
10. Working with local schools to help children with additional needs transition. We are open to sharing information about the additional needs of children to promote continuity of learning.
11. Remaining positive, unbiased and authentic at all times.

Policy 1.03 MULTI-CULTURAL 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.

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.
1.1.2	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 environments.
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 PARTNERSHIP WITH FAMILIES		
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 the 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
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EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

Children (Education and Care Services) National Law VICTORIA	
155	Interactions with children
156	Relationships in groups

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. Recognizing, 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 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.
- **The Service creates and maintains links with local cultural diverse communities**
- **A sense of inclusion for all families will be embraced within the Service.**
- 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**
- **Educators attend professional learning opportunities to develop a better understanding of cultural diversity.**
- **To acknowledge the unique cultural and social perspectives of each family**
- 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
- Positive attitudes towards differences in appearance, culture and lifestyle
- Adherence 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 on the basis of 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
- Develop 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
National Quality Standard
The Anti-Bias approach in Early Childhood, Second Edition, Elizabeth Dau 2001
Early Childhood Australia
Lady Gowrie VICTORIA
Revised National Quality Standard
ACECQA Website

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

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, respecting 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:

1. Gathering background information during children’s enrolment and orientation, giving insight into the child and family’s beliefs, values and traditions.

2. Using information resources (internet, books etc) to research cultures and traditions.
3. Making connections with local cultural groups/organisations
4. Pronouncing and spelling children's names correctly
5. Finding out which festivals are important to children and families
6. Using resources from the children and families
7. Inviting families to volunteer their time to extend multicultural learning of children and Educators
8. Advocating and supporting the maintenance of the family's home language in conjunction with their wishes
9. Providing children with the opportunity to explore the multi-cultural resources at their leisure.
Building on the children's knowledge through open discussions.

Additional Resources for Educators and families

Lady Gowrie Resource Centre, Migrant and Ethnic Link Services (1800 648 598) which provide translation services and resources (Interpreter Service 131450).

For assistance with multicultural matters the Department of Immigration and Multicultural Affairs can be contacted on 131 881 or www.immi.gov.au

Exploring Multiculturalism, Anti-Bias and Social Justice in Children's Services by Miriam Giugni

Raising Children Website - <http://raisingchildren.net.au/articles/multicultural.html>

Quality Area II.

Policy 2.01 ACCEPTANCE AND REFUSAL AUTHORISATION POLICY

Under the National Law and Regulations, Family Day Care Services are required to obtain written authorisation from parents/guardians, and authorised nominees in some circumstances, to ensure that the health, safety, wellbeing and best interests of the child are met.

NATIONAL QUALITY STANDARD (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	Incidents 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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
92	Medication record
93	Administration of medication
99	Children leaving the education and care service
102	Authorisation for excursions
160	Child enrolment records to be kept by approved provider
161	Authorisation to be kept in enrolment record
168	Education and Care Services must have policies and procedures

PURPOSE

The Family Day Care Service aims to ensure that all educators are consistent in how authorisations are managed and what constitutes a correct authorisation and what does not, which consequently may lead to a refusal.

SCOPE

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

IMPLEMENTATION

The Family Day Care Service will ensure compliance with the current Education and Care Services National Regulations, which require parent or guardian authorisation to be provided in matters, which include:

- **Administration of medication to children**
- **Administration of medical treatment, dental treatment, general first aid products and ambulance transportation.**
- **Excursions including regular outings.**
- **Incursions.**
- **Taking of photographs by people who aren't Educators**
- **Water based activities**
- **Enrolment of children including naming of authorised nominees and persons authorised to consent to medical treatment or trips outside the Service premises**
- **Children leaving the premises in the care of someone other than a parent**

Management WILL ENSURE

- That the Family Day Care Service has an acceptance and refusal authorisation policy in place, which is to be adhered to and maintained by educators at all times.
- Parent/guardians are provided with a copy of relevant Service policies
- That Educators adhere to the policies and procedures of the Service
- That all parents/guardians have completed the authorised person's section of their child's enrolment form (refer to Enrolment and Orientation Policy), and that the form is signed and dated before the child is enrolled at the Service.
- That permission forms for excursions are provided to the parent/guardian or authorised person prior to the excursion (refer to Excursion Policy).
- Attendance records are maintained to account for all children attending the Family Day Care Service.
- A written record of all visitors to the Service, including time of arrival and departure and reasons for visit is documents
- Where a child requires medication (excluding paracetamol), to be administered by an Educator that this is authorised in writing, signed and dated by the parent/guardian or authorised person and included with the child's record. (Refer to Administration of Medication Policy)
- Educators do not administer medication without the authorisation of parent/guardian or authorised person, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma and Anaphylaxis Policy).

- Educators allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised person.
- Educators allow a child to depart from the Service only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (Refer to Delivery and Collection of Children Policy and Child Safe Environment Policy).
- There are procedures in place if an inappropriate person attempts to collect the child from the Service (refer to Delivery and Collection of Children Policy)

Educators will:

- Ensure documentation relating to authorisations contains:
 - The name of the child enrolled in the Service;
 - Date;
 - Signature of the child's parent/guardian and nominated contact person who is
 - on the enrolment form;
- Keep all authorisations relating to children in their enrolment record.
- Exercise the right to refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the Service, it is best practice to document:
 - The details of the authorisation
 - Why the authorisation was refused
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. In accordance with National Regulations and Standards, the Service can administer medication without authorisation. In these cases, Educators will need to contact the parent/guardian as soon as practicable after the medication has been administered.
- Follow the policy and procedures of the Service
- 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, Asthma and anaphylaxis Policy).
- Ensure a child only departs from the Service with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (refer to Delivery and Collection of Children 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 person
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in the Service policies.
- Allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised person.

Families will:

- Read and comply with the policies and procedures of the Service
- Complete and sign the authorised person section of their child's enrolment form before their child commences at 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 where children require medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records.

AUTHORISATION REQUIREMENTS:

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

<p>Administration of medication</p>	<p>The name of the child The authorisation to administer medication, 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 is to be administered The dosage of the medication to be administered Whether the medication is to be self-administered, such as Ventolin or Insulin The reason for the medication The period of authorisation from and to The date the authorisation is signed From its original container before the expiry or use-by date In accordance with any instructions attached to the medication or provided by a registered medical practitioner Have a second person checking the dosage of the medication and witnessing its administration Educator administering medication and witness must write their full name and sign the medication record Details of the administration must be recorded in the medication record.</p>
<p>Medical treatment of the child including transportation by an ambulance service (Included and authorised initially as part of the child's enrolment record):</p>	<p>The name of the child Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service Authorisation for the transportation of the child by an ambulance service The name, address and telephone number of the child's registered medical practitioner or medical service and if available the child's Medicare number The name of the parent or guardian providing authorisation The relationship to the child The signature of the person providing authorisation and date</p>
<p>Emergency Medical Treatment (included and authorised initially as part of the child's enrolment</p>	<p>The Service is able to seek emergency medical assistance for a child as required without seeking further authorisation from a parent or guardian in the case of an emergency (i.e. medical practitioner, ambulance or hospital) including for those emergencies relating to asthma and anaphylaxis.</p>

record or as updates during enrolment):	
Collection of children (Included and authorised initially as part of the child's enrolment record or as updated during enrolment):	<p>The name of the child</p> <p>The name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation</p> <p>The 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</p> <p>The relationship to the child of the persons authorised to collect the child from the premises</p> <p>The signature of the person providing authorisation and date</p> <p>Identification corresponding to the child's enrolment form of authorised person</p>
Excursions (Including regular outings)	<p>If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period, otherwise;</p> <p>The name of the child</p> <p>The date of the excursion (if not for a regular outing)</p> <p>The reason for the excursion</p> <p>The proposed destination for the excursion</p> <p>The method of transport to be used</p> <p>The route to be taken to the excursion and returned</p> <p>The activities to be undertaken by the child during the excursion</p> <p>The period the child will be away from the premises</p> <p>The anticipated number of children likely to be attending the excursion</p> <p>The ratio of Educators attending the excursion to the number of children attending the excursion</p> <p>The number of staff members and any other adults who will accompany and supervise the children on the excursion</p> <p>That a risk assessment has been prepared and is available at the service</p> <p>That a risk management plan has been prepared and is available</p> <p>The name of the parent or guardian providing authorisation</p> <p>The relationship to the child</p> <p>The signature of the person providing authorisation and date</p> <p>Any water hazards and risks associated with water based activities</p> <p>The items that should be taken on the excursion.</p>
Confirmation of Authorisation	<p>All authorisation forms received (other than the initial enrolment form) from parents or guardians are to be checked for completion and checked that the authoriser (name and signature) is the nominated parent or guardian on the enrolment form</p> <p>If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction</p> <p>Unless confirmation has been proven, the activity will be suspended for the child's participation until the form has been completed and authorised correctly</p>

SOURCE:

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Guide to the National Quality Standard
ECA Code Of Ethics - Early Childhood Australia". Early Childhood Australia. N.p., 2017. Web. 3 January 2017.Guide to the National Quality Standard.
Australian Children's Education and Care Quality Authority. (n.d.). Retrieved January 03, 2017, from <http://www.acecqa.gov.au/>

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.02 ARRIVAL AND DEPARTURE 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
2.2	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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
99	Delivery and collection of children

PURPOSE

The Family Day Care Service aims to ensure the protection and safety of children accessing the Service.

Educators will only release children to an authorised person verified on the individual child's enrolment form. The daily sign in and out register will be used to determine who is present at the Service in case of emergencies.

SCOPE

This policy applies to children, families, Educators, 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.

ARRIVALS:

- In order for children to feel secure and safe, it is important **that children and families are greeted upon arrival** by educator 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 and parent signature. Parent's also needed to advise us who will be collecting the child/children.
- All children need to be signed in. This will include the time and parent signature. Parent's also needed to advise us 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 Educator to sign the child in and out and then seeking confirmation from parents with their signatures.
- Sign in sheets are to be used in the case of an emergency to account for all children.
- 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.
- 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. 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, both verbally and on the sign in/out sheet. 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 the 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 the Educator will sign them out.
- 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 the end of the booking time.
- 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 absolutely necessary.

- The Approved Provider will ensure that the emergency nominee pick-up list for each child is kept up to date.
- 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 all beds and 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 are not left alone with children at any time.

LATE COLLECTION OF CHILDREN:

- 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 the end of the booking time, you will be contacted. If we are unable to contact you and your child has not been collected, we will call emergency 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 neither you nor any of your emergency contacts are available or contactable, we may need to take your child to the police station for you to collect.

SOURCE:

Australian Children's Education and Care Quality Authority. (n.d.). Retrieved September 03, 2016, from <http://www.acecqa.gov.au/> Requirements for Family Day Care Educators from 1 October 2017

<http://files.acecqa.gov.au/files/NQF/RequirementsFDC.pdf>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
Sydney: Australian Children's Education & Care Quality Authority.
Guide to the National Quality Standard.
ECA Code Of Ethics - Early Childhood Australia". *Early Childhood Australia.*
N.p., 2017. Web. 3 January 2017.

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.03 CHILD SAFE ENVIRONMENT POLICY

The Family Day Care Service is committed to the safety, wellbeing and support of all children and young people within our centre. Management, Educators and volunteers will treat all children with the utmost respect and understanding. Our service believes that:

Children are capable of the same range of emotions as adults.

Children's emotions are real and need to be accepted by adults.

A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour.

Children who preserve, enhance and better understand their body's response to an emotion are more able to predict the outcome from a situation and evade them or ask for help.

National Quality Standard (NQS)

Quality Area 2: Children's Health and 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 and respond to every child at risk of abuse or neglect

Education and Care Services National Regulations

Children (Education and Care Services) National Law Victoria	
84	Awareness of child protection law
273	Course in child protection

Other Relevant Laws

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

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 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 perform proficiently and act in the best interest of the child, assisting them to develop to their full potential in a secure and caring environment by:

- Promoting the safety of children
- Preventing child abuse
- Ensuring effective processes are in place to respond to and report allegations of child abuse
- Creating and maintaining a child safe environment under the National Quality Standard

SCOPE

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

IMPLEMENTATION

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to keep up to date, by completing Child Protection Awareness Training annually, ensuring they keep up to date with their current responsibilities as Mandatory Reporters.

NOTE: The reporter is not required to prove that abuse has occurred.

Management/Nominated Supervisor will ensure:

- Ensure all educators and staffs have successfully completed a course in child protection approved by the Regulatory Authority.

- All educators and volunteers are:
 - Clear about their roles and responsibilities regarding child protection.
 - Aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the appropriate authority.
 - Aware of the indicators showing a child may be at risk of harm or significant risk of harm.
- To provide training and development for all educators, staff and volunteers in child protection
- To provide educators with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
- To validate a Working with Children Check for all educators, staff and volunteers unless the person meets the criteria for exemption from a WWCC. See exemption information at <http://www.workingwithchildren.vic.gov.au/home/about+the+check/who+needs+a+check/exemptions/>
- To provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.
- Records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy.
- To notify the Child Protection Services within 30 days of becoming aware of any allegations and convictions for abuse or neglect of a child made against an employee or volunteer and ensure they are investigated and appropriate action taken.
- To notify Child Protection Services of details of employees against whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.
- To notify the regulatory authority as soon as practicable of any incident where you reasonably believe 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 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.

Accusations against Educators

Accusations of abuse or suspected abuse against educators, staff members, and volunteers, the Nominated Supervisor or Approved Provider are treated in the same way as allegations against other people. Reports will be made to the Child Protection Helpline where a child is at risk of significant abuse by a person at the Service. If the Supervisor is involved in the abuse then the Approved Provider or most senior educator will assist in notifying the Child Protection Helpline. Where the offence requires immediate police action, the police will be called on 000.

Educators will:

- Be able to recognise indicators of abuse
- Respect what a child discloses, taking it seriously and follow up their concerns.
- Allow children to be part of decision-making processes where appropriate.
- Comprehend they are mandatory reporters under the legislation and report any situation where they believe on reasonable grounds a child is at risk of significant harm to the Police on 000, Child Protection Crisis Line on 132 278, and/or local Child Protection office (see end of policy for contact details) as appropriate
- Be able to contact Child FIRST, which also help mandatory reporters identify the level of risk to a child and whether to report the risk to the Child Protection Service.

- Contact the police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so.
- 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.
- Promote the welfare, safety and wellbeing of children at the Service.
- Prepare precise records recording exactly what happened, conversations that took place and what you observed to contribute to the investigations of abuse or suspected abuse by the Child Protection Crisis Line, local Child Protection office, or dealings with referral agencies.
- Understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people

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 his or her own observations 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 investigation.
- Document as soon as possible so the details are accurately apprehended including:
 - Time, date and place of the suspicion
 - Full details of the suspected abuse
 - Date of report and signature

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 find a private place to talk
- Reassure the child or young person it is right to tell
- Let the child or young person take his or her time.
- Let the child or young person use his or her own words.
- 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.
- Not promise to keep a secret
- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe
- 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
- 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 said and any actions that have been taken
- Date of report
- Signature.
- Do not confront the perpetrator.

Confidentiality

It is important that any notification 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 complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

Protection for reporters

Reports made to Child Protection Services are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. Under the *Children Youth and Families Act 2005* (s. 189), if the report is made in good faith:

- It does not constitute unprofessional conduct or a breach of professional ethics,
- The reporter cannot be held legally liable
- It does not constitute a breach of s. 141 of the *Health Services Act 1988*, or s. 346 of the *Mental Health Act 2014*.
- The reporter is not liable for the eventual outcome of any investigation.

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

Confidentiality for reporters

Under ss. 190 and 191 of the CYFA confidentiality is provided for reporters, and prevents the name or any information likely to lead to the identification of the reporter to be disclosed unless in very specific circumstances.

The identity of the reporter must remain confidential unless;

- The reporter chooses to inform the child or family of the report
- The reporter consents in writing to their identity as the reporter being disclosed
- A court or tribunal decides it need this information in order to ensure the safety and wellbeing of the child
- A court or tribunal decides that in the interests of justice the evidence needs to be given.

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
- Acts or fails to act in a way that causes harm to someone the person owes a duty of care.

MANAGING 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 will be advised of the process
- Giving the educator the opportunity to provide their version of events
- Documenting the details of the breach, including the versions of all parties and the outcome will be recorded
- Ensuring the matters in relation to the breach are kept confidential
- Approaching an appropriate outcome which will be decided based on evidence and discussion

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
- Facilitating 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.

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 signs that they do not feel safe and need to be attentive and think clearly.
- That there is no secret or story that is too horrific, that they can't share 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.

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
North Division Banyule, Buloke, Darebin, Campaspe, Central Goldfield, Gannawarra, Greater Bendigo, Hume, Loddon, Macedon Ranges, Mildura, Moreland, Mount Alexander, Nillumbik, Swan Hill, Whittlesea, Yarra.	1300 664 977
South Division Bass Coast, Baw Baw, Bayside, Cardinia, Casey, East Gippsland, Frankston, Glen Eira, Greater Dandenong, Kingston, Latrobe, Mornington Peninsula, Port Phillip, South Gippsland, Stonnington, Wellington.	1300 655 795
East Division Alpine, Benalla, Boroondara, Greater Shepparton, Indigo, Knox, Manningham, Mansfield, Maroondah, Mitchell, Moira, Monash, Murrindindi, Strathbogie, Towong, Wangaratta, Whitehorse, Wodonga, Yarra Ranges.	1300 360 391
West Division - Rural and regional only Ararat, Ballarat, Colac-Otway, Corangamite, Glenelg, Golden Plains, Greater Geelong, Hepburn, Hindmarsh, Horsham, Moorabool, Moyne, Northern Grampians, Pyrenees, Queenscliffe, Southern Grampians, Surf Coast, Warrnambool West Wimmera, Yarriambiack.	1800 075 599
West Division – Metropolitan only Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley, Wyndham.	1300 664 977

WHAT IS 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

In Victoria abuse is classified into seven types:

1. Physical abuse

2. Sexual abuse
3. Grooming
4. Emotional or psychological harm
5. Neglect
6. Family violence
7. Children exhibiting inappropriate sexual behaviour.

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 and neglect 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 refers to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

- First hand observation of the child or family
- What the child, parent or other person has disclosed
- What can reasonably be indirect based on observation, professional training and/ or experience that causes the mandated reported to believe the child has been abused or is likely to be abused
- 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.

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).

MANDATORY REPORTERS

Mandatory reporters are people who deliver the following services, wholly or partly, to children as part of their paid or professional work. Under the CYFA mandated reporters include:

- Doctors
- Nurses
- Teachers (including early childhood teachers)
- School principals
- Police

According to the CYFA mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they 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

To form a belief the reporter must be aware of matters that lead them to reasonably believe that a child is in need of protection.

PROTECT CHILD SAFE STANDARDS

From 1 January 2016 all early childhood services are required to comply with the Child Safe Standards.

These standards aim to drive continuous improvement, by raising awareness and assisting organisations to create and maintain child safe environments.

The Standards

To create and maintain a child safe organisation, each early childhood service must have in place:

Standard 1: Strategies to embed an organisational culture of child safety, including through effective leadership arrangements

Standard 2: A child safe policy or statement of commitment to child safety

Standard 3: A code of conduct that establishes clear expectations for appropriate behaviour with children

Standard 4: Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel

Standard 5: Processes for responding to and reporting suspected child abuse

Standard 6: Strategies to identify and reduce or remove risks of child abuse

Standard 7: Strategies to promote the participation and empowerment of children.

The Principles

Three overarching principles are embedded into each standard to ensure that organisations are aware of, and consider that some groups of children and young people may be particularly vulnerable, and may face extra challenges in reporting abuse. These principles are:

- Promoting the cultural safety of Aboriginal children
- Backgrounds
- Promoting the safety of children with a disability.

For more information, refer to:

Cultural safety of Aboriginal children: <https://ccyp.vic.gov.au/assets/resources/tipsheet-cultural-safety-aboriginal-children.pdf>

Cultural safety of children from culturally and/or linguistically diverse backgrounds:

<https://ccyp.vic.gov.au/assets/resources/tipsheet-safety-children-cult-ling-diverse.pdf>

Safety of children with a disability: <https://ccyp.vic.gov.au/assets/resources/tipsheet-safety-children-disability.pdf>

The Child Safety Standards are embedded into the policies and procedures of the Service.

TYPES OF ABUSES

NEGLECT:

Child neglect is the continuous failure by a parent or caregiver to provide a child with the basic things needed for their growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision. Some examples are:

- Inability to respond emotionally to the child
- Child abandonment
- Depriving or withholding physical contact
- Failure to provide psychological nurturing
- Treating one child differently to the others

- Poor standard of hygiene leading to social isolation
- Scavenging or stealing food
- Extreme longing for adult affection
- Lacking a sense of genuine interaction with others
- Acute separation anxiety
- Self-comforting behaviours, e.g. rocking, sucking
- Delay in development milestones
- Untreated physical problems

Indicators of Neglect in children:

PHYSICAL ABUSE:

- Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:
- Make direct admissions from parents about fear of hurting their children
- Have a family history of violence
- Have a history of their own maltreatment as a child
- Make repeated visits for medical assistance

Indicators of Physical Abuse in children:

- Facial, head and neck bruising
- Lacerations and welts
- Explanations are not consistent with injury
- Bruising or marks that may show the shape of an object
- Bite marks or scratches
- Multiple injuries or bruises
- Ingestion of poisonous substances, alcohol or drugs
- Sprains, twists, dislocations
- Bone fractures
- Burns and scalds

EMOTIONAL ABUSE:

- Emotional abuse occurs when an adult harms a child’s development by repetitively treating and speaking to a child in ways that damage the child’s ability to feel and express their feelings.

This may include:

- Constant criticism, condescending, teasing of a child or ignoring or withholding admiration and affection
- Excessive or unreasonable demands
- Persistent hostility, severe verbal abuse, and rejection

- Belief that a specific child is bad or “evil”
- Using inappropriate physical or social isolation as punishment
- Exposure to domestic violence

Indicators of Emotional Abuse in children:

- Feeling of worthlessness about them
- Inability to value others
- Lack of trust in people and expectations
- Extreme attention seeking behaviours
- Other behavioural disorders (disruptiveness, aggressiveness, bullying)

SEXUAL ABUSE:

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or taking advantage of their trust.

Children are often bribed or threatened physically and psychologically to make them partake in the activity. Educators will be predominantly conscious of looking for potential sexual abuse if parents or caregivers are suspected of or charged with child sexual abuse or display inappropriate jealousy regarding age appropriate development of independence from the family. Sexual abuse may include:

- Exposing the child to sexual behaviours of others
- Coercing the child to engage in sexual behaviour with other children

- Verbal threats of sexual abuse
- Exposing the child to pornography

Indicators of Sexual Abuse in children:

- They describe sexual acts
- Direct or indirect disclosures
- Age inappropriate behaviour and/or persistent sexual behaviour
- Self-destructive behaviour
- Regression in development achievements
- Child being in contact with a suspected or know perpetrator of sexual assault
- Bleeding from the vagina or anus
- Injuries such as tears to the genitalia

PSYCHOLOGICAL ABUSE

Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general it is the frequency and duration of this behaviour that causes harm.

Some examples are:

- Excessive criticism
- Withholding affection
- Exposure to domestic violence
- Intimidation or threatening behaviour

DOMESTIC VIOLENCE

Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour by a man against a woman. Living with domestic violence has a profound effect upon children and young people and may constitute a form of child abuse.

Indicators of Domestic Violence

- Show aggressive behaviour
- Develop phobias & insomnia
- Experience anxiety

Indicators of Psychological Abuse

- Constant feelings of worthlessness
- Unable to value others
- Lack of trust in people
- Lack of people skills necessary for daily functioning
- Extreme attention seeking behaviour
- Extremely eager to please or obey adults
- Takes extreme risks, is markedly disruptive, bullying or aggressive
- Suicide threats
- Running away from home

- Show symptoms of depression
- Have diminished self esteem
- Demonstrate poor academic performance and problem solving skills
- Have reduced social competence skills including low levels of empathy
- Show emotional distress
- Have physical complaint



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 the 'Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse' will be followed 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

NOTE: All definitions and indicators of child abuse sourced from: State of Victoria (Department of Education and Training). (2017). Early childhood guidance: Identifying signs of child abuse. Retrieved from www.education.vic.gov.au

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 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> ACT Government <http://www.legislation.act.gov.au/a/2008-19/default.asp> 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



[Creating child safe organisations page](http://providers.dhhs.vic.gov.au/creating-child-safe-organisations) 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](http://providers.dhhs.vic.gov.au/child-safe-standards) 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](http://providers.dhhs.vic.gov.au/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	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.04 SUPERVISION POLICY

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.’

National Quality Standard (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.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
120	Educators who are under 18 to be supervised
121	Application of Division 3
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
166	Children not to be alone with visitors
168	Education and care service must have policies and procedures
176	Time to notify certain circumstances to Regulatory Authorities
264	General qualifications for educators – Centre based

PURPOSE

Educators have a duty of care to ensure children are supervised at all times, 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 to children.

Educators will actively supervise children, identifying risks and minimising injury. Effective supervision of children provides with 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 24hours of the incident or the time that the person becomes aware of the incident.
- 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.

Age Group	Educator to Child Ratio
For preschool aged children	1:4
For school aged children	1:7

The above table contains educator to child ratio requirements for Family Day Care Service in Australia

- For ratio requirements in all states see the Information Sheet provided by ACECQA - <http://www.cecqa.gov.au/Improved-educator-to-child-ratios>

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.
- 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.
- 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.
- Inform relief educators about supervision arrangements, outlining their supervision responsibilities.
- Ensure any assistants educators under the age of 18 years old are never left alone with children..
- Maintain correct ratios adhering to the National Education Regulations throughout the education and care environment.
- Ensure that all children are in sight or hearing of educators at all times.
- 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 during interacting with individuals or small groups.
- Implement reliable supervision strategies and not perform other duties (liked cooking, shopping, talking on phone, talking with visitors) 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.

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	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.05 EXCURSION POLICY

Excursions/Incursions enhance children’s learning by providing them the opportunity to participate in curriculum planned activities and experiences that extend on their skills and knowledge in the current interest topic. Family Day Care is uniquely placed to help children connect with and be part of the community in which they live. Excursions are well planned and aim to maximise children’s learning, as they provide opportunities to explore their wider community as a group and extend on the educational program provided.

NATIONAL QUALITY STANDARD (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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
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 excursion.
168	Policies and Procedures are required

PURPOSE

To ensure that all excursions and incursions undertaken by the Family Day Care 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, Educators, management and visitors of the Service.

IMPLEMENTATION

Excursions/Incursions 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

- Educators 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 Family Day Care Service will use an Excursion Risk Assessment
 - The Family Day Care Service will notify families about the excursion/incursion using an Authorisation for Excursion/Incursion Letter
 - Families have a right to view the risk assessment prior to the excursion/incursion upon request in which the Family Day Care Service must comply with ensuring all information is available.
 - As a FDC educator you are required to conduct risk assessments for all excursions/incursions to ensure children are safe and secure. Where an excursion is a regular outing, a risk assessment must be conducted at least every 12 months, or whenever the risks of that excursion change.
- 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 Approved Provider must ensure that a child is not taken outside the Family Day Care Service premises on an excursion unless written authorisation has been provided under Regulation 102, sub regulation (4)
- Excursion permission forms must be completed and signed by the parent 48 hours prior to the excursion.
- 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 Family Day Care Service.
- If the excursion is a regular outing, the authorisation is required to be obtained once in a 12-month period.

INSURANCE



- Educators must review their insurance policy prior to the excursion/incursion to ensure liability is protected by the Service.

SOURCE:

**The Business of Childcare, Karen Kearns 2004
 Education and Care Services National Regulation
 National Quality Standards
 Early Years Learning Framework**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.06 INCIDENT, ILLNESS, ACCIDENT & TRAUMA POLICY

In Family Day Care Services 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 illness may occur. Our Family Day Care Service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

NATIONAL QUALITY STANDARD (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, 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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW Victoria	
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
88	Infectious diseases
89	First aid kits
97	Emergency and evacuation procedures
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
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

PURPOSE

The Family Day Care Service has 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, educators, management and visitors of the Service



IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

The Family Day Care Service 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
- Difficulty breathing
- 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

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 38°C or higher will not be permitted to attend the Family Day Care Service until 24 hours after the temperature/fever has subsided.
- Methods to reduce a child's temperature or fever
 - Encourage the child to drink plenty of water (small sips), 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

- If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Neurofen) to bring the temperature down, however, a parent or emergency contact person must still collect the child.
- The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Illness Folder, and the parent asked to sign the Medication Authorisation Form on arrival

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 24 hours following a 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.
 - **Educators have the right to send children home if they appear unwell due to a cold or general illness. 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. Educators 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.
- **If a child has diarrhoea and/or vomiting whilst at the Service, Management will notify parents or emergency contact to collect the child immediately. If the Service has 2 more cases of gastroenteritis, the Public Health Unit must be notified.**
- **Children that have had diarrhoea and/or 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.**
- 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 Family Day Care Service, children will be excluded until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.**

SERIOUS INJURY, INCIDENT OR TRAUMA

Regulations require the Approved Provider 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

- 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 'jumper' 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 several 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 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 Family Day Care 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 help the body fight infection.

The Approved Provider will ensure:

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified 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.**
- Educators and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators who have diarrhoea do not prepare food for others.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- Incident, Injury, Trauma and Illness Records are completed accurately and within hours

- To report any illness or incidents to regulatory authorities as stated in the National Regulations.
- 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
- Exclude children from the Family Day Care 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 24 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in Service
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register
- Document all illnesses on the Service Illness Register

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.
 Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html
 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>
 NSW Public Health Unit**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		



Policy 2.07 IMMUNISATION POLICY

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.

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
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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
77	Health, hygiene and safe food practices
88	Infectious diseases
90	Medical conditions policy
162	Health information to be kept in enrolment record

PURPOSE

The purpose of this policy is to manage and prevent the spread of infectious illnesses and diseases.

Our Family Day Care 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 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, educators, 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 disease. This makes the person’s immune system respond in a similar way to how it would respond if they had the disease, but with less severe symptoms. If the person encounters 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 meet 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’
- 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 in Victoria. 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.

The Approved Provider will ensure:

- Display wall charts about immunisation
- 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 Family Day Care Service unless approved documentation has been provided that confirms the child is fully immunised for their age or has a medical reason not be immunised.
- Notify families when an outbreak of an immunise-able disease occurs
- Exclude any child who is not immunised from the Service when an outbreak of an immunise-able 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. Any pregnant staff member who is at a heightened risk will not change nappies and will double glove when encountering any body fluids, especially saliva.



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 every **6 months**.
- Ensure they provide the Service with the Medicare immunisation record which can be downloaded through the myGov website. Please note that the ‘blue book’ is no longer an acceptable form of 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.
Staying Healthy in Child Care. 5th Edition
Australia Childhood Immunisation Register
Revised National Quality Standard
Immunise Australia Program
Australian Government – Department of Human Services
https://www.humanservices.gov.au/individuals/online-help/medicare/getting-your-immunisation-history-statement-using-your-medicare-online-account

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.08 ADMINISTRATION OF FIRST AID POLICY

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 contact 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

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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
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
88	Infectious diseases
89	First aid kits
97	Emergency and evacuation procedures
136 (3)	First Aid Qualifications
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
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority



PURPOSE

Our Family Day Care 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 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, Educators, 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 are protected from hazards and harm.

THE FAMILY DAY CARE EDUCATORS ARE RESPONSIBLE FOR:

- Safeguarding every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury
- Holding a current approved first aid qualification
- Undertaking a current approved anaphylaxis management training
- Undertaking a current approved emergency asthma management training
- Ensuring that first aid training details are recorded and kept up to date on each Educators member's record
- Ensuring there is an induction process for all new assistants, casual and relief Educators 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 within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record

- Ensuring that Educators are offered support and debriefing after a serious incident requiring the administration of first aid
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of 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.
- Providing and maintain an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards
- Providing and maintaining 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 appropriate
- Ensuring first aid kits are recognisable and readily accessible to adults wherever the educator is educating and caring for children as part of a family day care service
- Ensuring 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
- Providing internal training of the administration of an auto-injection device annually and documenting on Educator files
- Keeping up to date with any changes in the procedures for the administration of first aid
- Ensuring that appropriate documentation is being recorded by Family Day Care Educators regarding incidents, injury, trauma and illnesses and the administration of first aid.
- Contacting families immediately has had a head injury whilst at the Family Day Care Service

Documentation of the following must be recorded;

1. Name and age of the child
2. Circumstances leading to the incident, injury, trauma or illness
(including any symptoms)
3. Time and date
4. Details of action taken by the service including any medication administered, first aid provided or
5. Medical personnel contacted
6. Details of any witnesses
7. Names of any person the service notified or attempted to notify, and the time and date of this
8. Signature of the person making the entry, and time and date of this.

Educators Assistants 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
- 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

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 Educators 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 in up to date and in accordance with National Education and Care Service Regulations

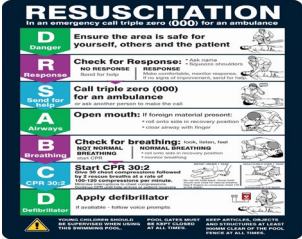
All First Aid Kits at the Service must:

- Be suitably equipped
- Not be locked
- Not contain paracetamol
- Be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service.
- Be easily accessible to Educators
- Be constructed of resistant material, be dustproof and of sufficient 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.
- Include emergency telephone numbers, the phone number and location of the nearest first aid trained educators
- Be provided on each floor of a multi-level workplace.
- Be provided in each work vehicle.
- 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.
- Family Day Care Services 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 - INVENTORY AND CHECKLIST


QUANTITIES BASED ON: 5 – 7 CHILDREN

ITEM	Expiration Date/Tick Check	Example Photo
Current First Aid book, including Cardio-Pulmonary Resuscitation (CPR) flow chart x1		
Note book and pen/pencil x1		

Resuscitation face mask or face shield x1		
Disposable gloves x6		
Digital thermometer x1		
Tweezers – fine point x1		
Splinter probes (single use disposable) x5		
Scissors (sharp blunt) x1		
Safety pins x12		
Plastic bags (clip seal / zip lock) x2		
Thermal blanket x1		

Instant hot/cold pack x1		
Dettol liquid / Soap Wipe. To Clean hands during First Aid Procedure		
Saline (sodium chloride) (15 ml) x10. To Clean eye or wound.		
Wound cleaning wipes/Antiseptic Wipes (single 1% Cetrimide BP) x5 Or Alcohol Wipes		
Adhesive dressing strips (band aids) Pk. of 50		
Non-stretch hypoallergenic adhesive tape 2.5 cm roll x1. To use for wound that sensitive and require non-pressured.		
Cotton applicators		

<p>Conforming cotton bandage different sizes x4 (to secure a gauze dressing on a wound)</p>		
<p>Crepe bandage (to provide firm pressured support on soft tissue) x4</p>		
<p>Sterilize Gauze Dressing Roll – combine pad 10 x 10 cm</p>	<p>2</p>	
<p>Sterilize Gauze pieces (different sizes) (3 pack) x5 (to apply on an opened-wound)</p>		
<p>Non-adherent wound dressing/pad different sizes x2</p>	<p>(optional) Can use gauze dressing and bandage in replacement</p>	
<p>Hydro gel sachets (for burns) x4 (optional).</p>	<p>(Optional) Can use Gauze in replace</p>	

Eye pad – sterile single use. Or sterile gauze.	5	
Emergency Numbers (000, Poison etc.)	1	Emergency Contact
Optional: Adrenalin auto-injector (for emergencies)	1	
Optional: Ventolin inhaler (for emergencies)	1	

SOURCE:

Australian Children's Education and Care Quality Authority. (n.d.). Retrieved September 03, 2016, from http://www.acecqa.gov.au/
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011. (2017). Sydney: Australian Children's Education & Care Quality Authority.
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ECA Code of Ethics - Early Childhood Australia". Early Childhood Australia. N.p., 2017. Web. 3 January 2017.
Guide to the National Quality Standard. (2012). Australian Children's Education & Care Quality Authority.
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 First Aid in the Workplace Code of Practice Work Health and Safety Act 2012

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		



Policy 2.09 ADMINISTRATION OF MEDICATION POLICY

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

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

Children (Education and Care Services) National Law Victoria	
90	Medical conditions policy
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

PURPOSE

To ensure educators at the Family Day Care 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 Family Day Care Service.

SCOPE

This policy applies to children, families, educators, management and visitors of the Family Day Care Service.

IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Family Day Care Service to ensure the safety of children and educators.

The Family Day Care Service will follow legislative guidelines and standards 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 Family Day Care Service who requires medication.
- A separate form must be completed for each medication if more than one is required.
- Medication is only administered by the Family Day Care 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 to make decisions about the administration of medication.
- Medication is 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 Family Day Care Service must not leave medications in the child's bag or locker.**
- **Medication is 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.
- Children’s privacy is maintained, working in conjunction with the Australian Privacy Principles (APP)
- Educators receive information about the medical and medication policies during their induction.
- To request written consent from families on the enrolment form to administer the Emergency Asthma Kit if required.
- Families will be reminded that every attempt to contact them for verbal permission will be made by the Family Day Care Service prior to administering asthma medications.
- Families are informed of the Family Day Care Service’s medical and medication policies
- Safe practices are adhered to for the wellbeing of both the child and educators.

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 a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept inaccessible to children.
- Ensure that two educators administer and witness medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible for:
 - Checking the Medication Form,
 - Checking the prescription label and the amount of medication being administered
 - Checking the use-by date
 - Signing and dating the medication form
 - Returning the medication back into the locked medication container.
- Follow hand-washing procedures before and after administering medication.
- Discuss any concerns or doubts about the safety of administering medications with management 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
- Ensure separate medication record is 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 Family Day Care 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.
- Provide any herbal/ naturopathic remedies or no prescribed medications (including Paracetamol or cold medications) with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication.

GUIDELINES FOR ADMINISTRATION OF PARACETAMOL

- Families must provide their own Paracetamol for use as directed by a medical practitioner.
- Paracetamol will be kept in the locked medication container for emergency purposes should authorised collectors not be contactable.



- To safeguard against the disproportionate use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage and duration it is to be administered for.
- If a child presents with a temperature whilst at the Family Day Care Service, the family will be notified immediately and asked to organise collection of the child as soon as possible.
- The family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will
 - Remove excess clothing to cool the child down
 - Offer fluids to the child
 - Encourage the child to rest
 - Provide a cool, damp cloth for the child's forehead and back of the neck
 - Monitor the child for any additional symptoms
 - Maintain supervision of the ill child at all times, while keeping them separated from children who are well.

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 family's 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

- In the occurrence of an emergency and where the administration of medication must occur, the Family Day Care Service must attempt to receive verbal authorisation by a parent of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.

- If a parent of a child is unreachable, the Family Day Care 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 Family Day Care 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 Family Day Care 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
Revised National Quality Standard

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.10 ANAPHYLAXIS MANAGEMENT POLICY

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a 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.

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

Children (Education and Care Services) National Law VIC	
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
96	Self-administration of medication

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Service by ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

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

DUTY OF CARE

Our Service has a legal responsibility to provide

- a. A safe environment for children
- b. Adequate Supervision of children

Our focus is keeping children safe. Staff members including relief staff need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction.

BACKGROUND

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 sting)
- The key to the prevention of anaphylaxis within the Service is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between the Service and families is vital in helping children avoid exposure.
 - Adrenaline given through an adrenaline autoinjector (such as an EpiPen®) 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, this includes having families sign a permission form to display the child's action plan in prominent positions within the Service.
- A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service. It is important that communication is open between families and educators to ensure appropriate management of anaphylactic reactions are effective.
- 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 all staff/educator members have completed first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each members' certificate held on the Service's premises.
- That all staff/educator members are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit.
- That a copy of this policy is provided and reviewed during each new staff member's induction process.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Service.
- Updated information, resources and support are regularly given to families for managing allergies and anaphylaxis.

- They remain up to date with changes to action plans
- The Service receives an up to date copy of the action plan every 12 or if changes have occurred to the child's diagnosis.

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

- Make sure the educator conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the Service and develop a risk minimization plan for the Service in consultation with staff and the families of the child/children.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Service without the device.
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- 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.
- Ensure that all relief educator/volunteer/student members in the Service have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Ensure that the educator in the Service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit.
- Ensure that the educator accompanying children outside the Service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Educators will:



- Ensure to conduct and maintain a copy of the child’s anaphylaxis medical management action plan is available.
- Follow the child’s anaphylaxis medical management action 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 will only eat food that has been prepared according to the parents or guardians instructions.
- Ensure tables and bench tops are washed down effectively after eating.
- Ensure hand washing for all children 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.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the Service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child’s anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Service and kept up to date.
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- 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.

- 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)
- Provide information to the Service community about resources and support for managing allergies and anaphylaxis.
- In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialing 000
 - Commence 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

In the event that a child suffers from an anaphylactic reaction the Service and staff will:

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialing 000
- Commence 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

Families will:

- Inform staff at the children's Service, either on enrolment or on diagnosis, of their child's allergies
- Develop an anaphylaxis risk minimization plan with Service staff
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- Provide staff with a complete auto-injection device kit
- Regularly check the adrenaline auto-injection device expiry date
- Assist staff by offering information and answering any questions regarding their child's allergies
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child



- Comply with the Service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Service or its programs without that device
- Read and be familiar with the policy
- Identify and liaise with the nominated staff member
- Bring relevant issues to the attention of both staff and licensee
- Provide an updated action plan every 12-18 months or if changes have been made to the child's diagnosis.

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.
- Child care staff 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.
- We recommend reading stories to the children, asking questions to retain their new knowledge

Reporting Procedures

After each emergency situation the following will need to be carried out:

- Staff members involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge of the Service at the time of the incident.
- If necessary, send a copy of the completed form to the insurance company; and
- File a copy of the Incident Report on the child's file.
- The Nominated Supervisor will inform the Service management about the incident.
- The Nominated Supervisor or the Licensee is required to inform Regulatory Authority about the incident within 24 hours.

- Staff will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated.
- Staff will need to discuss the effectiveness of the procedures that were in place.
- Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

Contact details for resources and support:

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- ASCIA has updated the Anaphylaxis Action Plan for 2018. It is recommended that older Action Plans should no longer be used
- Refer to the following website for an updated action plan

<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

- There are two types of ASCIA Action Plans for Anaphylaxis:
 1. Personal versions (RED) are for individuals who have been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.
 2. General versions (ORANGE) do not contain any personal information and can be used as posters.
- There is also an ASCIA Action Plan for Allergic Reactions (GREEN), for individuals with medically confirmed mild to moderate allergies, who need to avoid certain allergens, but have not been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.
 - Anaphylaxis Australia Inc., at [Allergy Facts](#), is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
 - Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: Wilma.Grant@rch.org.au



- o Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Additional Information:

The following links have been provided so you can research and adjust your policy to align with your own state governments requirements. Delete all or part of this section once formatting is complete.

www.education.vic.gov.au/childhood/parents/health/Pages/anaphylaxis.aspx

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 Standard
 ASCIA Action Plans for Anaphylaxis**

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.11 ASTHMA MANAGEMENT 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.

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

Children (Education and Care Services) National Law Victoria	
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
96	Self-administration of medication

PURPOSE

We aim to distribute a safe and healthy environment for all children enrolled at the Service and providing an environment in which all children with asthma can participate to their full potential.

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

- All staffs and educators have current training in Asthma First Aid and routine management, conducted or approved by the local Asthma Foundation.
- Asthma First Aid posters are on display and information is available for staff and parents
- Policies are Asthma Friendly

Reference: Australian Children’s Education & Care Quality Authority (acecqa.gov.au)

SCOPE

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

DUTY OF CARE

Our Service has a legal responsibility to provide

- A safe environment
- Adequate Supervision

Staff members including relief staff need to know enough about Asthma reactions to ensure the safety and wellbeing of the children.



BACKGROUND

Asthma is defined clinically as the combination of variable respiratory symptoms (e.g. wheeze, shortness of breath, cough and chest tightness) and excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'). Source: Asthma Handbook

Asthma is a chronic lung disease which can be treated but not cured. Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. With good 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 include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. 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 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 there is at least one educator on duty at all times who has 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 cough 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).

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 all medical conditions policies will be provided to all educators and 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 Nominates Supervisor will ensure:

- All staff read and are aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies upon employment at the Service
- That all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA.
- At least one staff member with current approved Emergency Asthma Management (EAM) training (refer to Definitions) is on duty at all times, working in accordance with Regulations
- The details of approved Emergency Asthma Management (EAM) training are included on the staff record.
- Parents are provided with a copy of the Service's Asthma Policy upon enrolment of their child.
- That when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable or within 24 hours of the incident.
- To identify children with asthma during the enrolment process and informing staff.
- To provide families with an Asthma Action plan to be completed in consultation with, and signed by, a medical practitioner prior the child starting at the Service.
- A long-term medication record is kept for each child to whom medication is to be administered by the Service.
- Families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service.
- The asthma first aid procedure is consistent with current national recommendations.
- That all staff members are aware of the asthma first aid procedure.
- The expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use.
- Communication between management, educators, staff and parents/guardians regarding the Service's Asthma Policy and strategies are reviewed and discussed regularly to ensure compliance.
- All staff members are able to identify and minimise asthma triggers for children attending the Service, where possible.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential.
- To communicate any concerns with parents/guardians regarding the management of children with asthma at the Service.
- Asthma Australia's Asthma First Aid posters are displayed in key locations at the Service.
- That medication is administered in accordance with the Administration of Medication Policy.

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 dialing 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:

- They are aware of the Services Asthma 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 Action Plans.
- To maintain current approved Asthma Management qualifications.
- They are able to identify and, where possible, minimising asthma triggers as outlined in the child's Asthma Action Plan.
- Asthma first aid kit, children's personal asthma medication and Asthma Action Plans are taken on excursions or other offsite events, including emergency evacuations and drills.
- To administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's Administration of Medication Policy.
- To discuss with parents/guardians the requirements for completing the enrolment form and medication record for their child.
- To consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program
- Any asthma attacks are documented, advising parents as a matter of priority, when practicable.

Families will:

- Read the Service's Asthma Management Policy.
- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Provide a copy of their child's Asthma Action Plan to the Service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner.
- Have the Asthma Action Plan reviewed and updated at least annually.
- 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 at all times.
- Notify staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record.

- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child’s asthma.
- Encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms.

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 plan of action for the emergency management of an asthma attack based on the Asthma First Aid Plan. This plan will be included as part of, or attached to, the child’s asthma action plan and enrolment record. This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available.

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
Revised National Quality Standard
Australia Asthma Handbook
<http://www.astmahandbook.org.au/diagnosis/children>
My Asthma Guide
file:///C:/Users/a-ecr/Downloads/My-asthma-guide_pdf.pdf

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.12 INFECTIOUS DISEASE POLICY

The spread of infections is facilitated by crowding and microbial contamination of the environment, as well as the unhygienic behaviours and greater exposure of young children. The Family Day Care Service will minimise children’s exposure to infectious diseases by adhering to all recommended guidelines from



relevant 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 implement effective hygiene practices.

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW Victoria	
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
162	Health information to be kept in enrolment record

PURPOSE

Children encounter many other children and adults within the Family Day Care environment, which can result in the contracting of infectious illnesses. The Family Day Care 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 Family Day Care Service.

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

SCOPE

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

IMPLEMENTATION

Information to be displayed at the Service

INFORMATION	WEBSITE	PHONE NUMBER
The National Immunisation Program (NIP) Service	http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule	1800 671 811
The Victoria Immunisation Schedule	https://www2.health.vic.gov.au/Api/downloadmedia/%7B5177AB5B-C105-47C4-AA75-F4461FE34EE5%7D	
Communicable Disease Epidemiology and Surveillance Department of Health and Human Services	https://www2.health.vic.gov.au/public-health/infectious-diseases	1300 651 160

Note homeopathic immunisation is not recognised.

IMMUNISATION REQUIREMENTS

- 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 Childhood Immunisation Register (ACIR).
- Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.
- **From 1 January 2018 [VIC]** children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare in VIC. 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.



- Families eligible to receive family assistance payments and have children less than 20 years of age, who may not meet the new immunisation requirements, will be notified by Centrelink. (The ACIR was expanded from 1 January 2016 so you can submit the details of vaccinations given to persons less than 20 years of age.) Refer to Immunisation Policy for more information

The Approved Provider will ensure:

- That all information regarding the prevention of infectious diseases is sourced from a recognised health authority;
- **Daily safety checklist are completed each day by educators.**
- To implement the recommendations from Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care to prevent the spread of infectious diseases at the Service
- That children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Family Day Care Service
- **To collect, maintain, and store appropriately the required enrolment documents and enrolment information of children in the Family Day Care Service.**
- A hygienic environment is maintained;
- **Children are directed in their understanding of health and hygiene throughout the daily program and routine**
- Educators are aware of relevant immunisation guidelines for children and themselves;
- **Information is collected on enrolment and maintained regarding each child’s immunisation status, and any medical conditions;**
- To provide families with relevant sourced materials and information on infectious diseases, health and hygiene including:
 - The current Victoria Immunisation Schedule for children;
 - **Exclusion guidelines in the event of an infectious 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;
- To provide information to families about an infectious disease by displaying and emailing the Infectious Diseases Notification Form and details.
- That an Illness record form is completed no later than 24 hours of an illness occurring; remaining up to date and current
- Educators are mindful and preserve confidentiality of individual children’s medical circumstances.
- Children’s enrolment records are updated with regards to immunisation as required, (i.e. as children reach age milestones for immunisation), or at least twice a year;
- Advise Educators of the recommended immunisations for people working with children;
- To provide opportunities for educators to source pertinent up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources;
- To notify and implement the advice of the health department, or local health unit regarding Infectious Diseases as required;

- Children do not attend the Service if they are unwell. If a child has been sick they must be well for 24hrs before returning to the Service. For example, if a child is absent due to illness or is sent home due to illness they will be unable to attend the next day as a minimum. The Nominated Supervisor may approve the child's return to the Service, if families provide a doctor's certificate/clearance outlining the child is no longer contagious and in full health.
- To complete the register of illness a way to document incidents of infectious diseases. Some diseases require your state authority to be notified.
- Toys and equipment that are absorbent and hard to clean will be aired in sunlight
- Washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry. All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
- All cleaning procedures will be recorded on the Service's Cleaning Checklist.
- Furnishings, fabric tablecloths and pillowcases are to be laundered at the end of each week and hung out to dry. This will be increased to every Monday, Wednesday and Friday during winter months or during an outbreak of illness in the Service.
- Floor surfaces are to be cleaned daily after each meal and at the end of each day
- Toilets/bathrooms are to be cleaned in the middle of the day, the end of the day and whenever needed throughout the day using disinfectant and paper towel.
- Disposable paper towel and disinfectant are used to clean bodily fluids off beds, floors, bathrooms, etc.
- Pregnant Educators do not change nappies or assist in toileting or cleaning up toileting accidents to prevent unexpected cross contamination

Educators will ensure:

- That any child suspected of having an infectious illness are responded to and their health and emotional needs supported at all times
- To implement appropriate health and safety procedures, when treating ill children
- That families are aware of the need to gather their children as soon as practicable;
- Advise families that they will need to alert the Service if their child is diagnosed with an Infectious Illness;
- To provide diverse opportunities for children to participate in hygiene practices, including routine opportunities, and intentional practice;
- To take into consideration the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day;
- To adhere to the Services health and hygiene policy including:
 - Hand washing
 - Daily cleaning of the Family Day Care Service;
 - Wearing gloves (particularly when in direct contact with bodily fluids);
 - Appropriate handling and preparation of food.
- Maintain up to date with respect to Health and Safety through on going professional development opportunities.
- Children will rest 'head to toe' to avoid cross infection while resting or asleep
- Children are not to share beds at the same time



- Paper Towel and disinfectant is used to clean the beds after each use
- Any toy that is mouthed by a child is to be placed immediately in the toys basket located on the top shelf in the nappy change area to be washed with warm soapy water at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination.
- All play dough is to be made fresh 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 during this time. Children are to wash their hands before and after using the play dough
- Mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink
- A weekly clean will be carried out on other surfaces that may transmit germs such as doorknobs, low shelving, etc. This will be increased if an outbreak has been recorded in the Service
- If a child has a toileting accident, the items will be placed in a plastic bag with the child’s name on it. The plastic bag will be stored in a sealed container labelled ‘soiled/wet clothing’ for parents to take home.

Families will:

- Advise the Service of their child’s immunisation status, by providing an approved written documentation of for the Service to copy and place in the child’s file.
- Advise the Service when their child’s immunisation/medical condition is updated to ensure that enrolment records are up to date.
- Provide sufficient spare clothing, particularly if your child is toilet training

SOURCE:

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
Sydney: Australian Children's Education & Care Quality Authority. Guide to the National Quality Standard. ECA Code Of Ethics - Early Childhood Australia". Early Childhood Australia. N.p., 2017. Web. 3 January 2017. Australian Children's Education and Care Quality Authority. (n.d.). Retrieved January 03, 2017, from http://www.acecqa.gov.au/

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.13 SICK CHILDREN POLICY

Children come into contact with many other children and adults in the early childhood environment causing them to contract infectious illnesses. The National Quality Standard requires early childhood services to implement specific strategies to minimise the spread of infectious illness.

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

Children (Education and Care Services) National Law Victoria

77	Health, hygiene and safe food practices
88	Infectious diseases
90	Medical conditions policy
92	Medication record
93	Administration of medication
96	Self-administration of medication

PURPOSE

We aim to maintain the health of all children, staff and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses.

SCOPE

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

IMPLEMENTATION

Our Service has adopted the Staying Healthy in Child Care – Preventing Infectious disease in child care Fifth Edition) publication, developed by the National Health and Medical Research Council and the NSW public health unit. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Service.



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.

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)

YOU CAN BREAK THE CHAIN OF INFECTION AT ANY STAGE.

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 preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the child care professionals at the Service.

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.

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.

CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention
- Have had a temperature, vomiting and/or diarrhoea in the last 24 hours
- Have started anti-biotics in the last 24 hours
- Have a contagious illness or disease
- Have been given medication for a temperature (Panadol etc.)

CHILDREN WHO BECOME ILL AT THE SERVICE

Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness.

- Educators will monitor and document the child's symptoms on the Illness Register
- A child who has passed a runny stools/vomited whilst at the Service will be sent home and may only return once a Doctor's Certificate has been produced.
- Educators will take the child's temperature. If the child's temperature is 38°C or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up and provide verbal authorisation to administer paracetamol.
- Educators will attempt to lower the child's temperature by
 - Taking off their shoes and socks
 - Applying a cool washer behind their neck and on their forehead
 - Removing extra clothing layers (jumpers etc.)
 - Place the child in a lukewarm bath
 - Place the child in a quiet area where they can rest, whilst being supervised
 - Continue to document any progressing symptoms



- Complete Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT

- Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.
- The Victoria Public Health lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify Victoria Health of patients with certain conditions, and to provide the information delineated 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 Victoria and Commonwealth Privacy Acts contemplate the release/disclosure of 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:

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

Common Colds and Flu

The common cold (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 child care, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have a 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 child care, 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.

Excluding children from the Service

- When a child has been diagnosed with an illness or infectious disease, the Service will refer to Staying Healthy in Childcare (5th Edition) to find the recommended exclusion period and also request a medical clearance from the GP stating that the child is cleared to return to the childcare setting.
- 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 In Child Care 5th Edition)
- 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.

Notifying families and Emergency Contact

- It is a requirement of the Service that all emergency contacts are 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

- Effective hygiene policies and procedures are adhered to at all times
- Effective environmental cleaning policies and procedures are adhered to all times
- All families have access to the relevant policies upon enrolment which will be explained by management including; Control of Infectious Diseases Policy, Sick Children policy, Injury and Accident policy and Medical Emergency Policy.
- Any child who registers a temperature of 38°C or above will need to be collected from the Service and will be excluded for 24 hours since the last elevated temperature or until the Service receives a doctors clearance letter stating that the child is cleared of any infection and able to return to child care.
- A child who has not been immunised will be excluded from the Service if; an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Control of Infectious Diseases Policy.
- Families are notified to pick up their child if they have vomited or had diarrhoea whilst at the Service.
- That if the 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 of the incident.
- That parents are notified as soon as practicable but within 24 hours. Also, details of the condition/situation will be recorded on the Incident, Injury, Trauma and Illness Record.



Families Responsibility

In order to prevent the spread of disease, families are required to monitor their child's health, in particular:

- Runny, green nose
- High temperature
- Diarrhoea
- Red, swollen or discharging eyes
- Vomiting
- Rashes (red/purple)
- Irritability, unusually tired or lethargic
- Drowsiness
- Lethargy or decreased activity
- Breathing difficulty
- Poor circulation
- Poor feeding
- Poor urine output
- A stiff neck or sensitivity to light
- Pain

Families should keep up to date with their child's immunisation, providing a copy of the updated immunisation schedule to the Service.

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
NSW Public Health Unit
Revised National Quality Standard

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.14 UNEXPECTED DEATH OF A CHILD AT A SERVICE POLICY

The unexpected death of a child at a Service is a traumatic event and the impact on Educators, children and families can cause emotional turmoil, which can overwhelm usual coping skills. A policy providing comprehensive procedures and principles is therefore crucial to ensure a coordinated response and notification to the regulatory authorities.

Due to the suddenness of such an event, well-trained and experienced staff can experience strong emotions and traumatic stress responses as a result of the event. The role of our Service is to help restore a sense of safety for children, Educators and families as soon as possible following a traumatic event.

National Quality Standard (NQS)

Quality Area 2: Children’s Health and Safety		
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

Children (Education and Care Services) National Law Victoria	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
176	Time to notify certain information to Regulatory Authority

SCOPE

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

PURPOSE

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 a child whilst at the Service. There are a number of legal requirements to adhere to in the tragic event of the death of a child at a Service as outlined below.

SERIOUS INCIDENTS

Regulation 12 prescribes the following serious incident-

- (a) The death of a child- while that child is being educated and cared for by an education and care service or following an incident occurring while that child was being educated and cared for by an education and care service;



NOTIFICATION OF A SERIOUS INCIDENT

Under the National Law and Regulations, the approved provider must notify the regulatory authorities within 24 hours of any serious incidents through the online NQA IT System.

Section 174(2) (a) and Regulation 176 (2) (a) Download the template here: [incident, injury, trauma and illness record template](#) to record any supporting evidence.

KEEPING CHILDREN'S RECORDS

In the event of the death of a child whilst being cared for at the Service, records need to be kept for 7 years from the child's death.

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 child whilst at the Service by following and implementing the following procedure:

Assess the situation as per service procedures for any immediate danger to other children or staff

- Attempt CPR in accordance with current First Aid requirements
- Call an Ambulance immediately
- Management will call the parents/guardian of the child and arrange to meet at the hospital
- Medical Staff will advise families
- Notify Regulatory Authorities including Policy Department and Family and Community Services
- Complete Illness, Incident, Accident, Trauma Form
- Contact Insurance Company
- Log incident onto NQA TI System, attaching incident form and evidence

Management will also ensure that parents, families, children and educators will receive the following post incident support:

- Demonstrate sensitivity, open mindedness and a balanced approach
- Recognition of cultural needs
- Preservation of evidence
- Accurate and detailed record keeping
- Management to contact legal representative for support and direction
- Protocols established for staff and Educators to discuss the traumatic event through media including social media
- Professional communication with families of the Service
- Engage the services of health care professionals (counseling & support for staff)
- Ongoing cooperation with inter-agencies involved in investigation

CARING FOR THE WELLBEING OF EDUCATORS, CHILDREN'S AND FAMILIES

- Our Service will engage health professionals who may include child and family counselors and psychologists to support our Educators to be sensitive and mindful of the impact such an event has had on all stakeholders. With professional guidance and support, we will encourage children to express their emotions and feelings and implement strategies to assist and guide children's process of grieving and re-engage children in learning.
- Our Service will seek advice and support from health professionals to provide appropriate materials to send home to families to assist in understanding the effects of trauma on children and possible changes in behaviour following the unexpected death of a child in our Service.

Source

<p>The Business of Childcare, Karen Kearns 2004 Education and Care Services National Regulation 2015 Education and Care Services National Amendment Regulations 2017 National Quality Standards Family and Community Services Occupational Health and Safety Act Work Health and Safety Act Australian Child & Adolescent Trauma, Loss & Grief Network http://earlytraumagrieff.anu.edu.au/files/ACATLGN_grief_and_loss.pdf What Do We Tell The Children When Someone Dies? http://www.adac.org.au/siteF/resources/l_children_gt.pdf Australian Centre for Grief and Bereavement http://www.grief.org.au</p>

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		



Policy 2.15 HAND WASHING POLICY

Having and encouraging good hygiene practices in Family Day Care is essential for reducing the risk of cross infection. Helping children to develop appropriate personal hygiene habits will become embedded as they grow and develop. It is important to work with families to ensure children follow simple hygiene rules by incorporating good hygiene methods in both the Service and home environment.

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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
77	Health, Hygiene and safe food practices
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities

PURPOSE

Our Family Day Care Service is committed to assuring the health and safety of all educators, staff, volunteers, families and children, providing a safe and healthy environment. The importance to reducing the risk of infection is through effective hand hygiene. We aim to perform specific hand washing hygiene practices required, to minimise the risks associated with cross infection.

SCOPE

This policy applies to children, families, educators, 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 meet a number of other children and adults, toys, eating utensils and equipment. This high degree of physical contact with people and the environment creates a higher risk of children being exposed to and spread 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.

- Hand washing is a vital strategy in the prevention of spreading many infectious diseases. Research emphasises good handwashing as the single most important task you can do to reduce the spread of bacteria, germs, viruses and parasites that infect yourself, other staff and children being cared for.
- 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 your hands. The use of soap or detergent and water remove most of these organisms and decreases the risk of cross infection.
- Our Family Day Care Service will adhere to National Regulation requirements, standards and tools to support the effectiveness of our hand washing policy. We aim to educate and encourage children to wash their hands effectively which will help to reduce the incidence of infectious diseases with reference to the Staying Healthy in Child Care 5th Edition to guide best practice.

TO ENSURE THE GREATEST LEVEL OF PERSONAL HYGIENE, IT IS A REQUIREMENT OF THE SERVICE TO WASH YOUR HANDS

- On arrival at the Family Day Care Service
- Before and after toileting or changing nappies
- After going to the toilet
- After wiping a runny nose or blowing your own nose
- Before and after administering first aid
- Before and after administering medication
- After using chemicals
- Before eating, preparing and serving food
- Making bottles
- After cleaning up bodily fluids
- After removing protective gloves
- Before going home

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.

STRATEGIES EDUCATORS WILL USE TO ENCOURAGE EFFECTIVE HAND HYGIENE PRACTICE INCLUDE

- Talking about the importance of hygiene
- Singing a song or reciting a poem (singing happy birthday twice is a sufficient time frame)
- Using a clear visual poster with a step by step instructions
- Using positive language
- Encouraging and using positive reinforcement
- Ensuring equipment is accessible
- Provide clear simple routines
- Give children sufficient time to practice and develop their skills
- Ensure adequate supervision and assistance is available when required

We believe hygiene practices of children being cared for should be as rigorous as staff and educators. Our hygiene environment supports appropriate practice.



Hand Drying

Effective hand drying is just as important as comprehensive hand washing. Research states that wet hands can pick up and transfer up to 1000 times more bacteria than dry hands. Drying hands thoroughly also helps remove any germs that may not have been rinsed off. We provide children, staff and educators disposable paper towel/warm air dryers to ensure effective hand hygiene.

SOURCE

Education and Care Services National Regulation National Quality Standard Occupational Health and Safety Act

REVIEW

POLICY REVIEWED	June 2018	NEXT REVIEW DATE	June 2019
MODIFICATIONS	New policy created to comply with Regulations and Health and Safety Requirements		

Policy 2.16 CLOTHING POLICY

Children need protective, comfortable and appropriate clothing and footwear to explore their environment. 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.

National Quality Standard (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.
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.

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, reassured, satisfied 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 sport.

SCOPE

This policy applies to children, families, educators, management and visitors 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.

Management/Nominated Supervisor will:

- Ensure that a Sun Safety Policy is developed and maintained.
- Ensure that educators are provided with personal protective equipment (e.g. gloves, goggles etc.) to facilitate cleaning and health protection measures.
- Provide information for educators about suitable clothing and footwear expectations for the education and care work environment.
- Provide information for families about suitable clothing and footwear. This information will also be available at the Service using a variety of communication strategies including newsletters, brochures, websites and posters.
- Ensure educators are aware and abide by the Sun Safety Policy.

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.
- Monitor children's clothing and footwear to ensure compliance with the Sun Protection Policy and to support the safety, comfort and well being 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. Children will be encouraged by educators to wear protective clothing during messy and water play.
- Encourage children to remove shoes and heavy/ excess layers of clothing during rest times and to reflect the room temperature, as recommended practice by SIDS and Kids.
- Take off children's jumpers and jackets with hoods during rest time to ensure children's safety
- Encourage children to utilise their self-help skills where appropriate to put on and remove clothing and shoes to meet their needs. For younger children, educators will use observation and monitoring skills to ensure children's clothing and footwear is appropriate for the environment and weather conditions.
- Monitor the UV rating to ensure children are dressed appropriately for the weather



- Discuss clothing with children
- Model appropriate clothing – for example wearing hats and sun safe clothing
- Convey respect for children and appreciate their individuality.
- 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 needs and preferences are understood and catered for

Families will

- Provide spare clothing in children’s bags to allow for dirty or soiled clothing and changing weather conditions. This includes a spare set of shoes and socks.
- Dress children appropriately, including footwear and 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, track pants – rather than buttons, zips, belts etc.
- Not dress their children in good/expensive clothing where there is a chance they will get stained.
- Ensure children are appropriately protected from the sun - please refer to Sun Safety Policy for further directives on hats and clothing.
- Ensure children’s clothing accommodates for the weather conditions. i.e. 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. i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely.
- Ensure all clothing and belongings must be clearly labelled with the child's name.
- Be familiar with their child’s clothing fabric to minimise allergies and reactions

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
Community Child Care Co-Operative
The NSW Work Health and Safety Act
SIDS and KIDS – www.sidsandkids.org
Cancer Council Australia – www.cancer.org.au
Raising Children Network – <http://raisingchildren.net.au>
Staying Healthy in Child Care 5th Edition
Revised National Quality Standard

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.17 SUN SAFETY POLICY

Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Early Childhood Services play a major role in minimising a child’s UV exposure as children attend during times when UV radiation levels are highest.

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
2.1.3	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 Regulations

- Children (Education and Care Services) National Law Victoria**
- 113 Outdoor space natural environment**
- 114 Outdoor space shade**
- 168 Education and care service must have policies and procedures**

PURPOSE

To protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun.

SCOPE

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

IMPLEMENTATION

Some sun exposure is important for vitamin D which is essential for healthy bones and muscles, and for general health. But too much sun can cause skin and eye damage and skin cancer. Sun exposure during childhood and adolescence is a major factor in determining future skin cancer risk.



Outdoors Play

- From September to April sun protection is required at all times.
- Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am – 2pm sun protection is required.
- Sun protection measures will be considered when planning excursions and incursions.

Shade

- All outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.
- The Service will provide and maintain adequate shade for outdoor play.
- Shade options can include a combination of portable, natural and built shade.
- Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade

Hats

- Staff and children are required to wear sun safe hats that protect their face, neck and ears.
- A sun safe hat is: Legionnaire hat. Bucket hat with a deep crown and brim size of at least 5cm (adults 6cm). Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

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 (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

Clothing

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible.
- This includes wearing: Loose fitting shirts and dresses with sleeves and collars or covered neckline. 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 the verandah or in the shade.

Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

Sunscreen

- Staff and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours.
- Sunscreen is stored in a cool, dry place and the use-by-date monitored.
- Sunscreen safety check will be recorded.

Babies

- Babies under 12 months will not be exposed to direct sunlight and are to remain in dense shade when outside.
- They will wear sun safe hats and clothing and small amounts of SPF30+ broad-spectrum water-resistant sunscreen may be applied to their exposed skin.

Role Modelling

Staff will act as role models and demonstrate sun safe behaviour 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 Standard 1067 (optional).
- Families and visitors are encouraged to role model positive sun safe behaviour.
- Record the UV Rating on a daily basis and throughout the day.

Education and Information

- Sun protection will be incorporated regularly into learning programs.
- Sun protection information will be promoted to staff, families and visitors.
- Further information is available from the Cancer Council website www.cancerCouncil.com.au/sunsmart
- 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.

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.
Occupational Health and Safety Act 2004
Children's Services Act 1996
Supervision in Children's Services. Putting Children First, the Newsletter of the
National Childcare Accreditation Council (NCAC) Issue 15, p. 8-11.
Cancer Council
www.cancerCouncil.com.au/sunsmart
SunSmart Child Care
[http://www.imagineeducation.com.au/files/CHC30113/Sunsmart_20Childcare_A_Guide_for
Service_Providers.pdf](http://www.imagineeducation.com.au/files/CHC30113/Sunsmart_20Childcare_A_Guide_for_Service_Providers.pdf)
Revised National Quality Standards**

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		



Policy 2.18 WATER SAFETY POLICY

The safety and supervision of children is paramount when in or around water. This policy relates to water play, excursions near water, and hot water, drinking water and hygiene practices with water at the Family Day Care Service. Children will be supervised at all times during water play experiences.

NATIONAL QUALITY STANDARD (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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
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	Education and care service must have policies and procedures

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, educators, management and visitors of the service.

IMPLEMENTATION

Family Day Care Educators will:

- Provide direction and education about the importance of children's safety in and around water.
- Provide direction and education to educators, staff and families on the importance of children's safety and supervision in and around water.
- Ensure health and safety practices are incorporated to ensure safe storage of water and water play.
- Ensure premises adjacent to or providing access to, any water hazards that are not able to be adequately supervised at all times (e.g. dams, swimming pool) are to be isolated from children by a child resistant barrier or fence
- **Conduct a risk assessment in accordance with the requirements prior to taking children on an excursion, which contains or may contain water.**
- **Ensure all swimming pools at the family day care educator's residence and/or venue must comply with the Australian Standards and State regulations for pool fencing and gates**
- **Ensure any items around the perimeter of the pool: for example tables, chairs must be situated to prevent a child using them as climbing aids**
- **Ensure a Cardiopulmonary Resuscitation (CPR) chart is displayed near any water.**
- Ensure any containers that holds or collects water, such as nappy buckets, ponds, spas must be safely covered or made inaccessible to children.
- Supervise children near water at all times
- **Children are never left alone near water**
- **Ensure children in a bath are directly supervised at all times**
- Ensure water hazards are supervised at all times.
- Ensure fish / frog ponds and water features that are not able to be adequately supervised at all times and/or pose an unacceptable risk to children are guarded or effective barriers are in place
- 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
- Utilise water activities in appropriate weather
- Allow the children the opportunity to experiment with water, sand and mixing materials plus a place for boats & floating objects to be used with other water play equipment
- Monitor the tap and turned off securely when not in use
- Safely cover or make inaccessible to children all water containers, e.g. nappy buckets
- Empty wading pools immediately after every use, store to prevent the collection of water, e.g. upright, also check garden after rain or watering and empty water that has collected in holes or containers
- Encourage children to use water effectively and along with staff learn new ways to save and re-use water
- Ensure children have safe independent access to clean and cool drinking water at all times
- Ensure water troughs are not used without a stand, keeping it off the ground with sand on the bottom of the trough



- Ensure children remain standing on the ground whilst using the water trough
- Ensure water troughs or containers for water play are filled to a safe level and emptied into the garden areas after use.
- Ensure children are discouraged from drinking from water activities.
- Ensure laundry, storerooms and Educator areas are to have No Children Allowed Signs on doors to remind adults to close doors behind them
- Teach children about staying safe in and around water
- Ensure wading/water troughs are hygienically cleaned, disinfected and chlorinated appropriately:
 - On a daily basis remove leaves and debris, hose away surface dirt and scrub inside with disinfectant.
 - Wash away disinfectant before filling pool/trough.
 - Add Chlorine to pool before children used the pool.
 - Check chlorine levels frequently.
 - Children with diarrhoea, upset stomach, open sores or nasal infections should not use the pool.
 - All children should wear appropriate bathers go to the toilet before entering the pool, and follow correct toileting hygiene practices while in the pool.
 - Remove all children immediately, empty and disinfect the pool should a child pass a bowel motion whilst in the pool.

OPERATIONAL SAFETY

- Water tanks will be labelled with “do not drink” signage and the children will be supervised in this area to make sure they are not accessing this water for drinking.
- Educators will discuss with the children the use of water tank water and how it differs from drinking water.
- Hot water accessible to children will be maintained at the temperature of 43.5° which will be tested annually
- Water for pets at the service must be changes daily and only be accessible to children when educators are present.
- Water for pets at the service must be changed daily and only be accessible to children when educators are present.

Important: parents will be notified as soon as practicable but within 24 hours if their child is involved in an incident/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.

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.
National Health and Medical Research Council – www.nhmrc.gov.au
NSW Department of Health – www.health.nsw.gov.au

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.19 NAPPY CHANGE & TOILETING POLICY

Our Service 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.

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, 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.



Children (Education and Care Services) National Law Victoria	
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
115	Premises designed to facilitate supervision
156	Relationships in groups

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, educators, management and visitors of the Service.

IMPLEMENTATION

- Our Service accepts enrolments of children who have not yet been toilet trained. 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 will have each nappy change recorded in the Nappy Change Register by Educators. This is situated <insert area> for parents to check.
- 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.
- Educator 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 the supervision of the Educator. Should a parent be in the bathroom helping their child, the educator 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:

Ensure educators 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, in a child-proof cupboard where possible
- Ensure Nappy change procedure remains compliant and up to date.
- Implement policies, procedures and training with educators to ensure nappy change procedures that support children's safety, protection, relationships and learning.
- Ensure Educators check nappies throughout the day to ensure children are not susceptible to nappy rash and discomfort.
- 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 during the day and at the end of each day. This may need to be done more regularly if there are soiled nappies.

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 outlines
- Utilize 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



- Organize 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
- 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:

- Our Service accepts enrolments of children who have not yet been toilet trained. 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 dryer 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.

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
The NSW Work Health and Safety Act 2011
[www.workcover.nsw.gov.au/newlegislation2012/ Pages/default.aspx](http://www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx)
Storage and Handling of Dangerous Goods: Guidance
[www.workcover.nsw.gov.au/formspublications/ publications/Documents/storage-handlingdangerous-goods-1354.pdf](http://www.workcover.nsw.gov.au/formspublications/publications/Documents/storage-handlingdangerous-goods-1354.pdf)
Approved First Aid Qualifications www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications
Health and Safety in Children’s Centres: Model Policies and Practices (2nd ed.)
[www.community.nsw.gov.au/docswr/ assets/main/documents/childcare_model_policies.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/childcare_model_policies.pdf)
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.raising children.net.au
Revised National Quality Standard 2018

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		



Policy 2.20 NUTRITION & FOOD SAFETY POLICY

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.

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

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures

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.

SCOPE

This policy applies to children, families, educators, 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 in accordance with the Food Safety Program. All 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:

- Encourage educators to have 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 (at least two weeks at a time) 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.
- Encourage and provide opportunities for cooking staff and educators to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition.
- 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
- 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 5°C or above 60°C.
- 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 and pass relevant information onto the rest of the staff.

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
 NSW Food Authority
 Work Health and Safety Act 2011
 Work Health and Safety Regulations 2011
 Dental Association Australia
 Australian Breast Feeding Association Guidelines
 Munch and Move- NSW Health initiative
 Revised National Quality Standard 2018**

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.21 SLEEPING AND REST REQUIREMENTS POLICY

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.

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 |
| 2.2 | 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 | Design | The design of the facilities is appropriate for the operation of a service |
| 3.1.2 | Upkeep | Premises, furniture and equipment are safe, clean and well maintained |

Education and Care Services National Regulations

Children (Education and Care Services) National Law Victoria

- | | |
|------------|---|
| 81 | Sleep and Rest |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 105 | Furniture, materials and equipment |
| 110 | Ventilation and natural light |
| 115 | Premises designed to facilitate supervision |
| 168 | Education and care service must have policies and procedures |

PURPOSE

Our Service will 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) will be minimised by following practices and guidelines set out by health authorities.

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, educators, 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 is 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.
- Ensure safe sleep practices are documented and shared with families. Nominated Supervisors and Educators are not expected to endorse practices requested by a family, if they are different from 'Red Nose' safe sleeping recommendations.

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 they 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 first 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 warm water and neutral detergent or vinegar between each use
- 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 to 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 are allowed to 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 be put in cots or in beds with bottles as per the Dental Health Policy
- Ensure that cot rooms and sleep rooms have operational baby monitors on at all times
- Observe children at 10-minute intervals while they sleep in these rooms. Educators must go into the rooms and physically see babies breathing. The Educator will then officially record this on a Sleep Check Form.
- 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
- Turn off wall-mounted heaters before children use the room for sleeping. Cot rooms will be air conditioned and maintained at an appropriate temperature.
- 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, doonas, loose bedding or fabric, lamb's wool, bumpers 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.

Guidelines for SIDS and Kids Safe Sleeping in Childcare Facilities

SIDS & Kids Safe Sleeping Kit – www.sidsandkids.org

Standards Australia – www.standards.org.au

The Children's Hospital at Westmead – Safety factsheet – Cots and Cot Mattresses, <http://kidshealth.schn.health.nsw.gov.au/sites/>



kidshealth.schn.health.nsw.gov.au/files/safetyfactsheets/cots-and-cot-mattresses.pdf
 Australian Competition and Consumer Commission (ACCC) – www.accc.gov.au - Cot safety PDF
 Australian Consumer Law 2011 - Australian Competition and Consumer Commission.
 The NSW Work Health and Safety Act 2011 & the NSW Work Health and Safety Regulation 2011
 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	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.22 BOTTLE SAFETY & PREPARATION POLICY

Children are more susceptible to food borne illness making it necessary for Family Day Dare Services to implement adequate health and hygiene practices. Safe practices for handling, storing, preparing and heating breast milk or formula must be implemented to minimise risks to children being cared for by the Service.

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
77	Health, hygiene and safe food practices
78	Food and beverages
168	Education and care Services must have policies and procedures

PURPOSE

To ensure our Family Day Care Service maintains a hygienic premise for children requiring bottles. Educators will certify that bottles are prepared safely and hygienically and that practices meet Work Health and Safety and current Food Safety Standards.

We encourage all Family Day Care Educators to complete professional development in safe food handling and menu planning to increase knowledge and awareness of individual responsibilities.

SCOPE

This policy applies to children, families, Family Day Care Educators and visitors of the Service.



IMPLEMENTATION

To ensure that bottles are consistently prepared in a safe and hygienic manner Educators will adhere to the Family Day Care Service procedures at all times.

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 Family Day Care Service to feed their infants.

Family Day Care Educators will:

- Ensure that they are fully aware of the procedures for preparing, heating and storing bottles of formula and breast milk.
- Ensure that children have access to safe drinking water at all times and are regularly offered food and beverages appropriate to their individual needs
- Develop procedures for the safe storage and heating of food provided in bottles.
- 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.
- Ensure Infants over 6 months of age are given small amounts of cooled boiled tap water in addition to breastmilk or formula.
- Infants and children are not given fruit juice in their bottle due to the increase 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 asked to provide a labelled bottle(s) for use at the Service for children having regular cow's milk in their bottles,
- Be encouraged to communicate regularly with the Educator about their children's bottle and feeding requirements.
- Not put fruit juice in children's bottles

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.

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:

- Refrigerated for 3–5 days at 4°C or lower (4°C is the typical temperature of a standard fridge).
- Storing bottles in the back of the fridge where it is coldest. Do not store bottles inside the refrigerator door
- 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:

- In the refrigerator and used within 24 hours
- 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.
Food Standards Australia – www.foodstandards.gov.au
National Health and Medical Research Council – www.nhmrc.gov.au
Victoria Department of Health – www.health.vic.gov.au
Australian Breastfeeding Association www.breastfeeding.asn.au
Mothers Direct - 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
National Quality Standard

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		



FORMULA BOTTLE PREPARATION PROCEDURE

1. Thoroughly wash hands and wear gloves when preparing bottles.
2. All bottle preparation will be done in the designated bottle and food preparation area
3. The bottle and food preparation area will always be clean and hygienic and will only ever be used for the purpose intended.
4. All food and bottles will be kept totally separate from the nappy change and toileting areas.
5. Prepare formula as per the instructions on the formula container and use the provided scoop for measurement, using cooled boiled water for infants under 12 months of age.
6. Once formula is made it must be used or kept in the refrigerator. Discard any leftover formula
7. Our Service will use microwave/bottle warmers to eat infant formula and cow's milk.

8. Formula bottles will not be re-heated as this can allow germs to grow.

9. Do not warm bottles in the microwave as microwave ovens distribute heat unevenly. Water in the milk can turn to steam that collects at the top of the bottle, and there is a danger that the infant could be scalded.
10. Our Service will use bottle warmers that have a thermostat control to heat Infant Formula/Cow's Milk/Breast Milk
11. The Service will use the bottle warmer as per the manufacturer's instructions.
12. Educators will ensure that bottle warmers are inaccessible to children at all times.
13. Bottles will be warmed for less than 10 minutes.
14. Test the temperature of bottle contents by placing a few drops on the inside of the wrist before feeding the child.
15. Supervise children with bottles at all times. Children will not be placed on beds or in cots for feeding as this can be a choking hazard.
16. Give bottles to children before going to bed to reduce the risk of tooth decay.
17. Rinse all children's bottles thoroughly after use and leave to air dry before placing in child's bag
18. Communicate regularly with families about children's bottle and feeding requirements.
19. Communicate with families about the amount of milk taken by the child and any changes in feeding patterns or routines at the education and care Service.

BREAST MILK PREPARATION PROCEDURE

1. Breast milk that has been expressed should be brought to the Service in a clean sterile container labelled with the date of expression and the child's name.
2. We encourage families to transport milk to the Service in cooler bags; this should be immediately given to educators, who will put it in the refrigerator.
3. We will refrigerate the milk at 4 degree Celsius until it is required.
4. Thoroughly wash hands and wear gloves when preparing bottles.
5. All bottle preparation will be done in the designated bottle and food preparation area

6. The bottle and food preparation area will always be clean and hygienic and will only ever be used for the purpose intended.
7. All food and bottles will be kept totally separate from the nappy change and toileting areas.
8. Breast milk will be warmed and/or thawed by standing the container/bottle in a container of warm water.
9. The milk will then be temperature tested by educators before being given to the child.
10. If the Service does not have enough breast milk from the family to meet the child's needs that day, individual families will be consulted on what the Service should do in these circumstances.
11. To avoid any possible confusion, we will not store unused milk at the Service.
12. Unused milk will be returned to families at the end of the day when they come to collect their child.
13. A quiet, private, lockable space with a comfortable chair will be provided for mothers/women to breastfeed or express milk. A sign will also be placed on the door when the mother/woman is using the facilities.

FORMULA & MILK BOTTLE PROCEDURE

Microwave Instructions

We recognise that microwaves are an efficient and safe way to heat infant formula and cow's milk. We will not heat breast milk in the microwave as it may destroy some of the breast milk's properties.

1. Thoroughly wash hands and wear gloves when preparing bottles.
2. All bottle preparation will be done in the designated bottle and food preparation area
3. The bottle and food preparation area will always be clean and hygienic and will only ever be used for the purpose intended.
4. All food and bottles will be kept totally separate from the nappy change and toileting areas.
5. Prepare formula as per the instructions on the formula container and use the provided scoop for measurement, using cooled boiled water for infants under 12 months of age.
6. Once formula is made it must be used or kept in the refrigerator. Discard any leftover formula
7. Use microwave safe bottles.
8. Only heat formula/cow's milk that has been adequately refrigerated.
9. Stand the bottle up straight.
10. Always take off the teat/bottle top and leave outside the microwave.
11. Not use microwave ovens with wattage over 700W (or if ovens with a higher wattage are used, heat for less than the following times and take extra care when checking temperature)
12. For a 120ml size bottle – use high setting and heat for less than 30 seconds.
13. For a 240ml size bottle – use high setting and heat for less than 45 seconds.
14. Follow specific manufacturer instructions provided with the microwave.
15. Minimise the risk of uneven heating by adequately rotating and shaking the bottle directly after microwaving. After the teat/bottle top is replaced, invert the bottle at least 10 times.
16. Check the temperature of the formula/milk on the inside of the wrist before giving to the child to ensure contents are at a safe temperature.



Policy 2.23 CYBER SAFETY POLICY

Cyber safety is the safe and responsible use of information and communication technology. It is about keeping information safe and secure which protects the privacy of individuals, and being responsible with that information, being respectful of other people online, and using good 'netiquette' (internet etiquette).

Understanding Cyber safety is more important when working with or caring for young children, as they cannot make their own decisions about what gets published online.

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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
168	Education and care services must have policies and procedures
181	Confidentiality of records kept by approved provider
195	Application of Commonwealth Privacy Act 1988
196	Modifications relating to National Education and Care Services Privacy Commissioner and Staff

PURPOSE

To create and maintain a cyber safe culture which works in accordance with our Family Day Care Service philosophy, privacy and legislative requirements to ensure the cyber safety of enrolled children, educators and families.

SCOPE

This policy applies to children, families, educators, 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, software programs 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 Family Day Care 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 Family Day Care Services' obligations and responsibilities and the nature of possible consequences associated with cyber safety. privacy and bullying breaches. Once the agreement is signed, families and educators will have access to the educational software program.

EDUCATIONAL SOFTWARE PROGRAM

Our Family Day Care Service uses [Enter software program] which is a password protected private program for children, educators and families to share observations, photos, videos, daily reports and portfolios. Families can 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 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 and disclosing information about personnel, or children and their families, which is stored on the Family Day Care Service's network or any device
- Privacy laws are such that educators or other employees should seek advice from Family Day Care 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 Family Day Care Service learning environment
- Material can be posted only by those given the authority to do so by Family Day Care Service management
- The Family Day Care 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 sites

MANAGEMENT WILL ENSURE:

- The Family Day Care 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 Family Day Care 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, ensuring privacy is adhered too. 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 Family Day Care 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 Family Day Care 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 Standard
Privacy Laws
https://www.oaic.gov.au/privacy-law/

REVIEW

POLICY REVIEWED	MARCH 2018	NEXT REVIEW DATE:	MARCH 2019
MODIFICATIONS	Policy created to comply with changes to the Australian Privacy Act		

Policy 2.24 ROAD SAFETY POLICY

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.

National Quality Standard (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.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursions
101	Conduct of risk assessment for excursions
102	Authorisation for excursions

PURPOSE

Our Service will ensure best practice guidelines are implemented with children, families and Educators of the Service, to ensure children are kept safe whilst travelling as pedestrians, cyclist and passengers in vehicles. As Educators, we encourage children and families to participate in road safety education to help them become safe and responsible road operators.

SCOPE

This policy applies to children, families, educators, 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.
- There are visible signs for families to read about keeping children safe. For example leaving children in the car
- Parents and guardians are provided with specific road safety information, including parking safely, locking car, local area speed limits etc.
- Parents are provided with general road safety information about transporting children to and from the Service, including safety doors, driveway safety, child restraints and role modeling safe road use.

- 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 remain up to date with roads and traffic professional development
- They have a clear understanding and comprehension of national regulations and standards in regards to keeping children safe
- Road safety is embedded into the program, supporting children's understanding and knowledge
- Helmets are always set up when the bikes and scooters are made available to children
- They discuss with families appropriate road safety expectations, including leaving children in the car, intoxication whilst driving etc.

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.
- Embed 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
- Discuss road safety expectations and guidelines with families
- Follow appropriate procedures in the event of a vehicle accident including children, educators or families, informing management.
- 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.

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 REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 2.25 EMERGENCY EVACUATION POLICY

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.

NATIONAL QUALITY STANDARD (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.
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EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
168	Education and Care Services must have policies and procedures

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 which is displayed in a prominent position near each exit
- An emergency and evacuation rehearsal every 3 months by each Family Day Care Educator the children being educated and cared for by the Family Day Care Educator on the day

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: insert number here.
- Flood (call State Emergency Service – Insert your state number here)
- Terrorist threat
- Others may include: gas explosion, traffic accident or event which could render the building unsafe

EMERGENCY AND EVACUATION DRILLS

- We will maintain an up-to-date register of emergency telephone numbers that must be taken in an emergency or evacuation. It is to be kept 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 educators, 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. (Education and Care National Regulation's states that the emergency and evacuation procedures are rehearsed every 3 months by each family day care educator and the children being educated and cared for by the family day care educator on that day)
- A record will be kept to ensure that all children participate in the emergency evacuation rehearsal.
- 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 for continuous improvement.
- The Approved Provider will seek training opportunities for staff to participate in emergency evacuations.
- Inspecting, testing, and servicing fire extinguishers, blankets and other emergency equipment 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 should 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 Approved Provider is responsible for ensuring all Educators; including relief Educators are responsive to our Emergency Evacuation Policy and procedure.

- The Approved Provider of the Family Day Care Service must ensure that, when educating or caring for children as part of the Service, Educators have access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services.

JURISDICTION SPECIFICATIONS

VICTORIA (VIC)
<p> Community Child Care Association - www.pscvic.org.au Country Fire Authority Victoria – www.cfa.vic.gov.au Department of Education and Early Childhood Development - www.education.vic.gov.au/licensedchildservices Department of Health – www.health.vic.gov.au Department of Human Services – www.dhs.vic.gov.au WorkSafe Victoria – www.worksafe.vic.gov.au Victoria Police – www.police.vic.gov.au Victoria State Emergency Service – www.ses.vic.gov.au </p>

SOURCE:

<p> 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 NSW Rural Fire Service www.bushfire.nsw.gov.au Department of Education and Early Childhood Development Victoria http://www.education.vic.gov.au/Documents/childhood/providers/support/SampleCSEMPlan.pdf ATTFS http://www.attfs.com.au/Fire-Services Fire System Services http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html </p>

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		



Policy 2.26 LOCKDOWN POLICY

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.

National Quality Standard (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.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
97	Emergency and Evacuation procedures
98	Telephone or other communication equipment
168	Education and care service must have policies and procedures

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, educators, 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 on an Emergency Lockdown Procedure. This information can be displayed on the back of the Evacuation Plan, which can then be quickly taken from the wall when required. This act will ensure that in a situation involving unwanted visitors, the plan is not visible or available.

Management or Nominated Supervisor will:

- Determine how the lockdown alert signal will be given – a code message or song
- 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.
- Practice emergency drills every day for 1 week during each term/once a month
- 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	April 2018	NEXT REVIEW DATE	January 2019
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MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations
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Quality Area III.

Policy 3.01 PHYSICAL ENVIRONMENT POLICY

The physical environment can contribute to children’s wellbeing, happiness, creativity and developing independence. It can contribute to and express the quality of children’s learning and experiences. The choices made in the Family Day Care Service about resources, materials, spaces, layout, air and light quality and access to a range of experiences in the indoor and outdoor, have a direct impact on the quality of learning opportunities available to children.

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.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
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
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
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
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
116	Assessments of family day care residences and approved family day care venues
117	Glass (additional requirement for family day care)
156	Relationships in groups
168	Education and care service must have policies and procedures
171	Policies and procedures to be kept available
73	Educational programs

PURPOSE

The Family Day Care Service will ensure the environment is safe, clean and well maintained for children, families, educators and visitors. Children’s awareness of being environmentally responsible will be supported through daily practices, resources and interactions. The physical environment will support children’s learning, safety, levels of engagement and access to positive experiences and inclusive relationships.

SCOPE

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

IMPLEMENTATION

The Family Day Care Service is committed to providing an environment that promotes safety and enhances children's learning and development by:

Choosing appropriate resources and equipment:

- Providing appropriately sized furniture and equipment in both the indoor and outdoor environment for the age ranges signified in the Family Day Care Service.
- Providing children with challenges in relation to indoor and outdoor fundamentals in the environment to inspire appropriate challenges and risk taking in accordance with children's individual developmental level.
- Ensuring the environment is organised to ensure safety and minimal disruption for children.
- Integrating precise requirements of children with additional needs to ensure an inclusive environment.
- Ensuring climbing equipment is set up in a safe way. For example, incorporating soft fall materials wherever climbing equipment is set up.
- Conducting consistent risk assessments of the indoor and outdoor environment in order to minimise risk and hazards.
- Providing an environment that allows children in several dispositions to occur in the same space (e.g. quiet play areas and loud play areas)
- Providing a natural environment for children to explore and experience which may include (e.g. plants, trees, gardens, rock, mud or water)
- Encouraging Educators to participate in on-going professional development in order to enhance children's learning and ensuring a safe and educational environment.
- Working in collaboration with our Sun Safety policies and procedures, providing adequate shading for children that work in accordance with the recommendations of relevant authorities.
- Providing an environment that ensures children are appropriately supervised at all times.
- Ensuring all required fencing is in working condition and is compliant with current regulations.
- Providing a variety of indoor and outdoor experiences, catering for children's interests and abilities.
- Providing an environment where children can explore, solve problems, create, construct and engage in critical thinking that is developmentally appropriate
- Providing an environment that permits children to participate in activities independently or in small groups and access resources autonomously.
- Providing an environment that incorporates commercial, natural, recycled, homemade and real resources that can be used in a variety of ways to encourage children's learning.
- Providing sufficient and accessible hand-washing, toileting, eating and sleeping facilities



- Providing adequate and appropriate hygienic facilities for nappy changing, which are properly constructed ensuring children's safety.
- Incorporating natural and artificial lighting, appropriate ventilation, heating and cooling and fresh air.
- Providing appropriate areas for food preparation.
- Ensuring 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.
- Ensuring all equipment, including resources, equipment, car seats, booster seats etc. meets relevant Australian Standards and educators are trained in correct maintenance and assembly.

Laundering of soiled items:

Soiled clothing will be returned to a child's home for laundering. Educators will remove soiled content and placed into a plastic bag. Items will be stored securely in a sealed container and not placed in the child's bag.

Ongoing Maintenance:

- The Family Day Care Service will continuously reflect on its environment and put in place a plan to ensure that the environment continuously reflects our ideology of providing an environment that is safe, stimulating and engaging for all who interact with it.
- The Approved Provider will ensure that the Service and its grounds comply National Regulations

- 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 (if applicable)

This must to be done in order 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) educators will wear gloves and use tongs to pick up the object and it 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 check for any infestations or nests.

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 will make the appropriate arrangements to have repairs carried out as soon as possible.

Checklist: Outdoor:

- Building maintenance - regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Records of any damages and subsequent repairs are kept.
- Doors - have finger jam protectors.
- Dust mites, pet allergens - regular dusting and vacuuming.
- Fences - **fence** off securely and effectively all sides of outdoor play areas from roads, water hazards, and driveways. Maintain fences have correct height. Install childproof self-locking devices on gates.
- Garbage - safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.
- Garden and renovation debris removed. Regularly trim branches and bushes.
- Garages and sheds - keep locked.
- Heating, cooling, ventilation, lighting - comfortable, safe, maintained, guarded and are kept out of reach of children.
- Hygienic, regularly cleaned and maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
- Non-slip floors, stairs, steps, grounds and nonporous indoor floors for easy cleaning.
- Renovation dangers e.g. lead, asbestos, holes and excavations – reduce risks.
- Pesticide residue - dangerous chemicals should not be used to remove vermin.
- Safety glass is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.
- Security - minimising unauthorised access with appropriate fencing and locks.
- Spills - clean away as they occur.
- Under Service access (including buildings on stilts and footings) – lock or block access.
- Window fly screens securely fitted, maintained and permanent.
- Hazards and driveways. Maintain fences, have correct height, install childproof self- locking devices on gates.
- Bikes and wheeled toys - it is recommended that correctly fitted helmets be worn every time children use 'bikes' and wheeled toys.
- Service car park - ensure family members are aware of pedestrian safety rules such as holding their child's hand and alighting children from the safety door. Encourage families to always supervise their children to prevent accidents and injuries, which could occur as a result of reversing vehicles.
- Finger entrapment - all holes or openings in playground equipment must be between 8-25 mm.
- First aid kit is approved, maintained, and accessible throughout outdoor play.

- Hazardous Plants - identify and remove or make inaccessible to children.
- Machinery, tools and equipment - ensure all engine operated or other hazardous equipment, tools or machinery are stored securely and are inaccessible to children.
- Pet and animal droppings cleared or inaccessible to children in outdoor areas, exclude dogs from children's play areas, finger proof pet enclosures, supervise pet interactions with children.
- Pool safety, fencing and gate compliance, paddling pools emptied immediately after use, turn upside down, disinfected if soiled.
- Safe play rules and adequate safe play areas - talk with children about how to play safely. Maintain safe layouts for outdoor play areas to avoid collisions between children.
- Sandpits - cover when not in use, regularly clean, rake, and remove sand soiled by faeces or blood. Hose sandpits at end of day after removing contaminated sand and material.
- Soft fall - appropriate ground cover under outdoor climbing and play equipment, meets standards.
- Sun protection clothing, hats, and sunscreen, for un-shaded areas - minimise play at peak sun exposure times. Install a sunshade over sandpits and play areas.
- Ensure children are visible and supervised at all times. High-risk areas and climbing and other outdoor play equipment. Make hazardous equipment, machinery, chemicals, and any other materials inaccessible to children.
- Water hazards - cover and make inaccessible to children, e.g. ponds, dams, spas, creeks, nappy buckets.
- Water troughs are to be used under supervision only and will not be used without a stand, keeping it off the ground. Children are to remain standing on the ground whilst using the water trough
- Play equipment that is higher than 50cm has soft fall installed underneath at least 25cm in depth under and 1.9m from the perimeter of the equipment. Place outdoor play equipment away from paths and solid garden edging.
- Surfacing used underneath and around equipment complies with Australian and New Zealand Standards AS/NZS 4422, 1996, and is maintained regularly; materials may need to be raked, redistributed and checked weekly for spiders, sharp objects or animal litter.

Checklist: Indoors

- Access for children and adults with disability - ensure safe access into, within and out of the Family Day Care Service, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.
- Barriers - age appropriate, child proof, self-locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the Service, front and back garden.
- Children at risk – maintain extra security and supervision for children at special risk.
- Choking hazards e.g. small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags and balloons.
- Decorations and children's artwork - do not place near ceiling fans, air conditioners or heaters. Avoid use of tacks, pins, and staples.
- Emergency evacuations - develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures.
- Fire - fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.
- First aid kit with approved contents is maintained and accessible. Ensure First Aid certificates are current for relevant educators.
- Furniture and nursery equipment - stable, maintained and meets safety standards.
- Guard and make inaccessible **to Children:** heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment. Ensure heaters are away from children's cots.
- Hazardous indoor and outdoor plants identify, remove or make inaccessible to children.

- Heaters - ensure that children cannot come in contact with hot surfaces. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating.
- Hot water - ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current KidSafe recommendation is below 43.5°C).
- Machinery, tools and equipment – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
- Noise - reduce excessive exposure.
- Non-slip, non-porous floors, stairs.
- Pets and animals - inform families of pets being kept on family day care premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, clean, and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.
- Record details and notify parents of any child accident.
- Safe play rules and adequate play spaces: discourage running indoors and safe furniture layout to avoid collisions.
- Safety glass used and installed according to Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, safety decals on sliding doors and plate glass doors at child and adult eye level.
- Security - ensure all entry doors are locked at all times and place bells on doors.
- Smoke free environment in all areas.
- Educator's personal items - ensure educator 's personal items are kept secure and are inaccessible
- Stairways, ramps, corridors, hallway, external balcony must be enclosed to prevent a child falling.
- Store in locked cabinet any unsafe items, e.g. chemicals, medicines, razors, knives and electrical equipment.
- Supervision and visibility of children - ensure children are visible and supervised at all times. High-risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas.
- Toys - meet safety standards, age appropriate, maintained, and non-toxic.

CLEANING OF BUILDINGS, PREMISES, FURNITURE AND EQUIPMENT

- The Family Day Care Service will be cleaned at the end of each day and throughout the day as needed.
- Accidents and spills will be cleaned up as quickly as possible to ensure that the Family Day Care Service always maintains a high level of cleanliness and hygiene.

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, the Family Day Care Service will:

- Adhere to manufacturer's advice and instructions when using products to clean furniture and equipment
- Store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact
- Ensure any substance found to be stored in a different container than originally provided, or with destroyed labels and/or unknown use by dates where appropriate will not be used under any circumstances.
- Ensure containers are disposed of correctly following local council guidelines, and not reused under any circumstances.

- Ensure all dangerous chemicals, substances and equipment are stored in a locked place or facility that is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges and toiletries.
- Manufacturer's instructions are followed, particularly of any product, which may need to be stored in a refrigerated environment pursuant to the directives.
- Any substances that need to be refrigerated must be stored in a labelled, placed in a child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children.
- All hazardous chemicals must be supplied with a Safety Data Sheet (SDS)
- Will keep **a register of all hazardous chemicals**, substances and equipment. Information recorded should include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.
- Use appropriate personal protective clothing should be worn in accordance to the manufacturer's instructions when using and disposing of hazardous substances or equipment.
- Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on **13 11 26**, or call an Ambulance on **000**
- In any emergency involving a hazardous chemical or equipment, call the emergency Services, dial 000 and notify the appropriate authority as required by regulations or guidelines.

The **Poison Safety Checklist** will be used in order to ensure we are consistently meeting requirements.

Inspection and Testing of Electrical Equipment

- The Family Day Care Service must ensure that electrical equipment is regularly inspected and tested by a competent person if the electrical equipment is supplied with electricity through an electrical socket and used in conditions where it could be damaged, including exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust.

Maintenance of Fire Equipment

- All fire equipment at the Family Day Care Service will be maintained as per the legal standards.

Service Closure

- Family Day Care Educators are to check the entire premises to ensure that all children and families have departed by checking sign in and out sheets.
- Family Day Care Educators must sign the sign in and out sheets confirming all children are signed out.
- In the case where a parent has omitted to sign their child out, and the Family Day Care Educators did not witness the child leave the Service, the Educators must take every step to get in contact with the parent to ensure the child has safely left the Service.
- If unable to contact the family, the Family Day Care Educators are to contact other Educators present on that day for confirmation that the child has been collected. The Supervisor is to then be notified before leaving the Service.
- Individuals visiting our Family Day Care Service must also sign in when they arrive at the Service and sign out when they leave.

- Details of absences during the day must also be recorded

SOURCE:

<p>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 Swimming Pools Act 1992 Work Health and Safety Act 2011 Work Health and Safety Regulations 2011 National Quality Standard Cancer Council NSW Sample Sun Protection Policy Family Day Care Safety Guidelines</p>
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REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 3.02 SAFE STORAGE OF HAZARDOUS CHEMICALS POLICY

By maximising responsiveness of the prospective hazards of chemicals and equipment, we aim to condense the risk of harm to Educators, children and families by ensuring hazardous products are safely stored and controlled.

National Quality Standard (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 protected from harm and hazard

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
85	Incident, injury, trauma and illness policies and procedures
97	Emergency and evacuation procedure
106	Laundry and hygiene facilities

PURPOSE

Our Service aims to use environmentally friendly products, ensuring we provide a safe environment where chemicals and hazardous equipment are safely stored and managed away from children and are handled appropriately.

SCOPE

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

IMPLEMENTATION

A Nominated Supervisor/ Responsible Person will ensure:

- That educators are up to date with their ACECQA approved first aid qualifications at all times.
- There are appropriate storage facilities in the Services in which dangerous products are stored.
- Dangerous products will be stored in areas of the Services that are not accessible to children or in cupboards fitted with childproof locks.
- Chemicals used by educators in spray bottles are clearly labelled with contents.

Educators will:

- Seek medical advice if needed by contacting the Poisons Information Line – 13 11 26 or by calling 000.
- Wear Personal Protective Clothing when handling dangerous materials.
- Strictly adhere to the 'Directions for use' on the product label.
- 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.
- Consider minimising the use of dangerous products in the education and care service and use alternate "green cleaning" options.
- Complete daily safety checklists to ensure that any dangerous products used within the education and care service are stored appropriately.
- Store all dangerous products in well-labelled and original containers that preferably have child resistant lids and caps.
- Only administer children's medications with family authorisation and in accordance with medical directions. See Medication Policy.
- Ensure medication is stored in an area inaccessible to children.
- Ensure any medications or dangerous substances that require refrigeration, be placed in a labelled childproof container, preferably in a separate compartment of the fridge.
- Be encouraged to attend professional development sessions to maximise their awareness of dangerous products, potential hazards and source chemical free methods to reduce possible hazards in the education and care service.
- Be made aware on initial orientation at the Service, correct storage and usage procedures for potentially hazardous materials.
- Ensure cleaning and hazardous products are not be stored close to food products.
- Read the label before using any cleaning material, sprays or chemicals and be aware of appropriate first aid measures.

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
Occupational Health and Safety Act 2000
Occupational Health and Safety Regulations 2001
The NSW Work Health and Safety Act 2011 [www.workcover.nsw.gov.au/
newlegislation2012/Pages/default.aspx](http://www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx)**

Storage and Handling of Dangerous Goods: Guidance
www.workcover.nsw.gov.au/formspublications/publications/Documents/storage-handlingdangerous-goods-1354.pdf
Approved First Aid Qualifications www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications
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
Revised National Quality Standards

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 3.03 ENVIRONMENTALLY RESPONSIBLE 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.

National Quality Standard (NQS)

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 environments.
3.2.2	Resource’ 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
3.2.3	Environmentally responsible	The service cares for the environment and supports children to become environmentally responsible.

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, educators, 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.

Management will:

- Network with the local community to keep up to date with current practices and ideas for being environmentally responsible. This may include water tanks, grey water system, converting toilet cisterns to dual flush and converting water saving taps.
- 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.
- 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.
- Ensure sustainable practices are incorporated into the daily routine. These will include:

Sustainable Practice	Ideas
Recycling	Recycling paper and rubbish Using recycled water
Gardening	Planting vegetables, herbs and fruits Establishing a Worm Farm Give food scraps to worms or the animals Educating children and have them participate in ‘garden to plate’ activities. Educating children about seed sprouting, weeding, vegetable gardens, cooking etc. Collaborate with the local community
Energy Conservation	Turn off lights and switches when not in use
Water Conservation	Using half flush on the toilet Turning off the water when not in use Encouraging shorter showers Turning off tap when brushing teeth Collect rain water and use in the garden, for water/sand play
Natural Resources & Equipment	Caring for pets Reusing natural materials – trees, blocks, boxes etc Educating children in the natural decomposition cycle through exposure and participation in worm farms and composting food scraps Educating children in how to care for pets, letting them actively participate in caring for the Service pets. Plant ‘bird attracting’ plants and install a birdbath Create a lizard lounge Collaborate with wildlife educators to assist in educating children
Communicate	Display in the foyer area information for families and visitors outlining the Service’s sustainability journey Provide families with hints and tips in newsletters about how they can become sustainable at home

Educators will:

- Incorporate recycling as part of everyday practice at the Service. Recycling containers will be provided throughout meal times and experiences.
- Role model environmentally responsible practices.
- Discuss environmentally responsible practices with the children and families & local community as part of the curriculum.
- 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 and air-conditioning 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.

Source

The Business of Childcare, Karen Kearns. 2004
 Education and Care Services National Regulation. 2015
 National Quality Standards
 NSW Department of Environment and Heritage – www.environment.nsw.gov.au
 Department of Sustainability, Environment, Water, Population and Communities – www.environment.gov.au
 Early Childhood Environmental Education Network
www.eceen.org.au
 Australian Association for Environmental Education (AAEE)
www.aeee.org.au NSW:
 Early Childhood Environmental Education Network
 (ECEEN) www.eceen.org.au
 Queensland Early Childhood Sustainability Network (QECSN)
www.qecsn.org.au
 Environmental Education in Early Childhood (EEEC)
www.eeec.org.au
 The Point Preschool:
www.thepointpreschool.com.au
 Revised National Quality Standards

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Quality Area IV.

Policy 4.01 CODE OF CONDUCT POLICY

We believe in forming an inclusive and welcoming environment and workplace by providing experiences that motivate and facilitate personal growth and development Family Day Care Educators. The values that underpin our work ethic includes equality, respect, integrity and responsibility.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	Staffing arrangements	Staffing arrangements enhance 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

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.1	Service philosophy and purpose	A statement of philosophy guides all aspects of the service's operations. 7
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
168	Education and Care Services must have policies and procedures

PURPOSE

Our Family Day Care Service aims to establish a common understanding of work place standards expected of all Educators. 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 Services philosophy.

SCOPE

This policy applies to Educators, management and visitors

IMPLEMENTATION

The Family Day Care Service will adhere to the Early Childhood Australian Code of Ethics, National Regulations and Quality Standards and Service policies and procedures at all times, promoting positive interactions with the Service and the local community.

Respect for people and the Service

- Our Family Day Care Service is committed to the Service philosophy and values, inclusive of best practice in early childhood education and building positive partnership with children, families and Educators
- Effective, open and respectful reciprocal communication and feedback between the Family Day Care Service, children, and families is conveyed
- It is important to treat Educators, children and families with respect. Bullying or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening or derogatory language or intimidation towards other Educators, children, visitors or families is unacceptable and will not be tolerated.
- The Family Day Care Service is committed to valuing and promoting the safety, health and wellbeing of Educators, volunteers, children and families.
- The Family Day Care Service is committed to providing an Equal Opportunity workplace and culture which values the knowledge, experience and professionalism of all Educators and the diverse heritage of our families and children

Expectations of Family Day Care Educators

- The Family Day Care Service will ensure work is carried out proficiently, parsimoniously and effectively. Educators will act in a professional and respectful manner at all times whilst at work, giving full attention to their responsibilities and adhering to all Service policies, procedures, laws, regulations and National Quality Standards
- The Family Day Care Service will act honestly and exercise attentiveness in all Service operations. Educators will carry out all lawful directions, retaining the right to question any direction which they consider to be unethical.
- The Family Day Care Service will adhere to all policies and procedures
- Management will inform Educators about essential information and make documents readily accessible to them.
- Family Day Care Services will be courteous and responsive when dealing with students, visitors, children and families.
- Family Day Care Educators will be attentive of their duty of care towards themselves and others
- Family Day Care Educators will be positive role models for children at all times
- Family Day Care Educators will respect the rights of all children
- Family Day Care Educators will respect the confidential nature of information gained about each child participating in the program.
- Ensure that inclusivity is encouraged when children from diverse backgrounds and abilities are in care;

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 Educators 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 Educators, reflecting the value of different professional approaches

Reporting a breach in the code of conduct

- All Educators are required by law to undergo a working with children check, which is verified by the employer
- If Educators become aware of a serious crime committed by another person, they are required to report it to Family Community Services
- All Educators must report possible risk of harm to children or young persons to management.
- Educators will report any concerns they may have about inappropriate actions that involves children or young people to management or Family and Community Services

Adhering to Service confidentiality

Unless authorised to do so by legislation, Family Day Care Educators must not disclose or use any confidential information without appropriate approval

All Educators are to ensure confidential information must be not accesses by unauthorised people

Educators will adhere to the Services 'Privacy and Confidentiality Policy'

Record Keeping

The Family Day Care Service will maintain full, accurate and honest records as required by national regulations

The Family Day Care Services have a responsibility to ensure compliance with record keeping obligation outlined in the Records Keeping Policy.

Duty of Care

The Family Day Care Service has 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

The Family Day Care Service has 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 hard that can be reasonably predicated.

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 Educators clothing.

Our Family Day Care Service is bound by the Education and Care National Regulations. As such, alcohol, drugs or other substance abuse by Educators can have serious adverse effects on their own health and the safety of others. As such, all Educators must not:

1. Consume alcohol nor be under the influence of alcohol while working
2. Use or possess illegal drugs at any workplace; nor

3. Drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances
4. Bring alcohol or any illegal drugs on the premises

Educators undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Approved Provider (if required).

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

Personal Hygiene

Family Day Care Educators are to adhere to the following standards:

- Shoes are enclosed with flat soles for safety
- 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
- Nail polish cannot be bright or chipped
- Good oral hygiene and grooming is essential

CODE OF CONDUCT AGREEMENT

By signing the scheme agreement, all educators 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 dismal.

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**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 4.02 RESPONSIBLE PERSON POLICY

A Responsible Person must be contactable at all times that the FDC services is educating and caring for children. The Responsible Person is either the Approved Provider or Nominated Supervisor who has been placed in day-to-day charge of the service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	Staffing Arrangement s	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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
150	Responsible Person
168	Policies and Procedures
173	Prescribed information to be displayed
177	Prescribed Records

PURPOSE

Our Service is committed to meeting our duty of care obligations under the National Law & Regulations to ensure a Responsible Person is 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 the nominated supervisor, families, educators, students, and volunteers.

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.
Responsible Person	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

- Family day care providers must ensure that at all times one or more qualified persons are employed as family day care coordinators of the service. A coordinator's role is to assist with the operation of the service, and to support, monitor and train its educators. Coordinators need to hold an approved diploma level qualification.
- Family day care educators are engaged by or registered with a family day care service to provide education and care for children at a residence or at an approved family day care venue. They must have, or be actively working towards, an approved certificate III level qualification.
- Family day care educator assistants are persons who can assist the educator in the circumstances specified in regulation 144.
- The name of the responsible person will be clearly displayed in the main entrance of the Family Day Care Service.
- If the responsible person needs to change, they will “hand over” obligations for the role to another qualified person at the Service. Both the old and new responsible person will converse directly and ensure the name of the responsible person presented at the Service appropriately reflects who presently holds the position.
- Our service will have one Responsible Person contactable at all times when caring for and educating children.
- For a Family Day Care (FDC) Service, the Nominated Supervisor assumes the legal responsibilities of the day to day operation s of the service. Assistance to family day care educators must be available at all times the FDC Service operates. The requirement to be available to provide support for a FDC educator includes being available to be contacted by telephone to provide advice and assistance to the FDC educator.

Management will ensure:

- A Responsible Person is designated
- A record which includes the name of the responsible person at the service for each time that children are being educated and cared for by the service.
- The Nominated Supervisor is over the age of 18years old
- Educators meet the minimum requirements for qualification, experiences and management capabilities
- The Responsible Person is a fit and proper person
- The Responsible Person has a minimum of 3 years’ experience working as an educator in an Education and Care service (Recommended but not compulsory)
- The Responsible Person is on duty during both early and late shifts
- Written consent of the Nominated Supervisor role has been accepted
- The staff record has the name of the responsible person at the service for each time that children are being educated and cared for by the service.

A Nominated Supervisor will:



- Sign their name & present time on the Responsible Service Record
- Provide written consent to accept the role of Certified Supervisor
- Check that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service
- Inform the Approved Provider 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 Supervisor Certificate
- 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

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

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 4.03 BULLYING, DISCRIMINATION AND HARASSMENT 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.

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.

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, and philosophy, ensuring a safe workplace for all staff and Educators employed at the Service.

SCOPE

This policy applies to management and educators of the Service.

IMPLEMENTATION

Everyone has a right not 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 and safety. Bullying may involve any of the following types of behaviour:

- Aggressive or intimidating conduct
- Belittling or humiliating comments
- Spreading malicious rumours
- Teasing, practical jokes or 'initiation ceremonies'
- Exclusion from work-related events
- Unreasonable work expectations
- Displaying offensive material
- Pressure to behave in an inappropriate manner

Bullying does not include management action carried out in a reasonable manner.

Discrimination occurs when someone is treated less favourably than others because they have a particular characteristic, such as age, race or gender.

Harassment involves unwelcome behaviour that intimidates, offends or humiliates a person because of particular characteristics as listed above and including; disability, religion, or sexuality.

There are a number of anti-discrimination, equal employment opportunities, workplace relations, and human rights laws which make it illegal to discriminate or harass a person in the workplace.

Our Service philosophy, code of conduct and early childhood code of ethics will guide educator interactions and best practice by providing a vision, a purpose 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
- They have a comprehensive understanding of the Service’s code of conduct, complaint and grievance policy and the Early Childhood Code of Ethics.
- Educators are informed that inappropriate behaviour, including bullying and harassment will not be tolerated
- Inappropriate behaviour is addressed
- 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 expectations
- Constructive feedback is provided to staff and Educators
- Communication practices are reviewed frequently to ensure best practice
- All staff and educators are treated equally

Educators will:

- Be involved in decision making with a clear understanding of their roles and responsibilities, outlined in each individual job description
- Be encouraged to 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 at an early stage to management
- Provide management with specific information regarding the perceived bullying and being 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 a bullying allegations

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
 Fair Work
 Early Childhood Australia www.earlychildhoodaustralia.org.au
 Australasian Legal information institute www.austlii.edu.au
 Revised National Quality **Standard**

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Quality Area V.

Policy 5.01 ANTI-BIAS & INCLUSION 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.

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 Regulation

155	Interactions with children
156	Relationships in groups
157	Access for parents

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, educators, management and visitors of the Family Day Care Service

IMPLEMENTATION

Our Anti-Bias and Inclusion policy underpins the philosophy of the Family Day Care 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 Family Day Care 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 Family Day Care 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 Family Day Care 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 ensuing 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, 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 Family Day Care 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 instill 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 ad 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
Anti-Discrimination Board of NSW
www.lawlink.nsw.gov.au
Exploring Multiculturalism
www.cscentral.org.au/Resources/Exploring_Multiculturalism.pdf
Revised National Quality Standard

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REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
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MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations
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Policy 5.02 BEHAVIOUR GUIDANCE POLICY

The right for children to receive positive guidance in a supportive and respectful environment is protected in 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 behavior assists children to regulate their own behaviours in different social and emotional environments as well as when interacting with peers and adults.

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

Children (Education and Care Services) National Law	
155	Interactions with children
156	Relationships in groups

PURPOSE

We aim to create positive relationships with children making them feel safe, secure and supported within our Service. We will ensure children are treated with respect, consistency, fairly and equitably 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), The Education and Care Services National Regulations and the National Quality Standard (NQS).

SCOPE

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

Definition of 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, cited in the Guide to the NQF, p.629).

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.
- Educators understand that as children grow and develop self-regulation becomes an important aspect of social and emotional development as they begin to understand how their actions affect others.
- 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, and provides developmentally appropriate experiences and resources
2. Strategies for building skills and strengthening positive behaviour based on age-appropriate behaviour expectations
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 enhance their skills and knowledge in guiding children's behaviour
- A Strategic Inclusion Plan (SIP) is developed with local support agencies
- The SIP is reviewed on a periodic basis reflecting changes that have been applied through the implementation of the plan.

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 to 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.

Educators will:

- 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
- Implement a regular routine to support children's positive behaviour. Routines help to provide a sense of security so children feel settled.

Families will:

- Be informed of behaviour concerns the Service 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.
- Gradually develop an understanding 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:
 - 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.

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://raisingchildren.net.au>
www.napcan.org.au
www.cyh.com
www.acwa.asn.au
www.community.nsw.gov.au
www.kidsmatter.edu.au
 Louise Porter
 Developing Responsible Behaviour
 Revised National Quality Standards
 Inclusion – KU Children’s Services
 Department of Education and Training
 Inclusion Support Programme -
https://docs.education.gov.au/system/files/doc/other/overview_of_the_strategic_inclusion_plan-web_o.pdf

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Quality Area VI. COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES

Policy 6.01 ENROLMENT POLICY

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 Family Day Care Service. Such partnerships enable the Family Day Care Service and families to work toward the common goal of promoting consistent quality outcomes for individual children and the Family Day Care Service.

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
88	Infectious diseases
90	Medical conditions policy
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
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
178	Prescribed enrolment and other documents to be kept by family day care educator
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

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 Family Day Care Service to promote positive outcomes for children whilst adhering to legislative requirements.

SCOPE

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

IMPLEMENTATION

Our Service accepts enrolments of children aged between 4 months - 12 years of age. Enrolments will be accepted providing:

1. The maximum daily attendance does not exceed the licensed capacity of the Family Day Care Service
2. A vacancy is available both for the booking required and the agreed number of children is in accordance with the licensing requirements
3. The adult to child ratio is maintained at the Family Day Care Service

The Family Day Care Service recognises the Educator as an agent for the service in relation to the enrolment of children into the service as permitted by National Education and Care Services Regulations, and provide an efficient enrolment procedure that is clear and comprehensible to family day care educators and families.

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 Family Day Care 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 a number of 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 particular 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.
- Families are required to pay an enrolment fee and two week bond which is calculated at full fee to secure the position. Failure to pay the upfront fees will lead to the child not being accepted. When 2 weeks' notice of withdrawal is given, the bond will be refunded.
- 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:

1. Children in Aboriginal and Torres Strait Islander families.
2. Children in families, which include a disabled person.
3. Children in families on low income.
4. Children in families from culturally and linguistically diverse backgrounds.
5. Children in socially isolated families.
6. 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.
 - 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
- 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.

POLICIES & PROCEDURES

- 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 Family Day Care Service we have all corresponding documents including enrolment form, medical plans, birth certificate or passport, immunisation status, Child Subsidy Arrangement Form 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.
- 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 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:

1. The full name, residential address, place of employment and contact telephone number of a parent
2. The full name, residential address, place of employment and contact telephone number of a person who may be contacted in case of an emergency concerning the child if a parent is unable to be contacted. Parent must nominate who can be contact in the case of an emergency or for the collection of the child.
3. The full name, residential address, place of employment and contact telephone number of any person authorised to collect the child from the Service. Parent must nominate who can be contacted for the collection of the child
4. The gender of the child
5. Provision of care – if care will be a routine and/or casual etc
6. Session start and end times
7. Agreement on Fee information
8. Any court orders or parenting agreements regarding the child
9. The primary language spoken by the child; if the child has not learnt to speak, the child's family's language
10. The cultural background of the child
11. Any special requirements notified by the family, including for example cultural or religious requirements
12. The needs of a child with a disability or with other additional needs
13. 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.
14. A statement indicating parental permission for any emergency medical hospital and ambulance services

15. The name and address and telephone number of the child's doctor and the nearest public hospital
16. Excursion permission for regular occurring outings
17. The child's Medicare number
18. Specific healthcare needs of the child, including any medical condition including allergies, including whether the child has been diagnosed as at risk of anaphylaxis
19. Any medical management plan, anaphylaxis Medical Management Plan or Risk Minimisation Plan to be followed with respect to a specific healthcare need, medical condition or allergy
20. Details of any dietary restrictions for the child
21. The immunisation status of the child
22. CRN for child and claimant
23. Birth Certificate
24. Child Care Subsidy Assessment confirmation
25. Confirmation of Enrolment

ORIENTATION OF THE SERVICE

During the orientation of the Family Day Care Service, families will be:

- Given the 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
- Spoken to about the enrolment fee and bond
- Shown the signing in/out process
- Spoken to about appropriate clothing worn to the Service, including shoes
- Informed about children bring in toys from home
- Introduced to 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 and how parents can view this
- Introduced to the portfolios and the observation cycle.
- About Hats and Sunscreen
- Able to set Family Goal's for their child
- Confirm preferred method of communication

The Approved Provider will ensure:

- Enrolment form is completed accurately and in its entirety
- Inform the Educator/s of the new child who will be in the room, highlighting any medical conditions, interests, needs and strengths
- Immunisation certificate and birth certificate have been sighted and photocopied
- Enrolment lodged with DEEWR
- File for Child's information created
- Provide families with an orientation survey to complete within the first 6 weeks of starting to gain feedback about the orientation and enrolment process.
- Child Care Subsidy is explained to families

Child Care Subsidy

- Child Care Subsidy (CCS) replaces the Child Care Benefit (CCB) and Child Care Rebate (CCR) with a single, means-tested subsidy
- Families will need to complete the 'Child Care Subsidy Assessment' Task online through the myGov website.
- Child Care Subsidy is paid directly to providers to be passed on to families as a fee reduction
- Families will contribute to their child care fees and pay to the Service the difference between the fee charged and the subsidy amount

ENROLMENT RECORD KEEPING

- Our Record Keeping Policy outlines the information and authorisations that we will include in all child enrolment records

ON THE CHILD'S FIRST DAY

- The child and their family will be welcomed into their room for the first day.
- They will be greeted by one of the educators who will show them where to sign in and out, discuss what is happening in the room, and show where the child's locker is.
- 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 2004
Education and Care Services National Regulation 2015
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

POLICY REVIEWED	March 2017	NEXT REVIEW DATE	March 2018
POLICY REVIEWED	May 2018	NEXT REVIEW DATE	March 2019
MODIFICATIONS	Modifications made to update information relating to Child Care Subsidy changes		

Policy 6.02 TERMINATION OF ENROLMENT POLICY

National Quality Standard (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.

PURPOSE

To ensure that each child and family obtain a comprehensive induction to the Service as per our legal agreement, which instructs 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 and Staff are determined to develop a respectful two-way partnership between the family and Service. However, management recognises that there may be some circumstances where the appropriate course of action is the cancellation of a child's enrolment.

Behaviour Management

There are times when children's behaviour requires guidance, working in collaboration with 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, we reserve the right to ask you to withdraw your child from the Service, in order to keep the children and staff safe.

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 children's enrolment if at any time a Service policy has been breached.

This may include:

- Failure to comply with the enrolment contract
- Disparaging or hurtful behaviour of a child that continues even with parent collaboration in stopping the behaviour.
- Non-payment of childcare or late fees and/or recurring late payment of fees.

POLICIES & PROCEDURES

- Continuing to pick up the child past the required licensed time.
- Inability to meet the child's needs without additional staff.
- Deliberate impertinence towards the approved provider or staff.
- 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.

Employees with children at the Service

Employees are welcome to enrol their child at the Service, however if an employee is terminated from their position, the Service reserves the right to terminate the child's position due to conflict of interest.

Withdrawing a Child from the Service

- Families are required to give two weeks written notice to cease their child's enrolment. Once the written notice has been given to the Nominated Supervisor the two week holding deposit/bond is then transferred into the last two weeks of childcare fees to cover the notice period. If less than the required written notice period is given, the two week holding deposit/bond is kept as part-payment in lieu of the notice period and families are required to pay the remaining balance.
- Children are required to attend the notice period, or they will forfeit their Centrelink incentives and will be required to pay the full fee.

Withdrawal from Care: (Prior to the agreed commencement date)

If a family has accepted the offer of a placement, then decides to withdraw from care before the agreed commencement date, the written notice period applies. If less than the written notice period is given prior to the agreed commencement date, full payment of the two weeks holding deposit/bond is payable to the Service and is nonrefundable

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. NSW Government.
Revised National Quality Standards**

Review

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 6.03 GRIEVANCE 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.

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.
Quality Area 7: Governance and Leaderships		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.2.1	Continuous Improvement	There is an effective self-assessment and quality improvement process in place.

Education and Care Services National Regulations

Children (Education and Care Services) National Law Victoria	
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

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:

POLICIES & PROCEDURES

- 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, educators, 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 office (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).
- **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 Department of Early Childhood Education and Care 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 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 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:

- 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
- This 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.

POLICIES & PROCEDURES

- Discussing the nature of the complaint (or breach) and giving an educator, staff member, volunteer or visitor an opportunity to respond.
- Permitting them to have a support person present during the consultation (for example: Union Representative, 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 agreement.
- 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 those 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 Department of Education and Communities 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.
- Stimulate, 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.

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
- Ensure evidence is kept in a secure and confidential place.
- Involve the Approved Provider or Licensee in the conflict resolution if necessary.
- Should it be necessary to interview relevant people concerning the grievance, their involvement should be kept to the minimum necessary to establish the facts.
- They 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 told 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 Department of Education and Communities.
- If the grievance is of a serious nature, the Nominated Supervisor is responsible to inform the Department of Education and Communities.

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 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

**Education and Care Services National Regulation
National Quality Standard
ACECQA
Human Rights and Equal Opportunities Commission
Revised National Quality Standard**

Review

Date Reviewed	Modifications	Next Policy Review Date
August 2018	Changes made to reflect a more generalised approach, taking out the Educator/Student complaint specifications	August 2019

Quality Area VII. GOVERNANCE AND LEADERSHIP

Policy 7.01 GOVERNANCE POLICY

The Governance Policy provides the overall direction, effectiveness, supervision and accountability of a Service. Management are 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.

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
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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
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
181-184	Confidentiality and storage of records

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, management and visitors of the Service

IMPLEMENTATION

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 and administrating the Service. Our Service has the following established positions:

Approved Provider	Pink Lotus FDC Scheme PTY LTD
Nominated Supervisor	Ms Ha Dao
Educational Leader	Ms Ha Dao

The Approved Provider is responsible for:

- Ensuring compliance with the Education and Care Services National Law and Education and Care Services National Regulations
- Complying with family assistance law
- Complying with funding agreements where appropriate
- Ensuring the Service remains financially viable and can meet its debts and other obligations as they fall due
- Managing control and accountability systems
- Completing a Quality Improvement Plan for the Service and update it at least annually
- Complying with all other Victoria and Australian governments' legislation that impacts upon the management and operations of a Service.
- Acting honestly and with due diligence
- Developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service
- Developing a clear and agreed philosophy which guides business decisions which is reviewed annually
- 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.
- Reviewing the Service's budget and monitoring financial performance and management to ensure the Service is solvent at all times, and has good financial strength
- Approving annual financial statements and providing required reports to government setting and maintaining appropriate delegations and internal controls
- Reviewing the work process regularly
- Providing clear, and direct feedback and instruction that is suitable and communicated in writing
- 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 “Being Belong Becoming” and “My Time, Our Place”.
- There will be a collaborative and consultative process to support the development of the philosophy that will include children, parents and Educators.
- All documents will be dated and include nominated review dates.

CONFIDENTIALITY

- The family day care educator will keep confidential the matters of each child in their care and of the child’s family and shall not disclose any information to a third party other than the family day care service or as legally required to do so.
- Confidential conversations will be conducted in a quiet area away from other children, parents, staff and family day care educators. Such conversations in relation to the health and wellbeing of the child will be documented and filed in a confidential manner.
- Reports, notes and observations in relation to family day care educators, family day care service staff and children must be objective, accurate and free from bias and negative comments including use of labels.
- Students, volunteers and/or visitors to the family day care educator’s residence and/or venue will ensure that information in regard to family day care educators, family day care service staff, children and families is not discussed outside of the context in which it was heard.
- Any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (example email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.

ETHICAL DECISION-MAKING

Our Service will make decisions which are consistent with our policies and procedures which work in conjunction with the national education and care law and regulations, our approved learning framework (EYLF) and the ethical standards.

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.

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 the children and their families and the staff, using procedures to ensure appropriate privacy and confidentiality practice is upheld
- The Approved Provider assists in determining the process, storage place and time line for storage of records.
- 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 need to ensure that the record retention procedure meets the requirements of the following government departments:
 - Australian Tax Office (ATO)
 - Family Assistance Office (FAO)
 - Early Childhood Education and Community (ECEC)

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.
 A Directors Manual – Managing an early education and care service in NSW
<http://cccncsw.org.au/wp-content/uploads/a-directors-manual-sample.pdf>
 Confidentiality Policy
 Work Health and Safety Act
 Child Care Service Handbook (CCMS)**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 7.02 ENGAGEMENT AND REGISTRATION OF FDC POLICY

Family day care educators will meet the family day care service engagement and registration process in order to provide professional and appropriate education and care for children and families.

NATIONAL QUALITY STANDARD (NQS)

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
119	Family Day Care Educator and Family Day Care Educator Assistant to be at least 18 years old
120	Educators who are under 18 to be supervised
127	Family Day Care Educator Qualifications
136	First Aid Qualifications
153	Register of Educators working directly with children
169	Education and care services must have policies and procedures

PURPOSE

We aim to create and maintain a positive and professional approach through the provision of professional service delivery of engaging and registration of family day care educators.

SCOPE

this policy applies to the family day care approved provider and family day care educators

IMPLEMENTATION

The Family Day Care Service will have a consistent process in the recruitment and registration of Family Day Care Educators. Educators will have a variety of backgrounds and life experiences, to reflect the diversity within our community, whilst adhering to all current regulations and standards.

- Our Service will use a variety of advertising for Family Day Care Educators, which include paper based, electronic and work of mouth.
- Educators will have current qualifications for working with children

- All Educators within our service, along with volunteers will have a current working with children check (WWCC) and National Police Record Check
- The Family Day Care residence or venue must be assessed and approved prior to commenced of education and care
- A potential Family Day Care Educator may be required to gain a medial clearance from a qualified medical practitioner, stating he/she is physical and/or mentally capable of the duties and requirements for work in Family Day Care
- If potential Family Day Care Educators are dissatisfied with the engagement and registration process, they will be encouraged to use the grievance procedure
- Educators are required to examine their own immunisation status in order to protect themselves and the children and families they work with.
- All Educators are required to complete a minimum of 4 training sessions annually.

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**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

ENGAGEMENT AND REGISTRATION OF FAMILY DAY CARE EDUCATORS PROCEDURE

This procedure is to be followed in order to provide education and care for children and families. The approval of a person as assistant is subject to approval by the Service provider and their ability to demonstrate they are a fit and proper person outlined in the National Regulations.

1. Initial Contact

- Gather information
 - Personal details – name, address, date of birth and contact details
 - Educator’s qualifications
 - Working with children check
 - National Police Record Check
 - Details of family or household members living in the residences, including the number and age of children
 - Employment of Educator’s with a variety of backgrounds, including gender, marital status, ethnicity, religious beliefs and languages spoken
 - Provide the potential educator with the following information
 - Overview of the family day care service
 - Number of children approved to have at the service
 - Rate of pay
 - Available support
 - Local government requirements
 - Induction and Orientation information to be sent to the applicant
 - Overview of Family Day Care’
 - Application process
 - Qualification requirements
 - Access to family day care policies and procedures
 - Service Registration Application Form
2. On receipt of the Service Registration Application form, the family day care service will review the information to confirm if the applicant meets the family day care requirements
 3. If the applicant meets the family day care service’s requirement then the applicant will be required to complete all required documentation. If the applicant does not meet the family day care service requirements, they will be advised via email.
 4. The Educator will be required to attend initial training with the service to ensure compliance with the service philosophy, Policies and Procedures, Health and Safety, Interactions with children, Communication with Families, Code of Ethics, The Education and Care Services National Regulations and the Law and The National Quality Standards.

Policy 7.03 THE ENGAGEMENT OR REGISTRATION OF FAMILY DAY CARE EDUCATOR ASSISTANTS (STUDENT, VOLUNTEER, PAID ASSISTANT) POLICY

NATIONAL QUALITY STANDARD (NQS)

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
119	Family Day Care Educators and Family Day Care Educator Assistant to be at least 18 years of age
124	Number of children who can be educated and care for – family day care educator
127	Family day care educator qualifications
136	First aid qualifications
144	Family day care educator assistant
154	Record of staff, family day care coordinators and family day care educator assistants
169	Additional policies and procedures – family day care service

PURPOSE

The Family Day Care Service aims to construct and maintain a constructive and professional approach through the provision of operational inductions and orientation procedures for Educator's assistants including volunteer, paid assistant, and student.

SCOPE

this policy applies to Family Day Care Educators, Educators assistants and Management.

IMPLEMENTATION

The Family Day Care Service will ensure that:

- There is a clear registration process when engaging Educators Assistants
- Educators assistants are provided with information about the service including requirements
- A register of Educators Assistants is maintained to ensure compliance with legislation
- All Educator Assistants are provided with comprehensive training to ensure clear and concise understanding about their role and responsibilities at the service

POLICIES & PROCEDURES

- Educators Assistants have been deemed a fit and proper person
- Educators Assistants are a minimum of 18 years of age
- Educators Assistants have been provided with the services policies and procedures in order to maintain compliance and quality standards.
- Educators Assistants have completed all required paperwork, including personal details, qualifications and working with children check
- Educators Assistants are provided with an overview of the service
- The approved provider of the family day care service approves a person to assist a family day care educator in providing education and care to children as part of a family day care service in the circumstances set out in National Regulations.

The approved family day care educator assistant may assist the family day care educator by:

- (a) In the absence of the family day care educator, transporting a child between the family day care residence or approved family day care venue and—
- A school; or
 - Another education and care service or children’s service; or
 - The child’s home; and
- (b) Providing education and care to a child, in the absence of the family day care educator, in emergency situations, including when the educator requires urgent medical care or treatment; and
- (c) Providing education and care to a child, in the absence of the family day care educator to attend an appointment (other than a regular appointment), if—
- The absence is for less than 4 hours; and
 - The approved provider of the family day care service has approved that absence; and
 - (iii) Notice of that absence has been given to the parents of the child; and
- d) Providing assistance to the educator while the educator is educating and caring for children as part of a family day care service.

An approved provider must not approve a person outlined in the National Regulations unless the family day care educator provides the written consent of a parent of each child being educated and cared for by the educator to the use of the assistant in the circumstances set out in National Regulations.

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.

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
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MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations
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ASSITANT, STUDENT AND VOLUNTEER ACKNOLEDGMENTS CHECKLIST

NAME	
INSTITUTION	
PLACEMENT/Working Start DATES	

ORIENTATION PACK	INCLUDED
Assistant/Student/Volunteer related Policies	
Assistant/Student/Volunteer Application Form	
Working With Children Check Information	
Service Philosophy	

ORIENTATION PACK	DISCUSSED Yes/No
THE SERVICE	
Student/Volunteer Detail Form	
Working with Children Check Number – WWCC	
Introduced to Educators	
Shown service floorplan & explained breaks	
Explained hand washing procedure – how and when.	
Shown all store rooms 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	
Gone through the Service philosophy and expectations	
Explained qualifications highlighting fundamental duties and responsibilities	
Reinforced the Service’s confidentiality agreement	

Explained opening procedure and closing procedures	
Shown where copies of the Service Policies are situated for future access and referral	
Explained the role of Children’s Services (Licensing/Regulations)	
Explained the Assessment and Rating process and National Quality Standards	
Smoking In The Workplace	
SERVICE POLICIES AND PROCEDURES	
Grievance	
Supervision	
Child Protection	
Respect for Children	
Sun Safety	
Behaviour Guidance	
Code of Conduct	
Procedures	
Sleep Procedure	
Nappy Change Procedure	
Toddler Nappy Change Procedure	
Toileting Procedure	
Cleaning Procedure	
Sick Leave	
Supervision	

YOUR SUPERVISOR IS:			
I have read and agree to abide by the Service policies and procedures outlined in the acknowledgement checklist.			
STUDENTS NAME:			
STUDENTS SIGNATURE		DATE :	
SUPERVISOR NAME:			
SUPERVISORS SIGNATURE:		DATE :	

STUDENT EVALUATION

STUDENTS NAME:		DATE:	
STUDENTS 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 expectations	1	2	3	4	5	6	7	8	9	10
Collaboration as a team	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:										
AREAS FOR IMPROVEMENT:										

Policy 7.04 KEEPING A REGISTER OF FAMILY DAY CARE EDUCATORS POLICY

Under the National Law and Regulations, Family Day Care services are required to maintain a register of Family Day Care Educators and assistants ensuring the register is current and compliant.

NATIONAL QUALITY STANDARD (NQS)

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
153	Register of family day care educators

PURPOSE

The Family Day Care Service aims to act in an equitable and transparent manner when registering educators, ensuring compliance with National Regulations.

SCOPE

This policy applies to children, families, educators of the service.

IMPLEMENTATION

The Family Day Care Service will ensure that the register of family day care educators is developed and maintained with the following information of all educators:

1. The full name
2. Date of birth (minimum of 18 years of age)
3. Contact details
4. The address of the residence or approved Family Day care ensure where the Educator will be providing education and care to children as part of the service.
5. The date the Educator was engaged by or registered with the family day care service
6. The date the Educator ceased to be engaged by or registered with the service for the period of three years following that date
7. The days and hours when the Educator will usually be providing education and care to children as part of the service
8. If the Educators is an approved provider, the number of the provider approval and the date the approval was granted
9. If the Educators is a Certified Supervisor, the number of the supervisor certificate and the date it was granted.
10. Evidence of any relevant qualifications held by the Educator, or if applicable that the Educator is actively working towards that qualification as provided under regulation 10.

POLICILIES & PROCEDURES

11. Evidence that the Educator has completed; current approved first aid training, current approved anaphylaxis management training and current approved emergency asthma management training.
12. Evidence of any other training completed by the Educator.
13. If the Educator will be providing education and care to children in a jurisdiction with a working with children law or a working with vulnerable people law, a record of the identifying number of the check conducted or card issued under that law and the expiry date of that check or card (if applicable).
14. For each child educated and cared for by the Educator as part of the Family Day Care service; the child's name and date of birth and the days and hours that the Educator usually provides education and care to that child.
15. If the education and care is provided in a residence; the full names and dates of birth of all persons aged 18 years and over who normally reside at the Family Day Care residence, and the full names and dates of birth of all children aged under 18 years who normally reside at the Family Day Care residence.
16. A record of the identifying number of the Working with Children Check, Working with Children Card, Working with Vulnerable People Check or Criminal History Record Check

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.**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 7.05 MONITORING, SUPPORT AND SUPERVISION OF FAMILY DAY CARE EDUCATORS AND ASSISTANTS POLICY

NATIONAL QUALITY STANDARD (NQS)

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
168	Education and care services must have policies and procedures

PURPOSE

The Family Day Care Service aims to maintain quality education and care to children and families, improving practices with the service to ensure compliance with National Regulations and Law and upholding children’s health and safety at all times.

SCOPE

This policy applies to Family Day Care Educators and Educators assistants of the Service

IMPLEMENTATION

The Family Day Care Service will support, monitor and supervise Educators and Educators assistants to ensure compliance with the Regulations and Standards and to be invested to continuously improve the service by:

The Service

- Supporting all educators and educators’ assistants residing in remote locations, offering advice and assistance at all times education and care is being provided.
- Monitoring and supervising family day care educators and educator assistants through a range of scheduled visits

The Program

- Maintaining an up to date educational program displayed at the service that is accessible to families
- Ensuring the educational program is delivered in accordance with an approved learning framework
- Monitoring and supporting the developmental needs, interest and experiences of each individual child at the service
- Monitoring documentation in order to meet the requirements outlined in the Regulations and Standards
- Supporting Educators and Educators assistants to ensure families requests are adhered too

POLICILIES & PROCEDURES

- Ensuring Educators and Educators assistance adhere to the Australian Code of Ethics, forming positive and respectful relationships with families and children

Educator's Qualifications

- Supporting and monitoring educators who are actively working towards their early childhood qualifications, working in accordance with training requirements.
- Collaborating with Educators to discuss and reflect on individual children and families
- Providing Educators with appropriate professional development training to enhance skills and knowledge in early childhood, which will be recorded.

Physical Environment

- Ensuring the Family Day Care residence and/or venue including equipment and resources are in clean and safe condition
- Supporting Educators to conduct risk assessments to ensure a safe environment for children
- Monitoring any modifications required to the environment to ensure compliance
- Monitoring and supporting Educators in providing a physical environment that is safe, appropriate and culturally diverse.

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.**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 7.06 VISITORS TO FAMILY DAY CARE RESIDENCES POLICY

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 7: LEADERSHIP AND MANAGEMENT	
7.3	Administrative systems enable the effective management of a quality service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
149	Volunteers and students
153	Register of family day care educators
154	Record of staff, family day care coordinators and family day care educator assistants
169	Additional policies and procedures – family day care service

PURPOSE

The Family Day Care Service aims to ensure the safety and wellbeing of children enrolled at the service by having a process in place to accurately and securely record information about volunteers, visitors and students, adhering to legislative requirements.

SCOPE

This policy applies to Family Day Care Educators, Families, Volunteers, and Students

IMPLEMENTATION

- The Family Day Care Service will develop and maintain a register containing the following information outlined in the National Regulations.
 - The date
 - Full Name of visitor
 - Company (if applicable)
 - Time in and Time out
 - Reason for visit
 - Signature
 - A Family Day Care Educator must never leave a visitor including student and/or volunteer alone whilst at the service.
 - Family Day Care Educators will ensure visitors, students and volunteers are dressed appropriately and behave in accordance with service policies.

POLICIES & PROCEDURES

- Educators are advised of their responsibilities regarding the requirement to keep a record of all visitors to a Family Day Care residence or venue while children are being educated and cared for.

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.**

REVIEW

POLICY REVIEWED	April 2018	NEXT REVIEW DATE	January 2019
MODIFICATIONS	Programming policy reviewed and update to compile with the changes to the National Quality Standards and Education and Care National Regulations		

Policy 7.07 PAYMENT OF FEES

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

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VICTORIA	
75	Information about educational program to be kept available
158	Children's attendance record to be kept by approved provider
159	Children's attendance record to be kept by family day care educator
168	Education and care Services must have policies and procedures

PURPOSE

For parents to gain a clear understanding of the Family Day Care Service fee structure, ensuring children's fees are paid on time and families are aware of their responsibilities in relation to payment.

SCOPE

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

IMPLEMENTATION

The fee structure of the Service includes:

Under the new childcare subsidy system (2nd July 2018), there must be a contractually arrangement called the compliance written agreement which specify a person/people who will be liable for the childcare service fee of the child. This is compulsory under the new childcare subsidy system for parents to eligible for the childcare subsidy. No formal enrolment will be completed unless parents/guardians completed and signed the Compliance written agreement with the service. Any discount/fee reduction will be notified to the Government.

Bond Payment (subject to Educator's decision).

POLICIES & PROCEDURES

- A bond consisting of 2 weeks of gap fee up to \$300 is to be paid to hold a child's position at the Service.
- The Bond payment will be refunded back to families when the child leaves the Service and pay any outstanding balance for their childcare service with Pink Lotus FDC Scheme.

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:
 - The age of the child (must be 13 years or under and not attending secondary school)
 - The child meeting immunisation requirements
 - The individual, or their partners, meeting the residency requirements
- Families level of Child Care Subsidy will be determined by:
 - Combined family income
 - Activity level of parents
 - Type of child care Service
- Fees must be paid within 7 days of invoicing or kept in advance of a child's attendance (subject to educator's decision).
- Fees are payable for every day that a child is booked at the Family Day Care Service. This includes pupil free days, sick days and family holidays but excludes periods when the Service is closed.
- Minimum fees are charged as booking hours (no matter what the attendance hours are)
- Casual days may be offered to families if available within the Family Day Care Service's license

Late Pickup Fee Payment

- The service will charge to the closest 15 minutes for any additional time the children attending the service This minimum charged could increase based at each individual educator's discretion but no more than half an hour.

Payment of fees

- Fees must be paid within 7 days of invoicing or kept in advance of a child's attendance (subject to educator's decision).
- Families will be issued with a fee statement on a fortnightly basis in accordance with the fee payment and Regulatory requirements.

Financial Difficulties

- If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of Management.

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 Family Day Care Service will initiate its debt collection procedure, following privacy and conditional requirements.

Change of Fees

Fees are subject to change at any time provided a minimum of two weeks written notice is given to all families

Termination or Alteration of Enrolment

- Parents are to provide two weeks written notice of their intention to withdraw or change the enrolment (booking hours) a child from the service.
- 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 Approved Provider is responsible for the billing and chasing of fees.
- Should families wish to discuss fees, they will need to speak to the Approved Provider

SOURCE:

The Business of Child Care, Karen Kearns
National Quality Standard
Centrelink

REVIEW

POLICY REVIEWED	March 2017	NEXT REVIEW DATE	March 2018
MODIFICATIONS	Modifications made to adhere to Family Day Care Service.		
POLICY REVIEWED	December 2017	NEXT REVIEW DATE	March 2018
MODIFICATIONS	Modifications made to comply with changes to the National Quality Standard		



POLICIES & PROCEDURES

OUTSTANDING FEES – FIRST REMINDER

<Insert date>

<Insert name>

<Insert address>

RE: OUTSTANDING ACCOUNT

Dear <Insert name>

This is a reminder that your account balance of \$<Insert Amount> was overdue as of <Insert Date>. Enclosed is a statement of account for your reference.

Please arrange payment of this account today or, if you cannot make full payment at this time, please contact us to make a payment arrangement that is mutually acceptable.

Your prompt attention to this matter would be greatly appreciated. If you have any queries regarding this account, please contact our office as soon as possible.

If payment has recently been made, please accept our thanks and ignore this reminder.

Regards,

<Insert name>

<Insert position>

OUTSTANDING FEES – SECOND REMINDER

<Insert date>

<Insert name>

<Insert address>

RE: SECOND REMINDER - OUTSTANDING ACCOUNT

Dear <Insert name>

We wrote to you recently reminding you of the outstanding amount of \$<Insert amount> for Invoice number/s <Insert invoice number/s>, but it appears to remain unpaid.

If you have any queries regarding its payment or if we can help you in any way please call. If not, please organise for settlement of this account immediately.

If payment has recently been made, please accept our thanks and ignore this reminder.

Regards

<Insert name>

<Insert position>



POLICIES & PROCEDURES

OUTSTANDING FEES – FINAL REMINDER

<Insert date>

<Insert name>

<Insert address>

RE: FINAL REMINDER - OUTSTANDING ACCOUNT

Dear <Insert name>

We have recently sent you a number of letters to remind you that the balance of \$<Insert amount> was overdue.

We ask again that if you have any queries or are not able to make full payment immediately, please contact us. If neither of the above applies to your situation please organise for the settlement of the remaining balance by <Insert due date>.

Payment of your account has now well exceeded our normal credit facility, should your fees remain unpaid by the advised date your position at our service will be terminated and your account transferred to our Debt Collection Agency, who will implement strategies to recover the debt owed to the Service.

Regards

<Insert name>

<Insert position>