



# Service Operations Manual

Version 4.1  
January 2024



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Control and Authority:           Managing Director  
  Little Gumnuts Early Learning Group  
  PO Box 732, ROSEBERY NSW 1445

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# SERVICE OPERATIONS MANUAL

Version 4.0 – January 2024

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# Record of Amendments

Version	Date Issued	Amendment Details
1.0	June 2022	Initial Issue (Complete)
2.0	September 2023	Reissue (Complete) aligned to West Pymble launch
3.0	December 2023	Reissue – updated Fee Policy
4.0	January 2024	Re-issue – Update CCS Compliance Policy

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# Introduction & Purpose

Little Gumnuts Early Learning Group is accredited by the Australian Children’s Education & Care Quality Authority (ACECQA) as a provider of Children’s Early Learning Education and care.

This Operations Manual has been prepared to address the policy and procedure requirements raised in the National Quality Framework (NQF), the National Law and the National Regulations. This Operations Manual contains written policies and procedures developed to ensure quality education, assessment and care is delivered, consistent with our accreditation, our Statement of Philosophy and scale of operations.

The concept of *Continual Improvement* is paramount to the success of our organisation, and this manual will be updated to incorporate ongoing practices, Industry best practice, and new policies and procedures, as they are developed. This manual is a living document.

This manual shall be read in conjunction with the *Staff Policy Manual*, the current *Little Gumnuts Education Program*, and any other instructions, memos and manuals issued by the company.

Our Statement of Philosophy underpins our entire operation, including the practices and principles set out in this manual.

The *Little Gumnuts Review Committee* will review this Service Operations Manual annually, or as required.



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Mark Shalala  
Managing Director

# Statement of Philosophy



## Our Statement of Philosophy 2023/24

The Little Gumnuts *Statement of Philosophy* reflects the principles of the National Quality Standards, the Early Years Learning Framework, the National Law and Regulations, the Centre Curriculum Guidelines and our Vision and Values. It guides the decisions, policies and daily practices of our team and assists in planning, implementing and evaluating quality experiences for our children.

### Our Vision

The Little Gumnuts Early Learning Group Vision articulates the hopes of the organisation and paints a picture of the future. Our vision is:

*To support young families in their endeavour  
to raise happy healthy children.*

### Our Values

The Little Gumnuts values statement is our declaration of our core beliefs, both to guide our team's actions and also to connect with our children, families and other stakeholders.

The Little Gumnuts Early Learning Group Values are:

#### Innovative Leadership

We are driven by the passionate pursuit of quality early childhood education and guide our stakeholders through innovative thinking, responsible policy and inclusive practices.

#### Open & Honest Relationships

Our relationships are respectful, mutual and reciprocal and are built on trust, authenticity and ethical behaviour.

#### Growth & Innovation

We recognise childhood as a time for all children to be entrenched in secure and trusting environments that allow them to explore, play, discover and learn.

#### Acceptance & Belonging

We recognise and celebrate the efforts and achievements of our children, educators and staff to attain positive contributions and outcomes.

#### Equality & Diversity

We embrace, advocate for, and invest in the rights of all children to access and actively participate in our programs and have a sense of truly belonging in our community.

#### Safe & Secure

We provide a safe and secure environment for our children and team to enjoy while embracing our responsibilities to our children, our communities, our people, our environments & our long term sustainability.

## Our Children



- We believe all children are unique individuals who need opportunities to extend on their individual strengths, needs, interests and growing sense of agency. We believe all children, regardless of their age, gender, background, religion, culture or abilities should be able to participate in all aspects of the curriculum in order to engage in dispositions of learning such as curiosity, trial and error, and persistence.
- We believe that all children should feel welcome and need a sense of belonging developed through nourishing, secure, respectful and reciprocal partnerships with Educators and their peers. We will do this by greeting children by name, displaying their individual and family photos, and modelling positive social interactions.
- We believe children learn best through hands-on play based experiences, in environments that provide stimulating, practical and exciting experiences using resources that are open-ended, educational, natural, recycled and fun. We will engage children in opportunities to investigate the natural world, participate in sustainable practices and engage to promote creativity and imagination. We will also engage children in opportunities involving 'risk play' which allows them to challenge themselves, follow their gut instincts and become good decision makers in the future.
- We believe all children are competent and capable and we value and respect their thoughts and ideas. We do this by involving them in 'real' tasks; displaying their artwork in meaningful ways; giving them opportunities for expressive language through 'talk times', and providing them with opportunities to actively reflect on their own learning and assist in documenting this learning.
- We believe it is a child's right to become a successful, confident learner within a safe, respectful learning environment. We will provide a safe, nourishing and comfortable environment where children feel wanted, loved and valued. Our educators will engage with the children in our service, not just supervise them. We will ensure each child's health and wellbeing are paramount by formulating and adhering to a range of health and safety policies and procedures, including promoting healthy eating practices based on whole foods and eliminating many additives and preservatives from our menu.
- We believe every child should be given the opportunity to enjoy being a child. We do this by scheduling long periods of uninterrupted time to truly live in the moment, explore the environment, revisit their investigations to extend on their learning, and engage in experiences that are 'uniquely outdoors'.

## Our Families

- Our educators will work with families to develop nourishing, respectful partnerships that enable the exchange of information about their child's interests, strengths and needs as well as their personal preferences, thoughts and ideas on care giving strategies, educational pursuits and policies and procedures. We understand that parents want to know how their children are developing for their age and how their children cope in an early childhood education and care service environment.
- We believe all families, regardless of their structure, background, religion, culture or abilities should feel welcomed, respected and valued for the integral and pivotal role they play as their child's first teacher. We believe families provide us with valuable knowledge about their children and need educators who understand and support the complexities of being a parent.

- We support families in their parenting role by assisting them to access other agencies in our community and providing advice and resources when the need arises. We will welcome families into our service community by inviting them to participate in special days and outings throughout the year.
- We inform families about our educational program, The Early Years Learning Framework, and the National Quality Standards (NQS), through Parent Information Nights, website information, daily conversations, children's observations and printed media such as newsletters, photos, and take home items. By doing this, we hope they feel they are involved in the educational process.
- We have an Open Doors Policy that welcomes families at any time of the day to participate as they feel comfortable. We believe this inclusive practice promotes a sense of comfort and allows them to see, first hand, what occurs throughout the day.
- We will engage in shared decision making with families and where possible incorporate their ideas so the service becomes an extension of their family. Families are encouraged to approach educators/staff with questions or concerns. Families can speak to educators/staff in their child's class directly, or contact our Director. We conduct family meetings and surveys throughout the year to gain valuable feedback to assist with our continuous improvement.



### Our Team

- We believe that all educators and staff, regardless of their age, gender, background, religion, culture, experience, qualification or ability should feel welcomed, respected, valued, and appreciated as part of our team. Educators/Team Members are encouraged to express their thoughts and ideas, knowing these will be listened to and seriously considered. We recognise and utilise each other's strengths and knowledge for the benefit of our children and families. This includes acknowledging the important role our administrative, support, catering and Leadership team do in ensuring our service operates effectively.
- Educators/Team Members are trained in the service's policies and procedures and are actively involved in any reviews to ensure a consistent approach in the service program and delivery.
- A professional team approach will be fostered by supporting Educators/Team Members studying or undertaking professional development. This engages all Educators/Team Members in a process of critical reflection as they discuss their learning with others, which improves personal and professional development and encourages continuous improvement in our policies and practices.
- Educators/Team Members will formulate annual professional goals and are involved in developing service goals as part of our Quality Improvement Plan. This reflects our commitment towards continuous improvement. Educators/Team Members are provided with regular professional development training based on these goals, to learn new skills, gain fresh ideas, and access networks within the wider community. We subscribe to appropriate journal publications that our Educators/Team Members are encouraged to read and reflect upon, and our Director regularly conducts development sessions on a range of topics relating to early childhood.
- We will provide educators/staff with a happy, friendly, positive, supportive and flexible work environment, which fosters motivation and commitment to a strong work ethic.

- As part of our commitment to high quality programs based on researched ‘best practice’ and to encourage a culture of life-long learning, we provide scheduled Administrative Time to all our team. This time allows them to complete observations on children; develop our educational programs and menus; share ideas, values, teaching practices and goals; and critically evaluate themselves.
- Management consistently review procedures, practices and positions to ensure Educators/Team Members are content and best suited to their positions in order to minimise staff turnover and to maintain a familiar, reliable team within the service.
- New educators and staff, or those returning from a long period of leave participate in an effective induction process to ensure they understand what is expected in their role and what they can expect from the service. All Educators/Team Members are given support, guidance and assistance during their employment with the service.
- Educators/Team Members are qualified Early Childhood Professionals and actively promote the important role they play in shaping children’s futures and supporting the role of families both within the service and within the wider community.

### Our Community

- We will be actively involved in our community via centre activities and family/social events both inside and outside our operating hours. From this, children learn care and empathy for others, explore the natural world, and develop a sense of belonging and community spirit. It also encourages children to become active community members and supports them to voice their concerns in matters that affect them in the wider community.
- Educators/Team Members use the wider community as a teaching tool by incorporating events into our curriculum. We celebrate and embrace gazetted days (e.g. Jeans for Genes, Sustainability activities), participate in community events and encourage donations of resources and time from community members and local businesses.
- We acknowledge the traditional owners of the land on which we live, work and play. We pay our respect to Elders, past and present, and recognise their continued connection to these lands and waterways. We acknowledge our shared responsibility to care for and protect our place and people. We aim to incorporate aspects of the Indigenous culture respectfully into our programs.
- We will actively promote our service in the community and advocate for Early Childhood by welcoming early childhood students on Vocational Education work placements and high school work experience.

### Our Focus on Sustainability

- Little Gumnuts Early Learning Group will minimise our environmental footprint by significantly reducing the amount of waste we produce and implementing more sustainable practices.
- We will instil environmental responsibility into all aspects of our operation, encouraging recycling, composting, plant growing, animal care and minimising our landfill waste.
- We will purchase from sustainable sources where possible, and implement programs that teach sustainable practices to our children.



## Our Education Curriculum

- We provide individualised early childhood programs that nourish respectful partnerships through a play based curriculum. Our inviting indoor and outdoor learning environments foster a positive approach to learning across all developmental areas. Documentation and take-home outputs allows children to have ownership of their learning and make connections between home, the service and the wider community.
- We will plan experiences that are meaningful, interesting and educational. These will be based on educator's observations, children's and parent's ideas, individual specialised programs from other agencies/professionals, and community events. They will acknowledge children's agency; provide practical, open-ended opportunities for children to thrive; and will foster their love of learning, curiosity and wonder by using the children's interests, ideas and own knowledge to guide our Session Topics.
- We will allow educators to have ownership over the service's program and to guide each other, and liaise with our Educational Leaders in order to foster a professional and united team, dedicated to creating a relevant educational program for every child. We will employ additional educators to ensure sustainable practices, creative experiences and meaningful links with our community are embedded into our service.
- Educators use an inclusive anti-bias approach to ensure programs cover all abilities and learning styles. We continuously reflect on our practice; incorporate visuals and key words in home languages; and use intentional teaching to educate children on social equity and global empathy. We actively involve children in growing their own food and assisting in the preparation of the food they will eat.
- Educators are given released 'Set Up Time' and will set up purposeful experiences and learning areas to enhance children's interests, extend milestone development and engage children in the learning focus of our Class Aims. The Indoor and Outdoor environments are viewed as a "third teacher", deliberately arranged to enhance independent learning, exploration and skill development. A range of open-ended, varied, natural, recycled and manmade equipment is utilised.
- Educators will assess each child's ongoing learning and development by documenting individual and group observations as part of our summative assessments of children's learning; formative assessments for children's learning against the five learning outcomes of the EYLF and share assessments as children learn with families.

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Last Review: September 2023 by Initial Management Team

Next Review: January 2025 by Little Gumnuts Review Committee



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# PART 1: GOVERNANCE & ADMINISTRATION

## 1.1 Little Gumnuts Review Committee

The Little Gumnuts Review Committee is formed to consult and advise on the operation of The Little Gumnuts Early Learning Group centres. The committee shall review, and have input into things such as, but not limited to:

- a) The Service Philosophy Statement;
- b) The Service Educational Syllabus and program;
- c) The Service Menu;
- d) The Service policy and procedures including manuals and documents;
- e) Stakeholder and Public feedback, complaints and compliments;
- f) The Service facilities and equipment.

The Little Gumnuts Review Committee shall meet at least twice annually, or as deemed necessary by the Managing Director or Centre Directors.

The Little Gumnuts Review Committee shall consist of the following persons:

- Managing Director (as Chairperson);
- Centre Directors for each Service;
- At least one (1) Educational Leader for each Service;
- At least one (1), but preferably more, parent from each Service;
- At least one (1) Cook/Chef from within the Group;
- Any other co-opted advisers, such as external professionals, business consultants, legal or financial professionals, or other specific professional necessary to provide business advice on agenda topics.

Minutes of Little Gumnuts Review Committee meetings shall be maintained by the Committee, for inspection by ACECQA.

## 1.2 Internal Audit

The Managing Director, or someone authorised by the Managing Director, shall conduct Internal Audits, known as Compliance Evaluations, on the Service at regular intervals.

The purpose of the Compliance Evaluations is to ensure each Service is following the company policies and procedures with regards to governance, operations, self-assessments of the service's compliance with the Standards, and any other matter, administrative or otherwise.

The Compliance Evaluation outcomes shall be provided to the Centre Director, in writing, following the audit, outlining the Service's compliance status, identifying any areas of improvement, and outlining the action plan for rectifying identified improvement requirements.

The Compliance Evaluation process will be one of ongoing internal audit. This process will ensure continuous improvement of our procedures, training delivery and assessment, is achieved.

All outcomes shall be recorded in the Continuous Improvement Register.

The Compliance Evaluation will ensure the Service follows, and implements, the Service Philosophy Statement in all its activities and ensures that high-risk areas, such as care, education and assessment of children, is monitored and audited with the degree of emphasis necessary.

Annually, the Managing Director and the Centre Director will conduct the ACECQA Self Assessment Tool for each service. This will ensure ongoing compliance with the National Standards and identify any continuous improvement opportunities.

Annual Self-Assessment Reports will be reviewed by the Little Gumnuts Review Committee and entered into the Continuous Improvement Log.

### **13 Financial Statements**

The Little Gumnuts Early Learning Group is a private company that is not required to issue annual accounts for public viewing.

The Little Gumnuts Early Learning Group financial statements and accounts may be viewed by ACECQA, upon request, for the purposes of establishing financial viability in respect to our obligations as an accredited education and care service.

Financial confidentiality shall be maintained by ACECQA when dealing with financial documents relating to The Little Gumnuts Early Learning Group.

Regular financial reporting will be provided to Centre Directors for normal management purposes, at the discretion of the Managing Director.

### **14 Risk Management**

An ongoing process of Risk Assessment and Management shall be maintained as part of the responsibility of the Managing Director.

The initial Risk Assessment was undertaken in 2023 as part of establishing the Little Gumnuts Early Learning Group, and this initial Risk Assessment document will be reviewed periodically, but not less than six-monthly, and will be updated whenever a new ongoing risk is identified.

Periodic assessment of Risks shall be initially undertaken by the Centre Directors and Managing Director, and the revised Risk Assessment Document shall be reviewed and agreed upon by the Little Gumnuts Review Committee.

Risks shall be categorised under eight (8) standard categories, being:

Workplace Health & Safety	Operations
Finance	Governance/Regulation
Natural / Environment	Strategic
Legal	Other Risks

- a) The Risk Assessment will rate each Risk twice:
- b) Firstly, the Risk will be rated in its raw state. That is, what is the Risk to the organisation if the risk occurs with no warning or prior actions to mitigate the risk;

- c) Secondly, the Risk will be rated in its mitigated state. That is, what is the Risk to the organisation after identified and agreed strategies to minimise the risk have been put into place.

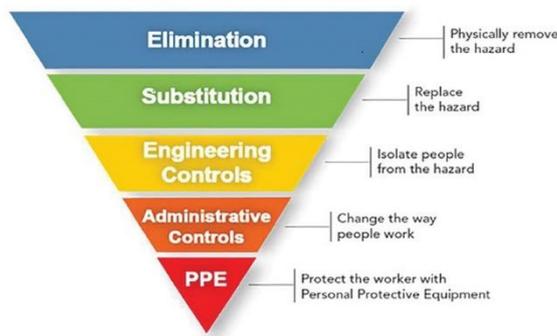
The mitigated risk rating shall then be determined as an Acceptable or Unacceptable Risk.

Risks will be rated using a Risk Rating Matrix measuring the **Likelihood** of a risk eventuating, and, the **consequence** should that risk eventuate.

These two (2) elements result in an overall Risk Rating from One (1) being the highest risk, to Six (6) being the lowest risk.

To assist with consistency in determining the likely consequence of a risk, a Risk Consequence Guide has been developed and will be applied to each rating.

RATING	Consequences			
	i Major	ii Moderate	iii Minor	iv Insignificant
<b>A</b> Very Likely	1	1	2	3
<b>B</b> Likely	1	2	3	4
<b>C</b> Unlikely	2	3	4	5
<b>D</b> Very Unlikely	3	4	5	6



With regards to the risk minimalisation, a standard Hierarchy of Control shall be used in determining appropriate mitigation strategies.

The first, most effective, and ideal action is to Eliminate the Risk, and wherever possible this should be the most desired outcome.

In the event that elimination is not possible, then the various control actions shall be

progressed, following the above hierarchy, until an effective control is achieved.

Little Gumnuts team members will be required to make any risk, real or perceived, known to the Centre Director immediately.

The Centre Director shall document and assess the risk, documenting his/her findings and stating any correction actions required, with a stated timeframe for the correction action to be implemented. This initial assessment will then be forwarded to the Managing Director for review, discussion, agreement and implementation.

All known risk assessments shall be reviewed at each meeting of the Little Gumnuts Review Committee, allowing full stakeholder feedback to be gathered.

Risk identification shall be listed as a permanent agenda item for all meetings of Management, Centre teams and the Little Gumnuts Review Committee.

The current Risk Assessment document shall be available for review at each Centre at all times.

## 15 Compliance with Legislation

Little Gumnuts Early Learning Group has a comprehensive set of Policies and Procedures that are designed to meet the requirements of the various Federal, State and Local Government Legislation that impacts our operation.

These Legislative requirements include, but are not limited to:

- a) Education & Care Services National Law Act 2010; (Federal)
- b) Children (Education & Care National Law Application) Act 2010; (NSW)
- c) Education & Care Service National Regulations; (NSW)
- d) Workplace Health & Safety Act 2011; (NSW)
- e) Workers Compensation Act 1987; (NSW)
- f) Fair Work Information Act 2009; (Federal)
- g) Anti-Discrimination Act 1977; (NSW)
- h) Children and Young Persons (Care and Protection) Act 1998; (NSW)
- i) Building Code of Australia (BCA)
- j) Food Act 2003; (NSW)
- k) Australia New Zealand Food Safety Code (FSANZ); (Federal)
- l) Fair Trading Act 1987; (NSW)
- m) Trade Practices Act 1974; (Federal)
- n) Privacy Act 1988; (Federal)

In addition to the provisions of this **Service Operations Manual**, a series of team related company Policies and Procedures are contained in the **Staff Policy Manual** as follows:

Code of Conduct Policy	Dress Code Policy
IT, Internet, Email and Social Media Policy	Recruitment Policy
Induction Policy	Training & Development Policy
Probation Policy	Workplace Health & Safety Policy
Workers Compensation Policy	Smoking Policy
Alcohol & Drugs Policy	Return to Work Policy
Pregnancy at Work Policy	Employee Leave Policy
Flexible Working Arrangements	Performance Management Policy
Conflict of Interest Policy	Intellectual Property & Security Policy
Security Policy	Staffing Arrangements Policy
Consultation Statement	Confidentiality Policy
Privacy Policy	Access & Equity Policy
Mental Health & Wellbeing Policy	Staff Families in Childcare Policy
Students and volunteers Policy	Whistle Blower Policy
Complaint and Grievance Handling Policy	Fair Work Information Statement
Equal Employment Opportunity, Harassment, Anti-Discrimination & Anti-Bullying Policy	

Both Manuals are provided to new employees as part of the induction process. Both Manuals, and other company documentation, as amended, is available at all times to employees in the company online facility.

When an amendment is made to any document or manual, staff are advised of the amendment details by email.

Little Gumnuts Early Learning Group is fully committed to total compliance with all legislative requirements.

## **1.6 Continuous Improvement**

As a relatively young Service, the concept of Continuous Improvement is amongst the highest priorities for our operation. As processes, documents, policies and resources are used, they must be evaluated to ensure they are meeting our needs in the best way possible.

Revised versions of all documents shall be identified as per section 1.8 – Document Control, of this manual.

All actions contributing to continuous improvement shall be recorded in the Continuous Improvement Register, which shall be maintained by the Centre Director.

In addition to quality feedback, auditing, monitoring and improvement procedures already outlined in this manual, any opportunities for improvement, identified by any other means, shall be documented, and acted upon immediately, by the Centre Director.

Opportunities for Improvements will be a standard agenda item at all Centre Team Meetings.

## **1.7 Feedback**

Stakeholder feedback shall be sought from four (4) primary sources:

- i. Team Members
- ii. Parents
- iii. Children, and
- iv. Community / External

Team Member Feedback shall be sought on an ongoing basis, through daily team huddles, regular team meetings, and through the anonymous feedback box located within the centre.

Parent feedback shall be sought periodically through email surveys, online feedback received through the Childcare Management Software app, and through parental involvement in the Little Gumnuts Review Committee.

Feedback from Children shall be ongoing and received through discussions, questions, and solicited enquiries during the course of normal centre day operations.

Community and other external feedback is generally less regular and is normally received on an unsolicited basis. Council Feedback for the internal food kitchen is

generally received annually. Any community or external feedback received shall be documented for inclusion in the feedback review.

All feedback, from any source, shall be recorded in the Feedback Log and reviewed by the Centre Director, Managing Director, and reviewed by the Little Gumnuts Review Committee. Any actions arising from feedback will be recorded in the Continuous Improvement Register.

## **1.8 Document Control**

All manuals, forms and documents issued by Little Gumnuts Early Learning Group are control documents.

All Manuals and forms shall be version controlled, with version information being contained in the footer of all pages.

Manuals shall be issued in PDF form and amendments will be incorporated and issued as a complete re-issue of the appropriate manual.

## **1.9 Insurance**

Little Gumnuts Early Learning Group provides all appropriate insurance for all the sites operated by the company.

Workers Compensation Insurance – A copy of the policy certificate is maintained at the appropriate centre and the full policy is held by the head office. The policy is renewed annually.

Public Liability Insurance – is held for a minimum value of \$20million by the company. A copy of the policy certificate is maintained at the Little Gumnuts Early Learning Group Head Office. The policy is renewed annually.

Appropriate business insurance is held. A copy of the policy certificate is maintained at the Little Gumnuts Early Learning Group Head Office. The policy is renewed annually.

The Little Gumnuts Early Learning Group hold Professional Indemnity Insurance for the activities undertaken by the company.

## 1.10 Programming Policy

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational Program and Practice**

Standard 1.1: program: The educational program enhances each child's learning and development

- Element 1.1.1: An approved Learning Framework: Curriculum decision-making contributes to each child's learning and development outcomes in relations to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators
- Element 1.1.2: Child Centred: Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
- Element 1.1.3: Program learning opportunities: all aspects of the program, including routines, are organized in ways that maximise opportunities for each child's learning.

Standard 1.2: Practice: educators facilitate and extend each child's learning and development

- Element 1.2.1: Intentional teaching: Educators are deliberate, purposeful, and thoughtful in their decisions and actions
- Element 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
- Element 1.2.3: Child Directed Learning: Each child's agency is promoted, enabling them to make choices and decisions that influence events in their world.

Standard 1.3: Assessment and Rating: Educators and co-ordinators take a planned and reflective approach to implementing the program for each child

- Element 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.
- Element 1.3.2: Critical reflection: Critical reflection on chis learning and development, both as individuals and in groups, drives program planning and implementation
- Element 1.3.1: Information for families: families are informed about the program and their child's progress

#### **Quality Area 4 - Staffing Arrangements**

Standard 4.1: Professionalism: Management, educator and staff are collaborative, respectful and ethical

- Element 4.2.1: Professional Collaboration: Management, educators and staff work with mutual respect and collaboratively, and challenge and learn for each child, recognising each other's strengths and skills
- Element 4.2.2: Professional standards: Professional standards guide practice, interactions and relationships

#### **Quality Area 5 - Relationships with Children**

Standard 5.1: Relationships between educators and children: respectful and equitable relationships are maintained with each child

- Element 5.1.2: Dignity and rights of the child: the dignity and rights of every child are maintained

Standard 5.2: Relationships between children: Each child is supported to build and maintain sensitive and responsive relationships

- Element 5.2.1: Collaborative learning: Children are supported to collaborate, learn from and help each other

### **Quality Area 6 - Collaborative partnerships with families and communities**

Standard 6.2: Collaborative partnerships: Collaborative partnerships enhance children's inclusion, learning and wellbeing

- Element 6.2.1: transition: Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
- Element 6.2.2: Access and Participation: effective partnerships support children's access, inclusion and participation in the program.

### **Quality Area 7 - Governance and Leadership**

Standard 7.1: governance: Governance supports the operation of a quality service

- Element 7.1.1: Service philosophy and purpose: A statement of philosophy guides all aspects of the service's operations
- Element 7.1.3: Roles and Responsibilities: Roles and Responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Standard 7.2: Leadership: effective leadership builds and promotes a positive organisational culture and professional learning community

- Element 7.2.1: Continuous improvement: there is an effective self-assessment and quality improvement process in place
- Element 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.
- Element 7.2.3: Development of Professionals: educators, Co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

## **Aim**

Our Educational Program will be developed based on the Early Years Learning Framework; also known as "the EYLF".

Our Centre's view is that children's lives are characterised by belonging, being and becoming!

The Educational Program will be achieved for each child and group of children through our "EYLF Planning Cycle", the cycle reflects how we are observing, planning and programing. The success of our Educational Program is achieved through the EYLF's principles, practices and learning outcomes.

We aim for child centred, family and community engagement in many and varied ways to enhance our Educational Program. We will value parent access, involvement and participation in our program, it will at all times wanted and valued.

We will offer a School Readiness Program for our Preschool children, this has been developed using the fundamental elements of the New South Wales Department of Education K-6 Syllabus documents. The School Readiness Program will provide the stepping stones and the foundations to transition children from an Early Childhood environment to the Primary School environment. Our school readiness program compliments our EYLF Educational Program.

To provide a stimulating learning and Educational environment that meets children’s individual and group interests

To maintain adequate records that relate to programming for each child enrolled at the centre.

To have a clear process in place that caters to children’s’ interests and needs to foster further exploration and learning through a supportive and challenging environment.

For staff to aim to create a positive learning environment and guide experiences for each child in collaboration with their family.

## When To Use This Policy

1. Daily throughout the centre’s routines and during planned and non-planned activities across the Centre.
2. When observing, planning and programming for individuals and groups of children.
3. Staff and parent inductions and orientations.

## Specific Process Steps

### **Educational Leader ‘s Role will fundamentally;**

- work with all staff to provide curriculum direction, support, mentoring and compliance
- oversee and to ensure children achieve the outcomes of the approved learning framework. \*EYLF)
- support and ensure the centre uses hard copy methods and “Kinderm8” to communicate and record our Educational Program
- support and oversee that the School Readiness Program which has been fundamentally sourced and adapted from the ethos of NSW Education Department Curriculum and Syllabus- The Early Stage 1- Kindergarten is implemented each term
- to be rostered for 2 hrs off the floor to assist and mentor the delivery, compliance and implementation to the Centre’s Educational Program.

### **Our centre is committed to the Early Years Learning Framework (EYLF) and the Learning Outcomes within, which are:**

1. Children have a strong sense of identity.
2. Children are connected with and contribute to their world.
3. Children have a strong sense of wellbeing.
4. Children are confident and involved learners.
5. Children are effective communicators.

### **Key Educator Responsibilities**

- Observations of all children enrolled in our centre will be documented and kept for future reference and reflection, through use of kinderm8.

- Each child's learning will be based on their interests and strengths and guided by our staff.
- Staff will 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 and their achievements and learning celebrated.
- Staff will observe and record the strengths and learning of each child.
- Staff will work closely with children and families to generate ideas for the curriculum.
- Learning Outcomes will be linked to the curriculum during and after each child's learning has occurred. The curriculum must not be pre-programmed to match specific Learning Outcomes.
- The curriculum will be based on the children's interests, staff extending children's interests, spontaneous experiences and family input.
- Where appropriate, the centre 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 achievements.
- The curriculum will be evaluated and reflected upon by Group Leader's

### **Learning and Play**

- Children are encouraged to express themselves creatively through a wide variety of indoor and outdoor activities.
- Children's fine and gross motor skills are strengthened and developed through a wide variety of both indoor and outdoor activities including manipulative play, block play, sensory play, dramatic play, drawing and other physical activities such as running and skipping.
- Mathematics and science concepts along with exploration of natural aspects of our environment are encouraged through block play, building, cooking, water play, sensory play, collecting natural materials such as leaves and rocks and gardening.
- Language development is encouraged through staff modelling language, show and tell, story time, games, poems and dramatic play experiences.
- Social/emotional and independence skills are strengthened through activities such as role-play, dramatic play, group games and self-help tasks.
- Music and movement activities encourage physical, social and creative areas of a child's development.
- Road safety, hygiene, dental care and nutrition will all be built into the weekly program.
- These activities will be supervised and guided by staff to find out how child responds as an individual and also as part of a group.

Staff will work in conjunction with families to provide learning experiences that are relevant to each child and tailored to their specific interests and needs. A child's home language, culture and religious practices will be accepted and included in the program.

From this, staff will assess the child's interests, needs and plan ways to meet these needs.

We evaluate and reflect on our Educational Program in order to reflect, improve, adjust and adapt to ensure each and every child to an involved learner.

Each room will have an Educational Program physical area for families, staff and community.

Staff will encourage feedback, involvement and suggestions to assist and or answer questions from family members at any time.

## Staff Techniques

- Group Leaders will to be knowledgeable in all areas of child learning and growth. They will possess the ability to implement an Educational Program according to the centre's expectations.
- Assistant Educator's re to be aware of child development theories, growth and learning and the Centre Educational Program
- Staff will observe children, analysis learning, plan and implement an Educational Program for individual and groups of children.
- Assistants/Trainees are expected to assist in observing, planning and programming for individual/group settings under the guidance of their Group Leader and in line with their current knowledge and skills.
- Group Leaders are to organise and conduct Parent/Teacher interviews in conjunction with their Nominated Supervisor twice per year.
- Group Leaders are to work with families and encourage a collaborative approach in respect to their children's learning and Educational Program being offered
- The Nominated Supervisors and Group Leaders are to ensure that Group Leaders receive two (2) hours of programming time off the floor per week.
- Staff are to ensure that their Educational Program are up to date, current and meet the Early Years Learning Framework and the Centre's expectations.
- Group Leaders are to participate in the Program Evaluation process with the Nominated Supervisor and or Educational Leader. Staff are to work with the Nominated Supervisor and or Educational Leader in order to set goals and timeframes in relation to their Educational Program.
- All staff in each room are to work with the Group Leader to ensure the Educational Program is running smoothly and consistently up to date.
- In the absence of the Group Leader, the daily program must still be completed.
- The daily journal and all relevant routine items being part of Educational Program must be completed and on display by no later than 3pm each day via kinderm8.

## Education and Care Services National Regulation

This policy relates to the following: **Chapter 4- Operational Requirements**

**Part 4.4 Staffing Arrangements** (whole section)

**Part 4.1 Education Program and Practice**

- **Regulation 73; Educational program**

- (1) This Part applies in relation to the program (the **educational program**) that is required to be delivered under section 168 of the Law to a child being educated and cared for by an education and care service.
- (2) An educational program is to contribute to the following outcomes for each child—
  - (a) the child will have a strong sense of identity;
  - (b) the child will be connected with and contribute to his or her world;
  - (c) the child will have a strong sense of wellbeing;
  - (d) the child will be a confident and involved learner;
  - (e) the child will be an effective communicator.

**Regulation 74; Documenting of child assessments or evaluations for delivery of educational program**

- (1) The approved provider of the education and care service must ensure that, for the purposes of the educational program, the following are documented—
  - (a) for a child preschool age or under—
    - (i) assessments of the child’s developmental needs, interests, experiences and participation in the educational program; and
    - (ii) assessments of the child’s progress against the outcomes of the educational program; and
  - (b) for a child over preschool age, evaluations of the child’s wellbeing, development and learning.
- (2) In preparing the documentation, the approved provider must—
  - (a) consider—
    - (i) the period of time that the child is being educated and cared for by the service; and
    - (ii) how the documentation will be used by the educators at the service; and
  - (b) prepare the documentation in a way that is readily understandable by the educators at the service and the parents of the child.

**Regulation 75. Information about educational program to be kept available**

The approved provider of an education and care service must ensure that—

- (a) information about the contents and operation of the educational program for the service is displayed at the education and care service premises at a place accessible to parents of children being educated and cared for by the service; and
- (b) a copy of the educational program is available at the following places for inspection on request—
  - (i) in the case of a centre-based service, at the education and care service premises;
  - (ii) in the case of a family day care service, at each family day care residence or family day care venue.

**Regulation 76; Information about educational program to be given to parents**

The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is provided with the following information on request—

- (a) information about the content and operation of the educational program so far as it relates to that child;
- (b) information about the child’s participation in the program;
- (c) a copy of the documents kept under regulation 74 in respect of the child.

## Related Policies

- Child Development
- Child Protection
- Inclusion and Anti-Bias
- Family Involvement
- Excursion
- Transitions
- Induction
- Recruitment
- Indoor Supervision
- Outdoor Supervision
- Behaviour Management
- Ethical Behaviour and Conduct
- Development and Training
- Laptop
- Electronic Media
- Exclusion
- Family Orientation
- Family and Community Participation
- Record Keeping
- Privacy
- Safety
- School Readiness
- Transition to School
- Staff Annual Leave
- Staff Performance
- Staff Sick Leave

## Sourced

- Early Years Learning Framework, Department of Education, Employment and Work Place Relations.
- Education and Care Services National Regulations
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
- ACECQA. Guide to the Education and Care Services National Standards and Frameworks.
- Department of Education, 2006. **A basic introduction to child development theories.** Centre for Learning Innovation State of New South Wales, Department of Education and Training,
- Succeed Consultancy, 2020. School Readiness Program. The Three Cherubs Pty Ltd
- NSW Curriculum. Early Stage 1 Kindergarten. Department of Education Accessed 12/21 <https://educationstandards.nsw.edu.au/wps/portal/nesa/k-10>

## Policy Review

Developed November 2005

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Last Reviewed 17 September 2023

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Next Review 1 December 2024

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## 1.11 Record Keeping Policy

### National Quality Standard

This policy relates to:

#### **Quality Area 7 - Leadership and Service Management**

- Standard 7.3: Administrative systems enable the effective management of a quality service

### **Aim**

- To ensure parents are kept updated on their child's daily activities and routines.
- To have open communication between parents, staff and regulatory authorities.
- To demonstrate evidence of child development and progress through the documentation of individual and group observations flowing onto the rooms programs.
- To maintain adequate records as required by Licensing, Local, State and Federal Law in accordance with regulations, principles and ACT's.
- To ensure compliance with CCS legislative obligations

### **When To Use This Policy**

1. Daily throughout centre's routines and procedures both in office and rooms in respect to administration.
2. Upon family orientation and enrolment and exit from the service.

### **Specific Process Steps**

To maintain approval, providers must keep certain records and notify the Department of Education Skills and Employment of certain events. Failure to keep these records and provide the required notifications can result in suspension or cancellation of provider or service approvals, or other penalties.

The following records must be kept and maintained for seven years:

- complaints made to the provider, or to any of the services of the provider, relating to compliance with the Family Assistance Law
- record of attendance for each child for whom care is provided (regardless of eligibility for Child Care Subsidy and/or Additional Child Care Subsidy, including records of any absences from care)
- statements or documents demonstrating that Additional absence days in excess of the initial 42 absence days meet the criteria
- copies of invoices and receipts issued in relation to the payment of child care fees
- copies of all Statements of Entitlement issued and any statements issued to advise of a change of entitlement.
- Providers must also keep a written record of the following, even if they would not otherwise record them in writing:

- any notice given to a state or territory body about a child at risk of abuse or neglect
- copies of the evidence and information provided with an application for approval about persons with management or control of a provider and persons responsible for the day-to-day operation of a service
- any evidence or information produced to obtain police checks and working with children checks for personnel and to support any statements about these checks in an application for provider or service approval.
- Written records include records that are made and stored electronically, as long as they are stored safely and any changes, apart from incidental changes related to their storage and display, are also recorded.
- written records of all Required background checks for all specified personnel.

**Records Are Kept Whenever:**

- A child is enrolled at the centre for long day care, occasional care, before and after school care and vacation care. To maintain confidentiality, these are kept in a lockable device either through cupboards or filing systems in the centre office.
- Parents/guardians are to sign children in and out, upon delivery and pick-up from the Centre each day that the child attends. Staff are required to check that all children have been signed in and follow up on any attendances that are not signed in.
- To ensure confidentiality, staff's files are to be kept in locked filing cabinets which are to be only accessed by the Director / Nominated Supervisor.
- Staff Appraisals are kept in the individual staff file and completed every six (6) months.
- Parent, guardian and staff complaints are dealt with, following the relevant grievance policy and procedures. These are kept on the child's or staff file.
- Staff record any suspicions of child abuse or neglect and implement the Child Abuse Policy.
- Court Orders are to be displayed in the office and team room for staff to be mindful of. Copies of court documentation are to be placed in the child's file.
- Upon an incident or injury occurring (major or minor), staff will complete an "incident report", and a "parent slip" giving a summary of the incident. This will be signed by the Director / Nominated Supervisor and then passed onto parents/guardians.
- "Illness Forms" are to be completed when a child is ill and displays symptoms and signs of any illness.
- Medicine is administered to a child by staff at the centre following the completed "Medication Form" filled out by the parent/guardian and then completed by staff.
- Staff record individual observations which are based on children's "individual focus plan".
- Staff plan and implement a daily program, which is developed based on children's interests. This is displayed in each room on a daily basis by no later than 3pm as per the centre's program policy.
- For children aged 0-3 years old, toileting, nappy change, meals and sleep routines are recorded on "sleep/eat charts".
- Children in the 3-5 year rooms who sleep have this recorded on the whiteboards.
- Programs are written up daily, in each room and the current completed program is to be displayed in parent corners or in prominent parent areas.

## Staff Techniques

- Nominated Supervisor to be trained on CCS procedures
- Trained staff are able to record and develop weekly programs in accordance to individual observations.
- Group leaders are responsible for any written room administration such as medication, incident reports, individual observations and weekly programs.
- Assistants to assist in record keeping such as sleep/eat charts, day books, attendance roll etc.
- Staff are trained in how to record written documentation.
- Archiving within the Centre is to take effect on a quarterly basis in line with the *Director Yearly Tasks* and as per the *archive audit*.
- Archive boxes are to be clearly labelled and stored on the Centre premises.
- It is expected that staff will utilise the centre's, systems and procedures for recording information from families in order to implement into daily practices.

### What records need to be kept for Child Care Subsidy

To maintain approval, providers must keep certain records and notify the Department of Education of certain events. Failure to keep these records and provide the required notifications can result in an infringement notice, civil penalty order, criminal prosecution, suspension or cancellation of provider or service approvals, or other penalties.

All providers must keep and maintain the following records:

- complaints made to the provider, or to any of the services of the provider, relating to compliance with Family Assistance Law
- a record of attendance for each child for whom care is provided (regardless of eligibility for Child Care Subsidy), including records of any absences from care
- statements or documents demonstrating that additional absence days in excess of the allowable absence days satisfy requirements.
- copies of invoices and receipts issued for the payment of child care fees
- copies of all Statements of Entitlement issued and any statements issued to advise that there was a change of entitlement.

Providers must also keep a written record of the following, even if they would not otherwise record them in writing:

- any notice given to a state or territory body about a child at risk of abuse or neglect
- copies of the evidence and information provided with an application for approval about persons with management or control of a provider and persons responsible for the day-to-day operation of a service
- any evidence or information produced to obtain police checks and working with children checks for personnel and to support any statements about these checks in an application for provider or service approval.

Written records include records that are made and stored electronically, as long as they are stored safely and any changes, apart from incidental changes related to their storage and display, are also recorded.

Providers must keep written records of all required background checks for specified personnel

Records must be kept for seven years.

Providers will need to ensure that staff details are added to and kept up to date through the PEP.

This needs to be done by persons with management or control of the provider, who can add, update or remove the details of all child care personnel for the provider.

Persons responsible for the day-to-day operation of the service can add, update or remove the details of child care personnel for the service or services they manage.

Child care personnel may be allocated one of the following roles:

- persons with management or control of the provider
- persons responsible for the day-to-day operation of the service (operational responsibility)
- service contact

## Education and Care Services National Regulations

This policy relates to the following

### **Chapter 4 – Operational Requirements** (whole section)

## Related Policies

- Behaviour Management
- CCS Enrolment
- Child Development
- Child Self Esteem
- Family Orientation
- Inclusion and Anti Bias
- Induction
- Privacy
- Programming
- Recruitment
- Staff Performance

## Sourced

- Early Childhood Australia Inc: “Code of Ethics” 2006.
- Child Care Provider Handbook. Record Keeping and notifications  
<https://www.education.gov.au/child-care-provider-handbook/7-record-keeping-and-notifications>
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

## Policy Review

<b>Developed</b>	<b>January 2007</b>
<b>Last Reviewed</b>	<b>September 2023</b>
<b>Next Review</b>	<b>December 2024</b>

## 1.12 CCS Compliance Policy

### National Quality Standard

This policy relates to:

#### **Quality Area 7 - Leadership and Service Management**

- Standard 7.3: Administrative systems enable the effective management of a quality service

### **Aim**

Child care providers are obliged under law to meet a range of conditions for continued approval to administer child care funding. The approved provider is responsible for ensuring that its services, staff and educators comply with these legal obligations and conditions for continued approval.

### **When to Use This Policy**

1. When Apply for CCS approval
2. When staff are administrating CCS payments
3. During the recruitment and induction process
4. Any change to Persons with Management Control or Person or persons responsible for the day-to-day operation of the service

### **Specific Process Steps**

The Department of Education, Skills and Employment must have up-to-date details of child care providers at all times. Providers approved for Child Care Subsidy (CCS) are required to notify the Department about certain changes to their operations as outlined in the Family Assistance Law. The changes which must be reported are known as 'Notifiable Events' or 'Change of Circumstances'.

- Notifiable Events include changes to bank details, number of child care places offered, and key personnel. It also includes more serious issues like criminal charges against staff, change to your service's legal entity or the termination of a lease.
- Changes can be notified through Kinder M8 or through the Provider Entry Point.

#### **Provider responsibilities**

Becoming an approved provider under Family Assistance Law means accepting the legal responsibilities associated with operating a child care service and passing fee reductions on to eligible parents/guardians if child care payments are paid to it by the Commonwealth for those parents' benefit. It is a provider's responsibility to understand and comply with its obligations under the law.

Providers have many obligations, including:

- comply with the Family Assistance Law

- comply with the National Law and National Regulations, and all applicable Commonwealth and state or territory laws relating to the operation of a child care service, unless exempt
- ensure the provider, any person with management or control of the provider, any person responsible for the day-to-day operation of the service, are fit and proper persons to be involved in the administration of Child Care Subsidy and Additional Child Care Subsidy
- ensure that background checks are carried out for particular personnel - including criminal history and working with children checks where applicable
- notify the The Department of Education, Skills and Employment of changes relating to their service (referred to as 'Notifiable Events in the Family Assistance Law')
- ultimately it is the provider's responsibility to be aware of these obligations and comply with them.

**Roles of specified personnel for Little Gumnuts Early Learning Group are outlined below:**

<p><b>Persons with management or control of the provider</b></p> <p>These are people who participate directly or indirectly in the decision making or management of the provider (the legal entity) that operates the childcare service.</p> <p>Depending on the structure of the organisation and involvement of the individual, this may include the executive officers, board members, officers of the body corporate, the partners or a member of the organisation's governing body.</p>	<p>These people may:</p> <ul style="list-style-type: none"> <li>• change bank account details and other information regarding the childcare service</li> <li>• add and remove other persons, such as persons responsible for the day-to-day operation of the service from the Childcare Subsidy System</li> <li>• authorise data submission transactions to the Childcare Subsidy System</li> <li>• notify the Department of Education Skills and Employment of the cessation of operations</li> <li>• submit an application to add or remove a service.</li> </ul>
<p><b>Person or persons responsible for the day-to-day operation of the service</b></p>	<p>Nominated by the persons with management or control of the provider, they may:</p>

	<ul style="list-style-type: none"> <li>• add and remove persons responsible for the day-to-day operation of the service and service contacts</li> <li>• authorise data submission transactions to the Childcare Subsidy System</li> <li>• notify the Department of Education Skills and Employment of changes in respect of the service for which they are responsible, excluding bank account details and cessation of operations.</li> </ul>
<p><b>Service contacts</b></p> <p>These are people nominated by the persons with management and control of the provider or responsible for day-to-day operation of the service who are authorised to discuss family entitlements and transaction processing results with the Department of Education Skills and Employment.</p>	<p>They can notify the Department of non-financial contact details including addresses and phone numbers, but they cannot notify the Department about any other changes to information about a service</p>

## Documents Required for CCS approval applications

### Obligation to provide mandatory documents with application

The family assistance law - Section 194A(2) of the *A New Tax System (Family Assistance) (Administration) Act 1999*, states that an application for CCS provider approval must be in the form and manner and include any information and accompanying documents as set in the *Child Care Secretary's Rules 2017*. This means that you will not be able to submit your CCS application in the IT system unless the required documents are attached.

### Evidence of Provider Entity Type

In the application, the applicant must confirm the provider's legal entity status and provide the relevant documentation:

#### Sole Trader

- Evidence of the place of business – such as a lease agreement or utility invoice showing that the address of the business is consistent with the address on the service approval issued by the relevant state or territory regulatory authority.

### **Private or Public Company**

- Historical and Current Company Extract Report from the Australian Securities and Investment Commission (ASIC) no older than three (3) months from the date of application.

### **Registered Co-operative**

- List of Directors - NOTE: This should include details of Director addresses and occupations.
- Certified copy of the rules as registered.
- Board appointed person - NOTE: Name of person appointed by the Board who is responsible for daily activities of the Society.

### **Australian, State or Local Government**

- Governing document(s) outlining the relevant rules and how the governing body will be operated.
- In the case of local government, extract of the relevant legislation which sets out the manner in which the Council can enter into contracts.

### **Unincorporated Body/Association**

- Governing document(s) outlining the relevant rules of how the governing body will be operated.
- Evidence that the person has authority to apply (e.g. delegation letter).

### **Incorporated Body/Association**

- Rules/Constitution of Association.
- Annual General Meeting Minutes (if applicable).
- List of elected office bearers.
- Financial statement for previous financial year (if available).
- A Letters Patent (if applicable).

### **Indigenous Association**

- Rules/Constitution of Association.
- Annual General Meeting Minutes (if applicable).
- List of elected office bearers.

### **Partnership**

- A copy of the signed partnership agreement/deed between all members of the Partnership.
- Identification documents for each of the entities included in the Partnership (as specified for each of the entity types in this document).

### **Evidence of Fit and Proper checks**

The *Child Care Minister's Rules 2017* describes checks that providers must undertake to ensure the fitness and propriety of specified personnel within their organisation. CCS applicants must provide evidence that the required checks have been undertaken as follows:

### **Criminal History Checks**

For each individual nominated in the role of Person with Management or Control of the Provider, Person with Responsibility for the Day-to-Day Operation of the Service, Family Day Care Educator or In-Home Care Educator:

- A certified copy of an Australian National Police Criminal History Check (commonly referred to as a police check) which has been obtained through the criminal records

section of your relevant state or territory Police Service or CrimTrac accredited agency, dated no more than six (6) months before the date of the application.

### **Working With Children Checks**

- Working with Children Checks are issued by state and territory regulatory authorities. The checks are called different things in some state and territories. The [Australian Parenting website](#) provides more information about what these checks across Australia. Child care regulations in each state or territory also have different requirements about who needs to have a Working with Children Check. You will need to contact the regulatory authority in your state or territory to find out what the requirements are for your organisation. You can find [contact details for each regulatory authority](#) on the Australian Children's Education Quality Assurance (ACECQA) website.
- A CSS application must include the Card Number and Expiry Date of each Working With Children Card for each person in the application who is required to have one.

### **Financial Management Checks**

For each individual nominated in the role of Person with Management or Control of the Provider:

- An [extract from the National Personal Insolvency Index Bankruptcy search](#) for each of the key personnel, including a Nil Result, dated no more than three (3) months before the date of the application.
- A current and historical personal name extract search of the Australian Securities and Investments Commission (ASIC), dated no more than three (3) months before the date of the application.
- Evidence that the person does not appear on the banned and disqualified register held by ASIC (in the form of a computer printout of the results of the search) dated no more than three (3) months before the date of the application.

### **Evidence of State or Territory Regulatory Approval**

Section 194C(a) of *A New Tax System (Family Assistance) (Administration) Act 1999* requires that, to be eligible for CCS approval, a provider must hold (for each service) approvals or licences required to operate a child care service under the law of the state or territory in which the service is situated. Where the law requires a service to hold approval issued under the *Education and Care Services National Law Act 2010* (the National Law), evidence of that approval must be included with a CCS application as follows:

- Approvals numbers from both Provider and Service approvals issued by the relevant state or territory regulatory authority.
- If not covered by Section 52 of National Law, a letter of evidence from the state or territory regulatory authority that the service is out of scope of the *Education and Care Services National Law Act 2010*.
- If there is no state or territory regulatory authority approval, evidence of any other approvals or licenses required by the law of the state or territory in which it is located;

### **Determining the Fit and Proper Person**

#### **Who needs to be a fit and proper person?**

The following people are required to be fit and proper persons to be involved in the receiving and passing on of the Child Care Subsidy and the Additional Child Care Subsidy:

- the provider itself
- any person with management of control of the provider

- any person responsible for the day-to-day operation of a childcare service.

In practice, this encompasses (but is not limited to) a childcare provider's directors, managers and staff (and board members where applicable), staff with management or control and people responsible for the day-to-day operation of the service.

Whether or not a person is a fit and proper person is determined based on Family Assistance Law, which sets out the matters that must be considered in making this determination.

Staff not identified in these specified personnel roles but who deliver care to or interact with children at the service must be suitable to do so. However, their suitability relates not to the administration of payments but to the safety of children and the quality of care provided (as this is what their role is about). As such, their suitability requirements are governed by the childcare licensing laws and regulations of the state regulatory body in the state or territory in which the service is located. Information about these requirements can be obtained directly from state and territory regulatory authorities.

When determining whether a person is a fit and proper person to be involved in the administration of the Childcare Subsidy and the Additional Child Care Subsidy, matters involving fraud, dishonesty, financial management, compliance with the law and administration of funds are all relevant considerations. Matters considered in determining whether someone is a fit and proper person include:

- evidence of activity that does not comply with criminal or civil law, including (but not limited to) activity related to children or indicating dishonesty or violence
- court proceedings and convictions or findings of guilt, including (but not limited to) activity related to children or indicating dishonesty or violence
- any past administrative decisions relating to a person's suitability to be involved in child care
- evidence of fraud or dishonesty
- the person's history of managing public funds; and any past or current debts to the Commonwealth
- the person's record of financial management, including any instances of bankruptcy, insolvency or external administration
- any potential conflicts of interest between managing or delivering the childcare service and other business or financial interests of the person
- any other matter relevant to the suitability of the provider and their staff.

Specified personnel must be fit and proper persons, regardless of whether they are required to use the Childcare Subsidy System.

### **Third Party Payments**

Parents are generally liable to pay the co-contribution for childcare fees. Only state and territory governments (and their agencies) can contribute to the cost, in part or full, of childcare fees for families. Where an agreement has been made between an employer or charity to assist in the contribution of fees the fees must be reduced accordingly before CCS has been applied. Early Learning on Rossi will record all documentation regarding any third-party payments.

### **Third Party Software Security – Kinder M8**

Kinder M8 is our Third-Party Software provider for Early Learning on Rossi. Kinder M8 systems supports secure and private communication. Secure (SSL) encrypted and password protected. For simplicity and protection, only the subscribed childcare service owns the

data. Kinderm8 do not take ownership of it. Consequently, login into the web or mobile application creates certainty that only accredited users have access to data being shared. Kinderm8 are committed to securely store information for access by only you and the childcare centre, ensuring that we are dealing with data in accordance to the law. Any concerns regarding a security breach contact Kinderm8 Support [support@kinderm8.com.au](mailto:support@kinderm8.com.au)

### **Log in Credentials Passwords and Audits**

Only The person(s) with management control and person with responsibility for day- to-day operation of the service will have access to the CCS section of Kinderm8 and passwords to do so.

Passwords will be changed every 6 months and are to be stored securely and not shared with anyone else. Each person(s) with management control and person with responsibility for day- to-day operation of the service is to have their own log in and password. Passwords are not to be written down.

Audits will be conducted by the Person with Management and Control and the Centre Director each quarter to ensure all CCS Data is accurate and to mitigate risk of fraud. This audit is to be signed off and saved in the yearly tasks folder.

Alongside audits the centre will maintain records, such as enrolment forms and day to day signing in/out records and absences. All absences are crossed checked and confirmed by parents through the third-party software provider. If there is an issue with the third-party software, Kinderm8 will be contacted.

Administrative errors are identified through our regular cross checking and rectified as and where required. If the administrative error requires rectification by a family, this error is brought to the attention of families promptly.

### **FRAUD DETECTION, PREVENTION AND REPORTING REGARDING CCS**

The Approved Provider and all Authorised Personnel will at all times monitor for any potentially fraudulent activity regarding CCS.

The service will implement procedures to detect and minimize fraud including:

- Ensuring all “Persons with Management or Control of the Provider” eg. Persons Responsible for the Day to Day Operation of the Service- Nominated Supervisor, Responsible Person in Charge or Administrator of CCS-Coordinator/2IC meet specified \*\*fit and proper requirements
- Ensuring all service finances are handled in accordance with service policies such as Fees Policy, Privacy and Confidentiality of Records keeping policy, , Governance Policy.
- Ensuring staff are appropriately trained in CCS compliance and the use of service software.
- Ensuring cross checks of attendances, fees, CCS and ACCS received is done quarterly. Monthly CCS reports are provided to assist with the process. The results are recorded and kept safely.
- Ensuring the CCS Provider Handbook is available to all staff, particularly those responsible for submitting attendance records

- Ensuring records of attendance for each child for whom care is provided including records of any absences from care are kept. They are accessible through KinderM8
- Ensuring any concerns regarding attendances, absences or fees are reported to approved provider and nominated supervisor.
- Ensuring quarterly audits are conducted as set out above to mitigate risk of fraud.

All complaints of suspected fraudulent behaviour will be investigated, whilst also providing for the protection of those individuals making the complaint and natural justice to those individuals being the subject of any such complaint. Where a family has a concern regarding the Childcare Subsidy (including the level of subsidy obtained or fraud), they should raise this concern with either the President of the Committee of Management, the key person responsible for the management of the centre- coordinator or directly with the Department of Education (details below).

The Department of Education provides a Childcare Tip-off Line which can be used by parents, providers or their employees to raise concerns about practices relating to the management of subsidies. Concerns relating to the quality or safety of a service should be raised with the relevant state or territory authority (see details below).

Phone: 1800 664 231

Email: [tipoffline@education.gov.au](mailto:tipoffline@education.gov.au)

## Summary of record keeping and notifications

Records you need to keep	Notifications we need to action
Complaints	Changes to staff including change of circumstances
Additional records	Change to service operations
Additional absences records	Vacancy information
Copies of fees documents	Cessation of operations
Notice about a child at risk	Changes to service contact information
Copies of evidence supporting approval application for Child Care Subsidy	Service entering administration or liquidation
Documentation on police checks and working with children	
Register of care	

## What records need to be kept?

To maintain approval, providers must keep certain records and notify the Department of Education of certain events. Failure to keep these records and provide the required notifications can result in an infringement notice, civil penalty order, criminal prosecution, suspension or cancellation of provider or service approvals, or other penalties.

The centre will keep and maintain the following records:

- complaints made relating to compliance with Family Assistance Law
- a record of attendance for each child for whom care is provided (regardless of eligibility for Childcare Subsidy), including records of any absences from care
- statements or documents demonstrating that additional absence days in excess of the initial 42 absence days satisfy requirements
- copies of invoices and receipts issued for the payment of childcare fees
- copies of all Statements of Entitlement issued and any statements issued to advise that there was a change of entitlement.

A written record of the following:

- any notice given to a state or territory body about a child at risk of abuse or neglect
- copies of the evidence and information provided with an application for approval about persons with management or control of a provider and persons responsible for the day-to-day operation of a service
- any evidence or information produced to obtain police checks and working with children checks for personnel and to support any statements about these checks in an application for provider or service approval.

Written records include records that are made and stored electronically, as long as they are stored safely and any changes, apart from incidental changes related to their storage and display, are also recorded.

The Centre also keeps written records of all required background checks for specified personnel.

### **Notifications**

Providers must notify the Department of Education of any of the following changes to their service(s), within the timeframe specified. Penalties may apply if providers fail to make required notifications.

Providers must notify the department at least 42 days before they stop operating a service.

Table 11: Matters that child care providers need to notify to the Department of Education and the specified timeframes

<ul style="list-style-type: none"> <li><b>Matters to be notified</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Timeframe for notification</b></li> </ul>
<ul style="list-style-type: none"> <li>The total hourly fee charged by the service for care for each approved childcare service of the provider (before any fee reduction amounts or other rebates or discounts) as set out in any policy or advertising information provided to individuals who enrol their children with the service.</li> <li>Any change to the fee information.</li> </ul>	<ul style="list-style-type: none"> <li>Within 14 days of any of the following: <ul style="list-style-type: none"> <li>commencement of the service</li> <li>notice of approval of the service</li> <li>any change.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>The hours and days on which each approved childcare service of the provider operates, with opening and closing times notified in 24-hour format.</li> <li>Any change to the operating hours.</li> </ul>	<ul style="list-style-type: none"> <li>Within 14 days of: <ul style="list-style-type: none"> <li>commencement of the service</li> <li>notice of approval of the service</li> <li>any change.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>The number of anticipated vacancies that the provider has available to fill in each of its approved childcare services for each day of the following week (beginning on a Monday).</li> <li>A vacancy is: <ul style="list-style-type: none"> <li>for a Centre Based Day Care service or a Family Day Care service—an ongoing full-day vacancy</li> <li>for an Outside School Hours Care service—an ongoing full-session vacancy.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>By 8.00 pm (AEST) each Friday.</li> </ul>
<ul style="list-style-type: none"> <li>Ceasing to operate an approved childcare service:</li> </ul>	<ul style="list-style-type: none"> <li>Within 24 hours after ceasing to operate the service.</li> </ul>

Table 11: Matters that child care providers need to notify to the Department of Education and the specified timeframes

<ul style="list-style-type: none"> <li><b>Matters to be notified</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Timeframe for notification</b></li> </ul>
<ul style="list-style-type: none"> <li>to avoid being in breach of a law of the Commonwealth, a state or a territory</li> <li>due to circumstances beyond the provider's control when 42 days' notice cannot be given.</li> </ul>	
<ul style="list-style-type: none"> <li>Change of physical or postal address of:           <ul style="list-style-type: none"> <li>the provider</li> <li>the premises from which any of the provider's approved child care services operate.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>No later than 30 days before the change or, if the change was not foreseeable at that time, as soon as practicable.</li> </ul>
<ul style="list-style-type: none"> <li>Change to the name of:           <ul style="list-style-type: none"> <li>the provider</li> <li>any of the provider's approved childcare services, including evidence of name change.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Within 14 days after the change.</li> </ul>
<ul style="list-style-type: none"> <li>Change of any of the following contact details of the provider or of any of the provider's approved childcare services:           <ul style="list-style-type: none"> <li>email address</li> <li>website</li> <li>telephone number</li> <li>fax number.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Within 14 days after the change.</li> </ul>
<ul style="list-style-type: none"> <li>Information about any new person:           <ul style="list-style-type: none"> <li>with management or control of the provider (including any person who becomes responsible for the day-to-day operation of any of the provider's approved child care services)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Within seven days after the new person becomes a person with management or control of the provider or a Family Day Care or In Home Care educator.</li> </ul>

Table 11: Matters that child care providers need to notify to the Department of Education and the specified timeframes

<ul style="list-style-type: none"> <li><b>Matters to be notified</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Timeframe for notification</b></li> </ul>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>who becomes a Family Day Care educator or In Home Care educator for any such service.</li> </ul> </li> <li>The information must include:           <ul style="list-style-type: none"> <li>the name and contact details of the new person</li> <li>a declaration that the provider has undertaken all background checks required for the new person, together with details of the new person's working with children card, if applicable.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Change of the name or contact details for any of the following persons:           <ul style="list-style-type: none"> <li>a person with management or control of the provider (including any person who is responsible for the day-to-day operation of any of the provider's approved childcare services)</li> <li>a Family Day Care educator or In Home Care educator for any such service.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Within seven days after the provider becomes aware of the change.</li> </ul>
<ul style="list-style-type: none"> <li>The provider becomes aware, because of a background check undertaken for a specified person, that the person:           <ul style="list-style-type: none"> <li>has a serious conviction or finding of guilt for any of the following offences under a law of Australia or of a foreign country               <ul style="list-style-type: none"> <li>an indictable offence punishable by a maximum of two years imprisonment or 40 penalty units</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Within seven days after the provider receives a record of the check.</li> </ul>

Table 11: Matters that child care providers need to notify to the Department of Education and the specified timeframes

<ul style="list-style-type: none"> <li><b>Matters to be notified</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Timeframe for notification</b></li> </ul>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>an offence involving violence or a sexual offence</li> <li>an offence involving fraud, stealing or dishonesty</li> </ul> </li> <li>is an undischarged bankrupt, or</li> <li>was a director or secretary of a corporation when the corporation went into administration, receivership or liquidation, or at any time during the 12 months beforehand.</li> </ul>	
<ul style="list-style-type: none"> <li>An event or circumstance in relation to a person with management or control of the provider (including a person responsible for the day-to-day operation of any of the provider’s approved childcare services) that reasonably indicates that the person is not likely to be a fit and proper person to be involved in the administration of Child Care Subsidy.</li> </ul>	<ul style="list-style-type: none"> <li>Within seven days after the provider becomes aware of the event or circumstance.</li> </ul>
<ul style="list-style-type: none"> <li>A person stops having management or control of the provider (including when a person stops having day-to-day responsibility for the operation of any of the provider’s approved childcare services).</li> <li>The provider must also notify the Secretary of the Department of Education of when, and the reason, the person stopped having management or control of the provider.</li> </ul>	<ul style="list-style-type: none"> <li>Within seven days after the person stops having management or control of the provider.</li> </ul>
<ul style="list-style-type: none"> <li>An educator obtains a childcare qualification from a registered training organisation and:</li> </ul>	<ul style="list-style-type: none"> <li>Within seven days after the provider becomes aware of the matter.</li> </ul>

Table 11: Matters that child care providers need to notify to the Department of Education and the specified timeframes

<ul style="list-style-type: none"> <li><b>Matters to be notified</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Timeframe for notification</b></li> </ul>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>the provider or person with management or control has an interest in that registered training organisation by virtue of which the provider or person owns, operates, controls or carries out the registered training organisation, and either                             <ul style="list-style-type: none"> <li>it appears that the educator has not obtained the qualification solely on her or his own merit</li> <li>the qualification has otherwise been obtained in circumstances that might be perceived as demonstrating a conflict of interest.</li> </ul> </li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>A provider or a person with management or control of the provider obtains an interest, or is likely to obtain an interest, in a business which may affect their ability to comply with Family Assistance Law, where the approval may benefit the business or where a conflict of interest might reasonably be perceived to exist.</li> </ul>	<ul style="list-style-type: none"> <li>Within seven days of the provider becoming aware of the matter.</li> </ul>
<ul style="list-style-type: none"> <li>Change in the status of a working with children card for anyone who is required to have such a card under section 195D of the <a href="#">A New Tax System (Family Assistance) (Administration) Act 1999</a>—for example, if the card is amended, suspended or revoked.</li> </ul>	<ul style="list-style-type: none"> <li>Within 24 hours after the provider becomes aware of the change of status.</li> </ul>
<ul style="list-style-type: none"> <li>The provider enters into administration, receivership, liquidation or bankruptcy, and the details of this event.</li> </ul>	<ul style="list-style-type: none"> <li>Within 24 hours after the event.</li> </ul>

Table 11: Matters that child care providers need to notify to the Department of Education and the specified timeframes

<ul style="list-style-type: none"> <li><b>Matters to be notified</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Timeframe for notification</b></li> </ul>
<ul style="list-style-type: none"> <li>Unexpected closure of any of the provider's approved childcare services due to unforeseen circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>Within 24 hours after the closure.</li> </ul>
<ul style="list-style-type: none"> <li>A serious conviction or finding of guilt of:                             <ul style="list-style-type: none"> <li>a person with management or control of the provider (including a person who becomes responsible for the day-to-day operation of any of the provider's approved childcare services), or</li> <li>a Family Day Care educator, In Home Care educator, or another educator.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Within 24 hours after the provider becomes aware of the charging, conviction or finding of guilt.</li> </ul>

- Under Family Assistance Law, a person may commit an offence and is liable to a civil penalty if the provider does not give the Department of Education written notice of the above matters within the required timeframes

## Education and Care Services National Regulation

This policy relates to the following

N/A

## Related Policies

- CSS Enrolment Policy
- Fee Policy
- Fraud Policy
- Record Keeping

## Sourced

- Family Assistance Guide <http://guides.dss.gov.au/family-assistance-guide>

- Child Care Handbook <https://www.education.gov.au/child-care-provider-handbook>
- <https://kinderm8.com.au/our-confidentiality-guidelines/>
- Department of Education, Skills and Employment - Child Care Subsidy <https://www.dese.gov.au/child-care-package/child-care-subsidy>
- <https://www.dese.gov.au/child-care-package/resources/mandatory-documents-child-care-subsidy-approval-applications>

### Policy Review

<b>Developed</b>	<b>September 2018</b>
<b>Last Reviewed</b>	<b>29 January 2023</b>
<b>Next Review</b>	<b>December 2024</b>

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# PART 2: CHILDREN POLICIES

## 2.1 POLICY: Baby Sitting

### National Quality Standard

This policy relates to:

#### **Quality Area 4- Staffing arrangements**

- Standard 4.2: Professionalism: Management, educators and staff are collaborative, respectful and ethical.
  - 4.2.2: Professional standards: Professional standards guide practice, interactions and relationships

#### **Quality Area 6 – Collaborative partnerships with families and communities**

- Standard 6.1: Supportive Relationships with families; Respectful relationships with families are developed and maintained and families are supported in their parenting role.
  - 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.

### **Aim**

To ensure that professional conduct is maintained between the service staff and families whilst employed at the centre.

### **When To Use This Policy**

Throughout employment at the centre.

### **Specific Process Steps**

- All staff are to continue to have a professional relationship with all families that are utilising the service.
- Staff are not to babysit children that are in the care of the centre; regardless if this is requested from families at the service.
- Where possible, and if the families require a babysitter for outside of the service's operating hour's care for their children, the service will provide families with contact details of babysitters and/or other appropriate agencies that may be available to assist the family.
- During the service's operational hours, if a family requires care for their children, the service will attempt to accommodate families to have the children in the centre's care for the day that is required.

- In a situation that the staff is approached by the family to do after hours babysit, staff will politely refuse and give the details of babysitters and/or other appropriate agencies that may be available.

## Staff Techniques

- For all staff members to maintain a professional relationship with all families that are utilising the service.
- To ensure that all information remains confidential.
- For all staff at the centre to abide by the centre’s policy and procedures.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.7 Leadership and Service Management

#### Division 3 Information and record keeping requirements

#### Subdivision 4 Confidentiality and storage of records

181. Confidentiality of records kept by an approved provider

## Related Policies

- Confidential and Privacy
- Family Involvement
- Child Safe Organisation
- Recruitment
- Induction
- Ethical Behaviour and Conduct

## Sourced

- Allen, E. Best Practice Guide, Succeed Consultancy 2010
- Education and Care Services National Regulations

Policy Review	
Developed	1 April 2022
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 22 POLICY: Behaviour Management & Positive Guidance

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational Program and Practice**

- Standard 1.2: Practice: Educators facilitate and extend each child's learning and development
  - Element 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
- Standard 1.3: Assessment and planning: educators and co-ordinators take a planned and reflective approach to implementing the program for each child.
  - Element 1.3.2: critical reflection: critical reflection on children's learning and development, both as individuals and in groups drives program planning and implementation.

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Each child's health and physical activity is supported and promoted
  - Element 2.1.3: Healthy Lifestyle: Healthy Eating and physical activity are promoted and appropriate for each child
- Standard 2.2: Each child is protected
  - Element 2.2.1: Supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.1: Staffing arrangements enhance children's learning and development
  - Element 4.1.1: organisation of educators: the organisation of educators across the service supports children's learning and development
- Standard 4.2: Professionalism: management, educators and staff are collaborative, respectful and ethical
  - Element 4.2.2: professional standards: professional standards guide practices, interactions and relationships

#### **Quality Area 5 - Relationships with Children**

- Standard 5.1: Relationships between educators and children: Respectful and equitable relationships are maintained with each child
  - Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained
- Standard 5.2: Relationships between children: Each child is supported to build and maintain sensitive and responsive relationships
  - Element 5.2.1: Collaborative learning: children are supported to collaborate, learn from and help each other
  - Element 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 conflict

## Quality Area 6 - Collaborative Partnerships with Families and Communities

- Standard 6.2: Collaborative Partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program.

## Aim

All education and care services must ensure that the interactions with children gives each child positive guidance towards acceptable behaviour (Regulation 155)

All staff are to use a positive approach to child guidance, behaviour management and conflict resolution, ensuring children are at all times respected.

Ensuring there are clear limitations within the service, and to provide children with a sense of security, predictability and a sense of their own limitations, within the centre environment.

## When To Use This Policy

1. Demonstration of inappropriate behaviour.
2. When child, staff and/or visitor safety is in danger.
3. When children experience conflict amongst themselves.
4. To assess and support a child who continues to demonstrate inappropriate behaviour through observation, family conferencing and or referrals to other professionals.

## Specific Process Steps

*Remember to attack the problem, not the child.*

### Behaviour Management

- Identify the child's reasoning for the behaviour by documenting time, location, what was happening before the behaviour occurred, who was near the child when the behaviour started and if any pre-warning of the behaviour was visible.
- Show and or explain the result of the behaviour, e.g. if another child is hurt.
- Reinforce the service limits, giving reasons for these limits for example: *"We keep our hands to ourselves, as we don't hurt our friends at school"*, and *"the sand is for play in the sandpit, as we don't want sand in our friend's eyes"*.
- If successful, redirect the child back to the prior activity or to an alternate activity.
- If inappropriate behaviour continues, repeat the above steps.

- Offer choices for alternative behaviour e.g. different equipment, different activities or areas of play.
- If behaviour continues to be inappropriate, warn the child they will have to come with the educator to a specified activity. The educator will stay with the child and participate in an activity. This strategy aims to calm the child, reinforce the centre limits and respect the child's emotional wellbeing.
- In the event educators have exhausted all steps above and the child is not following instructions, behaviour changes negatively, child is violent towards themselves, violent towards educators and towards other children, educators will restrain the child by giving the child a hug, holding their hand and removing the child to a quieter place or to an area that is away from children to ensure safety is maintained at all times.
- Before the child recommences play, positively reinforce the appropriate behaviour that you would like to see. *"I would be very happy if you can remember to use the blocks for building, balls are for throwing."*
- Inform Families of the inappropriate behaviour at the time of the child's departure.
- Remember to praise positive behaviour that is observed.
- Class rules are to be developed with children 2-5 years, with photos depicting the class rules. These are to be displayed at the children's eye level.
- Time out **is not** to be used under any circumstance, unless written advice has been given by Early Intervention or a recognised child's specialist.
- Children may be suspended from the Centre until further support is obtained by the family if deemed necessary by the Centre Director.
- Children may be excluded from the Service if a child's behaviour persists.  
(Please refer to 1.6 - Exclusion Policy).

### Conflict

- All staff are to have a positive approach to guiding and resolving conflict.
- We encourage conflict resolution to develop the children's confidence, enhance their self-esteem and ensure children are aware of their limitations within the Service.
- Remember to focus on the situation not the child, using positive language.
- Separate the children if necessary.
- Comfort and administer First Aid (if necessary) to the victim or seek appropriate medical assistance.
- Observe and listen to children's explanations, (ensure you listen to both or all children involved to encourage a sense of justice, effective communication and dispute resolution).
- Identify the reason(s) for the conflict.
- Identify and acknowledge all children involved in the conflict and their feelings.
- Discuss and negotiate with the children involved on a solution, to settle the conflict, giving children choices where appropriate.

- Reinforce centre limits. eg: *we keep our hands to ourselves*.
- Redirect and separate children to an activity if necessary.
- If the conflict continues, change the environment. E.g. produce the same toy, remove toy, child or objects.

## Staff Techniques

### Behaviour Management

- Give victim (if there is one) affection and attention. This is often forgotten whilst other children are given disciplinary action.
- Always use a positive approach towards discipline. *"We are all sharing the environment we keep our hands to ourselves"*.
- Guidance and behaviour management techniques encourage children's confidence and individuality.
- Encourage children to resolve issues in a non-violent way.
- Staff are to model and praise acceptable behaviour.
- Staff are to promote problem solving and communication skills in children.
- Listen to the child.
- Promote empathy towards peers both verbally and non-verbally.
- Identify the problem.
- Acknowledge the child's feelings and encourage the child to talk about or assist in identifying how they are feeling.
- Offer the child two choices, e.g. *"you can have the same red car on the shelf or you can wait until Liam has had a turn with the car around the track"*
- Stern reaction using manners and voice can show a child that behaviour is inappropriate.
- Staff are to NEVER use an adult fix approach to discipline. E.g. smoothing over, threats or avoidance.
- The service environment is secure and offers fair limits. E.g. *"We walk inside, we share with everyone"*
- Indirect behaviour guidance is modelled by all educators.
- Staff are to use appropriate tones and levels of voice, to be assertive, but never to the point of yelling.
- Staff management strategies must be consistent and fair.
- No corporal punishment will ever be used under any circumstances. Any form of this kind of punishment will result in instant dismissal.
- To fill out an "Incident" or "Breakage" report if the situation requires this.

- If a child's behaviour is consistently inappropriate, staff members are to document and discuss the matter with the Director / Nominated Supervisor.
- Once the Director / Nominated Supervisor is involved, the staff under the Director's / Nominated Supervisors instructions are to compile and complete behaviour charts before setting up a meeting with Families. This will assist in demonstrating anecdotal observations for Families; assist with appropriate referrals and/or behaviour management techniques.
- The Director / Nominated Supervisor is to organise and be present with the Room Leader if any meetings are required with the Family/s in relation to consistent inappropriate behaviour.

### **Conflict**

- Encourage children to solve conflicts in a non-violent manner
- Staff are to promote problem solving and communication skills. E.g. *"Use your words and explain how this makes you feel."*
- Promote negotiating skills with the children
- Be calm
- Identify the problem
- Acknowledge children's feelings
- Offer children choices
- Don't use threats or put downs

### **General**

- Use posters of good choices and poor choices, red or yellow choices
- Praise positive behaviour's.
- Explain reason's for expected behaviour
- Seek support and or advice from peers. Colleagues and or professionals
- Shadow children when and if needed.
- Undertake behaviour charts to assist to ascertain to why behaviour
- Assess the room environment, is there too much out or too little, is their wide areas for running. Is the environment based on children's interests
- Assess and review transitions within the room and the Centre routine
- Assess big muscle activities and or calming relaxing areas- what are children's needs and responsiveness like to such activity examples

*Conflict is a natural part of our lives. Conflicts arise over misunderstandings, unmet needs, different values and perceptions. When children's conflicts are not handled fairly, they feel angry, frustrated, resentful, afraid and powerless. These feelings are often expressed as lying, blaming, and threatening, withdrawing and/or physically aggressive behaviour. When channelled into positive action, conflict stimulates creativity and problem solving.*

*Children who learn the skills of effective conflict resolution become confident learners and responsible caring human beings. Children are given a feeling of self worth, respect for all living things and the skills needed to get along with others.*

## Education and Care Services National Regulations

Education and Care Services National Regulation

This policy relates to the following

**Part 4.2 Children’s Health and Safety- whole section**

**Part 4.4 Staffing Arrangements- whole section**

**Part 4.5 Relationships with Children**

155- Interactions with Children

156- Relationships in Groups

## Related Policies

- First Aid
- Biting
- Child Protection
- Emergency
- Child Development
- Child Self Esteem
- Inclusion and Anti-Bias
- Family Grievance
- Privacy
- Ethical Behaviour and Conduct
- Induction
- Supervision
- Safety
- Exclusion
- Interaction
- Supervision
- Safety
- Transition
- Indoor Supervision
- Recruitment
- Relief Staff
- Staff Discipline
- Staff Performance
- Outdoor Supervision
- Student and Volunteer
- Child Safe Organisation

## Sourced

- Succeed Consultancy
- Lady Gowrie, <http://www.gowrie-sydney.com.au>
- Techniques for Teaching Young Children Third Edition (G MacNaughton & G Williams) 2008.
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Porter, L, 2009, Young Children’s behaviour, Marrickville NSW

<b>Policy Review</b>	
<b>Developed</b>	<b>November 2005</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 23 POLICY: Biting

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational Program and Practice**

Standard 1.3: Assessment and planning

- Element 1.3.2: Critical reflection: critical reflection on children's learning and development, both as individuals and in groups drives program planning and implementation
- Element 1.3.3: Information for families: families are informed about the program and their child's program

#### **Quality Area 2 - children's health and safety**

Standard 2.1: health: each child's health and physical activity is supported and promoted

- Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented

Standard 2.2: safety: each child is protected

- Element 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**

Standard 5.1: Relationships between educators and children: Respectful and equitable relationships with each child

- Element 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
- Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained

Standard 5.2: relationships between children: each child is supported to build and maintain sensitive and responsible relationships

- Element 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 conflict.

### **Aim**

To prevent and manage inappropriate biting habits of children by using appropriate strategies and techniques.

To understand for children under three years the urge to *bite* arises from this natural curiosity and it can also be linked to feelings of stress, frustration and excitement. In a *child care* environment *biting* is an emotional and stressful experience for both the biter and the victim and for the parents of both children.

### **When To Use This Policy**

1. When a child is bitten.
2. When a child is biting another child or inappropriate objects. E.g. dolls, chairs etc

## Specific Process Steps

### Behaviour Management

- First, attend to the bite through treatment by applying ice and giving the child comfort. Seek medical advice or treatment if necessary.
- Identify what motivated the child to bite where possible. E.g. teething, frustration, anger, lack of self-control, over stimulation, transition between activities or attention seeking.
- Return to the child who has bitten, using appropriate guidance and conflict resolution strategies. Show the child (the biter) the extent of damage the victim received.
- Fill out an “incident/injury report”, recording time, date, incident, procedure followed, treatment given and signed by two (2) service key contact staff.
- If the bite breaks a child’s skin, antiseptic cream is to be used immediately.
- When communicating the incident to families of the victim and the biter. Remember that confidentiality must be adhered to when telling the victims’ families. The biter’s name is not to be disclosed.
- Recommend that families provide their child with appropriate objects to bite. E.g. teething rings, teething gels etc if appropriate.

## Staff Techniques

- Apply first aid and comfort to the child.
- Communicate and comfort the child who has bitten and discuss how this makes us sad and offer strategies and outcomes to minimise future incidents.
- Educators are to support each child to develop strategies to stop a child *biting*, for example teaching children to say 'stop, I don't like it', to a child who may be trying to *bite* them
- Educator’s to reinforced the biter calmly, “We don't *bite* our friends/others, *biting* hurts”.
- Complete an incident/injury form, ensure this is completed in full, signed and a copy provided to the Families of the child that was injured.
- Help children work together to find a solution.
- Don’t force children to say sorry, kiss and make up or shake hands if they don’t want to, rather show the child the bite and tears of the other child. Explaining the child is hurt and what it has done to the skin.
- Listen to children when they are frustrated and sad.
- Observe events before, during and after the incident. Where necessary on repetitive biting behaviour charts should be used
- To assist and provide communication tools such as AUSLAN to resolve the situation and prevent it occurring again.
- To be aware of various stages of child development; e.g. lack or limited language, over stimulation.

- Provide a variety of the same toys for babies and toddlers as they are in an egocentric stage of development.
- Provide sufficient set up space for play indoors and also sufficient gross motor space for outdoors.
- To show disapproval that biting is unacceptable by using role modelling that will promote conflict resolution skills.
- To be attentive to each child's needs by showing children individual attention.
- If a child repeatedly is in a stage of biting, compile a timeline observation that reflects behaviour proceeding, during and after the incident. This will assist to determine factors which highlight situations when biting may occur.
- Review and evaluate the above mentioned timeline to assist in managing the child who bites. E.g. over stimulation in groups, resulting in excitement. Strategies may be to wash the child's hands first, begin their meals first, put to bed first etc.
- For continual biters, a meeting may be called with families to encourage and develop a strategy to ensure that both the Families and the centre work together to manage the situation.
- In managing children's behaviour, the Behaviour Management policy is to be referred to.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.1 Educational Program and Practice

- 73 Educational program
- 74 Documenting of child assessments or evaluations for delivery of educational program

### Part 4.2 Children's Health and Safety - Division 1 Health, safety and wellbeing children

- 84 Awareness of child protection law

### Part 4.5 Relationships with Children

- 155 Interactions with children
- 156 Relationships in groups

## Related Policies

- |                              |                                      |
|------------------------------|--------------------------------------|
| ● 2.2 - Behaviour Management | ● Family Involvement                 |
| ● Child Development          | ● Privacy                            |
| ● First Aid                  | ● Record Keeping                     |
| ● Handwashing                | ● Exclusion                          |
| ● Hygiene and Health         | ● Providing a Child Safe Environment |
| ● Inclusion                  | ● Safety and Emergency               |
| ● Infection Control          | ● Sickness and Medication            |

- Work Health and Safety
- Family Grievance
- Supervision

## Sourced

- Succeed Consultancy
- Frith, J. Kambouris, N. & O’Grady, O. *Health & Safety in Children’s Services Model Policies & Practices 2<sup>nd</sup>*. University of NSW.
- Staying Health in Child Care 5<sup>th</sup> Edition 2012
- NSW Health Department Hepatitis A, B, C and E [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
- [www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.PDF](http://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.PDF)
- ACEQA. StartingBlocks.gov.au. **“Managing children’s challenging behaviour – biting”** [www.startingblocks.gov.au](http://www.startingblocks.gov.au) Accessed 15.02.2021 Starting Blocks
- Care for Kids. “Successfully Dealing with a Child Who Bites”. <https://www.careforkids.com.au>. Accessed 15.02.21

Policy Review	
Developed	January 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 24 POLICY: Child Protection Policy

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: health; each child's health and physical activity is supported and promoted

- Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented

Standard 2.2: safety: each child is protected

- Element 2.2.3: child protection; management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

Standard 6.1: supportive relationships with families

- Element 6.1.3: families are supported: current information is available to families about the service relevant community services and resources to support parenting and family wellbeing

Standard 6.2: collaborative partnerships: collaborative partnerships enhance child's inclusion, learning and wellbeing

- Element 6.2.2: access and participation: effective partnerships support child's access inclusion and participation in the program.

### **Aim**

The Centre strives to protect and enhance the health, safety and wellbeing of children at all times whilst they attend the service. Our first priority is for the children in our care.

Staff are trained with the knowledge in how to support an individual who may be at risk of harm or risk of significant harm.

For staff to behave and interact with all children in a safe and healthy way, promoting their wellbeing.

To be committed to offering all children a Safe Organisation whilst in formal child care.

### **When To Use This Policy**

1. Through training and knowledge about children at risk of harm, child abuse and neglect, behavioural and physical indicators would be easily identifiable. Through staff concerns, this is when action is taken and correct procedures are followed.
2. When staff have been accused of any form of child abuse within the centre.
3. To ensure "Prohibited Persons" are not working with children at the centre, in any capacity, including paid staff, contractors, students and volunteer workers etc.
4. To offer a child safe organisation

## The Law

On 1 March 2020, the **Children's Guardian Act 2019** came into effect. Powers and functions of the Children's Guardian from the Children and Young Persons (Care and Protection) Act 1998 and Adoption Act 2000 were consolidated into the new Act, as stated on Office of Children's Guardian website on "Who We are".

## Specific Process Steps

### Mandatory Reporter's

All staff are mandatory reporters and are required by law to report suspected child abuse and neglect to government authorities. Mandatory reporters are people who deliver the following services, wholly or partly, to children as part of their professional work or other paid employment, and those in management positions in Children's services such as childcare workers, family day carers and home-based carers.

### A Child who is at Risk of Harm

- The staff are to go to Child Story Website <https://reporter.childstory.nsw.gov.au/s/>
- To assist supervisors with this they can access the Mandatory Reporter Guide (MRG). This is completed via <https://reporter.childstory.nsw.gov.au/s/>
- Mandatory reporters will choose a 'decision tree' and be lead through a series of questions which will help them decide whether or not there is a risk of significant harm.
- Accompanying the questions in the decision tree there are definitions and examples of definitions that will assist mandatory reporters to determine if they are to:
  - Make a report to the Child Protection Helpline.
  - Consult their Child Wellbeing Unit (for reporters from non-government organisations and in private practice).
  - Make a referral to community or government support services.
  - Document and continue their relationship with the child or young person or their family.
- A decision report can be generated with an explanation of the outcome based on the completion of the decision tree. This is to be printed and kept on file for the centre to have records of this.
- If the decision has been made as being a risk of significant harm as guided by the decision tree, the Educator / Director / Nominated Supervisor is to contact the Department of Communities and Justice,
- Helpline Phone: 132 111 or 133 627.
- The Department of Communities and Justice Helpline and the relevant Department of Communities and Justice department follows through with an appropriate action.
- The Educator/Nominated Supervisor creates an awareness that the child is at risk of harm through the Department of Communities & Justice. Helpline and that they have

taken the first steps of reporting this via the MRG and give the helpline a breakdown of the report that has been printed.

- The Educator/ Nominated Supervisor is to follow the directions of the Department of Communities & Justice Helpline as per Centre actions after notification has been made. Any contact names, reference numbers, outline of conversations are to be documented and kept in a confidential place e.g. child's file locked in the filing cabinet
- Department of Communities and Justice are to advise the centre if any and what action is to take place by them.
- The staff will also make notes with time, date, name of child, age, disclosure statement (if any), The staff will physical evidence, behaviour indicators, staff who identifies concern or receives disclosure and signed.

**NOTE:** By law, all staff are “Mandatory Reporters” for any type of suspected child abuse or neglect or child at risk of harm.

## **Reportable Conduct- Allegation of Child Abuse or Ill Treatment towards a child from a staff member**

Reportable Conduct Directorate: For any or all enquires, assistance, clarification and or support contact the “enquiries line” on- 02 8219 3800.

Allegation: An allegation against an employee might involve behaviour that is reportable or behaviour that is exempt from notification to the Office of the Children’s Guardian but is required to be investigated by the agency or the Education and Care Regulatory body.

Conviction of Reportable Conduct: This means a conviction of a person in NSW or elsewhere, of an offence involving reportable conduct, and includes a finding by a court that such an offence is proven even though the court does not proceed to a conviction.

### Thresholds for findings of reportable conduct

When considering a finding of reportable conduct, it is important to assess the evidence against the thresholds outlined in the Act in connection with each category of reportable conduct.

- **Sexual offence** – A sexual offence does not have to have resulted in a charge or conviction for it to be sustained as reportable conduct. In addition, as the rules of evidence do not apply, the decision-maker may give consideration to evidence that would not be admissible in criminal court proceedings. However, to make a finding of reportable conduct for a sexual offence, the decision-maker must be reasonably satisfied that all the elements of the sexual offence have been proven on the balance of probabilities.
- **Sexual misconduct** – To make a finding of sexual misconduct, the decision-maker must be reasonably satisfied that the alleged conduct occurred and that it was sexual in nature towards or in the presence of a child but not a sexual offence.

- **Assault** – Assault has both a physical (or ‘action’) element and a mental (or ‘attitude’) element. To make an assault finding, decision-makers need to be reasonably satisfied that both the action and attitude elements have been satisfied.
- **Ill-treatment** – In making a finding of ill-treatment, it is important to consider relevant codes of conduct that outline the nature of professional conduct and practice by the employees, which inform whether the conduct was not only unreasonable but also seriously inappropriate, improper, inhumane or cruel.
- **Neglect** – To make a determination of neglect, the decision-maker must be reasonably satisfied that the employee engaged in the alleged conduct (including an omission to act). That the behaviour or lack of constituted a significant failure to provide adequate and proper food, supervision, nursing, clothing, medical aid or lodging for the child; and that the child either was harmed or it was likely the child could have been harmed as a result.
- **Behaviour causing significant emotional or psychological harm to a child** – To make a determination under this category, the decision-maker must be reasonably satisfied that all three elements are met – that is, that the alleged inappropriate behaviour occurred; that the child suffered harm that was more than transient; and that there was a causal link between the inappropriate behaviour and the harm. It will often be necessary to obtain a psychological or medical assessment of the child to determine whether psychological harm can be established. However, a clinical diagnosis will not be required in every circumstance – particularly if the assessment itself may cause harm. In addition, in certain serious and/or ongoing domestic violence cases, it may be open to infer that a child has been psychologically harmed, in the absence of a clinical diagnosis of such harm.
- The staff member observing any form of child abuse from another staff member is to report the incident to Nominated Supervisor immediately via a staff grievance form.
- Family allegations are to be reported to and dealt with by the Nominated Supervisor immediately.
- The Nominated Supervisor is to compile the complaint containing all details of allegation such as the staff, date, time, victim details, and description of situation and person who has made the Nominated Supervisor aware.
- The Nominated Supervisor is to notify the Consultant / Operations Manager as soon as practicably possible as it requires to be determined if the staff member requires to be stepped down from their position pending investigations.
- The Consultant / Operations Manager will allow the accused staff member the opportunity to be informed of the substance of the allegation prior to any investigation taking place. This will occur only in the event that the investigation will not be compromised.
- The Nominated Supervisor and the Consultant / General Manager are to investigate the allegation without undue delay, in relation to the allegation and all other involved parties; compiling, recording all information regarding situation. Including how the investigation

took place, information collected, outcomes, response taken, employment proceedings, action and follow up outcomes.

- The reportable allegation will be assessed against the Professional Standards, Code of Conducts, Industry Codes such as the Code of Ethics, United Nations Rights of the Child and accepted Community standard
- All relevant information is to be documented by all parties involved e.g. all details of event e.g. time, date, incident etc.
- The Nominated Supervisor or the Centre's representative is to notify the allegation via the to the Regulatory Authority via ACEQA portal.
- The Nominated Supervisor or Head of Relevant Entity (HRE) is to notify the Office of the Children's Guardian (which is the "Reportable Conduct Directorate) of any allegations or convictions in relation to reportable conduct against an employee. Forwarding all copies of evidence compiled. Regardless if the Nominated Supervisor feels it is unfound or malicious. A full copy is to be kept on the involved staff file.
- When the Nominated Supervisor and or Consultant/General Manager becomes aware of a reportable allegation or reportable conviction they must notify the office of the Children's Guardian within seven (7) business days and conduct an investigation into the allegations.
- HRE needs to undertake an initial risk assessment and risk assessment action within 7 days for "reportable conduct" on each occasion using the "safe and secure lens" as outlined in the Office of Children's Guardian.
- If the final entity report is not ready to submit within 30 calendar days an interim report with information about the progress but we provided about the progress and expected timeframe for completion. Forms can be found on the Children's Guardian Website <https://www.kidsguardian.nsw.gov.au/child-safe-organisations/reportable-conduct-scheme/notification-forms>
- To inform parents of the child that has been alleged to be harmed within as soon as practicably possible but no later than with 24 hours in line the Education and Care Services Regulations on the provision that disclosure would not compromise an investigation as per approval and or directed by other relevant Government personal involved and or managing the allegation.
- Decisions and disclosure to relevant parties such as the victim, parents, alleged person will be undertaken with permission, approvals and directives of Departmental personal involved; such of Office of Children's Guardian, Department of Communities and Justice, Department of Education, police etc. Taking in consideration our regulatory responsibilities versus compromising an investigation and possible convictions

- Maintain open communication with Families and/or parties involved throughout the whole process.
- The accused staff member may be suspended from work duties until the investigation has reached an end.
- The accused staff will be treated fairly, without bias and with procedural fairness
- Instant dismissal will occur if allegations are found to be true and correct at any stage of investigation process.
- Community agencies will be offered and or accessed to offer support to those children, families and staff involved during and after the incident if deemed appropriate.
- Allegations towards staff members must be kept for 30 years and if the organisation ceases to exist these records are to lodged to the Office of Children’s Guardian.

NOTE: By law, all staff are obligated as mandatory reporters in regards to any form of child abuse or neglect or child at risk of harm; including colleagues in all capacities.

### **Working with Children Check**

1. No staff member is to commence work at the centre unless they have been “cleared” to work with children and the appropriate paperwork has been received and verified at the centre.
2. If staff have already got the NSW working with children the service must photocopy a copy of the “clearance letter” that clearly has the WWCC (Working with children check) number on this.
3. The Nominated Supervisor is required to go to the WWCC website <https://wwccheck.cyp.nsw.gov.au/Employers/Login> and go to the section “log in and register”
4. Once you are logged in you require to go to the “verify” section, enter in the staff member’s details and WWCC number and verify this

To know that this has been verified you will receive an automatic response or email and at the bottom of this page that states the staff members name and “cleared” next to this. You MUST print this page as proof of clearance and file into the staff members file.

For a staff member that requires to complete a new or renew their application for a NSW WWCC

STEP 1: Fill in an online application form using identification

STEP 2: Present to NSW Services with proof of your identity

STEP 3: Receive and pass on your results

STEP 4: The Centre will verify the results

## Auditing and Compliance Reminders

1. The Office of the Children’s Guardian can now update and amend a notification of a relevant employees proceeding.
2. The Office of the Children’s Guardian have increased audit powers and are able to ask employers to provide written documentation to show that they are meeting all legal requirements in regard to conducting background checks and their outcomes. If a service is not meeting these requirements they can be issued with a notice to comply. If Services, choose not to comply they may be prosecuted.
3. If a staff member’s status on a WWCC changes the Office of Children’s Guardian will notify the Centre and appropriate action will occur in regards to staff’s employment status

Status	Meaning
Application in progress	A Working With Children Check application is being processed and the applicant may work with children. If the applicant becomes barred, you will be contacted and advised on what to do next.
Cleared	This applicant has a Working With Children Check clearance that is valid until the listed expiry date. The applicant may work with children.
Barred	The applicant has been barred from working with children and it is an offence to engage this person for child-related work.
Interim barred	The applicant has been barred from working with children during the course of a risk assessment. It is an offence to engage this person for child-related work.
Not found	The database cannot find a matching Working With Children Check for any one of these reasons: <ul style="list-style-type: none"> <li>• The data entered for verification (name, date of birth and Working With Children Check number or application number) has errors;</li> <li>• The person’s application has been withdrawn or terminated without an outcome;</li> <li>• An application has not been completed by this individual.</li> </ul> It is an offence to engage this person in child-related work or child-related roles.

*“Information for Employers Tab for the factsheet”*

*information in the table has been accessed via*

<https://www.ocg.nsw.gov.au/child-safe-organisations/working-with-children-check/employer/help-to-register-and-verify>

## Child Abuse Indicators

### NEGLECT

*Definition: Is the failure to provide the basic physical and emotional needs.*

This may include, but it is not limited to;

- Poor standards of hygiene leading to social isolation
- Scavenging or stealing food
- Being focused on basic survival
- Extreme longing for adult affection
- A flat and superficial way of relating, lacking of a sense of genuine interaction
- Anxiety about being dropped or abandoned
- Self comforting behaviour. E.g. rocking, sucking
- Malnourishment or continual consumption of inadequate food - non nutritional foods
- Nappy change routine is not frequent enough-frequent and severe nappy rash
- Frequent bouts of illness
- Non-organic failure to thrive
- Delay in development milestones
- Loss of ‘skin bloom’

- Poor hair texture
- Untreated physical problems

### **PHYSICAL ABUSE INDICATORS**

*Definition: Is assault, non-accidental injury or physical harm to a person*

This may include, but it is not limited to;

- Facial, head and neck bruising
- Lacerations and welts from excessive discipline or physical restraint
- Explanation offered by the child or young person is not consistent with the injury
- Other bruising and marks which may show the shape of the object that caused it (e.g. a hand print, buckle)
- Bite marks and scratches where the bruise may show a print of teeth and the experts can determine whether or not it is an adult bite
- Multiple injuries or bruises
- Ingestion of poisonous substances, alcohol, drugs or major trauma
- Dislocations, sprains, twisting
- Fractures of bones, especially in children under three years
- Burns and scalds
- Head injuries where the child or young person may have indicators of drowsiness, vomiting, fits or drowsiness, vomiting, fits or retinal haemorrhages suggesting the possibility of the child having been shaken

### **EMOTIONAL ABUSE INDICATORS**

*Definition: Acts by others that damage the cognitive and emotional development of a person.*

This may include, but it is not limited to;

- Feelings of worthlessness about life and themselves
- Inability to value others
- Lack of trust in other people and expectations
- Lack of interpersonal skills necessary for adequate functioning
- Extreme attention seeking or risk taking behaviour
- Other behavioural disorders (e.g. disruptiveness, aggressiveness, bullying)

### **SEXUAL ABUSE INDICATORS**

*Definition: Is any sexual act or threat imposed on a child or young person*

This may include, but it is not limited to;

- Describe sexual acts (e.g. 'Daddy hurts my Wee-Wee')
- Direct or indirect disclosures
- Age inappropriate behaviour and/or persistent sexual behaviour
- Self-mutilation
- Persistent running away from home
- Eating disorders

- Unwillingness or embarrassment about changing in front of others
- Going to bed fully clothed
- Regression in developmental achievements in younger children
- Child or young person being in contact with a known or suspected perpetrator of sexual assault
- Unexplained accumulation of money and gifts
- Bleeding from the vagina or external genitalia or anus
- Injuries such as tears or bruising to the genitalia, anus, or perineal region
- Sexually transmitted diseases
- Trauma to the breasts, buttocks, lower abdomen or thighs
- Unusual offensive odours
- Foreign materials in the genital or rectal areas
- Presence of semen
- Inability to sit, or sit comfortably
- Frequent need to use the toilet

#### **GENERAL INDICATORS OF ABUSE OR NEGLECT**

- Where the child or young person gives some indication that the injury or event did not occur as stated
- Where the child or young person tells you she/he has been abused
- When the child or young person tells you she/he knows someone who has been abused, may be referring to herself/himself
- Poor concentration
- Sleeping problems e.g. nightmares, bed wetting
- Marked changes in behaviour or mood, an escalation in risk-taking behaviours, tantrums, aggressiveness, withdrawal
- Child or young person complains of stomach aches and headaches with no physical findings
- Unrealistic expectations of a young person including failure to allow the young person to allow the young person to participate in decisions that affect them or expecting adult behaviours
- Desire to spend more time at school or away from home
- Disruptive anti-social behaviours
- Unexplained absences- kept away from school by the offender
- Persistent tiredness- the result of sleep disturbances when abuse is taking place or if the child is having nightmares
- Chronic runaway behaviour

## Staff Techniques

### The Law

- Child Protection (Working with Children) ACT 2012  
<https://www.legislation.nsw.gov.au/view/html/inforce/current/act-2012-051>  
(checked 03/12/21)
- On 1 March 2020, the Children's Guardian Act 2019 came into effect. Powers and functions of the Children's Guardian from the *Children and Young Persons (Care and Protection) Act 1998* and *Adoption Act 2000* were consolidated into the new Act.

All staff are *mandatory reporters* and are required by law to report suspected child abuse and neglect to government authorities. Mandatory reporters are people who deliver the following services, wholly or partly, to children as part of their professional work or other paid employment, and those in management positions in **Children's services** such as child care workers.

Child Protection is everyone's responsibility.

### Child at Risk of Harm, Child Abuse or Neglect

- Normal routines are maintained, consistent and predictable for the child concerned.
- Confidentiality and discretion is of utmost importance for all concerned.
- Programs are developed taking child's needs, such as self-esteem into consideration and planning appropriate experiences.
- Flexibility is considered, staff will respect an abused/neglected child's personal space.
- Staff role model appropriate adult-child relationships.
- Staff will listen to the child disclosing information, without prompting further response. The trusting relationship already established should continue.
- Staff will NEVER make promises, as the child may be abused and/or neglected before any help can be provided.
- By law, all staff' members are mandatory reporters for all suspected child abuse or neglect in any form.
- Nominated Supervisor of the centre must have completed a course in child protection approved by the NSW Regulatory Authority.
- To participate in and complete refresher courses on Child Protection.

### Reportable Conduct – an Allegation of Child Abuse against a staff

- To ensure the Service roster has always two staff rostered to open and close.
- To ensure that staff are in the view of another staff member at all times.
- To uphold and implement the Centre's Code of Conduct.
- To uphold the standards of a Child Safe Organisation
- Never allow yourself to be left unattended with a child or group of children.

- To ensure that staff never complete nappy change, assist with toileting or showering children without being in the view of another staff.
- To be factual in all verbal and written documentation of an allegation against an employee.
- At all times to upkeep the Centre’s confidentiality in matters pertaining allegations against employees.
- All information pertaining incident is to be disclosed to management, events before, during and after incident.
- Any other information that you feel is appropriate in regards to the incident is also to be recorded.

### **Prohibited Persons**

- To read, have a clear understanding, acknowledge all information regarding “Working with Children Check” guidelines.
- To complete all areas of written documentation.
- To disclose if you are a “Prohibited Person”.
- Prohibited Persons who have been convicted as an adult of intentionally causing Grievous Bodily Harm to a minor will become known as a Prohibited Person.
- A person who has been convicted of a serious crime against children will not be able to seek a review of their Prohibited Person Status. Examples of these types of crimes include murder of a child, pornography related and paedophilia.

## **Education and Care Services National Regulations**

This policy relates to the following

### **Part 4.2 Children’s Health and Safety - Division 1 Health, safety and wellbeing of children**

Regulation 84- Awareness of Child Protection Law

Regulation 51- Conditions on Service Approval

Regulation 85- Policies and Procedures

Regulation 86- Notification to Parents

Regulation 155- Interactions with Children

Regulation 168- Education and Care Services must have Policies and Procedures

Regulation 175- Prescribed Information to be Notified to the Regulatory Authority

Regulation 176- Time to Notify Certain Information to the Regulatory Authority

## Compliance

Non-compliance with this policy may result in disciplinary action including dismissal.

Nominated Supervisor, Approved Provider and individual staff may be subject to criminal convictions for non-compliance to the related Child Protection laws.

## Related Policies

- First Aid
- Child Development
- Excursion
- Staff Arrangement
- Inclusion and Anti-Bias
- Behaviour Management and Positive Guidance
- Child Self Esteem
- Interaction
- Sleep and Rest
- Family Grievance
- Privacy
- Development & Training
- Disciplinary
- Induction
- Roster
- Transition
- Child Safe Organisation
- Anaphylaxis
- Recruitment
- Asthma
- Code of Conduct
- Toileting and Toilet Training
- Illness and Medication
- Family and Community Participation
- Family Orientation
- Late Pick up
- Priority of Access
- Residency Order
- Providing a Child Safe Environments
- Indoor Supervision
- Outdoor Supervision
- Work Health and Safety
- Close Circuit Surveillance
- Development and Training
- Electronic Media
- Social Media
- Ethical Behaviours and Conduct
- Staff Performance
- Staff Disciplinary
- Governance
- Laptop and Technology Equipment
- Record Keeping
- Relief
- Students, Volunteers and Associates
- Staff Grievance

## Sourced

- Succeed Consultancy.
- Office of Children’s Guardian. Working with Children Check <https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>. NSW Government. Accessed 03/12/21.
- Office of Children’s Guardian Sheet “Information for Employers- Fact Sheet <https://www.ocg.nsw.gov.au/child-safe-organisations/working-with-children-check/employer/help-to-register-and-verify> (checked 03/12/21).

- Communities and Justice. March 2020. NSW Interagency Guidelines-Guidance for government and non-government agencies delivering child wellbeing and child protection services in NSW. <https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines>. NSW Government. Accessed 03/12/21.
- Education and Care Services National Regulations – current version as at 01.10.2020. Viewed 03/12/21.
- Communities and Justice. Keep Them Safe Factsheet No. 3 Legislation Amendments. Last Updated November 2019. <https://theirtuturesmatter.nsw.gov.au/about-us/other-reforms/keep-them-safe>. NSW Government. Accessed 03/12/21.
- Communities and Justice.. Mandatory Reporters [www.facs.nsw.gov.au/families/Protecting-kids/mandatory-reporters](http://www.facs.nsw.gov.au/families/Protecting-kids/mandatory-reporters). NSW Government. Accessed 03/12/21.
- Communities and Justice. Their Future Matters. <https://theirtuturesmatter.nsw.gov.au> NSW Government. Accessed 03/12/21.
- Children’s Legislation Amendment (Wood Inquiry Recommendations) Act 2009.
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
- Principal NSW ACT- Children and Young Persons (Care and Protection) Act 1998 (NSW).
- Children’s Guardian Act 2019 (the Act).
- Child Safe Standards Series Introduction to the Standards ECE Centres- Webinar Training- September 2020.
- Office of Children’s Guardian- Children’s Guardian Act Information Session that discusses changes to the Act and Reportable Conduct Scheme. Accessed 03/12/21.
- Office of Children’s Guardian. “A Guide to Safe Standards”. Office of Children’s Guardian 2020. NSW Government.
- Office of Children’s Guardian. Child Safe eLearning - Keeping children safe in organisations (NESA endorsed for teachers). NSW Government. Completed November 2020.
- Office of Children’s Guardian. The NSW Reportable Conduct Scheme – Fact sheet 8 Making a finding of reportable conduct. NSW Government. Accessed December 2020.
- Office of Children’s Guardian. The NSW Reportable Conduct Scheme – Fact sheet 1 Identifying reportable allegations. NSW Government. Accessed December 2020.
- Mandatory Reporter Guide. 2018.. Child Story Reporter Community. <https://reporter.childstory.nsw.gov.au/s> NSW Government. Accessed 03/12/21.
- Office of Children’s Guardian. “Reportable Conduct Legal Definitions <https://www.kidsguardian.nsw.gov.au/child-safe-organisations> NSW Government. Accessed 03/12/21.
- Office of Children’s Guardian “Responding to Reportable Allegations- e-learning <https://www.kidsguardian.nsw.gov.au/child-safe-organisations/training-and-resources>. NSW Government. Completed 03/12/21.
- Office of Children’s Guardian “Who We Are” <https://www.kidsguardian.nsw.gov.au> NSW Government. Accessed 03/12/21.

<b>Policy Review</b>	
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<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 25 POLICY: Child Development

### National Quality Standard

This policy relates to:

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

Standard 1.1: Program: the educational program enhances each child's learning and development.

- Element 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

Standard 1.2: practice: educators facilitate and extend each child's learning and development

- Element 1.2.2: intentional teaching: educators are deliberate, purposeful and thoughtful in their decisions and actions
- Element 1.2.3: child directed learning: each child's agency is promoted enabling them to make choices and decisions that influence events in their world

#### **Quality Area 3: Physical environment**

Standard 3.2: use: the service environment is inclusive, promotes competence and supports exploration and play-based learning

- Element 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 4: Staffing arrangements**

Standard 4.1: Staffing arrangements enhance children's learning and development

- Element 4.1.1: organisation of educators: the organisation of educators across the service supports children's learning and development

Standard 4.2: professionalise: management, educators and staff are collaborative, respectful and ethical.

- Element 4.2.2: professional standards: professional standards guide practice, interactions and relationships

#### **Quality Area 6: Collaborative partnerships with families and communities**

Standard 6.1: supportive relationships with families: respectful relationships with families are developed and maintained and families are supported in their parenting role

- Element 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.

### **Aim**

To ensure individual developmental needs of each child are catered for through interactions, observation, planning and implementation of the room and service programs.

### **When To Use This Policy**

1. During the orientation process for all new children and on a daily basis for existing children at the Centre.
2. When making sense and considering children's behaviour and abilities

## Specific Process Steps

### 0-2 Years

- Children at this early age learn by experiencing their environment through their senses. E.g. seeing, touching, tasting and smelling.
- Experiences range from indoors to outdoors providing a variety of sensory stimulation.
- Individual responses to sensory experiences are monitored to ensure children's interests are planned for.
- Immobile babies are carried and shown interesting objects to manipulate and people to look at.
- Staff are to talk to and sing to the children to enhance their language and self-esteem.
- Warm and caring relationships are developed between the babies and staff members to ensure a trusting environment is created.
- Any areas needing further focus are included into the child's individual development plan and progress is discussed with Families on a regular basis.
- Children in this age bracket move to the next room based on the following; their readiness, position availability and discussion with Families and staff. Age is not a determining factor.

### 2-3 Years

- Independence skills are being acquired during these years (e.g. toileting, feeding and dressing) therefore toddlers are given ample opportunities to practice their independence skills. Patience is essential with toddlers as they drop things, spill drinks and wet pants etc.
- Individual responses to newly acquired skills develop during these years (e.g. toileting, feeding, dressing and language etc). These are monitored to ensure learning and growth is in accordance with children's interests.
- A whole new world is opening up for them as they learn to use a wider vocabulary. To assist in developing vocabulary, staff are to use activities and experiences that involve naming, labelling and associating objects (e.g. simple books, pictures etc).
- Children are exposed to active play such as jumping, running, dancing and coordination activities on a daily basis.
- Children are encouraged (but not expected) to share at this stage of individual development. Strategies such as supporting, role modelling, providing duplicates or replacements and discussing resolution help the child to accept the situation.
- Any areas needing further focus are included into the child's individual development plan and progress is discussed with Families on a regular basis.
- Children in this age move to the next room based on the following; their readiness, Centre availability/capacity subject to supervision guidelines, and discussion with Families and staff. Age is not a determining factor.

### **3-4 years**

- A balanced variety of activities appropriate to each child's learning and growth are provided.
- Activities create opportunities for developing concentration based on individual abilities and interests. E.g. story times, interest corners etc.
- The expected level of communication with adults and other children is extended to include a wider vocabulary, more complicated instructions and group activities, creating an environment which promotes effective communication.
- Children are given plenty of opportunities both indoors and outdoors for development of the active behaviours and skills. E.g. jumping, throwing and catching etc.
- Staff are to respond to all children at an individual level to reaffirm their self-value. Strategies such as gesturing and identifying a child by name and responding one at a time to assist in dealing with many children talking at once or interrupting a conversation.
- Any areas needing further focus are included into the child's individual development plan and progress is discussed with Families on a regular basis.
- Children in this age bracket move to the next room based on the following; their readiness, Centre availability/capacity subject to supervision guidelines, and discussion with Families and educators. Age is not a determining factor.

### **4-5 Years**

- Staff are to prepare the 4-5 year old's for Primary School by supporting independence, effective social skills, complex fine motor skills and the ability to sit for at least a period of 20 minutes. This can be achieved through our School Readiness Programs.
- Fine motor activities are provided. E.g. threading, scissors, art/craft and cooking in a safe and appropriate manner. Children may show interest in writing their own names and recognising simple words as encouraged by staff members.
- As children's memory skills increase, staff may introduce games to help children remember colours, shapes and sizes as based on their respective individual interests.
- They may enjoy problem solving such as more difficult puzzles, marble towers etc.
- Children are beginning to understand pre-mathematical and pre-writing concepts. E.g. numbers, counting, letters and words.
- The active child's skills have been mastered and children become almost daring, pushing their own limits (e.g. jumping off high frames and swings). A safe environment ensures that this does not result in personal injury (in both physical and non-physical forms) to themselves, other children and educators. Safe and appropriate behaviours are to be encouraged and modelled by educators at all times.
- The wider community becomes interesting to them as they expand their micro world. To facilitate this, staff incorporate the wider community into the class program based on their interests. E.g. Police, Ambulance, Fire Brigade, and excursions. This also encourages social literacy, awareness and responsibility.

- Any areas needing further focus are included into the child’s individual development plan and progress discussed with Families on a regular basis.

## Staff Techniques

- Trained staff are to be knowledgeable in the Early Years Learning Framework Curriculum and child areas in their entirety.
- Assistants/Trainees are to assist in delivering and recording the daily program.
- Trained staff are to observe, plan and programme on individual and group situations based on interests.
- Assistants/Trainees are to assist in observing, planning and programming on individuals and group situations.
- To offer, promote and encourage the families’ Family/teacher interviews twice annually to discuss individual development needs, interests, learning and growth.
- To display the program daily for all families to be able to read.
- To maintain up to date individual records, planning and programming.
- Trained staff will be prepared for monthly reviews on their program by the Educational Leader.

## Education and Care Services National Regulations

This policy relates to the following:

### Part 4.1 Educational Program and Practice

73 Educational program

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 Families

## Compliance

Non-compliance with this policy may result in disciplinary action and possibly dismissal.

## Related Policies

- |                        |                            |
|------------------------|----------------------------|
| ● Behaviour Management | ● Privacy                  |
| ● Excursion            | ● Development and Training |
| ● School Readiness     | ● Family Orientation       |
| ● Programming          | ● Record Keeping           |
| ● Family Involvement   | ● Biting                   |

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulations
- Kidspot, <http://www.kidspot.com.au>
- Raising Children Network, <http://raisingchildren.net.au>
- Department of Education, Employment and Workplace Relations. <https://www.dese.gov.au>
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011.
- Developmental Milestones and The Early Years Learning Framework and the National Quality Standards

Policy Review	
Developed	June 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 26 POLICY: Child Exclusion

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: health; each child's health and physical activity is supported and promoted

- Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented
- Element 2.1.3: healthy lifestyle: healthy eating and physical activity are promoted and appropriate for each child

Standard 2.2: safety: each child is protected

- Element 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.

### **Aim**

For all children and educators to be in a safe environment, which is consistently maintained, and all children's needs are met within a group situation.

### **When To Use This Policy**

#### **Behaviour- Long Term**

- When children and or staff safety is being compromised and or threatened and or physically repeatedly hurt and or sworn at.
- In the case the environment is consistently being destroyed and or with the Centres' resources and equipment.
- When the centre can no longer meet a child's needs following failed behavioural management techniques and strategies.
- When Educators have exhausted all avenues above and children's and or Educators safety is at risk of harm.

#### **Illness - Short Term**

- When a child becomes ill at the centre
- If a child is coming into the centre ill and cannot participate in day to day activities
- If a child is coming into the centre is ill and has had medication prior to attending care and then becomes ill; other than prescribed medication (known to the Educator Team)

### **Specific Process Steps**

- Document the child's behaviour on behaviour charts and place copies in the child's individual Centre file. If communication books are available place a copy in these as well.
- Endeavour to receive a formal assessment on the individual child, communicating with appropriate early childhood services as a point of referral (with Family/Guardian consent).

- To endeavour to apply and receive appropriate funding to assist the child.
- Implement strategies to assist the child. E.g. gaining appropriate outside Centre support from professionals, networking with educators, changing the environment and positive reinforcement.
- Discuss the child's needs with educators, families and other appropriate professionals (with family consent).
- Document evidence of development in all areas, including anti-social behaviour on behaviour charts and timelines.
- Monitor the child's progress and needs, through family meetings, documentation and communication book etc.
- Communicate between staff, families and other professionals on a regular basis.
- Review the child's progress on a daily basis.
- Children may be requested to be collected earlier on any day and or attend shorter specific times for continual misbehaviour that hurts and or damages people or property repeatedly.
- To persist with attempting to meet the child's and / or families' needs for an appropriate period of time.
- It is management's decision to exclude a child from the service in consultation with other appropriate professionals and advice from the NSW Anti-Discrimination Board. It is to be noted Work Health and Safety overrides any other legislation when it comes to the safety of children and staff.
- A meeting with the Nominated Supervisor, appropriate staff and families and/or families is to be arranged without undue delay and a formal letter stating why the child is to be excluded from the service.
- Refer families to other professional and/or community services, which may be able to assist the child and family's needs.

## Staff Techniques

- Document all behavioural incidents.
- To maintain confidentiality.
- To initiate assessment through the Nominated Supervisor and Families.
- To access assistance from other professionals and / or services (with Family consent).
- To be professional at all times and maintain confidentiality at all times.
- To treat the child and families with respect at all times and under all circumstances.
- To introduce and implement strategies to assist the child.
- To monitor the child's progress and individual needs.
- To offer families support and refer the families to agencies for support, assistance and assessment.
- Document all meetings held with families with date, time, content, people present and signatures and file in the child's centre file.

## Education and Care Services National Regulations

This policy relates to the following:

### Chapter 4- Operational Requirements

#### Part 4.1 Educational Program and Practice

74 Documenting of child assessments or evaluations for delivery of educational program

#### Part 4.4 Staffing Arrangements- (Whole Section)

#### Part 4.6 Collaboration Partnerships with Families and Communities

157 Access for Parents

### Division 2- Policies and Procedures

## Related Policies

- First Aid
- Behaviour Management
- Discipline
- Inclusion and Anti- Bias
- Programming
- Work Health Safety
- Emergency
- Biting
- Child Development
- Interaction
- Transition
- Safety
- Termination on Enrolment
- Development and Training
- Induction
- Ethical Behaviour and Conduct
- Family Orientation
- Providing a Child Safe Environment
- Development and Training
- Family Involvement
- Family Grievance
- Governance
- Privacy

## Sourced

- Succeed Consultancy
- Allen, E. *Best Practice Guide*, Succeed Consultancy 2010.
- Lady Gowrie, <http://www.gowrie-sydney.com.au>
- Anti-Discrimination Act 1977. No 48 NSW Government.
- MacNaughton G. and Williams G. (2009). *Teaching Techniques for Young Children Choices for theory and practice. 3rd edition*. Frenchs Forest NSW: Pearson Education Australia.
- Education and Care Services National Regulations.
- NSW Government. Work Safe NSW. Violence- Abuse, Assault and Threats Can Happen at Work. <https://www.safework.nsw.gov.au>.

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## 27 POLICY: Child Self Esteem

### National Quality Standard

This policy relates to:

#### **Quality Area 5 - Relationships with Children**

Standard 5.1: Relationships between educators and children: respectful and equitable relationships are maintained with each child

- Element 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.
- Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained

Standard 5.2: relationships between children: each child is supported to build and maintain sensitive and responsive relationships

- Element 5.2.1: collaborative learning: children are supported to collaborate, learn from and help each other
- Element 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 conflict.

### **Aim**

To ensure all children's self esteem is fostered within the centre during staff interactions, centre routine times and through the implementation of the program and all routines.

### **When To Use This Policy**

1. During all interactions with children.

### **Specific Process Steps**

- All children are to be addressed by their first name with all interactions.
- Positive and descriptive language is at all times to be used when talking to children. E.g. *"Jo, I like how you have arranged the blocks in a very long straight line"*.
- Staff are to get down to children's level when interacting.
- When dealing with behaviour management, remember to focus on the situation not the child, using positive language. E.g. *"Jo please remember that we walk inside, running is for outside"*.
- Activities are to be planned on the basis of children's interests, skills and abilities. Staff are to be conscious of not setting children up to fail in activity choices.
- Children are encouraged to have choices both in the centre routine and program.
- Activities are to be planned and spontaneous to challenge and extend children's learning and interests.
- All children are to be encouraged and praised for their efforts to attempt, participate or complete tasks during their day at the centre.
- Children are encouraged to master their independence and individuality.

- Staff will be aware and conscious of positive language during their interactions with children. Remember not to use gender descriptive words such as “*good boy, good girl.*” As well as being conscious to eliminate the words; “*no, don’t, can’t, not.*”
- Discuss and negotiate with children on a solution, to settle conflict, giving children choices where appropriate. (See Behaviour Management and Positive Guidance Policy for further specific guidelines).
- Reinforce centre limits. E.g. “*We walk inside; we keep our hands to ourselves etc.*”
- Assist children in identifying their feelings, to develop active and confident communication.

## Staff Techniques

- To treat all children with respect and dignity.
- To interact with children at their level; get down to a child’s level when communicating and interacting with them.
- To use appropriate, positive, encouraging and supportive language.
- To work with children to develop centre and class rules and limits.
- To be consistent with behaviour management strategies within the centre.
- Plan and program for children based on their interests and needs.
- Offer choices and availability within the program.
- Be an active and open communicator with children.
- Children who learn the skills of conflict resolution become confident learners and responsible and caring human beings. Children are given a feeling of self worth, respect for all living things and the skills needed to get along with others.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.5 Relationships with Children

155 Interactions with children

156 Relationships in groups

## Related Policies

- Behaviour Management
- Child Development
- Inclusion
- Programming

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

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<b>Next Review</b>	<b>1 December 2024</b>

## 28 POLICY: Child Safe Organisation

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: health; each child's health and physical activity is supported and promoted

- Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented

Standard 2.2: safety: each child is protected

- Supervision- Element 2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Child Protection- Element 2.2.3: child protection; management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### **Quality Area 4 - Staffing Arrangements**

Standard 4.2: Professionalism

- Element 4.2.2 Professional Standards. Professional Standards guide practice, interactions and relationships

#### **Quality Area 5 - Relationships with Children**

Standard 5.1: Relationships between Educator's and Children

- Element 5.1.2 Dignity and Rights of the Child. Dignity and rights of every child is maintained

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

Standard 6.1: supportive relationships with families

- Element 6.1.3: families are supported: current information is available to families about the service relevant community services and resources to support parenting and family wellbeing

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1 Governance supports the operation of a quality service

- Element 7.1.2 Management Systems. Systems are in place to manage risks and enable the effective management and operation of a quality service
- Element 7.1.3 Roles and Responsibilities. Roles and responsibilities are clearly defined and understood and support effective decision making and operation of the service

### **Aim**

Our Centre environment, our Centre culture, and our interactions with the community will be conducted to keep children safe and happy.

This policy guides all staff, volunteers, contractors, and students on how to behave when engaging with children in care within our organisation.

The child safe policy focuses on how we build and maintain the children's safety, while being inclusive, transparent and promotes children's participation within the Centre.

## When To Use This Policy

### Child Participation

- We support and encourage children’s involvement by providing different activities catering to age specific development.
- We encourage and support children in offering ideas and feedback on decisions that affect their daily activities.
- We encourage to teach children Protective Behaviours in terms that are suitable for the development and age. Such as “Safe Series” Resources via <https://www.kidsguardian.nsw.gov.au/> or Keeping Kids Safe <https://danielmorcombe.com.au/keeping-kids-safe-resources>

### Staff Recruitment

- Our recruitment selections will be undertaken through the implementation of our Recruitment Policy, which is thorough and vigorous to screen, assess, and select suitable staff.
- The Induction Policy will be implemented in line to our practice, a process which is typically achieved over a 3-4-month period. This process appoints a mentor to support, assist, and assess the ongoing suitability and professionalism of our new staff.

### Practice

- The Centre’s advertising for positions vacant will be written with core consideration to discourage non-Prohibited potential employees to apply for positions vacant. This will be achieved by stating we are/adhere to being “a Child Safe Organisation” and only valid WWCC holders need apply. Once WWCC is sighted, employer is to verify the WWCC upon employment.
- Staff Advert templates will be considered that outline non-negotiable items to be placed in our advertising to assist the development of adverts
- Our recruitment and induction processes are such that interview questions are asked, perspective staff understanding of children’s right to be safe is considered, referees will be rung, and their understanding of Child Protection law and the responsibility of an Educator will be assessed.
- Working with Children Checks will be validated, the four-hour induction time (per our Induction Policy) is to be undertaken prior to working with children.
- Potential staff understanding of what a “Mandatory Reporter” will be sought at the time of interviewing

## Specific Process Steps

### Complaints Management and Reporting

**Mandatory Reporters** - All staff are mandatory reporters and are required by law to report suspected child abuse and neglect to government authorities. Mandatory reporters are people who deliver the following services, wholly or partly, to children as part of their

professional work or other paid employment, and those in management positions in **Children's services** such as child care workers, family day carers and home-based carers.

**A Child who is at Risk of Harm** - A complaint, suspicion, disclosure, or observation in regards to a child being at "risk of harm" staff are to refer to the Centre's Child Protection Policy in respect to their reporting obligations as a Mandatory Reporter.

**A Child Risk Assessment** - Will be developed and reviewed annually in conjunction with relevant stakeholder/s.

**Child Safe Standards** - To ensure our staff and stakeholders are familiar and knowledgeable with the Child Safe Standards. This will be achieved through developing a Child Safe culture, ongoing and consistent communication, training and seeking collaboration, reflection and feedback with all parties.

### **Training, Support and Supervision of Employees**

- Our Induction Policy will be implemented in line to our practice, a process which is typically achieved over a 3-4-month period. This process appoints a mentor to support, assist and assess the ongoing suitability and professionalism of our new staff
- Our Centre staff training budget and appraisal system for professional and training goals will provide opportunities for staff to attend training to further their knowledge of keeping children safe, Child Protection and Child Safe Standards.
- All staff will participate in continual strategies of knowledge and consolidation around Child Protection, Protective Behaviour and Keeping Children Safe through Centre routines such as static monthly agenda items to be Child Protection, posters in and round the Centre. Staff Weekly Memo's with current and relevant reminders and information. Reviewing Centre policies annually and reading off acknowledging policies to refresh and remind staff.
- Staff will participate in training yearly to refresh and remind them of their responsibilities and awareness towards Child protection and fostering and maintaining a Child Safe environment.
- The Centre's roster will ensure two staff are at all times rostered to open and close the Centre.
- The Centre's environment and practice will be about keeping children safe and staff safe from allegations through maximising opportunities of supervision. This will be achieved through Centre Routines, viewing windows which are free from any obstacles, off the floor staff to be replaced through float staff. Nappy changes to occur in view and or sound of colleagues and to minimise males changing nappies at all times.
- Staff will ensure that they maximise all opportunities to be in view and sound of peers.
- Staff are not to be left alone with children and is at times discouraged and attempted to be managed, eg not to shower a child alone, children not to be in offices or non-child areas of the Centre.

### **Volunteers and Students**

- Volunteers and Student policy is to be upheld at all times including their induction to the Centre, which will be conducted prior to working with children.

## **Contractors and Visitors**

- Contractors where possible in every instance are to work towards out of hours' attendance.
- Regular contractors that are engaged are to provide where achievable a volunteer/paid WWCC.
- Contractors and all visitors are to sign in/out of the Centre.
- Contractors and visitors are at times to be escorted in and around all and every area within the Centre by a staff member, this includes toilets.

## **Communication**

- We will have regular staff meetings where Child Protection and Keeping Children Safe are static agenda items.
- All staff will read and acknowledge this policy during induction prior to working with children, all staff to read and sign off on all policies annually. All staff will review all policies annually as part of Centre's processes and procedures.
- The Centre's Code of Conduct will be a tangible, an in use document to use and remind all stakeholder's of acceptable behaviour and to guide and build on the culture of a Child Safe organisation and culture. It will be displayed, it will be used in the induction process and it will constantly be used and referred to in every day practice and expectations.
- All families will have access to this policy and are encouraged to participate in all annual policy reviews.
- Students, Volunteers, Visitors and Contractors will have access to this policy. The Centre's practices will be in line with this policy in all interactions to outsiders in the Centre.

## **Staff Techniques**

### **Child Protection is everyone's responsibility as is a Child Safe Organisation.**

- All staff to be knowledgeable about their obligations and responsibilities in regards to upholding a Child Safe Organisation
- All staff to be knowledgeable about their obligations, responsibilities and reporting obligations in regards to Child Protection and being a Mandatory Reporter
- To uphold and put in practice the Centre's Code of Conduct, to be accountable to yourself as a professional. To bring accountability to your colleagues to not practice stand by behavior and do not accept anything less than our Code of Conduct and industry professional standards.
- To ensure all visitors within the Centre are actively supervised and never left unattended.
- To ensure your environment at all times maximises supervision, such as windows being free of decorations, ensuring staff are at all times in sight and hearing of each other.
- All staff to actively say "no" when asked or put in situations that are against the Centre's policies and procedures, eg being asked to get non-essential items leaving a staff member alone and out of ratio of children.

- To provide “Protective Behavior” teaching moments and activities to teach children on strategies to keep themselves safe through the Educational Program.
- To participate in training that reinforces your knowledge, keeps you up to date and allows opportunities for professional growth and development around Child Protection and Child Safe Organisation.
- To embrace a culture within the Centre of being a Child Safe Organisation, along with being familiar and knowledgeable with the Child Safe Standards.
- To actively participate in refreshing your knowledge in the Centre polices in routines tasks of reading off on them and reviewing them annually.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.2 Children’s Health and Safety - Division 1 Health, safety and wellbeing of children

Regulation 84- Awareness of Child Protection Law

Regulation 51- Conditions on Service Approval

Regulation 85- Policies and Procedures

Regulation 86- Notification to Parents

Regulation 155- Interactions with Children

Regulation 168- Education and Care Services must have Policies and Procedures

Regulation 175- Prescribed Information to be Notified to the Regulatory Authority

Regulation 176- Time to Notify Certain Information to the Regulatory Authority

## Compliance

Non-compliance with this policy may result in disciplinary action including dismissal.

Nominated Supervisor, Approved Provider and individual staff may be subject to criminal convictions for non-compliance to the related Child Protection laws.

## Related Policies

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| • Child Protection               | • Privacy                            |
| • Student, Volunteer and Visitor | • Development & Training             |
| • Induction                      | • Disciplinary                       |
| • First Aid                      | • Induction                          |
| • Recruitment                    | • Notification Requirements          |
| • Child Development              | • Indoor Supervision                 |
| • Excursion                      | • Maintenance                        |
| • Behaviour Management           | • Providing a Child Safe Environment |
| • Parent Involvement             | • Governance                         |
| • Child Self Esteem              | • Relief Staff                       |

- Inclusion
- Family and Community Participation
- Sleep and Rest
- Family Grievance
- Staff Arrangement
- Staff Performance
- Whistle Blowing
- Staff Roster

## Sourced

- Succeed Consultancy
- Office of Children’s Guardian. **Working with Children Check**  
<https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>. NSW Government. Accessed 12/21
- Office of Children’s Guardian Sheet “Information for Employers- Fact Sheet  
<http://www.kids.nsw.gov.au/Working-with-children/New-Working-With-Children-Check/apply-> checked 12/21
- Communities and Justice. March 2020. **NSW Interagency Guidelines-Guidance for government and non-government agencies delivering child wellbeing and child protection services in NSW**. <https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines>. NSW Government Accessed 12/21
- **Education and Care Services National Regulations** – current version as at 01.10.2020. Viewed 12/21
- Communities and Justice. **Keep Them Safe Factsheet No. 3 Legislation Amendments**. Last Updated November 2019. <https://theirfuturesmatter.nsw.gov.au/about-us/other-reforms/keep-them-safe>. NSW Government. Accessed 12/21
- Communities and Justice. **Mandatory Reporters**  
[www.facs.nsw.gov.au/families/Protecting-kids/mandatory-reporters](http://www.facs.nsw.gov.au/families/Protecting-kids/mandatory-reporters). NSW Government. Accessed 12/21
- Communities and Justice. **Their Future Matters**.  
<https://theirfuturesmatter.nsw.gov.au> NSW Government. Accessed 12/21
- Children’s Legislation Amendment (Wood Inquiry Recommendations) Act 2009
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- *Principal NSW ACT- Children and Young Persons (Care and Protection) Act 1998 (NSW)*
- Children’s Guardian Act 2019 (the Act,
- **Child Safe Standards Series Introduction to the Standards ECE Centres-** Webinar Training- September 2020

- Office of Children’s Guardian - ***Children’s Guardian Act Information Session that discusses changes to the Act and Reportable Conduct Scheme***. Accessed 12/21
- Office of Children’s Guardian. ***“A Guide to Safe Standards”***. Office of Children’s Guardian 2020. NSW Government.
- Office of Children’s Guardian. ***Child Safe eLearning - Keeping children safe in organisations (NESA endorsed for teachers)***. NSW Government. Completed November 2020
- Office of Children’s Guardian. ***The NSW Reportable Conduct Scheme – Fact sheet 8 Making a finding of reportable conduct***. NSW Government. Accessed 12/21
- Office of Children’s Guardian. ***The NSW Reportable Conduct Scheme – Fact sheet 1 Identifying reportable allegations***. NSW Government. Accessed 12/21
- Mandatory Reporter Guide. 2018. ***Child Story Reporter Community***. <https://reporter.childstory.nsw.gov.au/s> NSW Government. Accessed 12/21
- Office of Children’s Guardian. ***Child Safe eLearning – Responding to Reportable Allegations***. NSW Government. Completed 12/21
- Office of Children’s Guardian. ***Safe Series Resources*** via <https://www.kidsguardian.nsw.gov.au/> Accessed 12/21
- Keeping Kids Safe. Keeping Kids Safe Resources via <https://danielmorcombe.com.au/keeping-kids-safe-resources>. Accessed 12/21
- Office of Children’s Guardian. ***Child Safe Organisation Policy Template and Sample*** <https://www.kidsguardian.nsw.gov.au/> Accessed 12/21

Policy Review	
Developed	January 2021
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 29 POLICY: Clothing

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's health and safety**

- Standard 2.1: health: each child's health and physical activity is supported and promoted
  - Element 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

#### **Quality Area 5 - Relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained
- Standard 5.2: relationships between children: each child is supported to build and maintain sensitive and responsive relationships
  - Element 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 conflict.

#### **Quality Area 6 - collaborative partnerships with families and communities**

- Standard 6.1: supportive relationships with families: respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 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.

### **Aim**

The centre ensures that children wear appropriate clothing for safe play, sun protection and for their wellbeing, according to safety and weather conditions at all times.

### **When To Use This Policy**

1. On arrival, staff are to assess children's needs and dress children accordingly with their own clothes or service clothes if required.
2. To assess child's safety whilst in care at the centre.
3. Upon family orientation and enrolment to inform families of this policy.

### **Specific Process Steps**

#### **CLOTHING**

- The centre is to keep a supply of spare clothes, which caters for all ages and weather conditions.

- The centre sends all wet and dirty clothing home with children in a plastic bag which has been placed inside another plastic bag (double bagged).
- Staff will rinse heavily soiled clothes (and dry where possible) before they are returned to Families.
- Pants with faeces are to be rinsed through flushing the toilet whilst holding onto them, then placed in a plastic bag which has been placed inside another plastic bag (double bagged).
- Clothes with drawstrings are not to be worn at the service as they may become a strangulation hazard. These include various forms of hats, shirts, shorts, hooded jackets etc.
- Children at rest time are to remove excessive clothing and be dressed comfortably to ensure over heating does not occur and that each child is in comfortable apparel. (See 2.17 - Sleep and Rest Policy for further instructions).

## SUN PROTECTION

- **NO HAT, PLAY IN THE SHADE.** No exceptions.
- “Bucket” style / legionnaire hats are to worn by the children at all times whilst playing outside. If these are not provided by the service, the Families must supply this for their child whilst in our care.
- Staff are to wear uniform (collared polo’s). No singlets, tank tops, and similar styles of clothing are to be worn by staff on mufti / special event days.
- Families are encouraged to provide clothes which cover the shoulders and backs to be worn at the service by their child/ren. (Refer to Sun Protection Policy for further procedural information).

## Staff Techniques

- For staff to be aware and implement changes when and if required in regards to appropriate clothing for children and staff in relation to weather conditions.
- To place any wet or soiled clothing into plastic bags (double bagged), labelled, then add into individual classroom baskets (which are out of reach to children) where later, are given to Families or Families can collect if the “you have laundry to collect” sign is placed into the child’s locker
- To apply or supervise sunscreen application on all children before outdoor play, at least twenty (20) minutes beforehand.
- To enforce No Hat, Play in the Shade without exceptions.
- To ensure that children are wearing clothing suitable for outdoors.
- To maintain that children are wearing hats and appropriate safe clothing whilst at the centre.
- To assist in educating families with this and the Sun Protection Policy.

- For staff to ensure that the service is informed of changes in regulations, standards etc in regard's to children's clothing requirements.
- To work with other child safety services to maintain a good understanding of children's safety such as clothing. E.g. Kidsafe.
- To assess individual children in relation to cords on their clothes on a daily basis and encourage Families to do so also.
- To be aware of child protection laws that relates to neglect of children through a families' inability to provide adequate, clean clothing for children.
- Staff will model safe practices by wearing appropriate clothing to the activity and season.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.2 Children's Health and Safety

#### Division 1 Health, safety and wellbeing of children

81. Sleep and rest

84. Awareness of child protection law

## Related Policies

- Health and Hygiene
- Child Abuse
- Safety
- Supervision
- Sun Protection
- Sleep and Rest

## Sourced

- Succeed Consultancy
- Cancer Council NSW [www.cancercouncil.com.au](http://www.cancercouncil.com.au) Accessed 12/21
- Raising Children Network <http://raisingchildren.net.au> Accessed 12/21
- KidSafe NSW [www.kidsafensw.org](http://www.kidsafensw.org) Accessed 12/21
- KidSafe ACT [www.kidsafeact.org](http://www.kidsafeact.org) Accessed 12/21
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

## Policy Review

<b>Developed</b>	<b>June 2006</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 2.10 POLICY: Environmental Sustainability

### National Quality Standard

This policy relates to:

#### **Quality Area 3 - Physical Environment**

Standard 3.2: the service environment is inclusive, promotes competence and supports exploration and play based learning.

- Element 3.2.1: inclusive environment: outdoor and indoor spaces are organised and adapted to support every child's participation and engage every child in quality experiences in both built and natural environments
- Element 3.2.3: environmentally responsible: the service cares for the environment and support children to become environmentally responsible.

### **Aim**

For the centre staff members and children to be supported to become environmentally responsible and show respect for the environment. Environmentally sustainable practices should be embedded into the operations of the service and involved, staff and families in order to be successful.

### **When To Use This Policy**

4. Daily throughout all centre routines and during planned activities in each room.
5. When observing and programming for individuals and groups of children.

### **Specific Process Steps**

- The centre will ensure the environment is safe, clean and well-maintained.
- Children's awareness of the environment will be promoted through daily practices, resources and interactions.
- Staff and families will be encouraged to become advocates for a sustainable future.
- The Nominated Supervisor will encourage staff, families and children to engage in innovative practices and appropriate the wonder of the natural world while protecting the planet for future generations.
- The service will be linked to the *NSW Early Childhood Environmental Education Network* to liaise with other services and keep up to date on practices and ideas for sustainability.
- The service will aim to purchase equipment that is eco-friendly where possible. The aim will be to reduce the amount of plastic and disposable equipment that is purchased and select materials that are made of natural fibres and materials.

## Staff Techniques

- Staff will make sustainable practices as part of their daily routine. These can include but are not limited to:
  - Recycling
  - Gardening
  - Energy Conservation
  - Water Conservation
  - Sustainable equipment purchases
- Role model positive sustainable practices to children and families.
- Discuss sustainable practices with the children and families as part of the centre's programs. This must be embedded into the service programs.
- Provide Information to families on sustainable practices that are implemented at the centre and encourage the application of these practices in the home environment.
- Share ideas between other staff, children and families about sustainable ideas, implementation and resources. This can be done at Family meetings, through emails, newsletters and conversations.
- Examples of sustainable practices are listed below but not limited to just these:
  - Use a worm farm or composting bin to reduce food waste in the service. Children will be encouraged to place food scraps into separate containers to then use in the work farm of compost bin. Staff will discuss with the children which scraps worms can eat and that can be composted. The children will be involved in maintaining the worm farm and compost.
  - Role model energy and water conservation practise. Examples turning off lights and air conditioners, emptying water play activities into the gardens etc.
  - The concept of “reduce, re-use and recycle” will become part of the everyday practices for both children and educators to build lifelong attitudes towards sustainable practices.
  - Have families donate recyclable items into the service that can be used as craft items / projects for children
  - Vegetable and nature gardens

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.3 Physical Environment**

#### **Regulation 113**

## Related Policies

- Interactions with Children
- Programming
- Equipment

## Sourced

- Succeed Consultancy
- Early Childhood Environmental Education Network- [www.eceen.org.au](http://www.eceen.org.au) Accessed 12/21
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ACECQA. Guide to the National Quality Standards and Frameworks

Policy Review	
Developed	September 2012
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 2.11 POLICY: Excursions

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational Program and Practice**

- Standard 1.2: Educators and co-ordinators are focused, active and reflective in designing and delivering the program for each child.
  - 1.2.1 - Intentional Teaching,
  - 1.2.2 - Responsive teaching and scaffolding,
  - 1.2.3 - Child directed learning.

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.1: Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing.
  - 4.1.1 - Organisation of educators

#### **Quality Area 5 - Relationships with Children**

- Standard 5.1: Respectful and equitable relationships are developed and maintained with each child.
  - 5.1.1 - Positive educator to child interactions

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

- Standard 6.1: Respectful supportive relationships with families are developed and maintained.
  - 6.1.1 - Engagement with the service

### **Aim**

To enhance the children's life experiences and social literacy by providing real life and community engagement opportunities through excursions. To follow Licensing standards to ensure the safety of all children, staff, volunteers and the public whilst on an excursion.

### **When To Use This Policy**

1. During planning, communicating, experiencing and evaluating an excursion.

### **Specific Process Steps**

- A "Risk Assessment" must be conducted before the excursion is organised.
- Staff are to complete the Excursion "Risk Assessment" Checklist prior to the excursion being arranged.
- Every excursion is to have a separate parent permission note for every child.

- No child is to attend an excursion without a written parental permission note, fully completed and signed.
- Excursion notes are to be given out at least two (2) weeks (14 days) prior to an excursion.
- Volunteers, notes and or money are to be recorded and received one week (7 days) prior to excursion.
- Written authorisation must be signed and returned by parent or guardian one week (7 days) prior to the excursion.
- A Minimum of two (2) centre contact staff members must attend every excursion.
- As outlined in the Education and Care National Regulations written authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the education and care service premises by an educator and must state—
  - (a) the child's name; and
  - (b) the reason the child is to be taken (transported) outside the premises; and
  - (c) the date the child is to be taken on the excursion (unless the authorisation is for a regular outing); and
  - (d) a description of the proposed pick-up location and destination; and
  - (e) the method of transport to be used for the excursion including the period of time the child will be transported and
  - (f) the proposed activities to be undertaken by the child during the excursion; and
  - (g) the period the child will be away from the premises; and
  - (h) the anticipated number of children likely to be attending the excursion; and
  - (i) the anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion including during transportation; and
  - (j) the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion; and
  - (k) Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
  - (l) that a risk assessment has been prepared and is available to the service
  - (m) Written policies and procedures for transporting children are available at the education and care service.
- The provision for children who will not be attending the excursion should also be advised on the excursion letter to inform parents of their choices.
- During the excursion the following items must be taken:
  - A roll/class lists of all children, staff and volunteers attending the excursion.
  - A list of parents' contact numbers for children attending the excursion.
  - First Aid Kit
  - A working mobile phone.
  - Class list is to be checked (at a minimum) during the excursion as follows; prior to leaving the centre, once destination is reached, rest periods, prior to

departure and on return at the centre. Staff are encouraged to check class lists more frequently.

- Hats, sunscreen, appropriate clothing and footwear, water, nappies and food (if necessary) are required for all children attending the excursion.
- The list/class roll of children attending the excursion must be left at the centre.

### **Helpers on Excursions**

- Adult (parent/volunteer/student) helpers must be at centre at least 20 minutes prior to excursion departure.
- Adult helpers will receive written notification of allocated group of children who they will be responsible for.
- Adult helpers will be given both verbal and written confirmation of their roles and responsibilities on an excursion.

### **Ratios whilst on excursions**

- Whilst there are no specific ratios stipulated within the Education and Care National regulations it is still recommended for safety of children that the following is implemented whilst the centre engages in an excursion:

#### **An excursion with no water or crossing any major roads**

- At least two (2) primary contact staff are to be present on any excursion.
- One (1) adult to two (2) children under three (3) years.
- One (1) adult to five (5) children three (3) to five (5) years

#### **An excursion using motor vehicles, public transport or major roads**

- Vehicles must be fitted with appropriate child restraints, e.g. baby capsules, baby seats, booster seats, seatbelts etc. Staff are to ensure all children are adequately and appropriately restrained before and during travel.
- One (1) adult to two (2) children under three (3) years.

One (1) adult to four (4) children three (3) to five (5) years.

#### **Water Excursions/Significantly Hazardous Venues**

- Are not permitted where there is any water, unless is it fully fenced of and inaccessible to the children. This includes pools, beaches, lakes, ponds, fountains etc.
- If excursions of this kind take place water excursion ratios will be implemented. These are to be only for the purpose of learning water safety and learning to swim.
- One (1) adult to one (1) child under three (3) years
- One (1) adult to one (1) child three (3) to five (5) years.

### **First Aid**

- A First Aid Kit is to be taken on all excursions
- Two (2) staff with a current First Aid Certificate must be present on all excursions.
- At least one (1) staff member with a current Asthma and Anaphylaxis Certificate must be present on all excursions.

## Excursion Evaluation

- All excursions are to be evaluated by the Director / Nominated Supervisor and staff within a week of conducting the excursion. The evaluation should include but is not limited to; educational outcomes for children, parent / volunteer participation, risk assessment, considerations for future excursions.

## Risk Assessments When Children are being Transported

- As a minimum, a risk assessment must include assessment of the matters set out below. Risks should be evaluated each time children are transported.
- The Risk Assessment Must Include
  - The proposed route and duration of the transportation
  - The proposed pick-up location and destination
  - The means of transport
  - Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
  - Any water hazards
  - The number of adults and children involved in the transportation
  - Given the risks posed by transportation, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required
  - Whether any items should be readily available during transportation (for example, a mobile phone and list of emergency contact numbers for the children being transported)
  - The process for entering and exiting the education and care service premises and the pick-up location or destination (as required)
  - Procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

## Staff Techniques

- To ensure all excursions have written authorisation from parents/guardians.
- To distribute notes at least fourteen (14) days prior to excursion date.
- To know and record who has authorisation to go on the excursion including authorisation for transportation if applicable.
- To know and ensure excursion ratios are implemented when excursions take place.
- To be aware of helper's/volunteers roles and responsibilities on an excursion.
- To collect working with children check "verified applications" for all volunteers/parents prior to an excursion taking place.
- To be aware of and supervise children who are allocated in your group.
- To be aware of staff who hold a current First Aid Certificate.

- To ensure suitable child restraints are in place in any vehicle that will be used.
- To ensure all children are accounted for regularly on any excursion through roll and name call. E.g. on departure, arrival at destination etc.
- To ensure a current and fully stocked first aid kit is taken on all excursions.
- To be aware of staff who hold a current Asthma and Anaphylaxis Certificate.
- To ensure staff complete the Risk Assessment prior to excursions taking place
- To ensure adequate arrangements are made for children not attending the excursion
- Risk assessments must identify and assess risks that the transportation of a child may pose to the safety, health or wellbeing of the child, and specify how the identified risks will be managed and minimised.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.2 Children’s Health and Safety

#### Division 6 Collection of children from premises and excursions

102 Authorisation for excursions

## Related Policies

- Clothing
- Sun Protection
- First Aid
- Supervision
- Child Development
- Asthma
- Anaphylaxis

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
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Last Reviewed	17 September 2023
Next Review	1 December 2024

## 2.12 POLICY: Inclusion and Anti Bias

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational Program and Practices**

- Standard 1.1: program: the educational program enhances each child's learning and development
  - Element 1.1.1: approved learning framework: curriculum decision making contributes to each child's learning and development outcomes in relations to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators
- Standard 1.2: practice: educators facilitate and extend each child's learning and development
  - Element 1.2.1: Educators are deliberate, purposeful and thoughtful in their decisions and actions
- Standard 1.3: assessment and planning: educators and co-ordinators take a planned and reflective approach to implementing the program for each child
  - Element 1.3.2: critical reflection: critical reflection and children's learning and development, both as individuals and in groups drives program planning and implementation.

#### **Quality Area 3 - Physical environment**

- Standard 3.2: use: the service environment is inclusive, promotes competence and supports exploration and play-based learning
  - Element 3.2.1: inclusive environment: outdoor and indoor spaces are organized and adapted to support each child's participation and to engage every child in quality experiences in both built and natural environments

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.2: Professionalism: management, Educators, and staff are collaborative, respectful and ethical
  - Element 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
  - Element 4.2.2: professional standards: professional standards guide practice, interactions and relationships

#### **Quality Area 5 - Relationships with Children**

- Standard 5.1: relationships between educators and children: Respectful and equitable relationships are maintained with each child
  - Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained
- Standard 5.2: relationships between children: each child is supported to build and maintain sensitive and responsive relationships
  - Element 5.2.1: collaborative learning: children are supported to collaborate, learn from and help each other

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

- Standard 6.1: supportive relationships with families

- Element 6.1.2: parent views are respected: the expertise, culture, values and beliefs of families are respected and share in the decision making about their child's learning and wellbeing
- Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program

## Aim

To develop positive opinions, ideas and beliefs that are sensitive and accepting of diverse societies and cultures including varying cultures, disabilities, gender equity and all other minority groups. The centre will program and discuss relevant issues to challenge biases to contribute towards an equitable society.

## When To Use This Policy

1. Through all interactions with children, families and the community.
2. Along with the development and implementation of the centre's program.

## Specific Process Steps

***The Centre will follow the guidelines and best practice from the Anti-Discriminatory Act***

### **Multicultural**

- Multicultural practices are implemented throughout our programs weekly. E.g. utilising equipment such as puzzles, language, dramatic play, music, art/craft, cooking and visitors depicting various cultures, to name a few.
- Multicultural community members are asked to visit our centre regularly to give children an insight to a variety of cultures and encourage respect from diversity through understanding.
- The centre is committed to educator training in multicultural awareness and utilise these new skills to promote an understanding of other cultures with the children.
- The centre promotes multiculturalism through displaying posters, artefacts and children's art/craft.
- The centre will obtain resources to assist non-English speaking families. E.g. a translator, learning key words, bi-lingual reading material or home language and visual aids.

## **Anti-bias**

- Anti-bias practices are implemented throughout our program on a daily basis. E.g. utilising equipment such as dramatic play, dolls, and trucks, dress-ups, and educators' use of language, discussions, interactions and positive role-modelling.
- Community workers and visitors will portray both genders. They will be addressed in anti-bias terms. E.g. Police Officer rather than a Police Man, spokesperson rather than spokeswoman.
- All children, staff and families will be treated equally at all times regardless of race, culture, sexual preferences, beliefs, religion, values, traditions, practices, physical and/or non physical disabilities and impairments or socio-economic status.
- The centre is committed to staff training / professional development in anti-bias practices and will ensure all staff are offered opportunity for training and professional development.
- The centre promotes anti-bias through displaying posters and photos of children participating in anti-bias play. As well as other media confronting biases.

## **Children with Additional Needs**

- To provide a service with wheelchair/disability access in regards to entry, hallways, exit and bathrooms.
- To identify that a child has an additional need through the centres orientation procedure, enrolment form and enrolment procedure.
- To identify a child's specific needs in regards to physical environment and in individual areas of development.
- To discuss two-way communication procedures with Families and staff on how the centre will be able to cater to the child's individual needs.
- Establish a detailed history background of the child in relation to specialists, early intervention services, funding, external resources and individual goals and or programs developed or implemented.
- To access pre existing support services used by the child and family to provide a familiarity and continuity in goals and programs.
- To access and refer further support services that are existing in the local community. E.g. Physiotherapy, Speech Pathologists, Family Support Groups etc.
- To plan, implement and evaluate the individual child's goals and program in conjunction with intervention services, Families and staff.
- To establish regular Family and staff communication through daily verbal contact, daily communication books, monthly meetings and develop short and long term goals for the individual child.
- To regularly meet with Families, Early Intervention Services and staff members to discuss evaluate and plan for the individual child's progress, interests and needs.

## Staff Techniques

### Multicultural

- Group Leaders / Staff will program daily and weekly multicultural activities to meet the needs, interests and to build awareness of children in their care.
- Staff will use a variety of resources that represent a wide spectrum of cultures both within the centre as well as out sourcing resources within the community such as Families and agencies.
- Staff will show respect for all children and families regardless of their cultural background.
- Staff will accept and implement family cultural beliefs and values. E.g. throughout the enrolment procedure, food provisions, interactions, dress, special events and behaviour management.
- Staff will be familiar and knowledgeable in a variety of cultures and are willing to further their knowledge and skills as required.
- Staff will share aspects of their own culture with the centre and the children where appropriate.
- A sense of inclusion for all families will be embraced within the centre.

### Anti-bias

- Group Leaders / Staff will program daily and weekly to include anti-bias activities that reflect the needs, interests and awareness of children in our care.
- Staff will use appropriate words and phrases that are anti-bias. E.g. *“Well done Peter, Sally your dress is colourful today, Laura you have big muscles to carry that truck”* rather than *“good boy, you look pretty, only boys have big muscles, only boys play with trucks.”*
- Staff will use many resources promoting an anti-bias approach. ‘E.g. puzzles with males hanging out washing, stories that portray females going to work.
- Staff will avoid favouritism. All children are to be treated equally at all times.
- Staff will acknowledge and evaluate their own personal prejudices and experiences. Staff will confront and work through their own biases. Staff members will achieve this through discussion, support and further training.
- Staff are to approach the Nominated Supervisor if they feel they have any issues, concerns or questions in regards to other peers, children, families etc. If there is a concern with the treatment of a staff member, the Nominated Supervisor must reassure the staff member that this will remain confidential and the Consultant / Operations Manager are to be informed immediately.
- Comfort and support are given to children who become a target of discrimination. The point of discrimination is dealt with one on one or in a group as per individual case.

This will ensure the centre is confronting the bias and working towards a Centre of inclusion and acceptance.

- Staff are to encourage children to participate in anti bias play e.g. girls to play in typical boy's stereo type play such as sand, blocks and cars and vice versa for boys.
- Staff will encourage children to show empathy with a diverse range of people.
- Areas to be explored may include family types, gender equity, race, culture, beliefs, values, disabilities, sexuality, economic status, this list is not exhausted. Other minority groups may be present within the centre that may need to be explored.

### **Children with Additional Needs**

- To maintain confidentiality.
- To assist with meeting the child's individual needs through routine times, planning, implementing and evaluating the child's goals and individual program.
- To maintain open communication and regular meetings both with Families and Early Intervention Services.
- To be active in staff training in regards to specific additional needs as well as special needs across a broad spectrum.
- To be aware of local, regional, State and Federal support services that can be accessed to further support the child, family and educators.
- To have a clear understanding of the ISS funding procedure and to assist in transferring existing funding over to the centre or in applying to access this funding.
- To actively support, reassure, include, encourage and assist families.

## **Education and Care Services National Regulations**

This policy relates to the following

### **Part 4.1 Educational Program and Practice**

73 Educational program

### **Part 4.5 Relationships with Children**

155 Interactions with children

156 Relationships in groups

## **Related Policies**

- Child Development
- Conflict
- Behaviour Management
- Sleep and Rest
- Nutrition
- Educators
- Grievances
- Clothing and Sun Protection
- Illness and Medication
- Record Keeping

- Grievance
- Program
- Health & Hygiene
- Family Grievances
- Supervision
- Safety
- First Aid
- Emergency

## Sourced

- Succeed Consultancy
- Anti Discrimination Act 1977, NSW Government. <https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/australias-anti-discrimination-law>  
checked 12/21
- Children and Young Persons Act 1998. NSW Government.
- Education and Care Services National Regulations
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
Developed	June 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 2.13 POLICY: Interaction

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational Program and Practice**

- Standard 1.1 program: the educational program enhances each child's learning and development
  - Element 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.
- Standard 1.2: practice, educators facilitate and extend each child's learning and development
  - Element 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.

#### **Quality Area 3 - Physical Environment**

- Standard 3.2: use: the service environment is inclusive, promotes competence and supports exploration and play-based learning
  - Element 3.2.1: inclusive environments: outdoor and indoor spaces are organised and adapted to support every child's participation and to engage each child in quality experiences in both built and natural environments
  - Element 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 4 - Staffing Arrangements**

- Standard 4.1: staffing arrangements: staffing arrangements enhance children's learning and development
  - Element 4.1.1: organisation of educators: the organisation of educators across the service supports children's learning and development

#### **Quality Area 5 - Relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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
- Standard 5.2: relationships between children: each child is supported to build and maintain sensitive and responsive relationships
  - Element 5.2.1: collaborative learning: children are supported to collaborate, learn from and help each other

### **Aim**

To interact with ALL children in a positive and supportive manner whilst providing children with opportunities to become self-reliant and develop self-esteem.

## When To Use This Policy

1. In all interactions with children at the centre.

## Specific Process Steps

- The centre is to embrace and encourage all educators to follow and implement the core values of Early Childhood Australia Code of Ethics.
- Staff are to respect and use the *United Nations Convention on the Rights of the Child (CROC)* as a basis for their interactions with children.
- The Code of Ethics has been developed to inform and guide the decisions and behaviour of all educators involved directly or indirectly with the provision of Early Childhood Services.
- The positions that staff are in, is a role of a special trust, one that is powerful, important and easily violated. The vulnerability of young children, and the multi-faced dimensions of the role of staff serve, highlights the importance of a Code of Ethics.
- The Code of Ethics provides staff with a basis for critical reflection, a guide to professional behaviour and assistance with the resolution of ethical dilemmas.
- Adherence to the Code of Ethics involves a commitment to:
  - Viewing the individual child as having fundamental importance.
  - Acknowledging the uniqueness of each person.
  - Consideration to the needs of the child in the context of their family and culture, as the family has the major influence on the child.
  - Taking into account the impact of self esteem on an individual's development
  - Base professional practice on sound knowledge, research and theories, while at the same time recognising the limitations and uncertainties of these.
  - Work to fulfil the right of all children and their families to services of high quality.
- Centre staff are asked to also demonstrate a commitment to the Code of Ethics sub groups which are; children, families, colleagues, the community and self as a professional.
- The Code of Ethics is to be read, understood and acknowledged at the time of staff induction as well as on an annual basis.
- The Code of Ethics is to be clearly displayed in the staff room and available for staff as an ongoing reference.
- To ensure that all staff are aware of restrictions with social and media websites.
- All staff will be aware of and follow the Young Children's and Person Protection Act and know their responsibilities in relation to Child Protection as this involves many interactions with children.

## Staff Techniques

- Staff are to read, understand and acknowledge the Code of Ethics at the time of induction and on an annual basis.
- Staff are to display a commitment to work within the Code of Ethics guidelines as an active individual to the Early Childhood professional community.
- Staff are to implement the strategies within the Code of Ethics both during work and non-working hours as a professional team member.
- Staff are encouraged to use the Code of Ethics as a basis to develop their own professional behaviours and attitudes.
- Staff are to use appropriate language in front of the children, families, visitors and other educators at all times.
- All children will be provided with the opportunity through various daily experiences (group time, indoor and outdoor playtime, story time, lunch time etc) to express themselves and their opinions. Staff will ensure that these are taken into consideration when setting up the learning environment for children.
- No staff member AT ANYTIME will raise their voices at children or other staff, but will interact with children in a nurturing manner that will assist the children in enhancing their self-esteem and allow for them to know their efforts are recognised and praised.
- Staff when communicating and interacting with children will get down to children's level and respect each individual child's communication efforts.
- Staff will be available, accessible and approachable so that if a child has something to say they feel as though they can.
- Staff will acknowledge and respond to different forms of communication - verbal, sign language, gestures, written behaviour, facial expressions, creative endeavours and play.
- Staff will engage in respectful interactions which are characterised by using the child's/person's name, making eye contact (if culturally appropriate) and physically moving down to their level. Staff are not to kiss any children in attendance at the centre as this poses as a health and potential safety risk.
- Staff will acknowledge validate and respond to feelings, whether expressed or unexpressed.
- All staff will read, sign and acknowledge their understanding of the Children's and Young Persons Act 1998.
- Staff will refer to children by their first names not 'pet names' which demonstrates respect for all children.
- Staff will read sign and acknowledge all centre policies and procedures in relation to interactions with children upon enrolment (through inductions) and on an annual basis.
- All staff will be encouraged to attend training and development in relation to interactions with children to extend on their skills.

- Any misconduct, ill treatment of children from staff, visitors or students can lead to immediate dismissal.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.5 Relationships with Children

**155** (whole section)

**156** (whole section)

## Related Policies

- Behaviour Management
- Centre Philosophy
- Child Abuse and Neglect
- Child Development
- Child Self Esteem
- Family Orientation
- Inclusion and Anti Bias
- Induction
- Privacy
- Programming
- Recruitment
- Educator Performance

## Sourced

- Succeed Consultancy
- Convention of Children’s Rights <http://www.unicef.org/crc> Accessed 12/21
- Early Childhood Australia Inc: “Code of Ethics”  
<http://www.earlychildhoodaustralia.org.au> Accessed 12/21
- Education and Care Services National Regulations
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
Developed	April 2012
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## 2.14 POLICY: Personal Belongings

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - educational program and practice**

- Standard 1.2: practice: educators facilitate and extend each child's learning and development
  - Element 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 5 - relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained

### **Aim**

Our centre aims to make each child's transition to our child care centre a positive experience and understand that a child may have an emotional attachment to a personal belonging from home, such as a toy or blanket and accept that these items may be instrumental to the child's feeling of emotional wellbeing and sense of belonging while in care at our centre.

### **When To Use This Policy**

1. When a child brings in a personal belonging/s.

### **Specific Process Steps**

- Staff will take as much care as possible in ensuring that personal belongings are returned to the correct family.
- Staff request that Families clearly label all items in order for staff to correctly identify your child's belongings and to assist with them being returned to the correct owner.
- Staff are to kindly request families to not allow their child to attend the service with a valuable, expensive toy and/or jewellery.
- Staff will encourage children who bring in personal belongings to the centre to place them in an appropriate location in the centre to reduce the likelihood of their belonging becoming lost or broken. However, the centre must make it clear that whilst all care is taken, the centre is NOT RESPONSIBLE for damaged, lost, broken or stolen items.
- Staff will ensure that they provide a range of educational resources for your child's use on a daily basis.
- Staff will discourage toys from home being brought to the centre on a regular basis unless they are essential to a child's emotional wellbeing and/or sense of belonging.

- Discourage the wearing of dress ups to the centre that incorporate but not limited to capes, guns, holsters, knives or swords. Such clothing encourages violent play and may present a danger to the child and others within the centre environment.

## Staff Techniques

- Staff will encourage personal belongings to be kept to a minimum.
- Staff will request that all personal belongings are to be clearly labelled.
- Staff will ensure that the indoor and outdoor environments are varied to each age group within the centre and of interest and development based.
- Neither the centre nor centre staff will be held accountable for any items that may be misplaced, lost, damaged or taken.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.1 Educational Program and Practice

73 Educational program

### Part 4.3 Physical Environment

103 Premises, furniture and equipment to be safe, clean and in good repair

## Related Policies

- Behaviour Management and Positive Guidance
- Child Development
- Sleep and Rest
- Workplace Health & Safety
- Inclusion and Anti-Bias

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulations
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
Developed	October 2011
Last Reviewed	17 September 2023
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## 2.15 POLICY: Physical Activity Promotion

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1.3: Healthy Lifestyles - Healthy eating and physical activity are promoted and appropriate for each child

### Early Years Learning Framework

#### **Learning Outcome**

- Children become strong in their social and emotional wellbeing
- Children take increasing responsibility for their own health and physical wellbeing.

### **Aim**

To incorporate children's learning and growth through outdoor play and for staff to extend and enhance children's learning and growth through positive interactions and supervision.

### **When To Use This Policy**

1. Throughout all outdoor play times

### **Specific Process Steps**

Our service will implement the following promotion of physical activity as per the age and development stage of each child in attendance:

- For healthy development in infants (birth to 1 year), physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth for a minimum of 30 minutes within a 24-hour period in accordance with the *24 Hour Movement Guidelines for the Early Years (birth-5 years)*:
- Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for a minimum of 180hrs in a 24-hour period in accordance with the 24 Hour Movement guidelines for the early years (birth – 5 years)
- Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).
- For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.
- Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time – with the exception of sleeping

- Large equipment is not to be placed next to or within two (2) metres of the outdoor fences or perimeter's. This will ensure children are unable to scale the large equipment.
- All equipment must be placed with a minimum fall zone of 1.5 metres
- No equipment higher than an educators knee is to go where there is no soft fall.
- Staff are to ensure the doors and gates are closed at all times to prevent children wandering unsupervised indoors.
- Children are not permitted to wander inside unsupervised. Staff are to be at all times actively supervising children. This includes toileting time; staff are expected to stand at the door when children are toileting.
- It is expected that all staff are strategically situated throughout the playground, both actively interacting and supervising children. The outdoor supervision plan highlights where staff are to situate themselves throughout the playground.
- It is not acceptable to stand together in groups "gossiping". All staff are to be situated in different areas of the playground actively supervising.
- It is important to regularly move around your area of supervision and constantly scan the playground with your eyes to be aware of what is happening.
- Situate yourself so your back is not facing majority of the children or the playground.
- Staff are to ensure children stay with their parents when they come to collect them. Do not allow children to run inside unsupervised.
- Greet parents and spend time talking to them, but make sure you are aware of what is happening around you. Please be realistic about how much time you are spending talking with each parent. If you can't get away simply excuse yourself, they will understand and appreciate that you are there to supervise the children.
- Ensure that all children's belongings stay in their bags; they are not to be outside. If belongings are bought outside they should be left at the gate or children's doors for collecting when entering indoors.
- No child is allowed in the outdoor equipment shed at any time. It is at all times to be shut and inaccessible to children.
- Encourage children to keep sand in sandpit.
- Be aware of blind spots within the playground.
- Broken or damaged equipment is to be removed from the playground immediately.
- The Director / Nominated Supervisor is to be immediately informed of any incidents. E.g. unsafe equipment. Refer to the equipment policy for further directives.

**The service will support the children in:**

- Learning to use increasingly complex motor skills and movement patterns in order to combine gross and fine movement and balance skills, spatial awareness and problem-solving skills.
- The development of their physical skill set by providing regular opportunities for outdoor play.

- The development of their physical skill set by talking with children about how the human body and how important physical activity is for an individual's health and wellbeing.
- The development of their physical skill set by providing experiences for the children that draw on elements of dance, dramatic play and creative movement.
- The development of their physical skill set by providing babies with encouragement and safe areas to practice rolling over, sitting, crawling, standing and walking.

## Staff Techniques

- Encourage children to participate in physical activities through programming and spontaneous experiences.
- Encourage and support children to undertake and participate in new or unfamiliar physical activities.
- Participate in physical activity with the children.
- Educators should be role modelling appropriate physical activity with the children at all times
- Show enthusiasm for participation in physical activity and organise play spaces to ensure the safety and wellbeing of all individuals in the environment.
- Set up and plan for physical play activities and equipment and where appropriate encourage the children to help with the set-up.
- Listen to children's suggestions on what physical activities they would like to participate in and where appropriate incorporate them into the program
- All a mix of child and educators led physical activities throughout the day.
- Set up indoor and outdoor areas in a manner that promotes and encourages safe physical play for all age groups and developmental abilities represented in the service.
- Actively encourage children to accept and respect each other's range of physical abilities.
- Consult with families and resource agencies on providing physical experiences that reflect diverse backgrounds and abilities.
- Role model appropriate footwear and clothing for physical activity.
- Will ensure a balance of active and sedentary activities throughout the child's day and minimize sedentary behaviours unless the child is tired or ill.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.3 Physical Environment** (whole section)

**Part 4.4 Staffing Arrangements** (whole section)

## Related Policies

- Physical Environment Policy
- Relationships with Children Policy

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulations
- National Quality Standards
- Get up and Grow, Health Eating and Physical Activity for Early Childhood
- Early Years Learning Framework
- 24 Hour Movement Guidelines for the Early Years (birth-5 years)

Policy Review	
Developed	February 2018
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 2.16 POLICY: School Readiness

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational Program and Practice**

Standard 1.1: program: the educational program enhances each child's learning and development

- Element 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
- Element 1.1.2: child-centred: each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program

Standard 1.2: practice: educators, facilitate and extend each child's learning and development

- Element 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
- Element 1.2.3: child directed learning: each child's agency is promoted, enabling them to make choices and decisions that influence events and their worlds

Standard 1.3: assessment and planning: educators and co-ordinators take a planned and reflective approach to implementing the program for each child

- Element 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
- Element 1.3.3: information for families: families are informed about the program and their child's program.

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing

- Element 6.2.1: transition: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
- Element 6.2.3: community engagement: the service build relationships and engages within its community

### **Aim**

To ensure children are adequately prepared for Primary School in all areas of their development and to link this with the Early Years Learning Framework.

### **When To Use This Policy**

1. During the Preschool year.
2. At the end of the Preschool year.

## Specific Process Steps

- Observations on each child are completed for all outcomes for the holistic child; children have a strong sense of identity, children are connected and contribute to their world, children have a strong sense of wellbeing, children are confident and involved learners, children are effective communicators.
- From the information collected from the family, child and the community, individual and group needs are identified.
- The NSW School Syllabus School readiness program provided for the centre is devised to meet individual and group interests, using this information to guide and develop an interest based learning platform and must be implemented.

## Staff Techniques

- Educate Families on the importance of school readiness and give them a copy of the survey *"Is your child ready for school"*. The Centre will use this as another tool to evaluate and plan for individual and group interests and needs.
- Implement a half hour (30 minute) school readiness program each day consisting of at least three (3) different experiences if this is an appropriate strategy to meet families and children's individual needs and interests. Time can vary depending on the room and children's needs.
- Staff will complete a "transition to school plan" that is based on providing children with experiences that will assist in a smooth transition to school.
- Identify which school individual children will be attending, through an interactive poster and communication with families.
- The school readiness program will continue throughout the year reflecting children's needs and interests as an individual and as a group.
- The school readiness program together with the main centre EYLF program will be displayed for Families. This will reflect the day's experiences, learning and outcomes.
- Work samples will be collected for individual children's portfolios. These will be given to families at the end of the year.
- Family – Teacher Interviews will be conducted twice a year.
- Staff will make themselves available for Family discussions as Families are welcome to arrange an interview/meeting with their child's staff member at any time throughout the year.
- Complete *"Preschool to Kindergarten Child Profile"* and give to Families to take to school interviews at Family/teacher interviews at the Centre in the month of October.
- Staff are to maintain open communication with all Families regarding their child's development and readiness for Preschool or Kindergarten.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.1 Educational Program and Practice

73 Educational program

74 Documenting of child assessments or evaluations for delivery of educational program

76 Information about educational program to be given to Families

## Related Policies

- Behaviour Management
- Child Development
- Child Self Esteem
- Development and Training
- Excursion
- Inclusion
- Family Involvement
- Privacy
- Programming
- Record Keeping
- Scissors / Sharp Implements
- Safe Sleeping and Rest

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
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## 2.17 POLICY: Sleep & Rest

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Each child's health is promoted.
  - 2.1.1 - Wellbeing and Comfort
  - 2.1.3 - Healthy Lifestyle
- Standard 2.2: Each child is protected.
  - 2.2.3 - Child Protection

#### **Quality Area 3 - Physical Environment**

- Standard 3.1: The design and location of the premises is appropriate for the operation of a service.
  - 3.1.2 - Upkeep

### **Aim**

The centre will provide a time of the day for the children to rest and relax, because they need to regenerate. This rest and relaxation time will be dependent on each child's age and physical needs. The centre will implement safe sleeping practices for all children in care.

### **When To Use This Policy**

1. At rest time during the day.
2. During consultation with families regarding children's needs.

### **Specific Process Steps**

#### **All children**

- Children should sleep and rest with their face uncovered.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment should be safe and free from hazards.
- Supervision planning and the placement of educators across a service should ensure educators are able to adequately supervise sleeping and resting children.
- Educators should closely monitor sleeping and resting children and the sleep and rest environments. This involves checking/inspecting sleeping children at regular 10 min intervals, and ensuring they are always within sight and hearing distance of sleeping and resting children so that they can assess a child's breathing and the colour of their skin.

## ***0-1 Years Old***

- Children twelve (12) months and under will not be permitted to use a security item in a cot.
- Staff **must** follow safe sleeping recommendations as outlined by Red Nose (formally SIDS & Kids)
- 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 secure 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 are not to be exposed to cigarette smoke in the Childcare Service.
- The Centre cots will meet the Australian Standards and should be checked regularly for faults. Mattresses on the cots are to be firm, clean and well fitted. The cot, mattress and bedding are to be cleaned between children and once (1) per week for fulltime children.
- Toys, pillows, bumpers, lambskins and bottles are not to be in cots with babies whilst sleeping.
- Cots are not to be positioned in close proximity to any dangling cords, string or low mobiles.
- Heaters and electrical appliances must be kept away from cots. Electric blankets, wheat bags, water bottles are not to be used.

- Each baby is put into the same cot each day and this is left in the same place so the baby will feel more at home with this consistency and security. A chart or diagram may assist in ensuring consistency.
- Families are encouraged to communicate daily with staff on how their baby slept the previous night.
- Sleeping patterns at the centre are to be recorded so staff can inform Families when they come to pick up their child.
- Staff are to complete the “Sleep Record” every ten (10) minutes for every child twelve (12) months and younger.
- Babies are not to be put down to bed with a bottle, as this increases the chance of babies choking and contributes to tooth decay.
- Babies are to be dressed comfortably and non-restrictive. E.g. jumpers and shoes should be removed.
- The temperature of the cot room is to be comfortable. Not too hot or cold, 22degrees is desirable.

### ***1-5 years***

- We encourage all children to have a rest because they need to rejuvenate.
- 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.
- Educators are to look for and respond to children’s cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults).
- Children from 1-5 years may bring a soft toy or security item, to ensure comfort and security at rest time. Security items will be encouraged to be kept in each individual child’s bag and only used for rest time. Security items must be safe to sleep with and it is at the discretion of staff if they feel this is not safe to place with children whilst sleeping.
- Security items may be used as an aide to assist children to settle into the centre environment.
- Families may request their child to be woken at a certain time. This should be communicated to staff on arrival time by Families. Staff may ask Families to indicate a child’s sleeping patterns to assist in planning.
- Children should only be patted if they agree.
- Children will never be forced to have a sleep.

- Children who are attending school the following year will be given a choice between rest and a quiet activity in the second half of the year. This allows children the opportunity to prepare for a full day at school and compliments the School Readiness Policy.
- Attitudes and beliefs of Families from various cultures and practices in regards to sleep are taken into account and respected when children are put to sleep.
- We believe it is more important that babies and children are allowed to rest according to their individual needs rather than someone else's schedule.
- Children during rest time are to wear comfortable, non-restrictive clothing whilst resting.
- Provision will be made for children who become unwell at the centre until such time as they can be collected by their Families / care givers.
- All children will be supervised when resting or sleeping.

## Staff Techniques

- Staff are to ensure the environment is conducive for rest/sleep through:
  - Preparing children both verbally and physically. E.g. taking shoes, jumpers etc off.
  - Shutting blinds and curtains, allowing natural light in to ensure adequate supervision.
  - Turning artificial lights off.
  - Playing quiet music e.g. instrumental and environment sounds to encourage sleep.
  - The temperature of the room should be adequate for sleep.
- Staff are to never force a child to sleep.
- Staff are to complete the "Sleep Record" every ten (10) minutes for Children under the age of 2 years. As well as every child who is in the cot room regardless of age.
- Staff are to respect individual children's sleeping patterns and needs.
- Staff should consult with families about their child's individual needs and be sensitive to different values and Parenting beliefs, cultural or otherwise, associated with sleep and rest.
- The Approved providers, nominated supervisors and educators 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.
- If a family's beliefs and requests are in conflict with current recommended evidence-based guidelines, the service will need to determine if there are exceptional circumstances that allow for alternate practices. For example, with some rare medical conditions, it may be necessary for a baby to sleep on his or her stomach or side, which is contrary to Red Nose recommendations. It is expected that in this scenario the service

would only endorse the practice, with the written support of the baby’s medical practitioner. The service may also consider undertaking a risk assessment and implementing risk minimisation plans for the baby.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.2 Children’s Health and Safety

#### Division 1 Health, safety and wellbeing of children

81 Sleep and rest

### Part 4.3 Physical Environment

#### Division 1 Centre based services and family day care services

103 Premises, furniture and equipment to be safe, clean and in good repair

110 Ventilation and natural light

## Related Policies

- Child Development
- Inclusion
- School Readiness
- Infection Control
- Family Orientation
- Family Grievance
- Emergency
- Sleep Procedure
- Supervision
- Smoking
- Record Keeping
- Induction
- First Aid

## Sourced

- Succeed Consultancy
- Red Nose <http://www.shoprednose.com.au/safe-sleeping> accessed 29th March 2020
- ACECQA Safe Sleep and Rest practices <http://www.acecqa.gov.au/Safe-sleep-and-rest-practices> accessed 12/21
- *Staying Healthy in Childcare; Preventing infectious diseases in child care* – Fifth Edition.
- Education and Care Services National Regulations
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Caring for our children – National Health and Safety Performance Standards <http://cfoc.nrckids.org/StandardView/5.2.2>

<b>Policy Review</b>	
<b>Developed</b>	<b>June 2006</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 2.18 POLICY: Transition

### National Quality Standard

This policy relates to:

#### **Quality Area 5 - Relationships with Children**

- Standard 5.1: relationships between educators and children: Respectful and equitable relationships are maintained with each child.
  - Element 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
  - Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained
- Standard 5.2: relationships with children: Each child is supported to build and maintain sensitive and responsive relationships
  - Element 5.2.1: collaborative learning: children are supported to collaborate, learn from and help each other

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

- Standard 6.1: supportive relationships with families: Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 6.1.2: parent's views are respected: the expertise, culture, values and beliefs of families are respected and families share decision-making about their child's learning and wellbeing
- Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program

### **Aim**

To ensure that arrangements for room transitions occur when a child reaches the appropriate age and shows developmental readiness for the change, when a vacancy occurs or at the beginning of the New Year. As each room has different challenges and expectations, children will only be transitioned when they are ready in all aspects of their development. The opportunity to transition between groups/rooms at the centre is based on many factors other than just age.

When the child becomes of the age to attend school, the centre will work together with the family and the school if possible to prepare the child for school entry.

## When To Use This Policy

1. When a child moves up from one room to another room within the service
2. When a child is moving into school the following year.

## Specific Process Steps

- Once a child in a group is of appropriate age and ability and a vacancy is available, the child will be transitioned to the most appropriate room after consultation and approval is given by the Families/guardians.
- To minimise any distress that the transition may cause; the child will be introduced to the room for short visits (a minimum of three (3) visits) until staff are confident that the child is ready for a complete move into the room. If possible, a familiar educator will support the child during these visits.
- Families will participate in an orientation of the room and be shown the programming, portfolios, child's locker, sign in and out sheets, room routine, lost property and room administration forms i.e. eat and sleep charts.
- The service will discuss starting school in a positive manner to reinforce a healthy attitude toward school transition.
- If possible, information about local schools will be available to Family/guardians.
- A school readiness program will be implemented into the routine for all children attending school the following year and this will also be discussed with Families/guardians. (Please refer to the school readiness program policy)

## Staff Techniques

- For all staff to remain professional at all times.
- For staff to maintain good communication between the staffing team and also Families.
- Staff will complete a Transition Process Form, which will need to be completed as each child progresses through the centre to a different room.
- Staff will ensure that all child belongings are sent to the new room before the child first official day in the new room.
- Staff will also implement and refer to the "School Readiness Policy" and be familiar and adhere to this policy.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.1 Educational Program and Practice**

73 Educational program

## Related Policies

- Child Development
- School Readiness
- Family Orientation
- Family Involvement

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulation ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations from 1 March 2016.
- <http://thespoke.earlychildhoodaustralia.org.au/school-readiness/> checked 12/21
- ACECQA. Guide to the National Standards

Policy Review	
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Next Review	1 December 2024

## 2.19 POLICY: Transition to School

### National Quality Standard

This policy relates to:

#### **Quality Area 1 – Educational Program and Practice**

- Standard 1.1: program: the educational program enhances each child's learning and development
  - Element 1.1.1: approved learning framework: curriculum decision-making contributes to each child's learning and development outcomes in relations to their identity, connection with community wellbeing confidence as learners and effectiveness as communicators
  - Element 1.1.2: child-centred: each child's current knowledge, strengths, ideas, cultures, abilities and interest are the foundation of the program.
- Standard 1.2: practice: educators facilitate and extend each child's learning and development
  - Element 1.2.3: child directed learning: each child agency is promoted, enabling them to make choices and decisions that influence events and their world
- Standard 1.3: assessment and planning: educator's co-ordinators take a planned and reflective approach to implementing the program for each child
  - Element 1.3.1: assessment a 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
  - Element 1.3.3: information for families: families are informed about the program and their child's progress.

#### **Quality Area 5 – Relationships with Children**

- Standard 5.1: relationships between educators and children: Respectful and equitable relationships are maintained with each child.
  - Element 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
  - Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained
- Standard 5.2: relationships with children: Each child is supported to build and maintain sensitive and responsive relationships
  - Element 5.2.1: collaborative learning: children are supported to collaborate, learn from and help each other

#### **Quality Area 6 – Collaborative Partnerships with Families and Communities**

- Standard 6.1: supportive relationships with families: Respectful relationships with families are developed and maintained and families are supported I their parenting role
  - Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 6.1.2: parent's views are respected: the expertise, culture, values and beliefs of families are respected and families share decision-making about their child's learning and wellbeing
- Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing

- Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
- Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program
- Element 6.2.3: community engagement: the service build relationships and engages with its community

## Aim

To ensure children are adequately prepared for the transition to Primary School in all areas of their development. To allow children to be engaged in experiences that will assist them in having a smooth transition to school.

## When To Use This Policy

1. During the Preschool year
2. At the end of the Preschool year
3. In collaboration with the Early Years Learning Framework

## Specific Process Steps

- In January the preschool room leader in collaboration with the Educational Leader will complete the yearly “transition to school plan/program” ready to start to implement at the beginning of school term 1 (generally the first week in February)
- The preschool teacher, Nominated Supervisor and Educational Leader will ensure to refer to the National Standards and Regulations to ensure that all areas of the transition to school plan/program meets all requirements as specified within these documents.
- To include all children that are attending formal schooling the following year into the program no matter of their developmental abilities and stages.
- To communicate with families, educators and local schools as required in setting up times for teachers to attend the centre to observe the children’s learning and development as needed, during the transition to school period.

## Staff Techniques

- Staff everyday will implement ideas from the transition to school program in collaboration with the service’s school readiness program and the Early Years Learning Framework.
- The transition to school plan/program must be evaluated as outlined and specified in the plan.

- Communicate with families and provide ongoing feedback to ensure the education and care service is meeting the individual strengths and needs of the children and families.
- Support each family’s decision about when to send children to school, acknowledging the NSW Department of Education and Training’s policy that *“children must turn 5 by July 31 in the year they start Kindergarten. All children in NSW must start school by their sixth birthday”*
- Facilitate relationships and networking with local schools to support children and families with the transition process and to open lines of communication. The importance of school preparation through visits or visual displays, orientation days and meeting the Kindergarten teachers will be regularly promoted and be a part of the centre’s transition to school plan/program.
- The preschool room leader is to regularly provide feedback and evaluations to the centre’s Director / Nominated Supervisor and Educational Leader to update them on the progress of this.
- Information on transition to school will be provided to families via the Family library and in languages that represent families at the centre.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.1 Educational Program and Practice

73 Educational program

74 Documenting of child assessments or evaluations for delivery of educational program

76 Information about educational program to be given to Families

## Related Policies

- Behaviour Management
- Child Development
- Child Self Esteem
- Inclusion
- Family Involvement
- Programming

## Sourced

- Succeed Consultancy
- Guide to the National Quality Standard ACECQA
- Education and Care Services National Regulations
- Community Child Care Cooperative - <https://issuu.com/cccnsw> checked 12/21

<b>Policy Review</b>	
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## PART 3: HEALTH & HYGIENE POLICIES

### 3.1 POLICY: Anaphylaxis

#### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health; Each Child's health and physical activity is supported and promoted

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

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- Element 2.2.2: incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

#### **Quality Area 4 - Staffing arrangements**

Standard 4.1: staffing arrangements

- Element 4.1.1: organisations of educators: the organisation of educators across the service supports children's learning and development

#### **Quality Area 6 - Collaborative partnerships with families and communities**

Standard 6.1: supportive relationships with families: respectful, relationships with families are development and maintained and families are supported in their parenting role

- Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
- Element 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
- Element 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.

Standard 6.2: access and participation: Collaborative partnerships enhance children's inclusion, learning and wellbeing

- Element 6.2.2: Access and Participation: effective partnerships support children's access, inclusion and participation in the program.

#### **Quality standard 7: Governance and Leadership**

Standard 7.1: governance: governance supports the operations of a quality service

- Element 7.2.1: management systems: systems are in place to manage risk and enable the effective management and operations of a quality service

## Aim

The service will aim to provide effective care, health management and management of emergencies for children who have been diagnosed with anaphylaxis to food, medicine or animal allergens such as nuts, seafood, eggs, bee stings etc.

## When To Use This Policy

1. Upon family orientation and or at the time of health changes during enrolment.
2. During the operational hours at the service; including external excursions.
3. Throughout the daily routines, especially meal times or during any cooking experiences.
4. During the time of a child diagnosed with anaphylaxis is using the bus service.

## Specific Process Steps

*Food allergies in children are common and are usually due to peanuts, other nuts, fish, shellfish, eggs, wheat, milk, milk products, soy, some fruits, antibiotics and vaccines, bees, insect stings and some plants, but not limited to this.*

*Allergies to peanuts, egg and milk are the most common and most likely to need an emergency plan or availability of adrenalin. The most severe form of an allergic reaction to any substance is "anaphylaxis". Effective and immediate management requires adrenalin, usually through an 'Epi-pen".*

### Family(s) of Child

- If a child has a medical condition and that medical condition is to be supported with medication prescribed by the child's medical practitioner to manage or maintain your child's specific health care need, allergy or relevant medical condition; your child will not be able to attend and or maintain their enrolment until such time the prescribed medication is granted by the child's medical practitioner.
- The Family(s) are required to provide the Service with an "Allergy Diagnosis", stating severity of allergy, plan of action to avoid allergens and treatment in the event of a reaction to an allergen occurs in the form of an "Anaphylaxis First Aid Plan" or "Emergency Medical Plan". These plans must be completed in conjunction with a medical professional (e.g. family doctor) and be signed by the doctor.
- Family(s) will keep the Service up to date with all information relating to their child's health needs and emergency contact numbers. This includes doctor and specialist address and phone numbers.
- Families will be required to participate and sign off on communication plans and risk assessment plans for the child as per the centre's procedures.

- Family(s) will bring the child’s medication every day that they attend the Service or preferably are able to keep spare medication at the Service. This requires to be replaced by the time of expiry. This is the responsibility of the family
- Family(s) are to grant permission in writing to administer emergency medication and to display their child’s photo and the allergy in and around the Centre.
- Families will provide the service with an updated “action plan’ at least once every year or as advised on their medical emergency plan.
- Family (s) who child uses a regular bus service will be required to provide a second spare medication a second spare medication needs to be provided by the family or an alternative procedure is to put in place to ensure the child has access to their medication at a times both at the Centre and on the bus

### **Staff**

- It is expected that staff are to maintain qualifications in Child Care First Aid, this includes anaphylaxis and asthma training (course code HLTAID004 or HLTAID012).
- All staff are to be aware of any child who may have an “Anaphylaxis” reaction and to what allergens.
- Staff will be aware of the “Risk Management Plan” relating to each child with Anaphylaxis
- Staff will follow the “Medical Management Plan” in the event of an Anaphylaxis reaction.
- All staff will be informed via our Communication plan about any changes to the “Medical Management Plan” or “Risk Management Plan”.
- The Service will ensure that a staff member that is trained in dealing with an “Anaphylactic Reaction” is on the premises at all times whilst the child is at the service.
- Staff will reinforce to children as a group the importance of not sharing food, explain “Anaphylaxis” to children in terms that are developmentally appropriate to their understanding. E.g. *“One of your friends will get very, very sick if they eat peanut butter, this is why we don’t have it at our Centre”*.
- Staff will refrain from packing personal food that carries any allergens.
- Staff will encourage Families at all times to avoid packing or bringing foods into the service which contain allergens. E.g. nut or nut products.
- The Service will regularly educate Families by providing information through newsletters, bag drops, Family evenings and staff feedback exercises.
- Staff will take all children’s medication on any excursion where the child is present.
- Staff are to be seen as positive role models by discouraging and monitoring food being shared between children.

- Nominated Supervisor is to ensure all classrooms have copies of Anaphylaxis plans and all staff are aware of children who have an Anaphylaxis plan.

### **Managing a Reaction**

- Fatalities more often occur away from home and are associated with either delaying or not using medication. Therefore, staff must be competent to follow any child's Emergency Medical Plan and know how to treat the child in an emergency.
- Each child with an allergy must have an *"Anaphylactic First Aid Action Plan"* or an *"Emergency Medical Plan"*, completed and signed by their Families and a certified medical practitioner.

### **Signs/Symptoms:**

- Rapidly progressive swelling of the lips, face, larynx, airways, tongue or throat.
- Sudden runny eyes nose or cough.
- Rash and/or hives.
- Nausea and vomiting.
- Difficulty breathing or wheezing.
- Asthma attack.
- Diarrhoea and abdominal cramps.
- A feeling of apprehension or extreme illness.
- Blueness of the face, lips and skin.
- Rapid or irregular pulse and low blood pressure.
- Dizziness, collapse or coma.

### **TREATMENT OF A SEVERE ALLERGIC REACTION**

- Follow the affected child's management plan.
- Give the child the "Epi-Pen Junior" (or required Epi-Pen as stipulated on the child's anaphylaxis action plan, into the outer thigh muscle (An Epi-pen, is a pre-loaded automatic injection device).
- Take off grey safety cap.
- Place black tip against fleshy outer thigh muscle.
- Push the Epi-pen hard against the leg until it activates and hold for ten (10) seconds.
- After the adrenalin has been injected, withdraw the needle and discard into a yellow needle disposal unit and collected by a contractor.
- Call 000 for an Ambulance. State that child is having an anaphylactic reaction and inform Ambulance Officers if the Epi-pen has been used or not.
- Observe and record the child's pulse and breathing.
- If conscious: Help the child sit in a position from which the relief of breathing difficulties is most effective and follow DRSABC.
- If unconscious: Check Airway Breathing Circulation and prepare to administer cardiopulmonary resuscitation (CPR) if necessary.

- The child should receive immediate emergency medical attention.
- Contact Family or guardian as soon as possible and without undue delay.

### General

- All visitors, students and volunteers are to be aware of this policy.

## Staff Techniques

- Staff will familiarise themselves with who is anaphylactic, where emergency plans are displayed and what the emergency action is.
- Allergy and Health Centre lists will be updated and displayed with new enrolments and existing enrolments who have or are identified as being anaphylactic.
- Staff will be positive role models for a healthy and safe eating environment.
- Staff will refrain from bringing and eating nut based or allergen products within the Service.
- Staff will be aware of all current allergies and will refer to the Centres current “Allergy List”.
- Staff will consult Families and reinforce that ingredients are safe before any meals are provided and prior to any cooking activities.
- Staff will be aware where the “Epi-pen” will be stored. For example: in the child room’s medication cupboard.
- To be aware of recycled food packages, that they do not carry any trace elements of any allergen, e.g. egg cartons etc.
- The Service will ensure that a staff member trained in dealing with an “Anaphylactic Reaction” is on the premises at all times whilst the child is at the service.
- Display a photo in the “emergency action plan “and information in respect to any anaphylactic child in their room, team room, kitchen and office. Staff will ensure to maintain confidentiality by placing this plan in a confidential place within their room.
- Staff will be aware of the “Risk Management Plan” relating to each child with a medical condition.
- Staff will follow the “Medical Management Plan” in the event of an incident relating to a child’s specific health care need.
- All staff will be informed via our Communication plan about any changes to the “Medical Management Plan” or “Risk Management Plan”.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.2 Children’s Health and Safety**

**Division 3** (whole section)

**Division 4** (whole section)

## Related Policies

- Development and Training
- Emergency
- Family Orientation
- First Aid
- Food Handling
- Inclusion and Anti Bias
- Infection Control
- Outdoor Supervision
- Privacy
- Record Keeping
- Safety
- Illness and Medication
- Indoor Supervision
- Induction
- Medical Conditions

## Sourced

- Succeed Consultancy
- Frith, J. Kambouris, N. & O’Grady O. *Health & Safety in Children’s Services: Model Practices & Policies* 2<sup>nd</sup> Edition 2003. University of NSW.
- Severe Allergic Reactions Anaphylaxis Guidelines for Schools, Second edition 2006. NSW Health. NSW Dept. of Education & Training.
- Allergy and Anaphylaxis Australia Inc. <http://www.allergyfacts.org.au> Accessed November 2020
- St John’s Ambulance Australia. <http://www.stjohn.org.au> Accessed 12/21
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Anaphylaxis Australia <https://allergyfacts.org.au> Publications and newsletters accessed

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Developed	September 2006
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Next Review	1 December 2024

## 3.2 POLICY: Animals and Pets

### National Quality Standard

This policy relates to:

**Quality area 1: Program: The educational program enhances each child's learning and development**

Standard 1.1: program: the educational program enhances each child's learning and development

- Element 1.1.3: program learning opportunities: all aspects of the program, including routines, are organized in ways that maximise opportunities for each child's learning.

**Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health: Each child's health and physical activity is supported and promoted

- Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented

**Quality area 3: physical environment**

Standard 3.2: use: the service environment is inclusive, promotes competence and supports exploration and play-based learning

- Element 3.2.3: environmentally responsible: the service cares for the environment and supports children to become environmentally responsible

### Aim

*To ensure that pets and animals are protected and cared for whilst at the service by using appropriate housing and ensuring the safety and wellbeing of children, staff, visitors and animals and/or pets.*

### When To Use This Policy

1. When an animal and/or pet is present at the service.

### Specific Process Steps

- Animals or pets must be free of diseases before entering the service.
- Current vaccinations and records for pets within the service must be kept current.
- Hands must be washed after handling animals or pets.
- Dangerous animals must not be handled by children.
- Permission slips must be obtained for riding animals. E.g. Horses.
- Pets are to be fed daily.
- Tasks are assigned to individual staff members to ensure clean housing.
- Only domestic animals are to be kept on the premises.

- The service is to be advised before an animal or pet is brought in to the service. This must be approved by the Nominated Supervisor.
- Animal food and water must be inaccessible to children.
- All animals or pets must be inaccessible to children unless supervised by a staff member.
- Do not allow animals in sandpits, and do not allow them to relieve themselves on soil, in pot plants or in vegetable gardens.

## Staff Techniques

- To adhere to above procedures when implementing daily routine within the service.
- To be aware of assigned tasks and to follow these tasks through. E.g.: Feeding and cleaning of animals and pets.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.2 Children’s Health and Safety**

#### **Division 1 Health, safety and wellbeing of children**

Regulation 77. Health, hygiene and safe food practices

## Related Policies

- First Aid
- Handwashing
- Health and Hygiene
- Indoor Supervision
- Infection Control
- Outdoor Supervision

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulations
- NSW Health. <http://www.health.nsw.gov.au>
- Staying Healthy in Childcare; Preventing Infectious Diseases in Childcare- Fifth Edition. Australian Government 2012

<b>Policy Review</b>	
<b>Developed</b>	<b>January 2007</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

### 33 POLICY: Asthma

#### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health, Each Child's health and physical activity is supported and promoted

- Element 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
- Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented

Standard 2.2: safety: each child is protected

- Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 4 - Staffing arrangements**

Standard 4.1: staffing arrangements

- Element 4.1.1: organisations of educators: the organisation of educators across the service supports children's learning and development

#### **Quality Area 6 - Collaborative partnerships with families and communities**

Standard 6.1: supportive relationships with families: respectful, relationships with families are development and maintained and families are supported in their parenting role

- Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
- Element 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
- Element 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.

Standard 6.2: access and participation: Collaborative partnerships enhance children's inclusion, learning and wellbeing

- Element 6.2.2: Access and Participation: effective partnerships support children's access, inclusion and participation in the program.

#### **Quality standard 7: Governance and Leadership**

Standard 7.1: governance: governance supports the operations of a quality service

- Element 7.2.1: management systems: systems are in place to manage risk and enable the effective management and operations of a quality service

#### **Aim**

*For all staff to be aware of children within the service who have Asthma. Staff are to be aware of the process to follow to ensure each child's individual asthma condition is managed according to their individual needs. An asthma attack can be life threatening.*

*Asthma affects one (1) in four (4) children and is the most common cause of hospital admission for children. Children with asthma have sensitive airways. When they are exposed to certain triggers such as dust, pollen, cold air, animals, tobacco smoke and exercise, their airways become narrowed, making it hard for them to breathe.*

## When To Use This Policy

1. When a child enrolls at the Service with asthma.
2. When a child displays signs or symptoms of asthma.
3. Signs and symptoms include (for more specific signs and symptoms please refer to Asthma Australia via [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)):
  - Wheezing (noisy breathing when breathing out) and/or
  - Persistent cough, particularly at night, early morning or with exercise.

## Specific Process Steps

- If a child has a medical condition and that medical condition is to be supported with medication prescribed by the child's medical practitioner to manage or maintain your child's specific health care need, allergy or relevant medical condition; your child will not be able to attend and or maintain their enrolment until such time the prescribed medication is granted by the child's medical practitioner.
- Enrolment of a child with asthma must be accompanied by a completed "Asthma Action Plan" including a current photograph of the child which has been completed by a medical practitioner / doctor. The "asthma plan" must outline steps to be taken in case of an asthma attack.
- The child's details must be added to the centre's "Allergy and Health List".
- An "Asthma Action Plan" is to be reviewed every twelve (12) months by the child's family medical practitioner. Families are required to provide the centre with the updated Asthma Action Plan that is signed and dated by the medical practitioner. Please note, if your child has been unwell with Asthma or if you verbally notify us of any changes to the action plan, then we may ask you to have your medical practitioner review this plan earlier. (Asthma Australia's advice)
- Families are responsible for keeping their child's "Asthma Action Plan" up to date in consultation with their family Doctor and the Centre.
- Staff and the Nominated Supervisor are to be made aware that the child has asthma at the time of enrolment being confirmed.

- Families will be required to participate and sign off on communication plans and risk assessment plans for the child as per the centre's procedures.
- Asthma medication is to be given, as stated on the "*Medication Form*" (in soft or hard copy format) that has been completed by Families on relevant days that the child attends.
- Staff are to follow the medication procedure when administering asthma medication.
- Director is to ensure all classrooms have copies of "asthma action plans" and all staff are aware of children who have an "asthma action plan".

**In the case of an Asthma attack without a signed "*Medication Form*" or in the case of a child's asthma deteriorating**

- Access individual child's "*Asthma Action Plan*".
- Treat the child for asthma, according to their "*Asthma Action Plan*". E.g. give appropriate medication. If this treatment isn't working, follow the below steps. If treatment is working to contact the family immediately.

**Unless otherwise documented by Families, in the case of an asthma emergency (or suspected first asthma attack) the educators will follow the below "*Asthma First Aid Plan*"**

- Staff that identify signs and symptoms of asthma in the individual child are to follow the "*Asthma First Aid Plan*".
- Sit the child upright. Be calm and reassuring.
- Give four (4) puffs of a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin), one (1) puff at a time via a spacer. Ask the child to breathe in and out four (4) times after each puff. It is advised to administer with a spacer.
- Wait four (4) minutes. If there is no improvement, give another four (4) puffs.
- If there is still little or no improvement, wait with the child whilst another informed staff member calls an Ambulance immediately (Dial 000). Keep giving four (4) puffs every four (4) minutes until the Ambulance arrives.

*Staff are to ensure the above steps is what is on the "asthma action plan" as this is a basic outline but each plan maybe different!*

- Call Families as soon as possible and without undue delay.
- If a child is not known by the Service to have asthma, no harm is likely to result from giving a reliever medication. (Airomir, Asmol, Epaq or Ventolin)
- Follow the Services medication procedure. E.g. "Complete medication form".
- Inform Families of asthma attack as soon as practicably possible.
- Families are to sign the medication form within twenty-four (24) hours.

- Families are responsible to provide a spare medication e.g. Ventolin with the appropriate equipment such as a spacer. It is preferred a spare is kept at the centre rather than bought it in every day.
- Family (s) who child uses a regular bus service will be required to provide a second spare medication a second spare medication needs to be provided by the family or an alternative procedure is to put in place to ensure the child has access to their medication at a times both at the Centre.

## Staff Techniques

- It is expected that staff are to maintain qualifications in Child Care First Aid, this includes anaphylaxis and asthma training (course code HLTAID004 or HLTAID012).
- Staff are to be able to recognise signs and symptoms of asthma.
- Staff are to be familiar with the Asthma Action Plan for each child diagnosed with Asthma who attends the service.
- The Nominated Supervisor will ensure that there is a staff member trained in asthma on the premises at all times if there is a child enrolled with Asthma.
- Educate Families on the Service's medication procedure and asthma policy.
- Display "*Asthma Action Plans*" in appropriate confidential areas for all children who have asthma.
- Notify Families that "*Asthma Action Plans*" need to be reviewed every twelve (12) months and inform them of the appropriate processes to be followed.
- Staff will notify the Nominated Supervisor and Families by phone encouraging them to collect or visit the Service to check their child's condition if a child has an unexpected asthma attack.
- In an emergency or a child requiring treatment, two educators are to follow the steps outlined in the child's "*Asthma Action Plan*" as completed by their doctor. E.g. administer asthma medication.
- Monitor child's condition, until Family arrives and or medical assistance is given.
- Two (2) staff members will then complete a Centre medication form.
- Comfort child and reassure child.
- Follow up child's condition that afternoon or next morning.
- To follow appropriate legislative processes if a child needs medical attention

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.2 Children's Health and Safety**

**Division 3** (whole section)

**Division 4** (whole section)

## Related Policies

- Arrivals and Departures
- Development and Training
- Emergency
- Family Orientation
- First Aid
- Safety
- Record Keeping
- Infection Control
- Sickness and Medication
- Medical Conditions Policy
- Induction
- Illness and Medical

## Sourced

- Succeed Consultancy
- Asthma Australia- Trigger's and Causes <https://asthma.org.au> Accessed 12/21
- The National Asthma Council Australia. Covid-19 and Asthma <http://www.nationalasthma.org.au> Accessed 12/21
- Asthma in Preschool Children. <https://asthma.org.au/about-asthm> Accessed 12/21
- Kindergartens & Preschools, Asthma Australia 2006.
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Asthma Australia - <https://asthma.org.au/about-asthma/live-with-asthma/asthma-action-plan/> Accessed 30<sup>th</sup> June 2021

Policy Review	
Developed	September 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 34 POLICY: Coronavirus COVID-19

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health; Each Child's health and physical activity is supported and promoted.

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

Standard 2.2: Safety: Each child is protected.

- Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- Element 2.2.2: incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- Element 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.

### **Aim**

To ensure all employees and families implement appropriate risk management procedures to prevent the spread of Coronavirus (COVID-19) or reduce the potential for the illness to spread.

To manage a positive case within the Service, a subsequent closure and re-opening.

This policy will supersede any other Centre policy in relation to the health, wellbeing and safety of children, staff, families, and Centre associates in respect to interactions and safe practices. For example, excursions, arrival, and departures.

### **When To Use This Policy**

At all times while the outbreak of Coronavirus (COVID-19) continues, this policy will continue to be updated as further information is received.

As this information is changing rapidly, our Service is constantly monitoring health alerts and implementing measures suggested by key health experts to minimise the transmission of COVID-19; this policy may not be updated specifically to current short term changes.

Our Service has a range of comprehensive policies in place to guide best practice in relation to health and safety, dealing with infectious diseases and maintaining a child safe environment.

Our duty of care and responsibilities to children, parents, families, and all staff to provide a safe environment is of utmost importance. The evolving nature of COVID-19 and the

unprecedented steps required to protect our community as recommended by the Australian Government, has resulted in the development of a specific policy to assist our Service manage this pandemic. This policy will change as required to ensure the protective measures against COVID-19 as advised by our government are implemented by our Service.

## Specific Process Steps

Coronavirus (COVID-19) can cause illnesses similar to the common cold, but it can also cause more serious respiratory diseases. Most people displaying symptoms such as fever, cough, sore throat, tiredness, or shortness of breath are likely suffering with a cold or other respiratory illness—not coronavirus. However, the threats posed by the virus mean serious steps must be taken to stop the spread of the disease.

**Symptoms of COVID-19** include:

- fever (37.5 ° or higher)
- cough
- sore throat
- shortness of breath (difficulty breathing)
- runny nose
- loss of taste
- loss of smell

Our Service implements procedures as stated in the “Staying Healthy in Childcare: Preventing Infectious Diseases in Early Childhood Education and Care Services” (Fifth Edition)” developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Australian Government- Department of Health and local Public Health Units in our jurisdiction under the Public Health Act. COVID-19 is a notifiable condition in all states and territories of Australia. In the event of any child, educator, staff member or visitor attending our Service who is suspected or confirmed to have the infection, the Approved Provider will contact their Public Health Unit, The Department of Education and if closure is directed the Department of Education Skills Employment.

As outlined in our Infection Control Policy Health, Hygiene and Food Handling Policy, the Approved Provider, Nominated Supervisor, educators, and staff implement strict hygiene and infection control procedures at all times to prevent or minimise the spread of contagious illnesses.

Hygiene measures and exclusion principles outlined in these policies continue to apply, and will be informed by current guidance on coronavirus issued by relevant Commonwealth and State/Territory Governments including:

- Federal Department of Health coronavirus health alerts which are updated daily.

- State/Territory Education Departments which may issue coronavirus updates directly to service providers. Latest updates and resources can also be reviewed online.
- Federal Department of Education, Skills and Employment. Subscribe to email updates.
- Federal Department of Health coronavirus Information Sheets

**National Coronavirus (COVID-19) Health Information Line 1800 020 080**  
**Call 131 450 for translating and interpreting service Health Direct 1800 022 222**

## Staff Techniques

- **Comply with current guidance issued by Government agencies, including in relation to attendance, quarantine, and self-isolation** as per updates or changes within and during the pandemic.

This includes:

- ensuring they/a child/a family member comply with isolation and quarantine requirements and stay home, for 14 days if directed by a medical professional or have been in contact with someone who has confirmed or is likely to have COVID-19 or returned from overseas or are entering a state that has a required quarantine period.
- ensuring they/a child/a family member stays at home if unwell
- **seek medical attention** if they develop a fever, cough, sore throat, or shortness of breath. Call ahead before visiting the doctor/hospital to advise them of your symptoms and wear a surgical mask when visiting the medical facility.
- **advise the service** if they develop symptoms of the virus or are confirmed to have the virus while in isolation or quarantine. This is particularly important if they have been at the service before isolation or quarantine.

### **Implement effective hygiene process.**

The Coronavirus (COVID-19) is most likely to spread from person-to-person through:

- direct close contact with a person while they are infectious.
- close contact with a person with a confirmed infection who coughs or sneezes.
- touching objects or surfaces like door handles or tables contaminated from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face.

Employees and volunteers will ensure they continue to implement hygiene processes outlined in the Health, Hygiene and Food Handling Policy to ensure high standards of hygiene and infection control at all times. This includes ensuring they and where relevant children:

- wash hands frequently with soap and water including before and after eating or handling food, going to the toilet, changing a nappy, handling play dough, using gloves, and after wiping or touching nose and cleaning up spills of body fluids.
- cough and sneeze into their inner elbow or use a tissue to cover their mouth and nose and placing tissues in the bin immediately after use.

- follow the latest and most updated recommendations by the NSW Health Department on minimisation of infection, such as mask wearing, arrival and departures routines etc
- Employees will continue to demonstrate and continue to ensure all cleaning is completed according to the centre daily checklists and procedures

In addition, the Approved Provider and Nominated Supervisor will ensure cleaning requirements are documented and completed regularly, and cleaning staff, including contracted cleaning staff.

The Approved Provider and Nominated Supervisor will ensure hand hygiene posters are displayed in areas which can easily be seen by families, including the front entrance, and require all employees and families to use hand sanitiser provided at service entrances. As well as communicate and enforce latest Health advise or Health orders from NSW Health.

### **Social distancing in childcare**

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

The risk of transmission can be reduced thorough physical distancing.

- Ensure physical distancing between adults of 1.5m, wherever possible.
- For adults or children who have an exemption for wearing a face mask, physical distancing should be practiced wherever possible.
- Where possible and applicable sleep children at least 1.5 metres apart or head to toe to reduce the risk of COVID-19 transmission.
- Avoid any non-essential activities that involve close personal contact.
- Encourage appropriate outdoor programs to support distancing while considering sun safe practices.
- Have staff collect and deliver children from outside the service.

To reduce the spread of germs:

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

## **Masks**

Following current advice from NSW Health and the Department of Education any visitors to the service must wear a mask, this includes families dropping off or picking up children.

Staff are to wear masks when interacting with families for drop off and pickups and when in common areas such as staff rooms and offices. Staff are not required to wear masks in an education setting such as classrooms and outdoors. Children are not required to wear masks.

Face Mask Requirements from 18<sup>th</sup> October 2021

- Face masks are required in indoor settings in Early Childhood Education and Care settings across NSW.
- Ensure masks are worn by all adults (staff and visitors) at all times in indoor settings (subject to exemptions outlined below or a change in the health advice).
- Refer to the NSW Government website for changes.
- Masks are mandatory for passengers and drivers in all point to point transport vehicles across NSW.
- Ensure masks are worn by staff when engaging with other adults, such as during pick-up and drop-off, and in administrative areas of the service, including staff rooms.
- Request all adult visitors to wear masks when visiting service.
- Continue to follow NSW Health advice on local restrictions, requirements and conditions relating to Early Childhood Education and Care settings and update policy where necessary.
- Staff members are exempt from the requirement to wear face masks where a child in care is deaf or hard of hearing, or where the clear enunciation or visibility of the educator's mouth is essential.

## **QR Code**

The Service is required to display the Service NSW QR code and is mandated to take steps to ensure adults entering the service premises check in using the Service NSW QR codes.

- Services must comply with the NSW Government mandate for all visitors (including staff) to check-in using the contact tracing Service NSW QR code each time they visit the service. This may occur multiple times per day and must be completed for each separate visit.
- Children are excluded from this requirement due the Centre's procedures of signing in out.

## **Information and notification requirements**

The Approved Provider or Nominated Supervisor will:

- report instances of suspected or confirmed coronavirus within the Service to the local state/territory health department.

- comply with notification requirements for serious incidents which include:
  - any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital.
  - any emergency where emergency services attended i.e., there was an imminent or severe risk to the health, safety, or wellbeing of a person at the service.

### **Interactions with Children**

Where appropriate, educators will speak with children about the coronavirus in ways that do not alarm them or cause unnecessary fear or distress. Educators may, for example, discuss with children their feelings in relation to the virus, remind children that the risk of catching the illness is very low, review hygiene measures they can take to reduce the risk of infection, discuss some of the good things happening in the world. Educators will be careful not to speak to others in an alarmist way about the coronavirus if children are present or within hearing.

### **Vaccination Requirements for staff, visitor's and associates**

Vaccination requirements for staff, including:

- Keeping accurate and up to date records of COVID-19 vaccination for all staff
  - This should indicate that a genuine vaccination record or medical contraindication has been sighted and kept on record.
- From 8 November 2021; ensuring all staff, families, including volunteers, all contractors, maintenance staff, cleaners and all other workers who are on site are fully vaccinated.
  - This should indicate that a genuine vaccination record or medical contraindication has been sighted and kept on record.
- Vaccine refusal; Consider the Fair Work Ombudsman COVID-19 vaccinations workplace rights and obligations guidelines and adopt to service practices where relevant.
- Medical contraindication; an exemption is available for staff who are unable to be vaccinated due to a medical contraindication to the COVID-19 vaccine.
- A medical contraindication prevents people from receiving a vaccine, as it may increase their chances of a serious adverse event.
- NSW Health specify a COVID-19 vaccine medical contraindication form that medical practitioners must use when a staff member has a contraindication to the COVID-19 vaccine.
- The form defines the specific medical conditions for which an exemption applies. A staff member seeking an exemption on medical grounds is required to provide the Covid-19 vaccine medical contradiction.

### **Entrance to the Centre for Child drop off and pick up.**

- You or your child must not attend the Centre if you or persons in your household have been in known contact with an infected person.
- When arriving at the service you must not enter if you or your child/ren have flu like symptoms or have been in contact with a known or suspected case of Coronavirus (Covid-19)
- We request that anyone entering the service including children sanitise their hands on arrival and departure.
- We request that all adults maintain social distancing and keep 1.5 metres apart.
- If there is a local outbreak in the vicinity of the service families will be unable to enter the centre and staff will do drop off and pick up from the front door. This may be a centre or Government directive; management has the right to decide in the best interest of the all stakeholders.
- The Government and or management may introduce, change, or alter strategies to ensure the overall safety and management to minimise and contribute to the stop of the virus spreading- such introducing masks, cessation of entering the premises etc.
- The Service will follow and or adapt to recent and updated Health Advice or Public Order's, which may require to further minimise contact strategies such as only children and staff enter the premises and or children be signed on and out on behalf of families.

Families within the Centre are currently prohibited up until an informed collaborative decision is made that the wider and centre community is at minimal risk of contracting Covid-19

From 8 November 2021; ensuring all staff, including volunteers, all contractors, maintenance staff, cleaners and all other workers who are on site are fully vaccinated.

- This should indicate that a genuine vaccination record or medical contraindication has been sighted and kept on record.

### **Visitors**

Visitors to the centre will be limited and may be denied entry. All approved visitors will have to record their details in the visitor's register and follow centre policies and procedures at all times.

Visitor's within the Centre are currently prohibited up until an informed collaborative decision is made that the wider and centre community is at minimal risk of contracting Covid-19

### **Excursions**

To further protect the service and local communities, the Approved Provider, Nominated Supervisor, and educators will ensure excursions which may expose children, staff, or vulnerable community members, including those in aged care facilities, to higher risks of contracting coronavirus do not occur while coronavirus infection control measures are in place.

Excursions and Incursions within the Centre are currently prohibited up until an informed collaborative decision is made that the wider and centre community is at minimal risk of contracting Covid-19

### **Suspected cases of COVID-19**

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

- If we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)
- Are unwell and unable to participate in normal activities or require additional attention.
- have had a temperature/fever or vomiting in the last 24 hours.
- have had diarrhoea in the last 24 hours.
- have been given medication for a temperature prior to arriving at the Service.
- have started a course of anti-biotics in the last 24 hours.
- If your child becomes ill whilst at the Service, educators/staff will respond to their individual symptoms of illness and provide comfort and care. Educators will take your child's temperature. If the temperature is above 37.5°C you will be contacted immediately and required to collect your child within 1 hour. If you are unable to collect your child, an emergency contact person will be contacted, and they must collect your child within 1 hour.
- your child is sent home with any Covid type symptoms they cannot return without a negative Covid test or a clearance from a doctor.
- These symptoms include;
  - fever (37.5 ° or higher)
  - cough
  - sore throat
  - shortness of breath (difficulty breathing)
  - runny nose
  - loss of taste
  - loss of smell
  - glassy or weepy eyes

Parents are reminded to ensure their contact details are current and emergency contact details are updated if required. Our Service also reserves the right to prevent employees, parents, family members or visitors to enter our premises if the Approved Provider or Nominated Supervisor suspects instances of COVID-19 or is such advice per the latest Health Advice or Public Order.

The Approved Provider or Nominated Supervisor is mandated by law to notify the Public Health Unit or Health Information hotline on 1800 020 080 of any confirmed cases of COVID-19. In addition, the Approved Provider must also notify the Regulatory Authority in their state or territory within 24 hours.

Management reserves the right to request employees to self-isolate if they suspect they have come into contact with someone who has a confirmed COVID-19 infection.

### **Staff Entitlements in relation to coronavirus**

Permanent employees may be entitled to paid sick leave if they're ill with coronavirus. Employees must provide a medical certificate confirming they have the virus. Permanent employees who need to look after a family member or someone in their household who's sick with the virus are also entitled to paid carer's leave, or unpaid carer's leave if they have no paid sick or carer's leave left. Casual employees are entitled to 2 days' unpaid carer's leave per occasion.

The Approved Provider or Nominated Supervisor will discuss available employment options with permanent employees who can't return from overseas or are required to enter quarantine or isolation but aren't sick. Options include taking annual leave or other leave e.g., long service leave, and taking unpaid leave.

In the case of a confirmed positive case and the Centre is subsequently directed to close, staff will be stood down and communicated to how and where they can be supported by agencies and or options in differing leave that may be accessed or Government support that can be accessed such as Centrelink.

### **Fees**

As outlined in our Fees Policy, fees are payable for all days that children are enrolled, including when children are sick and cannot attend. In relation to coronavirus, this means fees are payable where children are unable to travel home to Australia, are in quarantine or home isolation.

If the centre is in lockdown and or has to close due to Coronavirus (COVID-19) they will follow the advice and requirements of the Federal Government in regards to charging of fees and Child Care Subsidy.

### **Absences from childcare**

Child Care Subsidy whether a child is ill or not and does not attend care as part of the family's own precautionary measure against potential contact with COVID-19, Child Care Subsidy (CCS) can be paid for up to 42 absence days per child, per financial year without the need for families to provide documentation.

Once a child's 42 initial absences have been used, CCS can be paid for additional absences for a reason including illness. Evidence is required for additional absences claim e.g.: doctor's certificate. If a child is not ill, and does not attend care, due to the family's own precautionary measure against contracting COVID-19, some medical practitioners (GP) may support families by providing a medical certificate if required.

Fees will still be payable if the child does not attend the Service. If a child is not ill and does not attend care for a longer period, the family may wish to follow the established advice around longer absences (as set out in the Child Care Provider Handbook, noting that an enrolment automatically ceases when a child does not attend care for 14 weeks. This may differ in Government Funding packages that may become available in differing circumstances of Covid-19 exposure. In the case of funding initiatives becoming available, the Service will maintain communication to families in respect to funding and support that may become available.

### **What happens if our Service is forced to close?**

The decision to close our Service will be made, and advised, by relevant state and territory governments or the Regulatory Authority. This may be due to a confirmed case of COVID-19 in our Service community.

Should a directive closure occur, firstly it needs to be a confirmed directive from NSW Health, all families will be notified immediately via Kinderm8 or email or phone. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure via the NQA IT System. As childcare cannot be offered if our Service is forced to close, fees cannot be charged as per Family Assistance Law, unless there are specific additional funding available. Attendance reports cannot be submitted into the Child Care Subsidy System.

The Approved Provider and or their representative are to be co-operative and are to follow directives from the Governing bodies; such as NSW Health, Department of Education and Department of Education, Skills and Employment.

The Approved Provider and or their representative are to communicate regularly with staff and families using varying methods to offer support, directives from Governing bodies and to communicate current and up to date Fact Sheets from only credible sources such as NSW Health.

The Approved Provider and or their representative are to track and keep Centre based confirmed cases, subsequent testing results, isolation periods and release dates as part of a re-opening plan to manage re-opening.

The Approved Provider and or their representative will follow, implement all Governing body requirements, directives and or literature to ensure the Service is re-opened. Re-opening will be achieved in a safe, healthy and hygienic manner whilst also ensuring all regulatory obligations will be met under both State and Federal law.

Staff, children and families will be required to communicate and provide supporting evidence as set by the Centre (under Governing body advice) to the Centre prior to returning. This will need to demonstrate that they are either negative as a close contact and or are no longer contagious as a positive Covid-19 case through a “medical clearance”.

Consideration in particular needs to take place on returning staff to children, to ensure the child staff ratios will be met prior to re-opening. Consideration needs to take place of staffing who are positive, self-isolation release dates for staff and children. Consideration and confirmation needs to be achieved as both staff and children may be delayed beyond the Centre's re-opening dates due to household transmission.

The Approved Provider and or their representative acknowledges advice and information from Governing bodies is changeable and fluid as time prevails. It is acknowledged on each occasion of a closure, or practice in daily operations can change from one day to the next or from one closure to the next closure. It is imperative that information is checked and confirmed to be the latest Health advice.

## Education and Care Services National Regulations

This policy relates to the following.

### Part 4.2 Children's Health and Safety

#### Division 2 Incidents, injury, trauma, and illness (whole section)

Regulation 85- Incident, injury, trauma and illness policies and procedures

Regulation 88- Infectious Diseases

Regulation 168- Education and care service must have policies and procedures

### Part 4.3 Physical Environment

#### Division 1 Centre-based services and family day care services

Regulation 106 - Laundry and hygiene facilities

## Related Policies

- Clothing
- Dental Health
- First Aid
- Illness and Medication
- Food Handling
- Handwashing
- Nappy Change Procedures
- Ethical Behaviour
- Privacy
- Interactions
- Sleep and Rest
- Work Health and Safety
- Nutrition
- Immunisation
- Medical Conditions
- Infection Control
- Harassment Free Workplace
- Excursions
- Arrivals and Departures
- Family and Community Participation
- Parent Involvement
- Emergency
- Induction
- Recruitment
- Relief
- Student, Volunteer

## Sourced

- Succeed Consultancy
- NSW Health Infectious Diseases <http://www.health.nsw.gov.au>
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Fair Work Ombudsman ‘Coronavirus and Australian Workplace laws’
- Federal Department of Health coronavirus information sheets
- National Quality Standards
- Work, Health and Safety Laws and Regulations
- NSW Health. ***Covid-19 latest updates.***  
<https://www.health.nsw.gov.au/Infectious/covid-19> Last accessed 12/21
- NSW Health. September 2021. ***Covid-19 Factsheet for Secondary Close Contacts.*** Accessed October 2021
- NSW Health. September 2021. ***Confirmed Case of Covid-19 Factsheet.*** Accessed October 2021
- NSW Health. September 2021. ***Close Contact Covid-19 Non Household Factsheet.*** Accessed October 2021
- NSW Health. September 2021. ***Release and Recovery from Covid-19 Factsheet.*** Accessed October 2021
- NSW Health. June 2021. ***NSW Health Covid-19 Self Isolation Guideline Factsheet.*** Accessed October 2021
- NSW Department of Education. ***COVID-19 update for Early Childhood Education***
- NSW Department of Education ***October 2021. COVID Safety in Early Childhood Education and Care Services: Guidance.*** NSW Government. Accessed 14<sup>th</sup> October 2021

Policy Review	
Developed	March 2020
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 35 POLICY: Dental Health Care

### National Quality Standard

This policy relates to:

#### **Quality Area 1 – Educational program and practice**

- National Quality Standard 1.2: Practice, Educators facilitate and extend each child's learning and development
  - Element 1.2.1: intentional teaching: educators are deliberate, purposeful, and thoughtful in their decisions and actions

#### **Quality Area 2 – Children's Health and Safety**

- National Quality Standard 2.1: Health, each child's health and physical activity is supported and promoted
  - Element 2.1.3: healthy lifestyle: healthy eating and physical activity are promoted and appropriate for each child
- National Quality Standard 2.2: Safety: Each child is protected
  - Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - Element 2.2.2: incident and emergency management: plans to effectively, manage, incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 6 – Collaborative partnerships with families and communities**

- National Quality Standard 6.1: supportive relationships with families: respectful, relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.2: parent's views are respected: the expertise, culture, values and beliefs of families are respected and families share in decision – marking about their child learning and well-being
  - Element 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
- Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.3: community engagement: the service builds relationships and engages with its community.

### **Aim**

For the service to promote effective and healthy dental and oral hygiene behaviours in children and families; contribute to reducing the incidences of dental cavities in children, and facilitate the prevention and management of dental trauma in children.

### **When To Use This Policy**

1. At the time of enrolment
2. At the times of a menu review
3. At all mealtimes

#### 4. In extra curricula activities e.g. Professional visitors and newsletters

### Specific Process Steps

- At the time of enrolment, each child's Dentist details will be collected including the name, address and phone number via the enrolment form.
- The Service will actively educate and promote good dental and oral practices through newsletters, literature, Service curriculum and Professional visitor's.
- Family eating habits will be respected pursuant to the Inclusion and Anti-Bias Policy.
- Milk and water (that contains fluoride) will be offered regularly to all children throughout the daily routine and menus.
- Sweet food and drinks will be restricted from the Service.
- Information from health authorities about dental health will be available for all families.
- Dental health will be implemented throughout the daily routine and programs.
- The Service will encourage "Swish and Swallow" at mealtimes for toddlers and preschool aged children.
- Staff will role model good dental and oral practices.
- Families will have access to "Dental tips for Babies, Toddlers and Preschoolers" from the Australian Dental Association –

#### **Dental health Tips for Babies & Toddlers**

- To soothe the irritation of teething, give your baby a teething ring to chew on.
- Don't give sweetened drinks from the bottle as they can cause tooth decay. Establish regular bottle feeds and, if your baby needs a drink between feeds, use cooled boiled water.
- After feeding, to prevent tooth decay, wipe your baby's teeth with a moist cloth. At about eight months, start your infant drinking from a cup as this reduces the time that decay-producing sugars are in contact with the teeth.
- Introduce your infant to teeth cleaning as soon as their teeth appear. As infants are unable to control swallowing, a small smear of low strength fluoride toothpaste (or no toothpaste at all) should be used.
- At about eighteen (18) months, take your child to the family Dentist for a check-up to become accustomed to regular dental visits.

### **Dental Health Tips for Preschoolers**

- You should brush your children's teeth and encourage them to learn how to brush correctly, using a small pea sized quantity of low strength fluoride toothpaste.
- Most importantly, avoid sweet snacks and sweet drinks between meals. The possibility of tooth decay is directly related to the number of times that sweet things are in contact with the teeth.
- Seek your Dentist's advice without delay if your children's teeth become damaged – whether loosened or just chipped.
- If a baby tooth is dislodged do not attempt to straighten or replace it. Take the child to your Dentist straight away.
- Dentist's concentrate on preventing dental disease. Ask your Dentist how frequently your child/ren needs a check up so that problems can be detected early enough to allow the Dentist to prevent them without the need for fillings.

### **Staff Techniques**

- Staff will incorporate dental health in their programs. E.g. discussing healthy teeth at group times or at dramatic play.
- Staff will be positive role models for good nutrition practices.
- Staff will organise a visit from dental health professionals on an annual basis wherever possible.
- Staff will offer milk or water to the children as a preferred drink for meal times and via the centre menus.
- Staff will provide children with access to drinking water throughout the day.
- Staff are to have an active role in further educating children and families about dental health practices.

### **Education and Care Services National Regulations**

This policy relates to the following

#### **Part 4.2 Children's Health and Safety**

##### **Division 1 Health, safety and wellbeing of children**

- 77. Health, hygiene and safe food practices
- 78. Food and beverages
- 79. Service providing food and beverages

## Related Policies

- Child Development
- Family Orientation
- Inclusion
- Infection Control
- Nutrition
- Sickness and Medication

## Sourced

- Succeed Consultancy
- Australian Dental Association [www.ada.org.au](http://www.ada.org.au).
- Colgate. <http://www.colgate.com.au/app/CP/AU/OC/Information.cvsp>
- Frith, J. Kambouris, N. & O'Grady O. *Health & Safety in Children's Services: Model Practices & Policies* 2<sup>nd</sup> Edition 2003. University of NSW.
- Education and Care Services National Regulations

Policy Review	
Developed	September 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 3.6 POLICY: Diabetes

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Health, Each Child's health and physical activity is supported and promoted
  - Element 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
  - Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented
- Standard 2.2: safety: each child is protected
  - Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 4 - Staffing arrangements**

- Standard 4.1: staffing arrangements
  - Element 4.1.1: organisations of educators: the organisation of educators across the service supports children's learning and development

#### **Quality Area 6 - Collaborative partnerships with families and communities**

- Standard 6.1: supportive relationships with families: respectful, relationships with families are development and maintained and families are supported in their parenting role
  - Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
  - Element 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.
- Standard 6.2: access and participation: Collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.2: Access and Participation: effective partnerships support children's access, inclusion and participation in the program.

#### **Quality standard 7: Governance and Leadership**

- Standard 7.1: governance: governance supports the operations of a quality service
  - Element 7.2.1: management systems: systems are in place to manage risk and enable the effective management and operations of a quality service

### **Aim**

For staff to be aware of children within the service who have Diabetes. There are 2 types of diabetes:

**Type 1:** This is due to a severe deficiency of insulin and is fatal without life-long injections. It is an auto-immune disease in which the body's own immune system attacks the pancreas and destroys the body's own insulin producing cells.

**Type 2:** This form of diabetes mainly occurs in adults. However, it is increasingly being seen in children, particularly those who are overweight. It may be accelerated by lifestyle factors (obesity, little exercise, overeating) and is treated by weight control, sensible eating, exercise and occasionally insulin injections.

## When To Use This Policy

1. When a child enrolls at the service with Diabetes.
2. When a child displays signs or symptoms of Diabetes.
3. Signs and symptoms include (for more specific signs and symptoms please refer to Diabetes Australia via [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)):
  - Hypoglycaemia - sweating, trembling, lack of co-ordination, weakness
  - Hyperglycaemia – frequent urination, excessive thirst, headache

## Specific Process Steps

- Enrolment of a child with Diabetes must be accompanied by a completed “*Diabetes Plan*” including a current photograph of the child that is completed by a medical practitioner / Doctor.
- The Family(s) in conjunction with the Nominated Supervisor will complete a “Risk Management Plan” prior to commencing at the service.
- The child's details must be added to the centre's Medical Conditions Listing and an updated Medical conditions listing is to be provided to staff.
- A “*Diabetes Plan*” is to be reviewed every six (6) months by the child's family medical practitioner.
- Staff and the Nominated Supervisor are to be made aware that the child has diabetes at the time of enrolment being confirmed.
- Families are responsible for keeping their child's “*Diabetes Plan*” up to date in consultation with their family Doctor and the Service.
- Diabetes medication is to be given, as stated on the “*Medication Form*” that has been completed by Families on relevant days.
- Staff are to follow the medication procedure when administering diabetes medication.
- The service will ensure that a staff member who is knowledgeable in the management of diabetes will be on the premises at all times if there is a child enrolled with diabetes.

- The service will strongly recommend on advice given by diabetes Australia that Families attend the service to administered insulin when required.
- Director is to ensure all classrooms have copies of diabetes plans and all staff are aware of children who have a diabetes plan.

## Staff Techniques

- Staff are to be able to recognise signs & symptoms of diabetes.
- Staff are to be familiar with the diabetes plan for each child diagnosed with Diabetes who attends the service.
- Staff are to display the child’s diabetes plan in a confidential but easily accessible place within the room.
- Monitor child’s condition, until Family arrives and or medical assistance is given.
- Two (2) educators will then complete a Centre medication form.
- Comfort child and reassure child.
- Follow up child’s condition that afternoon or next morning.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.2 Children’s Health and Safety**

**Division 2** (whole section)

**Division 3** (whole section)

**Division 4** (whole section)

## Related Policies

- |                            |                             |
|----------------------------|-----------------------------|
| • Arrivals and Departures  | • First Aid                 |
| • Development and Training | • Infection Control         |
| • Emergency                | • Sickness and Medication   |
| • Family Orientation       | • Medical Conditions Policy |

## Sourced

- Succeed Consultancy
- Diabetes Australia: <http://www.diabetesaustralia.com.au/en/Resources/Students--Teachers/>

<b>Policy Review</b>	
<b>Developed</b>	<b>September 2006</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 3.7 POLICY: Food Handling

### National Quality Standard

This policy relates to:

#### **Quality area 1: Educational Program and Practice**

- Standard 1.2: Practice: Educators facilitate and extend each child's learning and development
  - Element 1.2.3: child directed learning: each child's agency is promoted, enabling them to make choices and decision that influence events in their world

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Health: Each child's health and physical activity is supported and promoted
  - Element 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
  - Element 2.1.3: Healthy eating and physical activity are promoted and appropriate for each child
- Standard 2.2: safety: each child is protected
  - Element 2.2.1: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

#### **Quality area 3: Physical environment**

- Standard 3.1: design, the design of the facilities is appropriate for the operation of a service
  - Element 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
  - Element 3.1.2: upkeep: premises, furniture and equipment are safe, clean and well maintained

#### **Quality area 6: Collaborative partnerships with families and communities**

- Standard 6.1: supportive relationships with families: respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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

#### **Quality standard 7: Governance and Leadership**

- Standard 7.1: governance: governance supports the operations of a quality service
  - Element 7.2.1: management systems: systems are in place to manage risk and enable the effective management and operations of a quality service

### **Aim**

To ensure food is handled in a healthy and hygienic manner to prevent contamination and cross infection.

To accommodate children's special diets, cultural and religious practices.

To provide the children with balanced and nutritious meals.

## When To Use This Policy

1. At the time of Induction of all staff including the Service Cook.
2. Throughout the meal preparation.
3. At the time of serving food to children.

## Specific Process Steps

### Kitchen

- Cooked food and uncooked meat is stored separately within the service's fridge(s).
- Colour coded chopping boards are used for the following;
  - Bakery and dairy (white)
  - Raw fish and seafood (blue)
  - Vegetables and fruit (green), raw poultry (yellow)
  - Raw meat (red)
  - Cooked meat (brown)
- Staff are to wash hands prior to food preparation.
- Avoid direct contact with ready to eat food by using utensils and gloves.
- Do not prepare food if suffering from gastrointestinal illness or a cold/flu. The Cook/staff will be excluded from the kitchen during the illness and for twenty (24) hours after the illness has passed.
- Children are to consume food as soon as practicably possible, no longer than two (2) hours after cooking.
- Left over food is to be thrown out in all circumstances.
- All kitchen utensils and food preparation areas are to be appropriately sanitised after use.
- Foods, which require refrigeration (E.g. cheese, meat, yogurt, salad, milk etc), must be placed into the service fridge.
- Staff are to wash all fruit before cutting it up.
- Staff are to wash tins before opening them.
- Food preparation areas are used only for that purpose.
- Staff are to ensure that all cuts are covered with approved kitchen bandaids (blue in colour). Gloves will then be worn as well as a second barrier.
- Keep food hot (more than 60°C) or cold (5°C or less) otherwise, do not keep it at all.
- Australia's food safety standards state that reheated food should reach 60°C.
- Keep cooked food above uncooked food in the fridge.

### Bottles

- Bottles are to be placed inside of fridge, not in the doors of the fridge.
- Wash hands prior to preparing or handling bottles.
- Breast milk bottles are to be heated in warm water only.
- Using microwaves to heat bottles are to be kept to a minimum. Bottle warmers are to be used wherever possible. If the service uses a microwave to heat bottles there must be a very clear procedure for staff to follow up on how to heat bottles safely. This must be completed in conjunction from advice from a recognised authority.
- Bottles that are warmed in a microwave are to be shaken to distribute heat and are to be tested on inside of wrist, by sprinkling a small amount.

- Bottles are to be warmed only once.
- Milk bottles are to be disposed of after being heated the first time after child has consumed all or part of it.
- Only milk or water bottles will be given to children prior to a sleep.
- Bottles are to be washed with warm soapy water and placed in children's bags for Families to sterilise at home.
- Formula or breast milk needs to be kept refrigerated or frozen.
- All bottles need to be labelled with the child's name and the date the bottle was prepared or brought in by the Family.

### General

- Children eat only their own food. Sharing is to be discouraged and monitored.
- Food which has been dropped on the floor is to be disposed of immediately.
- Utensils that are dropped or mouthed are replaced or washed before a child resumes using them.
- Gloves are to be worn if handling food whilst distributing to children or appropriate utensils to ensure no skin contact is made.
- Older children are encouraged to self serve, using utensils or gloves. These activities are to be closely supervised by educators.
- The premises must be registered with the service's local council.
- All staff should wear clean overalls or an apron when working in the kitchen.
- Cooking is a safe enjoyable activity for children in education and care services, provided that you take a few simple precautions;
  - Wash and dry hands before cooking
  - Always be aware of the dangers of heat
  - Tie up any long hair
  - It is recommended children only prepare food that will be cooked afterwards-any germs in the food will be destroyed when the food is cooked.
  - If children have vomiting or diarrhoea, they should not participate in cooking activities until they have been symptom-free for 48 hours.

### Staff Techniques

- To adhere to above mentioned procedures when implementing the daily routine within the service.
- To be aware and implement good health and hygiene practices.
- To be a positive role model when implementing food handling practices.
- To be an active promoter with staff, children and families in good health and hygiene practices.
- At least two (2) staff members are to attend an in-service annually on food handling practices.
- To actively teach, support and reinforce good food handling practices with children.
- To communicate to Families regularly on safe food handling practices through posters, newsletters and information nights etc.
- No hot drinks are to be taken into the playrooms or playground areas nor around any children at any time.

## Education and Care Services National Regulations

### Part 4.2 Children's Health and Safety

#### Division 1 Health, Safety and Well-being of Children

77 - Health, hygiene and safe food practices

78 - Food and beverages

79 - Service providing food and beverages

80 - Weekly menu

## Related Policies

- Anaphylaxis
- Dental Health
- Handwashing
- Infection Control
- Nutrition
- Sickness and Medication

## Sourced

- Succeed Consultancy
- McNaughton, G. & Williams, G. *Techniques for Teaching Young Children* 2<sup>nd</sup> Edition 2004.
- NSW Health <http://www.health.nsw.gov.au> Accessed 12/21
- Staying Healthy in Childcare; Preventing Infectious Diseases in Childcare- Fifth Edition. Australian Government 2012
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Australian Dairy Nutrition Check List and information Sheets
- Food safety standards Australia

Policy Review	
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## 3.8 POLICY: Handwashing

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational program and practice**

- Standard 1.1: program: the educational program enhances each child's learning and development
  - Element 1.1.3: program and learning opportunities: all aspects of the program, including routines, are organized in ways that maximise opportunities for each child's learning

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Health: Each child's health and physical activity is supported and promoted
  - Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented

#### **Quality Area 3 - Physical environment**

- Standard 3.1: design: the design of the facilities is appropriate for operation of a service
  - Element 3.1.1: fit for purpose: outdoor and indoor spaces, building, fixtures and fittings are suitable for their purpose, including supporting the access of every child.

### **Aim**

To minimise and prevent cross infection within the service through regular hand washing for children, staff and visitors.

### **When To Use This Policy**

1. Staff, children and visitors are encouraged to wash hands on arrival.
2. Staff, children and visitors are encouraged to wash hands before departure at the Service.
3. Through the duration of the services routine.

### **Specific Process Steps**

- There must be a temperature controlled tap providing warm water. This is to be tested annually.
- **When to Wash Staff Hands**
  - Upon arrival at the Centre.
  - Before handling food.
  - Before eating.
  - After changing a nappy.
  - After going to the toilet.
  - After cleaning faeces or vomit.
  - After wiping your own nose or a child's.
  - After outdoor play.

- After touching animals.
  - Before and after administering First Aid.
  - Before going home.
- **When to Wash Children’s Hands**
    - Upon arrival at the service.
    - Before eating and drinking.
    - After a nappy change.
    - After going to the toilet.
    - After outdoor play.
    - After touching animals.
    - After touching nose secretions.
    - After contact with blood or other bodily fluids.
    - After holding hands.
    - Before going home.
- **How to Wash Staff and Children’s Hands**
    - Paper towel is encouraged to turn the tap on and off.
    - Liquid or foam soap is a preferable method of soap choice and should be checked regularly to ensure supply.
    - Use running water, lather hands with soap, and rub backs of hands, between fingers, wrists and under nails vigorously.
    - Rinse hands well, counting aloud to ten.
    - Use paper towel to dry hands and then turn tap off using paper towel.
    - Discard paper towel in bin provided. Ensure bin is emptied regularly or when appropriate to prevent overflow.
    - Staff to supervise and assist when children are washing hands using the above procedure.
    - Staff are to follow and role model the above procedure whilst at the service and encourage families to adopt such practices.
    - It is important to remember that soap and water are the best option when your hands are visibly dirty. However, alcohol-based hand rubs have been proven to increase hand hygiene.

## Staff Techniques

- To follow the above mentioned hand washing procedures.
- Children are to be supervised at all times to ensure washing of hands is completed effectively and to ensure safety of other children, staff and visitors of the service.
- Staff are to teach children how to hand wash.
- Assist children when needed.
- Infants and toddlers who are unable to wash their hands are to be physically assisted by staff.
- Display visual instruction posters for both staff and children in all hand washing vicinities.

- Staff are to encourage all parents to wash their hands as well as their child's upon arrival and at departure.
- Staff are to communicate the importance of hand washing to parents via posters, newsletter clippings, health fact sheets and on information nights etc.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.3 Physical Environment

#### Division 1 Centre based Services and family day care services

109 – Toilet and Hygiene Facilities

## Related Policies

- Animals/Pets
- Child Development
- Food Handling
- Indoor Supervision
- Infection Control
- Nutrition
- Outdoor Supervision
- Physical Environment
- Safety
- Sickness and Medication

## Sourced

- Succeed Consultancy
- Staying Healthy in Childcare; Preventing Infectious Diseases in Childcare- Fifth Edition. Australian Government 2012.
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
Developed	February 2006
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## 39 POLICY: Head Lice

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

- National Quality Standard 2.1: Health: each child's health and physical activity is supported and promoted
  - Element 2.1.2: health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented.

#### **Quality Area 5 - Relationships with children**

- National Quality Standard 5.1: relationships with between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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**

- National Quality Standard 6.1: Supportive Relationships with families: respectful relationships with families are development and maintained and families are supported in their parenting role
  - Element 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
- National Quality Standard 6.2: Collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.2: access and participation: effective partnerships support children's' access, inclusions and participation in the program.

### **Aim**

Whilst Families have the primary responsibility for the detection and treatment of head lice our service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively and to minimise cross infection in the service.

### **When To Use This Policy**

1. When a child at the service has a suspected case of Head Lice.

### **Specific Process Steps**

- Staff will notify the Nominated Supervisor.
- The Nominated Supervisor will contact the Family and inform them that the child has got head lice, and request for the child to go home and begin treatment as soon as possible.

- The child may return to the service as soon as (effective treatment) has started. An effective treatment is when a recommended Head Lice treatment is used and all the lice are dead.
- Families are to notify the service if their child or family member is detected with Head Lice.
- Staff will only check a child's hair in the Child Care environment if they have noticed the child scratching their head continually throughout the day.
- Staff will also check children upon return to the centre to ensure that all lice have been treated and there is no other sign of lice or live eggs within the hair.
- Staff will encourage all children to wear their hats during the day, so as to not single out the child with head lice and embarrass them.
- The service will provide Families support and factual information about Head Lice.
- Families and Staff are to ensure that a child does not attend care with **UNTREATED Head Lice**.

## Staff Techniques

- Staff will notify the Nominated Supervisor.
- The Nominated Supervisor will contact the Family and inform them that the child has got head lice, The child will be required to go home and begin treatment as soon as possible.
- The Service will provide Families and staff with up to date and accurate information on the detection, treatment and control of Head Lice.
- The Nominated Supervisor will place a notification and fact sheet from "Staying Healthy in Child Care" Fifth Edition - advising of the suspected / found case of Head Lice within the Service. Such signage will remain in place for no less than one (1) week from the date of the last reported infestation.
- Staff will undertake a physical examination of the head of any person who appears to be scratching excessively or on whom nits are visible and advise the Service Nominated Supervisor if Head Lice are present. All Staff must wear gloves whilst doing this and be respectful of the child's privacy.
- Staff will actively work together to reduce the spread of Head Lice by;
  - Following the strictest of hygiene procedures particularly in relation to laundering of linen, bedding, hats and soft furnishings i.e. cushions and hand washing in separate washing facilities.
  - If there is a person that consistently presents with recurrent outbreaks of Head Lice educators will deny re-attendance to the centre until a proof of purchase of the treatment is presented to the Director/Nominated Supervisor.

### ***If there is an outbreak of Head Lice, the Service may ask families to:***

- Check their child's hair for Head Lice on a weekly basis at home, using the recommendations from 'Staying Healthy in Child Care –Fifth Edition using the treatment methods that are outlined.
- Ensure that your child does not attend Child Care with UNTREATED Head Lice.
- Regularly inspect all household members and then treat them if necessary.

- Notify the service if their child is found to have live Head Lice and advise the Nominated Supervisor of when the treatment commenced.
- Encourage children with long hair to attend Child Care with their hair tied back
- Use only safe and recommended practises to treat Head Lice

In cases of severe outbreaks of Head Lice within the Service children may be individually checked as they arrive at the Service each day, with approval from Family.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.2 Children’s Health and Safety

#### Division 1 Health, safety and wellbeing of children

##### 77. Health, hygiene and safe food practices

## Related Policies

- Infection Control
- Illness and Medication

## Sourced

- Succeed Consultancy
- *Staying Healthy in Childcare; Preventing infectious diseases in child care* – Fifth Edition. Australian Government 2012.
- NSW Health Infectious Diseases <http://www.health.nsw.gov.au>

Policy Review	
Developed	October 2011
Last Reviewed	17 September 2023
Next Review	1 December 2024

### 3.10 POLICY: Illness and Medication

#### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health; Each Child's health and physical activity is supported and promoted

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

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- Element 2.2.2: incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- Element 2.2.3: Child Protection: management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### **Quality Area 4 - Staffing arrangements**

Standard 4.2: professionalism,

- Element 4.2.2: Professional Standards: Professional standards guide practice, interactions and relationships

#### **Quality Area 5 - Relationships with children**

Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child

- Element 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**

Standard 6.1: supportive relationships with families: respectful, relationships with families are development and maintained and families are supported in their parenting role

- Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
- Element 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
- Element 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.

Standard 6.2: access and participation: Collaborative partnerships enhance children's inclusion, learning and wellbeing

- Element 6.2.2: Access and Participation: effective partnerships support children's access, inclusion and participation in the program.

#### **Quality standard 7: Governance and Leadership**

Standard 7.1: governance: governance supports the operations of a quality service

- Element 7.1.3: Roles and Responsibilities: roles and responsibilities are clearly defined and understood and support decision making and operations of the service.

## Aim

For the service staff to adhere and follow appropriate procedures for administering medicines and the management of a sick child within the service.

Staff, families, and children will share the responsibility for providing a healthy and hygienic environment.

## When To Use This Policy

1. When administering appropriate medications.
2. Assisting a child who has fallen ill at the Service.
3. When contagious diseases are present within the Service
4. When a child enrolls with a medical or health condition
5. When a child returns to the Service after having surgery

## Specific Process Steps

### Administering Medication

- A completed medication form is required from a Family prior to medication being administered.
- Medication is to be stored OUT OF REACH OF CHILDREN, either in a locked cupboard, high shelf or locked container in fridge (if appropriate).
- Medication is NEVER to be left in a child's bag and must be collected upon arrival.
- Staff are to check for the correct name on prescriptions, original container and expiry date. If found non-compliant, educators should not administer such medication and contact the child's Family(s).
- One staff member is to follow the medication form, firstly ensuring it is completed correctly, to measure correct dose and a second educator is to witness the administration.
- Both staff members are to sign the medication form as per Centre's procedure soft or hard copy methods
- The medicine is to be placed back in the correct storage facility, ready for collection.
- Where special requirements are needed for administering medication, such as nebulisers, staff are to be taught and be familiar with the use of operating such devices.
- Medication forms are to be kept in a common place to remind staff in hard copy format, but at the same time displayed in such way to protect the child's privacy or accessible via an online app

- When soft copy medication forms are to be used; visual/hearing reminder procedures are to be in place and are to be communicated to all staff to minimise staff forgetting to administer medication.
- Children who attend the centre with non-prescribed medications, staff and families must ensure that they complete a medication form following the correct procedures as outlined above.
- It is to the Nominated Supervisors discretion to contact families if there is a concern with ongoing use of non prescribed medications E.g. Panadol or/and ongoing use of cough medicines etc.
- The Nominated Supervisor may request for families to obtain medical permission from the child's Doctor to continually administer non prescribed medications to the child at the centre.
- Long Term medication requires supporting doctor's documentation with a long term medication form signed off by the doctor; to be reviewed as per the doctor's direction but no longer than 6-month review period.
- If a child has a medical condition and that medical condition is to be supported with medication prescribed by the child's medical practitioner to manage or maintain your child's specific health care need, allergy or relevant medical condition; your child will not be able to attend and or maintain their enrolment until such time the prescribed medication is granted by the child's medical practitioner.
- Emergency medication is to be supported by a signed off "Emergency action plan", or spare medications are to be bought in kept at the centre or be bought in daily in line with the child's attendance. If a child has a medical condition and that medical condition is to be supported with medication prescribed by the child's medical practitioner to manage or maintain your child's specific health care need, allergy or relevant medical condition
- If a bus service is available at the Centre and a child has an emergency condition that requires medication a second spare medication needs to be provided by the family or an alternative procedure is to put in place to ensure the child has access to their medication at a times both at the Centre and on the bus

#### **A child who has fallen ill at the Centre**

- Be aware of symptoms of illness throughout the day, such as prolonged coughing, breathing difficulty, yellow skin or eyes, watery eyes, unusual spots or rashes, fevers, unusual behaviour, scratching, stiff neck, loss of appetite and/or nose discharge.
- Separate the child from other children, comfort the child, providing a comfortable quiet area.
- Take the child's temperature, if feverish.
- Reassure the child.
- Ring Families informing them of illness and suggest they will need to pick their child up if appropriate or if illness is contagious.
- In the event Families cannot be contacted, staff will contact emergency contacts as listed on enrolment and authorisation list to collect the child.

- Wash your hands before re-joining the main group of children.
- Continue to assess and record child's condition.
- If Family or other emergency contacts are unable to pick the child up and the child has a high temperature, obtain permission to give Panadol.
- The Director / Nominated Supervisor is required to record child's illness on the "*Illness, Infectious Diseases and Health Complaints Register*". This assists in evaluating the Centre's infection control strategies and may assist public health workers if the illness is a part of an infectious outbreak.
- Child or staff are unable to return to the centre until at least twenty-four (24) hours of medication has been issued.
  - Staff or children are not to attend prior to the date of a Doctor's certificate as the Service is not covered by insurance.
  - Children will be excluded for a minimum of 48 hours after commencing a course of antibiotics. This is to reduce the risk of infection to other children and staff and to ensure the child has no adverse reaction to the antibiotic.

#### **Contagious diseases present within the Service**

- A child or staff with any known or suspected vaccine preventable disease such as:
  - Diphtheria
  - Measles
  - Mumps
  - Pertussis (Whooping Cough)
  - Poliomyelitis
  - Rubella (German Measles)
  - Tetanus

Should be excluded and the Public Health Unit notified.

#### **Other Contagious Diseases as listed on NHMRC Recommended Period of Exclusion list of Infectious Diseases (attached to Policy)**

- Children and or staff who have or suspect to have other infectious diseases other than those listed above, from the NHMRC Recommended Period of Exclusion list of Infectious Diseases, should be excluded as recommended. (attached to policy)
- Seek advice from your Public Health Unit for meningitis, food poisoning, gastroenteritis, streptococcal infection, tuberculosis, hepatitis A.
- Ring Families notifying them of that the service suspects a contagious disease
- Isolate the child until collected.
- Child is to be excluded immediately.
- Recommend that the child see their Doctor or medical practitioner to confirm contagious illness.
- If a child or staff member has been diagnosed with an infectious / contagious disease the Families or staff must provide a medical clearance to state, the child is no longer contagious upon return to the centre.

- A notice is to be posted in public view, informing them of illness with a background, symptoms, signs, and exclusion time, stating suspected or confirmed illness.
- The child or staff member is not to return until the recommended exclusion time has been reached, a Doctor's certificate stating the infection is resolved or no longer contagious may be requested by the Director / Nominated Supervisor before allowing child or staff member to return.
- All children and staff who are not immunised are to be excluded as per Government regulations.
- If two (2) or more cases of an infectious disease has been identified the Service must notify the Health Department and notify ACECQA.

#### **When a child returns to the Service after surgery or prolonged absence due to illness**

- Any child who has been absent due to having surgery or for a prolonged period (over two weeks) must have a clearance from the doctor/hospital to say the child is fit to return to care.

### **Staff Techniques**

- To educate Families on the services Illness and Medication Policy.
- To be knowledgeable in signs and symptoms of illnesses.
- Display infectious disease and exclusion posters within the Service and in Family handbooks.
- Provide health information in the services newsletter regularly.
- Assess child's condition: temperature (every half an hour), breathing, and circulation.
- To hold a current first aid certificate.
- To maintain up to date staff immunisation records.
- To maintain up to date child immunisation records.
- Staff are to complete an "*Illness Form*" for each illness and complaint. All illness forms are to remain confidential and in a safe and secure place.
- The Director / Nominated Supervisor is required to record the child's illness on the "*Illness, Infectious Diseases and Health Complaints Register*" this assists in evaluating the Services infection control strategies and may assist public health workers if the illness is an outbreak.
- Staff are to complete form SI 01 if injury or trauma to, or illness of, a child for which the attention of a registered medical practitioner was sought, or ought reasonably to have been sought; or the child attended, or ought reasonably to have attended, a hospital. Notice must be provided within 24 hours of the incident or the time that the person becomes aware of the incident.
- If two (2) or more cases of an infectious disease has been identified the service must notify the Health Department and notify ACECQA.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.2 Children’s Health and Safety

**Division 2** (whole section)

**Division 3** (whole section)

**Division 4** (whole section)

- 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

## Related Policies

- Ambulance Procedure
- Emergency
- First Aid
- Food Handling
- Immunisation
- Anaphylaxis
- Asthma
- Corona Virus
- Diabetes
- Medical Conditions
- Handwashing
- Infection Control
- Safety

## Sourced

- Succeed Consultancy
- *Staying Healthy in Childcare; Preventing infectious diseases in child care* – Fifth Edition. Australian Government 2012.
- NSW Health <http://www.health.nsw.gov.au>
- ACECQA. Help and Support- Useful links.
- Education and Care Services National Law
- Education and Care Services National Regulations.

Policy Review	
Developed	February 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

### 3.11 POLICY: Immunisation

#### National Quality Standard

This policy relates to:

##### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Health: each child's health and physical activity is supported and promoted
  - Element 2.1.2: health practices and protection: effective illness and injury management and hygiene practices are promoted and implemented.

##### **Quality Area 4 - Staffing arrangements**

- Standard 4.2: professionalism: management, educators and staff are collaborative, respectful and ethical
  - Element 4.2.2: professional standard: professional standards guide practice, interactions and relationships

##### **Quality Area 5 - Relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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**

- Standard 6.1: Supportive relationships with families: respectful relationships with families are development and maintained and families are supported in their parenting role
  - Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 6.1.2: parent's 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
  - Element 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 families wellbeing.
- Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusions, learning and wellbeing
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusions and participation program

##### **Quality Area 7: Governance and Leadership**

- Standard 7.1: governance: governance supports the operations of a quality service
  - Element 7.1.1: service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operations of a quality service.

#### **Aim**

To maintain and protect the health and safety of children, families, visitors and staff who attend the service by preventing the spread of infectious diseases and to ensure that the service is complying with the National Immunisation Schedule by maintaining an accurate and up to date Child Immunisation Register at the service.

Staff/carers and other stakeholders often contract the same illnesses as children due to the close human contacts that develop in services. This can place additional pressure on services when staff/carers are unable to work, which often increases the need for relief staff/carers. Consistent and clear communication between stakeholders and an effective employee induction procedure can assist services to strengthen the implementation of recommended practices and reduce stress levels.

Immunisation is the safest and most effective way of providing protection against early child diseases. After immunisation, children are far less likely to catch the diseases if there are cases within the community. The benefit of protection against the diseases far outweighs the very small risks of immunisation.

## When To Use This Policy

1. Upon enrolment and orientation
2. When there is an Infectious diseases outbreak at the service
3. To be distributed in the May and November newsletter of each year

## Specific Process Steps

- All families and staff are encouraged to be immunised.
- As per the Public Health Act 210- ***The Public Health amendment (Vaccination of Children Attending Child Care Facilitates) Act 2013***, children cannot enrol into the service unless the Family / guardian has provided documentation that shows the child:
  - is fully vaccinated for their age, or;
  - has a medical reason not to be vaccinated, or;
  - is on a recognised catch-up schedule if their child has fallen behind with their vaccinations.
- Upon enrolment, the child’s immunisation status must be recorded and at each immunisation milestone.
- Families must provide proof of the child’s immunisation history upon enrolment or other documentation as required under this ACT. Please see below for an outline on the different forms of documentation:
  1. A **current ACIR Immunisation History Statement** which shows that the child is up to date with their scheduled immunisations.
  2. A **current ACIR Immunisation History Form** on which the immunisation provider has certified that the child is on a recognised catch-up schedule.
  3. An **ACIR Immunisation Exemption – Medical Contraindication Form** which has been certified by an immunisation provider for a child who cannot receive one or more vaccine(s).

**NOTE:** Other records such as the NSW Personal Health Record (Blue Book), a GP letter or an overseas immunisation record must **not** be accepted.

(Refer to the Immunisation Enrolment Toolkit for Early Childhood Services for more information.

- A photocopy of one of the records above must be kept on file and provided to NSW Health if required upon an inspection.
- A child **must not enrol** if they do not have one of the above. If there is a reason as outlined above that a child has not been immunised this must be clearly tracked in KinderM8 and recorded on the services “Children not Immunised Register” and an updated copy provided to all staff so they are aware of this.

- Under the **NSW Public Health Act 2010** Early Childhood Education Services must maintain an immunisation register that details the immunisation status and certificates held for all enrolled children. This information can be used by the Public Health Unit to manage outbreaks of vaccine preventable diseases.
- Upon enrolment the immunisation must be entered and tracked into KinderM8. This is also to occur when any immunisation for enrolled children has been updated. This will form the immunisation register for children enrolled at the service.
- The Public Health Department can come and audit the centre at any time. The immunisation register must be produced if A Public Health Officer audits the centre.
- The services immunisation register (from QK) must be kept for a period of three years from the date on which each enrolled child ceases to attend the service.
- When archiving children’s enrolment files, a copy of their most updated immunisation record as per KinderM8 must be printed and provided in the child’s file.
- Families must keep their immunisations records with the service up to date. The Service is to promote this through posters, newsletter articles, pamphlets, reminder letters and visitors to the service.
- The service is to inform all families of infectious outbreaks within the service.
- In the event of an outbreak of a vaccine preventable disease, unimmunised children with the appropriate above documentation may be required to stay at home for the duration of the outbreak. For information on exclusion of children refer to *Staying Healthy in Child Care- Preventing infectious diseases in early childhood education and care services (5<sup>th</sup> Edition)*, which is discussed in the “Vaccine Preventable Diseases” section 5.
- All required infectious diseases will be reported to the Public Health Unit.
- Any child who is suffering from an infectious disease will be excluded from the service as per the Immunisation Schedule.
- The Nominated Supervisor is to call families whose child is not immunised when an infectious disease is present within the service. This child will be excluded from the service.
- If a child’s immunisation record is not up to date at the service, they also will be excluded from the service.
- All families are to be advised of exclusion periods through notices.
- It is the Nominated Supervisors responsibility to manage immunisation through auditing, letters etc.
- Staff are encouraged to be immunised for their own health and wellbeing.
- Staff’s immunisation records are to be kept on file at the service.
- The Service will invite health professionals to the service on a yearly basis to talk with Families about Immunisation when possible.
- To provide staff with an accessible copy of the “Immunisation Enrolment Toolkit” and “Staying Healthy in Childcare”
- To provide families with fact sheets and information sheets made available in the “Immunisation Enrolment Toolkit” that will assist them in knowing the various records that can be obtained and how they can access these.
- In the event of an outbreak of a vaccine preventable disease at the centre, a child who is not immunised against that disease will be excluded. This is minimising any risk of children or staff becoming ill.

- **Immunisation Related Payments for Families - Child Care Subsidy**

The Subsidy applies to children who are fully immunised or have an approved exemption from immunisation. This initiative ensures Families are reminded of the importance of immunising their children at each of the milestones. For Families to receive CCS without their child being fully immunised their doctor or immunisation provider needs to certify that the child:

- is on a catch-up immunisation schedule or
- has an approved exemption from the immunisation requirements.
- Information on how a child's immunisation status affects payments made to a family, and more information on exemptions is available on the following website <http://www.medicareaustralia.gov.au/public/services/acir/family-assist.jsp#N10059>
- Families are responsible for payment of fees while their child is excluded under all circumstances.

## Staff Techniques

- To be aware of which children are not immunised.
- Ensure that Families are informed of when an infectious diseases outbreak occurs.
- The Director / Nominated Supervisor will keep up to date with children's immunisations by liaising with families as outlined above.
- To provide Staff immunisation records at commencement of employment or as updated.
- All staff are to be aware of this policy and abide by all requirements under this policy and the Public Health Act 2010.
- Families who fail to provide the required documents, will not be permitted to enrol their child in child care.
- The Approved Provider will:
  - Maintain a current record of vaccination status of all employees.
  - All information will be kept confidential.
  - Provide current information on vaccine-preventable diseases to employees and parents.
- Employees Will:
  - Provide proof of current immunisation status.
  - Actively seek immunisation for all diseases currently on the vaccination schedule if not already immunised or unsure of status.
  - Actively seek immunisation for all other recommended diseases, eg. Hep A & C, HIB and annual Flu (influenza) vaccination.
  - Maintain current immunisation status.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.2 Children's Health and Safety**

**Division 2 (whole section)**

**Part 4.7 Leadership and Service Management**

**Division 1, Subdivision 1 (whole section)**

**Related Policies**

- Hygiene
- Hand washing
- Inclusion and Anti Bias
- Infection Control
- Family Grievance

**Sourced**

- Succeed Consultancy
- *Staying Healthy in Childcare; Preventing infectious diseases in child care – Fifth Edition.* Australian Government 2012.
- *NSW Health. Immunisation Enrolment Toolkit, for Early Childhood Education and care Services”* Version 1.0.
- NSW Health <http://www.health.nsw.gov.au>
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Department of Health and Aging, National Immunisation Program Schedule
- Medicare Australia - <http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp> Public Health Regulations 2000

<b>Policy Review</b>	
<b>Developed</b>	<b>June 2007</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 3.12 POLICY: Infection Control

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Health; Each Child's health and physical activity is supported and promoted
  - Element 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
  - Element 2.1.2: Health practices and procedures: Effective illness and injury management and hygiene practices are promoted and implemented.
- Standard 2.2: Safety: Each child is protected
  - Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
  - Element 2.2.2: incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
  - Element 2.2.3: Child Protection: management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### **Quality Area 5 - Relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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**

- Standard 6.1: supportive relationships with families: respectful, relationships with families are development and maintained and families are supported in their parenting role
  - Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
  - Element 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.
- Standard 6.2: access and participation: Collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.2: Access and Participation: effective partnerships support children's access, inclusion and participation in the program.

### **Aim**

To ensure a high standard of infection control is maintained at the service, as per community standards and government guidelines. It is our priority to ensure the health of each child is maintained to a high standard through appropriate hygiene practices.

### **When To Use This Policy**

1. Throughout each day when carrying out duties such as: cleaning, hand washing, nappy changing, nose wiping, applying sunscreen, toileting and laundering clothes or linen.

2. When attending to a sick child, giving medication, administering first aid and infection control.
3. At mealtimes and when handling food.
4. When an outbreak occurs within the community or service.

## Specific Process Steps

### Disinfecting/Cleaning

- Equipment is to be disinfected daily (mouthed toys), other equipment weekly. It should be soaked in warm soapy water for five (5) minutes and then hung in the sun to dry.
- Daily disinfecting is to take place with the following and is to be recorded on the *“Daily Disinfecting Chart”*.
  - Mouthed toys
  - Bathroom, kitchenette tap handles, toilet seats and door knobs
  - Bench tops, highchairs (after each meal), cots and tables
  - Linen from beds and cots, face washers and bibs
- Weekly disinfecting is to take place with the following and is to be recorded on the *“Weekly disinfecting chart”*
  - Toys and equipment
  - Low shelves
  - Sandpits
  - Weekly children’s linen
  - Cot underlays and cot blankets
  - Other surfaces not often touched by children

### Hand washing

- Children and staff are to wash hands at arrival & departure at the Service, before handling food, prior to eating, nappy change before and after, toileting, after playing outside, wiping noses, first aid treatment and cleaning up faeces, vomit or blood.
- Refer to the Centre’s hand washing policy for the procedure to wash hands.

### Infection Control

- Staff are to use separate cleaning cloths to sanitise different areas:
  - Nappy and toilet areas (red),
  - Tables, beds, benches (blue: general),
  - Art/craft, equipment (yellow),
  - Kitchenettes (green).They are to be clearly labelled.
- Paper hand towel is used to sanitise toilets, high chairs and nappy change tables.

- Toilets and toilet areas are disinfected at least twice (2) per day and when needed. E.g. a child vomiting, miss of the toilet.
- Children’s equipment is disinfected weekly. Mouthed toys are removed immediately and disinfected as soon as possible.
- All small toys in 0-2-year-old room to be disinfected daily.
- Disinfectant charts are kept with individual programs, correlating with the current week’s program.
- Outdoor equipment is cleaned and disinfected every six (6) months.
- Tables, chairs, highchairs are disinfected after each meal.
- Floors are swept after each meal.
- Floors are mopped daily.
- Stretcher beds are disinfected after each use, cots will be disinfected between children and once (1) a week for five (5) -day (full-time) children.
- Children will not share beds or bedding.
- Beds are to be stored in such a way to allow ventilation.
- Cot sheets are washed daily unless sheet bags are used and clearly labelled with the child’s name. Cot blankets and under lays are washed weekly.
- Dummies are to be labelled, to ensure correct dummies are given to babies. These are to be stored in individually labelled containers.
- Cups, plates and utensils are washed between children.
- Gloves are worn when wiping noses or hands are to be washed in warm soapy water.
- Separate washers, tissues and bibs are to be used for each and every child when wiping face nose etc.
- When children or staff member is sent home with an illness or condition, an “*Illness Form*” needs to be completed.
- The “*Illness, Infectious Diseases and Health Complaints Register*” will also need to be completed so that educators have records of all illnesses that may be reported to the local Public Health Unit.
- **Infectious Diseases requiring Notification to the local Public Health Unit**  
The nominated supervisor will notify the local Public Health Unit by telephone as soon as possible (and within 24 hours) after becoming aware that a child has one of the following vaccine preventable diseases or has come into contact with someone that has the illness and will comply with any direction:
  - Diphtheria
  - Haemophilus influenza type b
  - Measles
  - Mumps
  - Meningococcal disease
  - Pertussis (whooping cough)
  - Poliomyelitis
  - Rubella (German measles")

- Tetanus
- They will also report a gastroenteritis outbreak to the local Public Health Unit. Gastro outbreaks occur when 2 or more people (children or staff) have sudden onset of vomiting or diarrhoea in a 2-day period. Contact details are available by ringing 1300 066 055 or online at <http://www.health.nsw.gov.au/Infectious/pages/phus.aspx>

### **Nappy Changing**

- Place paper towel on change mat.
- Always wear gloves.
- Remove child's nappy and any soiled clothes.
- Soiled nappies should be placed in a separate plastic bag, then in nappy hands free bin.
- Clean child's bottom.
- Remove paper towel.
- Remove gloves peeling them outwards from your wrists, place gloves in bin.
- Dress child.
- Wash child's hands.
- Clean the nappy change mat, with a new piece of paper towel each time.
- Wash your hands.
- Faeces that make contact with the mat should be cleaned with bleach solution. Nappy change mats should also be cleaned with a bleach solution at the end of each day. Along with being placed in direct sunlight for at least twenty (20) minutes per day.
- Nappy bins are to be disinfected daily.
- Also refer to nappy change procedure. These are to be displayed next to each nappy change mat.
- Nappy mats that are damaged, ripped or worn are not to be used. Rather, remove such mats from use and replace.

### **Toileting**

- Children are to have access to toilets at all times.
- Children are encouraged and taught to flush the toilets after it is used.
- Soiled clothing is to be double bagged immediately for Families.
- The service will not clean soiled pants or clothing, as this heightens the possibility of spreading germs and or infection.
- Toilets should be cleaned twice (2) per day and whenever soiled, using bleaches at the end of each day.
- The inside of toilets should be cleaned with a toilet brush and the perimeter wiped over.
- Children should have a change of clothes when toilet training.

## **Food Handling**

- Foods, which require refrigeration (e.g. cheese, meat, yogurt, salad, milk etc), must be placed into the services fridge.
- Bottles are to be placed inside of fridges, not in the doors of fridges.
- Bottle contents are to be disposed of after being heated the first time or after the child has consumed all or part of it.
- Fruit is to be washed prior to cutting it up.
- Food preparation areas are used only for that purpose and are disinfected after each food preparation.
- Gloves are worn when food is to come into contact with hands, e.g. fruit cutting, sandwiches etc.
- Heated food is to be checked by stirring contents to distribute heat evenly.
- Using microwaves to heat bottles are to be kept to a minimum. Bottle warmers are to be used wherever possible. (Refer to the Food Handling Policy for more information on this)
- Bottles that are warmed in a microwave are to be shaken to distribute heat and are to be tested on inside of wrist, by sprinkling a small amount.
- Dropped food is to be discarded.
- Dropped utensils should be replaced or washed prior to returning to child.

## **Food Safety**

- Highchairs and tables will be cleaned prior to meal times.
- Staff will wash hands prior to food preparation.
- Both staff and children will wash their hands prior to meal times.
- Gloves will be used for all food preparation.
- Sharing of food and utensils between children will be discouraged.
- Separate utensils, bibs and washers are to be used for each child.
- Families are provided with information on health and hygiene. E.g. nutritional food ideas and choices for children, hygiene practices and dental care practices etc.
- Nutritional advice will be sent home when inappropriate food is bought into the centre.

## **Blood and other bodily fluids**

- At least one (1) staff member with a current first aid certificate is on duty at all times.
- Wear gloves and avoid direct contact.
- Cover own cuts and or abrasions prior to commencing work.
- Remove gloves, dispose in plastic bag and then place in outdoor bin.
- Wash hands thoroughly with soap and water.

## **Spill of blood or bodily fluid:**

- Wear gloves.
- Place paper towel over spill, place in plastic bag and place in outdoor bin.
- Clean surface with warm water and bleach 1:9 ratio. Dilute only on the day.

- If contact has been made with skin, wipe area with bleach 1:10 ratio and allow for drying.
- Remove gloves and dispose in plastic bag.
- Wash hands thoroughly.

#### **Sun Protection**

- Use a tissue or disposable cotton pads to apply sunscreen.
- Staff are to encourage children three years and over to apply their own sunscreen in front of a mirror.
- Centre hats are to be washed after each use.
- Children's hats should be stored in a manner whereby they are not touching each other.

#### **Centre Periodical Cleaning**

- Cupboards and storage areas are to be cleaned every six (6) months.
- Pest control system is to be in place and conducted at the Centre on a quarterly to bi-annual basis.
- Carpets are to be steam cleaned every six (6) months.
- Walls are to be washed within the Service annually.
- All windows and curtains are to be cleaned annually.
- Sheds are to be cleaned annually.

#### **In the event of a child with AIDS or Hepatitis A, B, C, H**

- Families are not bound to disclose the illness.
- Staff must keep information confidential.
- Staff should take obvious precautions with all children in regards to infection control.
- Staff are to treat such children without any discrimination or bias.
- If a child is bitten or has an accident with a child that has any of the above the Director / Nominated Supervisor must be informed immediately and then the Director / Nominated Supervisor must contact the Consultant / Operations Manager immediately.

### **Staff Techniques**

- To be aware of good health and hygiene practices.
- To implement good health and hygiene practices regularly throughout the day.
- Staff are to be positive role models of good health and hygiene practices for the children.
- To reinforce and teach children good health and hygiene practices throughout the program on a regular basis.
- Staff are to encourage children to participate in good health and hygiene practices through group discussions, class rules and supervising routines. E.g. washing hands after toileting, disposing of dropped food, healthy food choices, water at lunch time etc.
- To communicate regularly to Families on good health and hygiene practices
- To remain confidential on any issues which may arise.

- If there is an infectious disease reported at the service, the Nominated Supervisor / Director must ensure that this is being written and tracked into the “infectious diseases register”
- If there is a child that is not immunised against the infectious disease that has occurred staff must contact the Families immediately to collect the child.
- If there is an occurrence of an infectious disease at the service, Staff or the Director / Nominated Supervisor will ensure that the Families or authorised emergency contacts are notified of the occurrence as soon as possible. This will be communicated by placing notices outlining the disease and further information on Family information boards along with fact sheets on this.
- A medical clearance for infectious disease will be required when the child returns to the service. This is to stop the spread of infections throughout the service.
- The service will follow reporting guidelines set out by the NSW Government Health Department in relation to reporting infectious diseases.

## Education and Care Services National Regulations

This policy relates to the following:

### Part 4.2 Children’s Health and Safety

Division 2 Incidents, injury, trauma and illness (whole section)

### Part 4.3 Physical Environment

Division 1 Centre-based services and family day care services,

106 – Laundry and Hygiene Facilities

## Related Policies

- |                 |                           |
|-----------------|---------------------------|
| • Asthma        | • Handwashing             |
| • Clothing      | • Nappy Change Procedures |
| • Dental Health | • Nutrition               |
| • First Aid     | • Sickness and Medication |
| • Food Handling |                           |

## Sourced

- Succeed Consultancy
- *Staying Healthy in Childcare; Preventing infectious diseases in child care* – Fifth Edition. Australian Government 2012.
- NSW Health Infectious Diseases <http://www.health.nsw.gov.au> Accessed 12/21
- Education and Care Services National Regulation

- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

<b>Policy Review</b>	
<b>Developed</b>	<b>February 2006</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

### 3.13 POLICY: Medical Conditions

#### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: Health; Each Child's health and physical activity is supported and promoted
  - Element 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
  - Element 2.1.2: Health practices and procedures: Effective illness and injury management and hygiene practices are promoted and implemented.
- Standard 2.2: Safety: Each child is protected
  - Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
  - Element 2.2.2: incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
  - Element 2.2.3: Child Protection: management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### **Quality Area 4 - Staffing arrangements**

- Standard 4.2: professionalism,
  - Element 4.2.2: Professional Standards: Professional standards guide practice, interactions and relationships

#### **Quality Area 5 - Relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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**

- Standard 6.1: supportive relationships with families: respectful, relationships with families are development and maintained and families are supported in their parenting role
  - Element 6.1.1: engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
  - Element 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.
- Standard 6.2: access and participation: Collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.2: Access and Participation: effective partnerships support children's access, inclusion and participation in the program.

### Quality standard 7: Governance and Leadership

- Standard 7.1: governance: governance supports the operations of a quality service
  - Element 7.1.2: management systems: systems are in place to manage risk and enable effective management and operations of a quality service
  - Element 7.1.3: Roles and Responsibilities: roles and responsibilities are clearly defined and understood and support decision making and operations of the service

## Aim

The service will aim to provide effective care, health management and management of emergencies for children who have a medical condition.

## When To Use This Policy

1. Upon family orientation and enrolment.
2. During the operational hours at the service.
3. Throughout the daily routines.

## Specific Process Steps

### Family(s) of Child

- The Family(s) are required to complete a “Medical Conditions Management Plan” prior to commencing at the Service. For example, asthma management plan, anaphylaxis action plan, Diabetics Management and etc.
- The Family(s) in conjunction with the Nominated Supervisor will complete a “Risk Management Plan” prior to commencing at the service is required.
- Family(s) will keep the service up to date with all information relating to their child’s health needs and emergency contact numbers via our “Communication Plan”. This includes doctor and specialist address and phone numbers.
- Family(s) will bring the child’s medication every day that they attend the service or preferably are able to keep spare medication at the service. Families must update medication prior to reaching the expiration date.  
Family(s) are to grant permission in writing to administer emergency medication and to display their child’s photo and the medical condition in and around the service

### Staff

- All staff must be aware of any child who may have a medical condition.
- The Nominated Supervisor will provide all staff with a “medical / allergy listing” that outlines all children with management plans. This will be reviewed when a child enrolls at the service that has a management plan or at least reviewed every six months.

- The service will ensure that staff are trained in the administration of first aid, asthma and anaphylaxis relating to appropriate current medical conditions and will be on the premises at all times that a child is enrolled with one of these medical conditions.
- Staff will take all children’s medication on any excursion where the child is present.
- Children you utilise a regular “Bus Service” with a medical and allergy condition- the bus policy is to be followed to manage medical condition whilst travelling on the bus.
- Staff will be aware of the “Risk Management / Action Plan” relating to each child with a medical condition.
- Staff will follow the “Medical Action / Management Plan” in the event of an incident relating to a child’s specific health care need.
- All staff will be informed via our Communication plan about any changes to the “Medical Management / Action Plan” or “Risk Management Plan”.
- Director is to ensure all educators are aware of all children who have a medical plan.
- Director is to ensure all children who require a medical plan, need to have copies of approved plan by a medical professional displayed in each classroom.

### **Managing a Reaction**

- Fatalities more often occur away from home and are associated with either delaying or not using medication. Therefore, staff must be competent to follow any child’s Emergency Medical Plan and know how to treat the child in an emergency.
- Each child with a life threatening medical condition must have an “*Emergency Medical Action Plan*”, completed and signed by their Families and a certified medical practitioner.

### **General**

- All visitors, students and volunteers are to be aware of this policy.

## **Staff Techniques**

- Staff will be aware where the medication will be stored in the event of an incident. For example: in the child room’s medication cupboard.
- Staff will attend appropriate training relating to child medical conditions as required by the service.
- Display a photo and information in respect to any child with a medical condition in their room, team room, kitchen and office. Staff will maintain confidentiality at all times by displaying this information in a confidential area of the room / area of work.
- Staff will ensure they are aware any changes to the “Emergency Medical / Action Plan” using the “Communications Plan”.

## **Education and Care Services National Regulations**

This policy relates to the following

### **Part 4.2 Children’s Health and Safety**

#### **Division 3 Medical Conditions Policy 90 and 91**

## Related Policies

- Development and Training
- Emergency
- Family Orientation
- First Aid
- Food Handling
- Inclusion and Anti Bias
- Infection Control
- Outdoor Supervision
- Privacy
- Record Keeping
- Safety
- Sickness and Medication
- Indoor Supervision

## Sourced

- Succeed Consultancy
- Frith, J. Kambouris, N. & O'Grady O. *Health & Safety in Children's Services: Model Practices & Policies* 2<sup>nd</sup> Edition 2003. University of NSW.
- St John's Ambulance Australia. <http://www.stjohn.org.au>
- Asthma Foundations <http://www.asthmaaustralia.org.au/Default.aspx>  
Accessed Ascia <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/action-plans-for-allergic-reactions-faq>
- Education and Care Services National Regulations
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ACEQA- "Safe Transport of Children" - <https://www.acecqa.gov.au/sites/default/files/2020-08/Infosheet-SafeTransportationOfChildren.pdf>

Policy Review	
Developed	April 2012
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Next Review	1 December 2024

### 3.14 POLICY: Nutrition

#### National Quality Standard

This policy relates to:

##### **Quality Area 1 - Educational Program and Practice**

- Standard 1.1: program: the educational program enhances each child's learning and development
  - Element 1.1.3: program learning and opportunities: all aspects of the program, including routines, area organized in ways that maximise opportunities for each child's learning.
- Standard 1.2: practice: educators facilitate and extend each child's learning and development
  - Element 1.2.1: intentional teaching: educators are deliberate, purposeful and thoughtful in their decisions and actions
  - Element 1.2.3: child directed learning: each child's agency is promoted, enabling them to make choices and decisions influence events in their world

##### **Quality Area 2 - Children's Health and Safety**

- Standard 2.1: health: each child's health and physical activity is supported and promoted
  - Element 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
  - Element 2.1.3: healthy lifestyle: healthy eating and physical activity are promoted and appropriate for each child

##### **Quality Area 5 - Relationships with Children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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**

- Standard 6.1: supportive relationships with families: respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: families are supported from enrolment to be involved in the service and contribute to service decision
  - Element 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
  - Element 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

##### **Quality area 7: Governance and Leadership**

- Standard 7.1: governance: governance supports the operation of a quality service
  - Element 7.1.1: service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operations of a quality service

#### **Aim**

Service staff members will encourage healthy nutritional habits with all children and families.

To provide children with balanced and nutritious meals.

To accommodate for children's special diets, cultural and religious practices.

## When To Use This Policy

1. At all meals times.
2. In extra curricula activities. E.g. cooking, newsletters and professional visitors etc.

## Specific Process Steps

### Menu Planning

- Family and child eating habits will be respected, taking into consideration individual dietary requirements and/or religious and cultural needs, allergies, intolerances and any health needs.
- The service will provide nutritionally balanced meals for all children. They will be adequate in amount, varied and offered at frequent intervals.
- Any food provided by parents to the service for their child must be done through the service kitchen and parents will be provided with information that ensure that what is provided is consistent with the Australian Dietary Guidelines.
- Meals that will be provided will ensure the five food groups are offered in accordance with the Australian Dietary Guidelines National Dietary Guidelines.
- Meals will be developed and provided to reflect a wide variety of cultures that reflect our service and community. Families will be offered opportunity to have input into our menus and offer recipes and foods from their home culture.
- Morning tea, lunch, afternoon tea and late afternoon tea will be offered to all children in attendance at the service.
- The menu will be displayed in the foyer, near kitchen and in each classroom.
- The service will have the menu checked by a nutritionist or Munch and Move on an annual basis and/or will have this audited each year to ensure compliance.
- The preparation of food will consider infant needs and abilities.
- The service Cook will complete the *“Four Week Cycle Menu Checklist”* or *“Weekly Menu Checklist”* form, that aligns with Munch and Move recommendations and is compliant with the state guidelines.
- The service will aim to provide a four-week cycle menu allowing Families and staff to know in advance what will be offered.
- The service will aim to provide a reviewed menu each season, suited to the weather and seasons.
- Staff will aim to work with families in creating the services menu, or at least offering families to be involved in this process.
- The service will provide families with the services recipes upon request.
- The centre menu will ensure that all children receive the recommended amount and types of foods as recommended and outlined in *Caring for Children: Birth to 5 years*. Food from home is not to be brought into the service to ensure that children with allergens are safe from coming into contact with foods that could cause an allergic reaction.

### Staff

- Staff will incorporate good eating habits by reinforcing nutrition regularly.
- Staff will not use and will ensure that food is not used or viewed as reward or incentive for children at any time.

- Staff are seen as positive role models in nutritional food and drink choices
- Regular education of nutrition will be provided to Families through recipe ideas, nutrition booklets/pamphlets, and dietician.
- Cooking activities are encouraged within the service.
- Staff will be aware of what they are observed eating and drinking and how this is perceived as role modelling for children
- Staff will encourage and discuss good healthy habits about diet and exercise with the children and activities on a daily basis

#### **Dental Care**

- Dental hygiene practices will be implemented only water and milk are offered to children.
  - Babies will not sleep with their bottles.
  - Children will be encouraged to drink water after every meal to rinse their mouth.
- (Please also refer to our Dental Health Policy for more information on this)

#### **Breast Milk**

- Breast feeding mothers are encouraged and welcomed to continue feeding their child. Provisions will be made for mothers to be in a comfortable, quiet and private area within the service.
- Breast milk is prepared and stored as per the recommendations from Munch and Move on the Healthy Kids website:  
<https://www.healthykids.nsw.gov.au/downloads/file/campaignsprogram/MunchMoveBreastfeedingMagnetWEB.pdf>
- Breast milk is to be thawed naturally.
- Breast milk is to be heated in warm water or through a bottle warmer
- Unused breast milk is to be discarded.
- Breast milk is to be stored in the fridge, not in fridge doors.
- All bottles need to be labelled with the child's name and the date the bottle was prepared or brought in by the Family.

#### **Storage of Breast Milk**

- At room temperature, if there is no refrigeration available - not warmer than 26 degrees C - for 6 to 8 hours
- In a refrigerator with a temperature of 4 degrees C or colder for three to five days. Store in the back where it is coldest.
- In an older model single-door refrigerator with freezer compartment inside for two weeks.
- Frozen breast milk can be thawed;
  - In the refrigerator and used within 24 hours
  - By standing the bottle in a container of lukewarm water and used straight away.

#### **Formula Milk**

- Follow the manufacturer's instruction if preparing formula milk.
- Unused formula is to be discarded.
- Formula milk is to be stored in the fridge, not in fridge doors.
- Formula is only to be stored in a fridge for up to 24 hours. It must be discarded after this time frame.
- Using microwaves to heat bottles are to be kept to a minimum. Bottle warmers are to be used wherever possible. (Refer to our Food Handling policy for more information)

- Bottles that are warmed in a microwave are to be shaken to distribute heat and are to be tested on inside of wrist, by sprinkling a small amount.

**The following foods will not be part of the Service menu:**

- Chocolate: chocolate coated muesli bars, chocolate bars, chocolate coated biscuits, and chocolate filled items, chocolate coated tiny teddies.
- Any form of confectionery: lollies and lollypops.
- Soft drinks, juices or cordials.
- Popcorn.
- Nut products of any kind.
- Products that cause an anaphylactic reaction to a child in the Services care. Eg: eggs in birthday cakes made at the service.
- Hot Dogs.
- Snack style potato chips.
- Products high in sugar or fat.

## Staff Techniques

- Staff will be positive role models for good nutrition.
- Staff will refrain from eating or drinking “junk” food in front of children.
- Staff are to have an active role in further educating both children and families on nutrition and its value.
- The service cook will hold a recognised food handling and menu planning Certificate.
- The service will aim to have most staff hold a Food Handling and/or Safety Certificate.
- The programs will cater to teaching and educating children on nutrition and good dental practices.
- The service will strive to have the menu will be checked by a nutritionist annually and/or have menus audited annually to ensure compliance with requirements.
- Staff will follow good hygiene and health practices when dealing with food handling.
- Allergy lists and dietary requirements will be updated for every new enrolment. These lists will be forwarded to the service cook and each Room Leader.
- The Service Cook will complete the “*Four Week Cycle Menu Checklist*” or “*Weekly Menu Checklist*” form, whichever applies.
- Staff will work with families in creating the centre’s Menu.
- The centre will be sure to inform families if there is a change to the menu and if there are any daily changes that have required to be made.
- Staff will be aware of what they are observed eating and how this is perceived as role modelling for children
- Staff will encourage and discuss good healthy habits about diet and exercise with the children and activities on a daily basis
- Staff will be aware of the be the change guidelines put out by the World Health organisation

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.2 Children’s Health and Safety**

**Division 1 Health, safety and well-being of children**

- 77 - Health, hygiene and safe food practices,
- 78 - Food and beverages,
- 79 - Service providing food and beverages,
- 80 - Weekly menu

## Related Policies

- Food Handling
- Infection Control
- Child Development
- Inclusion
- Anaphylaxis
- Dental Health
- Handwashing

## Sourced

- Succeed Consultancy
- *Staying Healthy in Childcare; Preventing infectious diseases in child care –* Fifth Edition. Australian Government 2012.
- NSW Health <http://www.health.nsw.gov.au>
- Nutrition Australia <http://www.nutritionaustralia.org> Caring for Children, Food Nutrition and Fun Activities. New South Wales Health Department.
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Australian Dairy Nutrition Check List and information Sheets
- Food safety standards Australia
- <https://www.health.nsw.gov.au/heal/Publications/caring-for-children-manual.pdf>.
- [https://www.healthykids.nsw.gov.au/downloads/file/campaignsprogramms/unchMovebreastfeeding\\_magnet\\_WEB.pdf](https://www.healthykids.nsw.gov.au/downloads/file/campaignsprogramms/unchMovebreastfeeding_magnet_WEB.pdf).
- <https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/healthy-eating/the-australian-dietary-guidelines/>
- <https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/healthy-eating/the-australian-dietary-guidelines/>

Policy Review	
Developed	February 2006
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### 3.15 POLICY: Sun Protection

#### National Quality Standard

This policy relates to:

#### **Quality Area 2 – Children’s Health and Safety**

- Standard 2.1: Health: Each child’s health and physical activity is supported and promoted
  - Element 2.1.3: Healthy lifestyles: Healthy eating and physical activity are promoted and appropriate for each child
- Standard 2.2: Safety: Each child is protected
  - Element 2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

#### **Quality Area 3 – Physical Environment**

- Standard 3.2: Use: the service environment is inclusive, promotes competence and supports exploration and play-based learning
  - Element 3.2.1: Inclusive environment: outdoor and indoor spaces are organized and adapted to support every child’s participation and to engage every child in quality experiences in both built and natural environments

#### **Aim**

The service strives to ensure that children are both protected and educated in relation to skin damage and sun protection whilst at the service.

#### **When To Use This Policy**

1. During all outdoor play and outdoor activities.
2. Through the program educating children on appropriate and safe sun safety practices, e.g. through Service activities, group times and visitor’s etc.
3. Educating and reinforcing appropriate sun safety practices through formal and informal communication methods with families.

#### **Specific Process Steps**

#### **SCHEDULING OUTDOOR ACTIVITIES**

**Quality Area 1 – Education program and practice;**

**Quality Area 2 – Children’s health and safety;**

- Sun protection times are a forecast for the time-of-day UV levels will reach 3 or above. At these levels, sun protection is recommended for all skin types and the policy areas should be implemented. In NSW, UV levels are high enough (UV 3 or above) to damage unprotected skin most months of the year.
- UV levels and daily sun protection times are used to plan daily activities and ensure a correct understanding of local sun protection requirements.

UV radiation exposure is considered as part of the service's risk management and assessment for all outdoor events and activities on and off site.

- When children are on excursions all sun protection practices are planned, organised, understood and available.

## **SHADE**

### **Quality Area 3 – Physical environment;**

- The centre's shade will aim to meet in accordance with the guidelines published by the New South Wales Cancer Council under the title *The Shade Handbook* published by the New South Wales Cancer Council 2008:
  - Shade Structures should be designed to minimize reflected UV Radiation. Shade clothes need to provide at least 94% protection.
  - Shade structures should be of a sufficient size to ensure people can move away from the edges.
  - The shade canopy should extend at least one (1) metre past the areas of use with vertical barriers built into the sides.
  - Shade structures should allow adults to view and access children's play areas.
  - A head clearance of about two (2) meters is recommended for shade structures.
  - Fabric for the shade cloth is recommended to be dark, closely woven and heavy which will block the radiation for children.
- The Nominated Supervisor and Management will complete regular maintenance checks on the shade to ensure that the shade is continually compliant by requirements.
- All outdoor activities are planned to occur in shaded areas.
- Shade options are provided, maintained, and promoted to the children.
- Play-based learning activities are set up and moved throughout the day to take advantage of shade patterns.
- The Centre's management will aim to progressively plan that there is adequate shade for children in the outdoor environment through verandas, trees, sails as recommended by *The Shade Handbook published by the New South Wales Cancer Council 2008*.

## **HATS**

### **Quality Area 2 – Children's health and safety;**

- The children and staff are required to wear a broad brimmed hat or legionnaire hat that provides protection for the face, ears and neck for all outdoor activities.
- The service will endorse NO HAT, PLAY IN THE SHADE. Children will be required to play in the shade, if there are no available spare hats as we believe in the importance of physical play for children due to the increase in obesity statistics.
- Sunsmart hats include:
  - Broad-brimmed hats with a brim size of at least 6cm (adult 7.5cm)
  - Bucket hats with a deep crown and brim size of at least 5cm (adults 6cm)
  - Legionnaire style hats.

## **CLOTHING**

### **Quality Area 2 – Children’s health and safety;**

- Staff and children are **required** to wear sun-safe clothing that covers as much skin as possible. For example, loose-fitting shirts with sleeves and covered necklines, and longer-style skirts, shorts and trousers. Midriff, crop or singlet tops are not recommended.
- Clothes which cover shoulders and backs are to only be worn at the Service.
- Children will be required to play in the shade, if there are no available sun-safe clothing as we believe in the importance of physical play for children due to the increase in obesity statistics.
- Babies clothing, hat and shade positioning are checked regularly to ensure they continue to be well protected from UV. The use of sunscreen on babies under 6 months is not recommended due to their sensitive skin.

## **SUNSCREEN**

### **Quality Area 2 – Children’s health and safety;**

- All staff and children are required to apply SPF30 (or higher) broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours.
- Permission to apply sunscreen is included in the service enrolment form.
- Where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child encouraged to play in the shade.
- Usage tests shall be conducted before applying a new sunscreen, as per the Cancer Council recommendations.
- All sunscreen will be stored in a cool, dry place and the expiry dates monitored.

## **BABIES**

### **Quality Area 2 – Children’s health and safety;**

- Babies under the age of 12 months shall not be exposed to direct sunlight.
- Babies clothing, hat and shade positioning are checked regularly to ensure they continue to be well protected from UV. The use of sunscreen on babies under 6 months is not recommended due to their sensitive skin.

## **ROLE MODELLING OF STAFF, FAMILIES & VISITORS**

### **Quality Area 1 – Education program and practice;**

### **Quality Area 5 – Relationships with children;**

- As part of WH&S UV risk controls and role modelling, staff, families, and visitors demonstrate SunSmart behaviours when outside, including:
  - Wearing a SunSmart hat, protective clothing, and wearing sunglasses (optional)
  - applying SPF30 (or higher) broad-spectrum water-resistant sunscreen
  - Promoting the use of shade
  - Discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the service.
- Sun safety is everyone’s responsibility. By being role models ourselves and leading the way with our own sun safety, we can inspire our children to be SunSmart when they step outside.

## **EDUCATION**

**Quality Area 1 – Education program and practice;**

**Quality Area 4 – Staffing Arrangements;**

**Quality Area 5 – Relationships with children;**

- Sun protection standards will be incorporated into learning programs so that children understand why sun safety is important and learn how to take effective sun protection actions.
- Sun Smart App daily UV times will be displayed to guide staff, parents and children behaviours.

## **INFORMATION AND POLICY AVAILABILITY**

**Quality Area 6 – Collaborative partnerships with families and community;**

**Quality Area 7 – Governance and Leadership;**

- The Nominated Supervisor will regularly communicate the sun safety message to families via the availability of this policy, via Family meetings, Family newsletters and information being made available through the Service in the form of posters, pamphlets, visitor's etc.
- This *Sun Protection Policy* shall be made available to staff, families and visitors in the *Service Operations Manual* available both online via the website, and in the service reception area.
- SunSmart information shall be made available on the service website and at the centre.
- Families are advised of the SunSmart requirements relating to hats, clothing and sunscreen requirements at the time of enrolment.

## **IMPLEMENTATION AND REVIEW**

**Quality Area 4 – Staffing Arrangements;**

**Quality Area 7 – Governance and Leadership;**

- Children will be encouraged to meet sunscreen requirements by using the sunscreen station provided at the centre.
- One staff member will be appointed Sun Protection Champion each day, and they will be responsible for the monitoring and sun protection policy implementation and children engagement.
- Centre staff will monitor the implementation and performance of the *Sun Protection Policy* and recommend changes, as appropriate, to the Centre Director.
- The *Sun Protection Policy* will be reviewed and updated annually, and will be submitted to the Cancer Council NSW every three (3) years.

## **Education and Care Services National Regulations**

This policy relates to the following

**Education and Care Services National Law Act 2010**

Section 167 – Protection of children from harm and hazards

## Education and Care Services National Regulations

Regulation 113 – Outdoor space – natural environment

Regulation 114 – Outdoor space – shade

Regulation 115 – Premises designed to facilitate supervision

Regulation 168(2) – Policies and procedures: (2)(a)(ii) sun protection

## National Quality Standards

All seven quality areas

## Related Policies

- Health and Hygiene
- Outdoor Supervision
- Behaviour Management
- Child Development
- Child Abuse
- Clothing
- Family Orientation
- Family Involvement
- Programming and Supervision
- Workplace Health & Safety
- Excursion
- Dress
- Development & Training
- Disciplinary
- Induction

## Sourced

- Succeed Consultancy
- The Cancer Council NSW <http://www.cancercouncil.com.au> Accessed 12/21
- The Shade Handbook published by the New South Wales Cancer Council in 2008.
- Sun Smart. January 2018. ***Sun Protection for Babies and Toddlers Fact Sheet.*** <https://www.sunsmart.com.au> Accessed 12/21
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
Developed	June 2006
Last Reviewed	28 September 2023
Next Review	1 December 2024

### 3.16 POLICY: Toilet training

#### National Quality Standard

This policy relates to:

##### **Quality Area 1 - Educational program and practice**

- Standard 1.1: program: the educational program enhances each child's learning and development
  - Element 1.1.2: program learning opportunities: all aspects of the program, including routines are organized in ways that maximise opportunities for each child's learning
- Standard 1.2: practice: educators facilitate and extend each child's learning and development
  - Element 1.2.3: child directed learning: "each child's agency is promoted, enabling them to make choices and decision that influence events in their world"

##### **Quality Area 2 - Children's Health and safety**

- Standard 2.1: Health, each child's health and physical activity is supported and promoted
  - Element 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
  - Element 2.1.2: Health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented
- Standard 2.2: each child is protected
  - Element 2.2.1: supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
  - Element 2.2.3: children protection: management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

##### **Quality area 3 - physical environment**

- Standard 3.1: design: the design of the facilities is appropriate for the operation of a service
  - Element 3.1.1: fit for purpose: outdoor and indoor spaces, building, fixtures and fittings are suitable for their purpose, including supporting the access of every child
  - Element 3.1.2: upkeep: premises, furniture and equipment are safe, clean and well maintained

##### **Quality area 5 - Relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 5.1.2: dignity and rights of the children: the dignity and rights of every child are maintained

##### **Quality Area 6 - collaborative relationships with families and communities**

- Standard 6.1: Supportive relationships with families: respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 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
- Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities

##### **Quality Area 7 - Governance and Leadership**

- Standard 7.1: governance: governance supports the operation of a quality service
  - Element 7.1.2: Management systems: systems are in place to manage risk and enable the effective management and operation of a quality service

## Aim

To minimise the spread and risks of infectious diseases between children, other children and staff members, by ensuring toileting and toilet training is conducted in an efficient way according to recommended guidelines and standards.

## When To Use This Policy

1. Throughout the duration of children toileting and / or toilet training.
2. Staff, children and visitors are encouraged to follow the correct and recommended toileting procedures to ensure that it is completed correctly and to the individual needs of all children.
3. Through the duration of the service's routine.

## Specific Process Steps

### Toilet Training

- Upon either enrolment or when a child in the services care is transitioning to toilet training, Nominated Supervisor and staff are to gather information and feedback from families in relation to the child toilet training and progress.
- When children are toilet training use a toilet in preference to a potty chair to reduce the risk of the spread of disease.

### For children learning to toilet:

- Ask families to provide a few clean changes of clothing. Preferably these are clothing without zippers, buckles or clothing that is difficult for the child to remove.
- Put gloves on.
- Placed any soiled clothes in a double sealed plastic bag that is tightly sealed at the top of the bag, for families to take home and ensure to keep this inaccessible to children.
- Assist the child to use the toilet (E.g. sitting on toilet, wipe bottom etc)
- Change child's clothing if this is required.
- Assist the child to wash their hands. For older children, staff can encourage them to independently wash hands but counting to ten whilst they are washing with soap and rinse hands. Explaining to children throughout this process of why we wash hands (to stop germs from spreading) will assist children and families in learning the importance of hand washing.
- Remove gloves and wash hands.
- Ensure that all children are closely supervised whilst using the toilet. No children are to remain or use the toilet without the supervision of a staff member.
- Complete the toilet training chart that specifies times and comments for families to access toilet times throughout the day when collecting their child.

### **After each use of a potty (or potty chair if used)**

- Wear gloves.
- Empty the potty contents into the toilet.
- Wash the potty with warm water and neutral detergent using a cloth or brush that is only used specifically for this purpose.
- Do not rinse or wash potty in a sink used for hand washing.
- Wash chair with warm water and neutral detergent if contaminated with urine or faeces.
- Ensure to wash sink area used after.
- Wash hands once completed.

### **Procedure for cleaning a child after toileting**

- Place on gloves.
- Remove children's clothing and place cloths in a sealed container for washing or in a tightly sealed plastic bag to return to Families.
- **(For wet children with urine)** Wipe child with a wet wipe that can be disposed in the centres nappy bin after this.
- Ensure that all urine is cleaned from the child and the child is clean.
- Remove gloves and wash child's hands.
- Wash your hands.
- **(For soiled children)** To wash children (if this is required) preferably do not use a bath or filled sink, but if using a bath ensure there is a temperature regulator on the hot water tap, use warm water and test the water before putting the child in, preferably use running water or a hand held water spray and no plug or ensure the water level is low
- Wash all areas of the child to ensure that they are clean and or faeces are removed from the child. Do not use the same cloth to wipe children's faces and bottoms, separate cloths are to be used.
- Ensure that the child is very closely supervised and not left unattended at any time.
- For children old enough to stand in a shower and who require washing, use a hand held shower and supervise the child at all times in washing, drying and dressing.
- Remove gloves.
- Dry and dress the child.
- Clean, shower, bath or bathing facility with neutral detergent ensuring all areas are left clean.

### **Toileting for all children**

- Ensure that all children are closely supervised at all times whilst using the toilet.
- Assist children (as above) that may require assistance for toileting.
- Ensure children clean / wipe themselves after using the toilet. If children require assistance for this ensure to use the same procedures as above.
- Encourage and ensure that all children wash their hands after toileting.
- Ensure that all children flush the toilet after use.
- If there is any urine or faeces on the toilet after a child has used this ensure that this is cleaned using the correct procedure prior to another child using the toilet.

## Staff Techniques

- To follow the toileting procedure as above.
- To ensure all children are closely supervised whilst using toilets.
- To assist children that may be toilet training using the above procedure.
- To ensure all staff wash their hands after assisting children with using the toilet.
- To ensure that all toileting facilities remain clean and free of germs.
- Ask Families to supply at least 2-3 sets of clean change of clothing for children who are toilet training.
- To ensure that toileting areas are at all times safe for children to use.
- For staff to be aware and accommodate for the possible need to maintain privacy of toileting and dressing for children.
- Exclude from care (following the infectious diseases and illness policy) children with infective diarrhoea until their systems have ceased.
- To document / write information as required on the toilet training information chart for families to read and have access to.
- To keep all families informed of children's toileting procedures and feedback on children's progress with toilet training.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.3 Physical Environment

#### Division 1 Centre-based services and family day care services

106 - Laundry and hygiene facilities

#### Division 2 Additional requirements for centre-based services

112 - Nappy change facilities

## Related Policies

- Hand washing
- Infection Control
- Illness
- Indoor Supervision
- Safety
- Sickness and Medication

## Sourced

- Succeed Consultancy
- *Staying Healthy in Childcare; Preventing infectious diseases in child care* – Fifth Edition. Australian Government 2012.
- NSW Health <http://www.health.nsw.gov.au>

<b>Policy Review</b>	
<b>Developed</b>	<b>October 2008</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

# PART 4: PARENT POLICIES

## 4.1 POLICY: Acceptance and Refusal of Authorisations

### National Quality Standard

This policy relates to:

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.1: Staffing arrangements: staffing arrangement enhance children's learning and development  
enhance children's learning and development
  - Element 4.1.1: organisation of educators across the service supports children's learning and development
  - Element 4.1.2: continuity of staff: every effort is made for children to experience continuity of educators at the service

#### **Quality Area 5: Relationships with children**

- Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 5.1.1: positive educator to child interactions: responsive and meaningful interaction build trusting relationships which engage and support each child to feel secure, confident and included

#### **Quality Area 6: collaborative partnerships with families and communities**

- Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program.

#### **Quality Area 7 - Governance and Leadership**

- Standard 7.1: Governance: Governance support the operation of a quality service
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service

### Aim

To ensure that the centre at all times is adhering to all policies and procedures and meets the legislative requirements. To ensure the well-being of all children, families, staff and visitors.

### When To Use This Policy

1. During opening hours of the service.

### Specific Process Steps

- The Director / Nominated Supervisor, any Certified Supervisors and all staff are to understand and be familiar with all policies and procedures that relate to the operation of the service
- All staff upon commencing at the service will read and sign to acknowledge that they understand the services policies and procedures

- The centre will obtain written authorisation from Family/guardian or person authorised and named in the enrolment record, meeting our duty and care under the obligations under the law.

## Staff Techniques

- Authorisation will be sought by the Director / Nominated Supervisor where required from Families according to the policies and procedures under which the service is operational.
- The centre reserves the right to refuse an authorisation if it does not comply with the centre’s policies and procedures
- The Director / Nominated Supervisor and all staff will strictly adhere to all policies and procedures to ensure the safety and well being of all children at the centre.
- Director/admin officer is to ensure that all Families have completed their children’s enrolment form and it is signed prior to commencing at the centre.
- Director/Educators can refuse a written authorisation from a Family if it does not meet the requirement outlined in this policy.

## Education and Care Services National Regulations

### Part 4.7 Governance and Leadership

#### Division 2 Policies and Procedures

168 (i) (ii) Education and care service must have policies and procedures

## Related Policies

- Ethical Behaviour
- Induction
- Privacy
- Recruitment
- Record keeping

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulations
- National Quality Standard, Quality area 2: Children’s Health and Safety

Policy Review	
Developed	April 2012
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 42 POLICY: Arrivals and Departures

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.3: child protection: management, educators and staff are aware of their roles and responsibility to identify and respond to every child at risk of abuse or neglect.

#### **Quality Area 4 - Staffing Arrangements**

Standard 4.1: Staffing arrangements: staffing arrangement enhance children's learning and development enhance children's learning and development

- Element 4.1.1: organisation of educators across the service supports children's learning and development
- Element 4.1.2: continuity of staff: every effort is made for children to experience continuity of educators at the service

#### **Quality Area 5: Relationships with children**

Standard 5.1: relationships between educators and children: respectful and equitable relationships are maintained with each child

- Element 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

#### **Quality Area 6: collaborative partnerships with families and communities**

Standard 6.2: collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing

- Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program.

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance support the operation of a quality service

- Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
- Element 7.1.3: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service

### **Aim**

To ensure all children are safe and accounted for throughout the routine and between opening and closing times of the Centre; especially during arrival and departure of children at the beginning and end of the day.

### **When To Use This Policy**

1. During drop off and collection times
2. At times that an unknown person is attempting to pick up a child or children.

## Specific Process Steps

- On arrival at the centre, the centre requests that families open the gate for their child/ren and that they do not lift the child to open the gate or allow their child to swing on the gate.
- Families must note their child's time of arrival and departure on the Kinder M8 Kiosk confirming both the arrival and departure time.
- It is important that emergency numbers and relevant contact details are current on the child's enrolment, in the case of an emergency.
- Families are to ensure that their child walks and stays in their immediate presence during the arrival and departure routine. This will ensure the safety of children and ensure the rooms remain in the state staff have prepared.
- It is requested that family's close doors behind them to prevent children wandering out of supervised areas.
- Families are to deliver their child to a staff member on arrival, ensuring that staff are aware of the child's presence.
- Families are to ensure staff are aware that the child is leaving for the day. This will ensure that all children are accounted for at all times.
- Families are to unpack any relevant items from children's bags such as dummies, hats, bottles and medicines. Medication is required to be handed to a staff member.
- It is expected that children attend the centre in appropriate clothing to suit the weather conditions, as well as taking safety and comfort into account.
- Late collection of children can result in a \$2.00 late fee per minute per child being charged. In the event that Families know they will be late it is encouraged that a phone call be made to the centre advising staff.
- When collecting a child, the person must be 18 years of age or over, this includes family members or authorised persons listed persons on the enrolment form.
- Persons not familiar to staff will be required to show photo identification in the form of a license or passport, which will be photocopied and placed on the child's file for future reference, regardless if being a family member or listed on the enrolment form as an authorised delivering and/or collecting person. This may occur on a few occasions due to staff being on different shifts and they may have not seen this person before.
- Only families, or authorised persons listed on the enrolment form will be able to collect children from the centre.
- In cases where a dispute between the families is occurring, the centre will not be able to withhold a child from one parent/custodian unless a residency / custody order has been received at the centre. A residency / custody order received by the centre can be upheld and allows the centre to prevent the illegal guardian collecting the child. Without residency / custody orders both parent and or guardians have legal access to the child.
- Families are required to sign for any and all days of absences for their child to remain eligible for the Child Care Subsidy (CCS). Any days that families have forgotten to sign their child in or out must also be signed by the family.
- It is the family's responsibility to ensure that their child's belongings are clearly labelled and accounted for on departure. The staff at the centre will do the utmost to ensure all children's belongings are in the child's bag prior to departure. The centre does not hold any responsibility for any lost item(s), but endeavours to keep children's belongings together.

- Families are to be given opportunities daily to offer their involvement and feedback on the programs within the centre through various “Family Input” strategies.

## Staff Techniques

- To offer all families at enquiry an orientation of the centre.
- To utilise information collected in the enrolment form to assess family’s interests and availability in centre involvement.
- To build trusting respectful two-way relationships with all families.
- To welcome and farewell each child and family on arrival and departure.
- To learn family’s names, as well as regular persons who deliver and/or collect children.
- To attend at least two family meetings per year, per staff member.
- To provide a “Family Input” into the Centre, the routine’s and Educational Program.
- To plan Family meetings, family events and newsletters in a professional and timely manner.
- To advise families of upcoming events in a professional and timely manner using several methods of delivery. E.g. newsletters, displays, kinderm8, kiosk, posters, bag drops, one on one etc.
- To display parent/teacher interview dates, times and schedules well in advance.
- Families’ involvement within the centre will at all times be respected, regardless of input, attendance or assistance.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.1 Educational Program and Practice**

(whole section)

### **Part 4.2 Children’s Health & Safety**

#### **Division 6 Collection of children from premises and excursions**

Regulation 99 - Children leaving the education and care service premises

### **Part 4.7 Leadership and Service Management**

#### **Division 1 Management of Services**

Subdivision 1 (whole section)

## Related Policies

- |                                      |                      |
|--------------------------------------|----------------------|
| • Record keeping                     | • Late Child Pick-up |
| • Family Grievance                   | • Family Involvement |
| • Family and Community Participation | • Programming        |
| • Residency Order                    | • Family Orientation |

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

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## 43 POLICY: CCS Enrolment

### National Quality Standard

This policy relates to:

#### **Quality Area 6 - Collaborative Partnerships with families and communities**

- Standard 6.1: Respectful supportive relationships with families are developed and maintained

#### **Quality Area 7 - Governance and Leadership**

- Standard 7.1: Governance
  - Element 7.1.2: Management Systems

### Aim

The service is committed to ensuring that Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS) is administered effectively and in accordance with relevant legislation. The procedures outlined in this policy describe the steps taken to ensure compliance with the service's obligations as an approved child care service for the purpose of administering ACCS.

### When To Use This Policy

5. When families make enquiries for enrolments at the service.
6. When a new child commences at the service
7. When a family's enrolments change or cease
8. When Applying for ACCS

### Specific Process Steps

ACCS- Additional Child Care Subsidy  
CRN- Client Reference Number

CCS- Child Care Subsidy  
CWA- Complying Written Agreement

#### **Creating New Enrolments**

A child can be enrolled for care for either of the following situations:

- the approved provider and the parent(s)/guardian of the child enter into an CWA, or
- the service provides care to a child at risk of serious abuse or neglect, and the approved provider is not able to identify an individual who is eligible for ACCS (child wellbeing), so the provider makes itself eligible in respect of the child.

#### **Ceasing Enrolments**

- where a child is enrolled under a CWA, the arrangement ends,
- where a service provides care to a child at risk of serious abuse or neglect in the circumstances described above, those circumstances no longer apply (the child is no longer at risk and/or the provider has been able to identify an individual who is eligible for ACCS (child wellbeing), or
- a child has not attended any of the service's sessions of care for 8 continuous weeks.

### **Enrolment notices**

- When a child is enrolled for care by an approved child care service, the approved provider of the service must submit an enrolment notice to the Department of Education and Training through KinderM8 software program or the Provider Entry Point.
- An enrolment notice must also be submitted if they enter into an arrangement, other than a CWA, with a parent/guardian - this is referred to as a 'relevant arrangement'. Additionally, the provider should submit an enrolment notice if they enter into an arrangement for care with an organisation, such as a parent's employer.

An enrolment notice is the mechanism that links a child, parent/guardian, and provider/service in the CCSS. It also both enables and requires the provider to submit session reports in relation to care provided to the child. If an arrangement for care includes more than one child (e.g. siblings from the same family), the provider must create an enrolment for each child, which reflects that child's care arrangement.

### **CWA's**

CWA enrolments are created by approved providers when they enter into a CWA with an individual.

An individual is only eligible to receive CCS for sessions of care if their child is enrolled under a CWA with the provider of the service. The following details must be provided accurately in a CWA enrolment notice for the enrolment to be linked to the individual's eligibility and entitlement information held by Centrelink:

- parent/guardian (CCS claimant) CRN\*,
- child CRN\*,
- CCS claimant's DOB,
- child DOB.

\*A CWA enrolment notice can be submitted without a parent and/or child CRN if it is not available when the arrangement is created (to ensure providers can still meet the relevant timeframe for giving the notice). However, CCS cannot be paid until the provider updates the enrolment notice with the correct CRN/s and it is linked to the parent's CCS claim

Once the enrolment details are entered into Kinder M8 you can then run a CWA report for the parent/guardian to sign you must ensure the following information is displayed on CWA before presenting to the parent/guardian.

- the parties to the arrangement (the provider and individual liable to pay the fees),
- enrolment start date (the date the arrangement was established),
- whether care is expected to be provided on a routine or casual basis, or both,
- the days and times of any routine sessions of care (if applicable),
- the usual fees to be charged for any routine sessions of care

The enrolment details must reflect the actual terms that the provider and individual have agreed to in their arrangement. The CCS claimant will need to confirm these details are correct before CCS can be paid to the provider on their behalf.

### **Changing/Altering Bookings including Casual Days**

- any change or alteration of booking must be made in writing by the parent/guardian before being entered into Kinder M8.

- Once any permanent change is made to a booking a new CWA must be established meeting the above standards and signed by the parent/guardian.
- If a parent wishes to pick up any additional casual days they must complete and sign a casual booking form before the bookings are entered into Kinder M8.
- When confirming re enrolments at the end of each year a new CWA will need to be created and signed if rooms/day of bookings will change.

### Relevant Arrangements

Relevant Arrangement refers to an arrangement between a provider and individual, for the care of a child, other than a [CWA](#). As neither the individual nor their partner has incurred a liability to pay fees under a CWA, no individual can be eligible for [CCS](#) for sessions of care provided under a relevant arrangement.

- A relevant arrangement enrolment might be used where the family is not eligible for CCS or does not wish to claim CCS.
- Providers are required to submit an enrolment notice if they enter into a relevant arrangement to provide care to a child, although less information is needed than for a CWA enrolment. Relevant arrangement enrolments do not require a parent or child [CRN](#) (as there is no need to link to the individual's eligibility and entitlement information), details of routine sessions of care and usual fees, and do not require parent confirmation.
- Providers should only establish a relevant arrangement if the individual has stated they do not want their eligibility and entitlement for CCS to be determined for any sessions of care that will be provided under that arrangement.
- **A relevant arrangement enrolment cannot be changed into a CWA enrolment (or any other type of enrolment).**
- Where a provider and individual have a relevant arrangement in place and later create a CWA (for example, because the family now wishes to claim CCS), the provider must create a new CWA enrolment. You must seek approval of your consultant before moving anyone from a relevant arrangement to a CWA.

### Arrangement with an organisation (third party)

- Arrangement with an organisation' enrolments are to be created when a third party, other than the child's parent or guardian is liable for the fees for care of the child (e.g. the parent's employer, a government agency - such as for participants in the [AMEP](#), or other organisation).
- As neither the individual nor their partner have incurred a liability for the child care fees under a [CWA](#) there is no eligibility for [CCS](#). This means that the third party will be charged full fee.
- Providers should submit an enrolment notice if they enter into an arrangement with an organisation to provide care to a child, although less information is needed than for a CWA enrolment. Arrangement with an organisation enrolments do not require a parent or child [CRN](#) (as there is no need to link to the individual's eligibility and entitlement information), details of routine sessions of care and usual fees, and do not require parent confirmation.

### **Additional Child Care Subsidy**

Additional Child Care Subsidy (ACCS) The service will maintain access to a current copy of the Australian Government Child Care Provider Handbook to support in accessing relevant guidance on ACCS.

As a Provider, the service is centrally involved in identifying children who require extra support through Additional Child Care Subsidy (child wellbeing). Providers are not involved in making applications for the other types of Additional Child Care Subsidy, although they may wish to help families who they think may be eligible by encouraging them to contact Centrelink and apply for additional assistance.

Providers will be advised of individuals using their service who are receiving these other payments. An overview of these types of Additional Child Care Subsidy is available in the Australian Government Child Care Provider Handbook.

ACCS (Child Wellbeing) Additional Child Care Subsidy (child wellbeing) provides additional child care fee assistance to an individual (or provider) in respect of children at risk of serious abuse or neglect. It helps to address cost barriers families may experience, so that children can either enter or remain engaged with child care. For the purposes of Additional Child Care Subsidy (child wellbeing), a child is taken to be at risk of serious abuse or neglect if the child is at risk of experiencing harm, as a result of current or past circumstances or events that resulted in the child being subject to, or exposed to, any of the following:

- serious physical, emotional or psychological abuse, or
- sexual abuse, or
- domestic or family violence, or
- neglect.

The Minister's Rule sets out in detail the circumstances when a child is taken to be at risk of serious abuse or neglect for the purposes of Additional Child Care Subsidy (child wellbeing). The definition of 'at risk' includes situations where the child is likely to experience those circumstances in the future (for example, the future risk is 'real and apparent'). This allows families to be eligible for the subsidy at the appropriate earliest point and potentially before they are known to a child protection agency. Any child who is identified as being at risk under state or territory child protection law will meet the definition of at risk and the individual (or provider) will therefore be eligible to receive the payment. There are two ways for the service to access Additional Child Care Subsidy (child wellbeing): 1) Giving an Additional Child Care Subsidy (child wellbeing) certificate 2) Additional Child Care Subsidy (child wellbeing) determination. When accessing ACCS the Services will refer to the Australian Government Child Care Provider Handbook for up-to-date information and guidance.

Other Hardship On a case by case basis, the Approved Provider may consider written requests for support from the Approved Provider when the hardship does not meet the threshold for ACCS, however under Family Assistance Law the service is unable to waive the gap/parent's co-contribution.

Additional Child Care Subsidy provides additional fee assistance to support vulnerable or disadvantaged families and children.

This support recognises the preventative and protective influence of quality child care on a child's health, wellbeing and development, and the importance of continuity of care.

There are different payments under Additional Child Care Subsidy:

- Additional Child Care Subsidy (child wellbeing) — to help children who are at risk of serious abuse or neglect
- Additional Child Care Subsidy (financial hardship) — to help families experiencing financial hardship

Early Learning on Rossi recognises that strategies must be in place to ensure the service complies with the requirements for administration of Child Care Subsidy, including reporting and that the service has an obligation to design and implement procedures for the detection and prevention of fraud in relation to CCS payments.

## Education and Care Services National Regulations

### Part 4.7 Governance and Leadership

Division 1 Management of services

Subdivision 1 Attendance and enrolment records

Reg 160 - Child enrolment records to be kept by approved provider

Reg 161 - Authorisations to be kept in enrolment record

## Related Policies

- Arrivals and Departures
- Late Child Pick Up
- Fee Policy
- Parent Grievance
- CCS Policy
- Child Protection
- Priority of Access
- Fraud Policy
- Record Keeping
- Medical Conditions
- Illness and Medicine
- Acceptance and Refusal of Authorisations

## Sourced

- Succeed Consultancy
- <https://www.dese.gov.au/child-care-package/ccp-resources-providers/child-care-provider-handbook>
- <https://www.dese.gov.au/child-care-package/child-care-safety-net/additional-child-care-subsidy/guide-accs-child-wellbeing>

Policy Review	
Developed	September 2018
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 44 POLICY: COVID-19 Waving Gap Fee Policy

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's health and safety**

- Standard 2.2: Safety: Each child is protected
  - Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 7: Governance and Leadership**

- Standard 7.1: governance: Governance supports the operation of a quality service
  - Element 7.1.1: Service philosophy and purpose: a statement of philosophy guides all aspects of the service operations
  - Element 7.1.2: Management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service

Standard 7.2: Leadership: effective leadership builds and promotes a positive organisational culture and professional learning community

### Aim

To determine if Gap Fees should be written off during a Covid outbreak.

### When To Use This Policy

1. During an outbreak of Covid in a hotspot after 7 days.

### Specific Process Steps

The Morrison Government announced on 15 July 2021 that under the current New South Wales restrictions Early Childhood Education and Care Services can remain open to provide care for those who need it.

From Monday 19 July 2021 Early Childhood Education and Care Services, FDC and Out of Hours School Care Services in New South Wales Local Government Areas subject to stay at home orders can waive gap fees on the days parents choose to keep their children home as a result of COVID-19 and who are impacted by the Stay at Home Orders.

#### **Eligible Local Government Areas:**

The following LGA are authorised to opt in under the Morrison Government's directive to waive the gap fee:

Bayside, Blacktown, Blue Mountains, Burwood, Camden, Campbelltown, Canada Bay, Canterbury-Bankstown, Central Coast, Cumberland, Fairfield, Georges River, Hawkesbury, Hornsby, Hunters Hill, Inner West, Ku-ring-gai, Lane Cove, Liverpool, Mossman, North Sydney,

Northern Beaches, Paramatta, Penrith, Randwick, Ryde, Shellharbour, Strathfield, Sutherland Shire, Sydney, The Hills Shire, Waverley, Willoughby, Wollondilly, Wollongong and Woollahra.

### **Implementation:**

This financial support is available to enrolled families of an approved Education and Care Service who are in receipt of CCS payments.

Families who do not currently receive CCS payments will not be eligible for a gap fee waiver.

### **Families are required to undertake the following steps in relation to accessing Gap Fee Waivers:**

1. Hold an active enrolment within an Early Childhood Education and Care Setting.
2. Provide in writing advance notice of intentions regarding accessing care and education from 19 July 2021 until such time that the stay at home orders are lifted.
3. Keep enrolled children at home as per written notification during the period of stay at home orders.
4. Continue to make payment of any outstanding fees for previous care provided.
5. Be in receipt of adequate allowable absences for the period of absence and gap fee waiver. Please note- Non-attendance will be recorded as allowable absences in the services Third party software program.
6. Comply with Cessation of care rules and regulations- Should an enrolled child not intend on returning, then the CCS will be retrieved for any absences 7 days after the child's last day of physical attendance and the enrolled family will be required to cover the out of pocket expense.

### **Termination of Waiving Gap Fee Policy:**

It is at the services discretion to end or cease waiving gap fees for those families who do not send their children to care during the period of Stay at Home Orders on or before the Stay at home order is revoked by the Federal/State Government.

The Approved Education and Care Service will provide written notification to families regarding the cessation of Gap Fee Waivers and the expectation that the services normal charging process will resume.

### **Payment of Fees for Children in Attendance:**

Fees are payable to the Service for all enrolled children who are in attendance in accordance with the services regular fee policy.

## **Staff Techniques**

- To get approval from your Consultant/Approved Provider prior to writing off any gap fees.
- To ensure all relevant paper work is completed prior to writing off any gap fees as set out above

## Education and Care Services National Regulations

Not Applicable

### Related Policies

- Covid Policy
- Infection Control
- Record Keeping
- Illness and Medication

### Sourced

- Succeed Consultancy
- Australian Government Department of Education, Skills and Employment Information for Childcare Providers and Services.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
- Public Health Act 2010
- Public Health Orders on or after 15 July 2021.
- DJMIR Covid 19 Waving Gap Fee Policy - <https://www.djmir.com.au/> accessed 20/8/2021

Policy Review	
Developed	August 2021
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 45 POLICY: Family and Community Participation

### National Quality Standard

This policy relates to:

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

- Standard 6.1: Supportive Relationships with families: Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: Families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
  - Element 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
- Standard 6.2: Collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program
  - Element 6.2.3: community engagement: the service build relationships and engages with its community

#### **Quality Area 7 Governance and Leadership**

- Standard 7.1: Governance: Governance supports the operations of a quality service
  - Element 7.1.1: service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
- Standard 7.2: Leadership: Effective leadership build and promotes a positive organisational culture and professional learning community
  - Element 7.2.3: Development of professionals: educators, co-ordinators and staff member's performance is regularly evaluated and individual plans are in place to support learning and development.

### **Aim**

To provide Families, extended families and guardians a sense of ownership of and belonging to the centre. To create an environment of respect, understanding, growth and acceptance for all families and communities to assist the centre to grow and develop reflecting the families' and communities' needs.

## When To Use This Policy

1. Upon enrolment.
2. During operating hours and at times of extra curricula activities outside, operating hours.

## Specific Process Steps

- Family participation availability and/or interests are to be collected at the time of enrolment on the enrolment form. This information is able to be used to access parent's and/or guardian's interests, talents etc to seek further enhancement both to the program and the centre.
- Families are to be encouraged to participate in orientation at the time of enquiry and on enrolment. Key areas are to be shown and discussed include sign in and out sheets, "Open Door Policy", account folders, tour of the centre, program and program displays, parent, family, community and guardian corners, parent and guardian participation, medication forms, incident procedure, menu, procedures to give feedback etc.
- The centre is to take on an "Open Door Policy" where all families, extended families and the wider community are encouraged and are welcome to drop in any time of the day to view the centre's operations, visit their child or just drop in.
- Parent and guardian meetings are to be offered bi-annually. Agendas are to be set, minutes typed and displayed in the next service newsletter. Time is to be allowed for questions and feedback.
- Families and guardians are to, at all times, be greeted and farewelled. Points of interest, a positive interaction or something the child was observed enjoying that day are to be used as conversation starters This will begin a two-way reciprocal relationship.
- Families and guardians are to be given opportunities daily to offer their involvement and feedback on the programs within the centre through a "Parent Feedback" area on all programs daily. Staff will record (in writing) verbal feedback received from Families.
- Parent and guardian suggestion boxes are to be available in the foyer area and in all rooms. These are placed within the parent corners.
- Families and guardians are to be offered two (2) formal parent/teacher interviews annually to discuss their child's growth and learning, as well as have the opportunity to offer feedback on the program.
- Parent events are to be held bi-monthly to encourage positive relationships being built, to create a sense of community belonging and an opportunity for families and their extended families, staff and community members to build closer bonds.
- Families and families will be invited to participate in the centre's rating and assessment and Quality Improvement Plan process through parent nights, surveys, information corners, newsletter articles and other ideas the centre would like to implement.
- Families will be given the opportunity periodically throughout the year to provide feedback on all of the centre's policies and procedures.

## Staff Techniques

- To offer all families at enquiry an orientation of the service.
- To utilise information collected in the enrolment form to assess family's interests and availability in centre involvement.
- To build trusting two-way relationships with all families to assist them to feel connected with their children's experiences in the education and care setting.
- To be available for families at pick up and drop off times to pass on important information and messages about their child's participation in the education and care program.
- To learn Families individual names, as well as regular/authorised persons who deliver and collect children.
- To attend at least two (2) parent meetings per year, per staff member.
- To provide a "Family feedback" section on the program daily.
- Staff will document (in writing) verbal parent feedback in the "parent feedback" section of the program.
- To plan Family meetings, family events and newsletters in a timely manner.
- To advise Families of upcoming events in a timely manner using several methods of delivery. E.g. newsletters, posters, bag drops, one on one, email, etc.
- To plan well in advance Family/teacher interview dates, times and schedules.
- Recognise that because families are often busy with many competing priorities, they will need to consider a range of strategies to build and maintain relationships with each family.
- Allow families to provide feedback on all the centre's policies and procedures.
- To make documentation available to families and prepare documentation in a way that is readily understandable to the Families of the child and to other educators.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.1 Educational Program and Practice**

75 – Information about educational program to be kept available

76 – Information about educational program to be given to parents

### **Part 4.6 Collaborative partnerships with families and Communities**

Whole section

## Related Policies

- Arrival and Departures
- Excursions
- Family Orientation
- Parent Grievance
- Programming
- Record Keeping

## Sourced

- Succeed Consultancy
- Early Childhood Australia <http://www.earlychildhoodaustralia.org.au>
- NSW Community Child Care Co-operative
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
Developed	January 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 4.6 POLICY: Family Orientation

### National Quality Standard

This policy relates to:

Quality Area 6 – Collaborative Partnerships with Families and Communities

- Standard 6.1: Supportive Relationships with families: Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: Families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
  - Element 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
- Standard 6.2: Collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program
  - Element 6.2.3: community engagement: the service build relationships and engages with its community

Quality Area 7 Governance and Leadership

- Standard 7.1: Governance: Governance supports the operations of a quality service
  - Element 7.1.1: service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and Responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service

### Aim

To ensure potential and/or new children and families are given a comprehensive orientation at the time of enquiry and/or enrolment. To assist the family in making an informed decision if the centre will meet their needs, beliefs and values.

### When To Use This Policy

1. When families make enquiries for enrolments at the centre.
2. When showing prospective Families through the centre.
3. When a new child commences at the centre.

## Specific Process Steps

- To complete the enquiry book at the time of the initial enquiry from Families whether it is via phone, person, and email or otherwise.
- The Families are to be given an enrolment pack that includes a centre welcome letter and have explained to them the enrolment form, a parent handbook, centre expectations E.g. bond, two (2) weeks in advance, fee payment, late fee, sign in/out, account folders and be given Child Care Subsidy information and contact numbers.
- The family is to be shown through the centre as a whole and lastly taken to the prospective child's room and left with room staff if practical.
- Room staff (if possible) are to show the family all physical and non-physical features within and/or regarding the room, such as program, routine, parent corner, lockers with explanations given.
- The room staff are to explain the room and centre expectations in regards to nutrition, sun protection, rest, security items etc.
- Room staff are to actively engage in determining individual and family needs and explain how the centre will aim to meet their needs.
- 0-2-year-old room: families will have the communication books explained to them in regards to their individual child.
- 2-3-year-old room: An explanation of the nappy change, sleep chart, daily chart procedures are to be given to families and storage requirements shown.
- 3-5 years: An explanation about where to place child's daily belongings, program and daily information for families is to be shown.
- Emphasise the need to label all belongings, from dummies to shoes and the family is to be shown where the lost property boxes are within the centre.
- Determine individual child's medical needs and explain how the centre will meet these needs.
- Encourage the family to stay for at least 5-10 minutes to get a sense of centre and/or room environment.
- Encourage Families to come back and stay with child for a period to assist with getting to know the staff and the centre environment as often as they feel comfortable.
- If the child has enrolled at the centre, the Director / Nominated Supervisor is to ensure that a welcome letter is sent to the family either via mail or email 1 week prior to the child commencing at the centre. This is to formally welcome the family and child to the centre.

## Staff Techniques

- To be enthusiastic, cheerful, knowledgeable and helpful.
- To reinforce that the centre is a professional service with professional staff.
- Demonstrate the beliefs and values of children being individual with individual needs.
- Demonstrate support which is available to the Families and guardians from both staff and the centre.

- Encourage a two-way partnership and communication between staff and families.
- Inform Families they are welcome to ring as often as they like and visit as often as they like.
- Reassure Families that the centre will contact them if they are required, E.g. child not settling, sick, accident etc.
- To demonstrate that the centre is well aware of the family and child commencing and all strategies will be implemented to assist the child in having a smooth transition throughout the settling in period at the centre.
- To encourage that the centre will keep all families informed of their child’s progress throughout the settling in period.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.1 Educational Program and Practice** (whole section)

**Part 4.4 Staffing Arrangements**

**Subdivision 9** (whole section)

**Part 4.7 Leadership and Service Management**

**Subdivision 1** (whole section)

## Related Policies

- Child Development
- Sleep & Rest
- Inclusion
- Behaviour Management
- Sickness & Medication
- Clothing
- Sun Protection
- Nutrition
- Food Handling
- Arrival & Departure
- Fees
- Parent Grievance
- Record Keeping and
- Programming

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
Developed	June 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 4.7 POLICY: Fees

### National Quality Standard

This policy relates to:

#### **Quality Area 6 - Collaborative partnerships with families and communities**

- Standard 6.1: Supportive Relationships with families: respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions

#### **Quality Area 7 - Governance and Leadership**

- Standard 7.1: Governance: Governance supports the operations of a quality service
  - Element 7.1.1: Service philosophy and purpose: a statement of philosophy guides all aspects of the service's operations
  - Element 7.1.2: Management systems: systems are in place to manage risk and enable the effective decision-making and operation of the service

### Aim

To ensure all parents fully understand fee payment procedures and requirements, and pay their childcare fees on time.

### When To Use This Policy

1. When families make enquiries for enrolments at the service. The fee structure is to be explained in full.
2. When showing prospective parents through the service. The fee structure is to be explained in full.
3. When a new child commences at the service.
4. When families accounts are no longer in credit.
5. When the service offers any promotional initiatives to families at the service.
6. When a parent books a casual day of attendance for their child

### Specific Process Steps

#### **New Enrolment**

- No family is to commence at the centre without first paying any fee's as set out in the current fee schedule.
- The first week's fees are also payable prior to commencing care to get all families on the charge cycle

## **Enrolment**

- It is explained that all fees are to be maintained in a credit balance and to be paid on a weekly basis. Parents are to sign a contract on the enrolment form agreeing that fees will be paid weekly in advance.
- If a parent wishes to enrol their child for a casual day and the centre has the availability the parents will do this either via the KinderM8 app, email or over the phone.
- Once the casual day is approved a casual day enrolment will be recorded on KinderM8 and the parents will be charged on the Monday of the week following the casual booking.
- With all centre enquiries a parent information pack is given, explaining Child Care Subsidy (CCS) and service policies. This is provided by the website.
- Payments will be made through Ezidebit Direct Debit via the KinderM8 system.
- Any new family that enrolls that are not linked to CCS are required to pay the full fee until they are formally linked to CCS and are not entitled to any centre promotions until it is connected.
- Additional childcare subsidy can only be applied if the child has already been connected to the parent for CCS. If ACCS is to be connected the service needs to have received all necessary paperwork to do this within the week of the child beginning care.
- Fees will be deducted automatically from the parent's accounts on the services nominated date of choice as per the centres charging calendar and system.
- A \$2.00 per minute late fee will apply for any children present at the service after 6.00pm. This fee covers the cost of employing the staff required to supervise a child outside our operating hours. It may be waived at the discretion of the Nominated Supervisor.

## **Statement of Account**

- A statement will be issued via KinderM8 for all fees, and will include the child/children's full name/s, date of care, date of payment, amount etc.
- A statement of account will be sent to a parent via KinderM8 showing their casual day of attendance that is booked and the additional charge that is to be paid for that casual day.

## **Receipts**

- Receipts for payment will be provided via KinderM8.

## **Overdue Fees/ Dishonours**

- Once a families' fees have been declined; a courtesy phone call will be made and an emailed will be issued. Payment is required by the Friday of that week that the family was notified.
- There is a dishonour fee that the parents will incur that is issued by EziDebit. This fee will be passed onto the parent in the next billing cycle.
- If no payment has been received, then the centre has authority to reload the payment for the Friday to ensure that the families account is up to date at all times.
- If this payment dishonours, then the parents are contacted via phone and email and care may be suspended if the full payment is not received within 5 working days.
- If no payment has been received, the family's care is cancelled. A Final Notice is sent to the family and the debt is recovered through debt collection.
- The family will be liable for all costs to recover the unpaid debt.

- It is encouraged that at any time families who are facing financial difficulty in meeting their payment obligations are to speak to the Director / Nominated Supervisor and organise a payment plan.
- It is at the Directors / Nominated Supervisors or Managing Director's discretion to allow a family to re-enrol at the centre if they have had an outstanding debt with the service in the past.

### **Withdrawal**

- Two (2) weeks written notice is required when a child intends to leave the centre and cancel care. This ensures all relevant paperwork is finalised for you, your child and the service.
- If you do not provide this notice, you will be charged 2 weeks' fees.
- If a child does not attend the notice period full fees are to be paid due to cessation of care.
- If the child/ren have not attended the centre for a period of 3 weeks and after all possible, contact is made with the family and nothing is heard back to the centre; the centre will cease the family account with the service.

### **Child Care Subsidy (CCS)**

- Families may be entitled to Child Care rebate (CCS). Below is information from the Department of Human Services

Child Care Subsidy is income tested. You may be eligible for Child Care Subsidy if:

- You and your partner meet the 'work, training, study test' or are exempt from it
- Families need to complete the activity test before they begin care with the service so that it is able to be applied to their account straight away.
- You should log into your mygov account regularly to check that your Childcare Subsidy has not changed and the percentage and hours are meeting your current work/study needs
- Our Centre uses "KinderM8" as our child care system for family accounts and financial reporting to the Government. KinderM8 will ONLY allow CCS to estimate. This means that there may be a discrepancy in your payments when Centrelink actually pay the service your Childcare Subsidy

### **Families with Split Accounts**

- In situations where families enrol child/ren with two separate CRN numbers and therefore have two different bookings both accounts must be kept up to date at all times.
- If one party dishonours or does not maintain a zero balance on their account causing care to be cancelled or suspended both parties will have their accounts cancelled or suspended.
- The reason for the cancellation/suspension will be told to the other involved party as they have a split account for the same child.
- Care cannot continue for one party is because normally these bookings are paid week on week off by each party and the centre does not allow fortnightly bookings.

## Holidays and Public Holidays

Families are required to pay for all enrolled days their child is absent, including public holidays, family holidays and days your child is ill.

## Staff Techniques

### Director / Nominated Supervisor

- To orientate new and potential customers, explaining the fee policy in detail, One (1) week in advance, current week's fees and the fee structure in its entirety.
- To assist and give parents information about the Child Care Subsidy, including the phone number: 13 61 50 and the childcare finder website where they can obtain a childcare estimator to see an estimate of how much they may pay in fees. <https://www.childcarefinder.gov.au/>
- To manage overdue accounts through one-on-one communication, phone calls and written correspondence with parents on a weekly basis every Monday in collaboration with the Accounts Coordinator.
- To ensure payment plans are upheld as to the individual agreement.
- To monitor and manage the service debts to reflect one week's fee generation of the service's total gap fee payable.

### All Staff

- To orientate new and potential customers, explaining the fee policy in detail, One (1) week in advance, current week's fees and the fee structure in its entirety.
- To be competent in reading accounts.
- To be competent in record keeping.

## Education and Care Services National Regulations

Not Applicable

## Related Policies

- Arrivals and Departures
- Late Child Pick Up
- Parent Grievance
- Record Keeping
- Privacy and confidentiality policy
- Orientation for children policy

## Sourced

- Succeed Consultancy
- Department of Human Services Website  
<http://www.humanservices.gov.au/customer/services/centrelink/child-care-rebate>

- Bryant, L. (2009). Managing a Child Care Service : A Hands-On Guide for Service Providers. Sydney: Community Child Care Co-Operative.
- Education and Care Services National Law and Regulations
- Family Assistance Law

<b>Policy Review</b>	
<b>Developed</b>	<b>April 2006</b>
<b>Last Reviewed</b>	<b>1 March 2024</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 48 POLICY: Late Child Pick-up

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

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

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.1: Staffing Arrangements: Staffing arrangements enhance children's learning and development
  - Element 4.1.2: Continuity of staff: every effort is made for children to experience continuity of educators at the service
  - Element 4.2: Professionalism: management, educators and staff are collaborative, respectful and ethical
  - Element 4.2.2: Professional standards: professional standards guide practice, interactions and relationships

#### **Quality Area 5: Relationships with children**

- Standard 5.1: relationships between educators and children: Respectful and equitable relationships are maintained with each child
  - Element 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.

#### **Quality Area 6: Collaborative Partnerships with families and communities**

- Standard 6.1: Supportive Relationships with families: respectful relationships with families are development and maintained and families are supported in their parenting role
  - Element 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
- Standard 6.2: Collaborative Partnerships: Collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: Transitions: Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: Access and participation: effective partnerships support children's access, inclusion and participation in the program
  - Element 6.2.3: Community engagement: the service build relationship and engages with its community

### Quality Area 7: Governance and Leadership

- Standard 7.1: Governance supports the operation of a quality service
  - Element 7.1.1: Service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: Management Systems: Systems are in place to manage risk and enable effective management and operation of a quality service
  - Element 7.1.3: Roles and Responsibilities: Roles and Responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

## Aim

To ensure all staff and persons who are authorised to deliver and/or pick up a child are aware of the procedure when children are not picked up by the centre's closing time.

## When To Use This Policy

1. When an authorised person to deliver and/or pick up a child is unusually late and educators have not been notified that they would be late.
2. Once the Centre closes at 6.00pm.

## Specific Process Steps

- **At 5.50pm the staff are to attempt to contact Families/guardians/carers of children who are still at the Centre and who are not normally late pick ups.**
- If no contact can be made with Families, call the Nominated Supervisor immediately.
- If the Nominated Supervisor is away or unreachable, call the Consultant immediately.
- At 6.00pm, if no contact can be made with Families, staff will call all available emergency contact persons.
- If no emergency contact persons can be contacted by the educators, the Nominated Supervisor or Consultant will call DECS Helpline 132 111 and the police immediately and without undue delay.
- Staff will stay with the child whilst DECS and/or police are present. This will provide children with a sense of security and with a familiar face.
- The two (2) late shift staff will stay with the children until Families arrive.
- For every minute after 6.00pm, a late fee of \$2.00 per minute will apply.
- A late pick up sheet will be completed and signed by both staff and the parent when/if they collect the child/ren to acknowledge the late fee and agree to payment.
- If there is a continuous reoccurrence of late fees, nominated supervisor can arrange a meeting to discuss the matter with Families which may lead to suspension or cancelation of care.

## Staff Techniques

- To be aware if a child maybe a late pick up.
- To follow the above procedure.
- Stay with the child until Families arrive, regardless if DECS or police are present.
- Reassure the child.
- Record details of late pick up in the Centre diary, located in the Office. E.g. child's name, time collected, who collected child, other details etc. Both staff are to sign.

## Education and Care Services National Regulations

Not Applicable

## Related Policies

- Arrivals and Departures
- Supervision
- Family Grievances
- Staff Roster
- Residency
- Record Keeping

## Sourced

- Succeed Consultancy
- Allen, E. *Best Practice Guide*, Succeed Consultancy 2010.

Policy Review	
Developed	June 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 49 POLICY: Parent Grievance

### National Quality Standard

This policy relates to:

#### **Quality Area 4: Staffing Arrangements**

- Standard 4.1: Staffing Arrangements: Staffing Arrangements enhance children's learning and development
  - Element 4.1.2: Continuity of staff: Every effort is made for children to experience continuity of educators at the service

#### **Quality Area 5: Relationships with children**

- Standard 5.1: Relationships between educators and children: Respectful and equitable relationships are maintained with each child
  - Element 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**

- Standard 6.1: Supportive Relationships with families: Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: Families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
  - Element 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
- Standard 6.2: Collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program

#### **Quality Area 7 Governance and Leadership**

- Standard 7.1: Governance: Governance supports the operations of a quality service
  - Element 7.1.1: service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and Responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service
- Standard 7.2: Leadership: Effective Leadership builds and promotes organisational culture and professional learning community
  - Element 7.2.3: Development of professionals: educators, co-ordinators and staff members performance is regularly evaluated and individual plans are in place to support learning and development

## Aim

To allow Families the opportunity to offer feedback in a constructive manner. This will be handled promptly, confidentially and resolved as quickly as possible.

## When To Use This Policy

When any form of complaint arises from Families

## Specific Process Steps

- The Family(s) are encouraged to approach the staff involved if they feel comfortable.
- If the Family(s) feel uncomfortable in approaching the staff, they should approach the Nominated Supervisor immediately.
- The Nominated Supervisor will discuss the issue with the Family(s) and investigate the issue.
- The initial complaint is recorded immediately on the "*Grievance Form*". Either by the Family(s) or staff involved.
- Family(s) discussion, subsequent details, action taken and conclusion are recorded on the grievance form as they evolve.
- All grievances are to be reported to the Consultant /General Manager via the "*Weekly Overview*" or immediately over the phone.
- A meeting may be called with one or all parties depending on the severity of the case.
- An action plan may be formulated, stating a time frame to address the issues or concerns. If this is the case, the parties involved will be required to sign this.
- The Family(s) will be invited to discuss the outcome with the Nominated Supervisor.

## Staff Techniques

- To be confidential in regards to any complaints.
- To relay complaint directly and immediately to the Nominated Supervisor.
- To relay complaint to Consultant on "*weekly snapshot / weekly overview*" and/or via phone.
- To use active listening skills.
- To use open communication.
- To use effective conflict resolution skills.
- To give the Family(s) a "*grievance form*", explaining that the centre requests it to be completed and returned to the Nominated Supervisor.
- If Family(s) does not want to complete the form, the staff who took the complaint are to complete the "*grievance form*".
- Any complaint or grievance made anonymously will not be followed up or have any action taken unless it involves issues relating to child protection.

- At no time is any staff member to be threatened or abused by any Family(s) If this occurs the staff member is to calmly state “I don’t like to be spoken to in this manner and I will not be discussing the issue any further”. The Family(s) will then be asked to leave the centre. If they refuse to leave the Police are to be called immediately. The Nominated Supervisor or Operations Manager / Consultant will follow up on the issue until it is resolved.
- A second staff member is to continue to calmly ask the Family to leave the premises.
- If the staff member feels in danger at any point they are to lock themselves in the team toilet. If the toilet is in use, the staff member is to remove themselves from the situation and seek the presence of another staff member.
- If the situation worsens the Service Lock Down Procedure is to be implemented. Staff on duty are to gather all children into one room, calming the children through interactions. E.g. songs. Two (2) staff to go together and lock all external doors and windows into the centre and wait for the Police.
- The Approved Provider or Nominated Supervisor must notify the regulatory authority of any complaints or incidents using the NL01 form within 24 hours of the incident/grievance being lodged with the Centre. A copy of this must be kept at the centre for centre record.

## Education and Care Services National Regulations

Not Applicable

## Related Policies

- Centre Lock Down Procedure
- Emergency
- First Aid
- Indoor Supervision
- Outdoor Supervision
- Record Keeping
- Safety
- Staff Disciplinary
- Staff Grievance

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Education and Care National Regulations

## Policy Review

<b>Developed</b>	<b>November 2005</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 4.10 POLICY: Parent Involvement

### National Quality Standard

This policy relates to:

#### **Quality Area 1: Educational Program and Practice**

- Standard 1.3: Assessment and Planning: Educators and co-ordinators take a planned and reflective approach to implementing the program for each child
  - Element 1.3.3: Confirmation for families: families are informed about the program and their child's progress

#### **Quality Area 6 - Collaborative Partnerships with Families and Communities**

- Standard 6.1: Supportive Relationships with families: Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: Families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
  - Element 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
- Standard 6.2: Collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program
  - Element 6.2.3: community engagement: the service build relationships and engages with its community

#### **Quality Area 7 Governance and Leadership**

- Standard 7.1: Governance: Governance supports the operations of a quality service
  - Element 7.1.1: service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and Responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service

### **Aim**

To build a two-way trusting relationship with Family's and guardians. To provide Family's with a sense of ownership of and belonging to the centre. To create an environment of respect, understanding, growth and acceptance for all families to assist the centre to grow and develop reflecting the families' and communities' needs.

## When To Use This Policy

1. Upon enrolment.
2. During operating hours and at times of extra curricular activities outside, operating hours.

## Specific Process Steps

- Family participation availability and/or interests are to be collected at the time of enrolment on the enrolment form. This information is able to be used to access Family's interests, talents etc. to seek further enhancement both to the program and the centre.
- Families are to be offered an orientation at the time of enquiry and on enrolment. Key areas to be shown and discussed include sign in and out sheets, "Open Door Policy", account folders, tour of the centre, program and program displays, Family corners, Family participation, medication forms, incident procedure, menu, procedures to give feedback etc.
- The centre is to take on an "Open Door Policy" where all families are encouraged and are welcome to drop in any time of the day to view the centre's operations, visit their child or just drop in.
- Family meetings are to be offered bi-annually. Agendas are to be set, minutes typed and displayed in the next service newsletter. Time is to be allowed for questions and feedback.
- Families are to, at all times, be greeted and farewelled. Points of interest are to be used as conversation starters E.g. their children. This will begin a two-way reciprocal relationship.
- Families are to be given opportunities daily to offer their involvement and feedback on the programs within the Centre through a "Family Feedback" area on all programs daily and the centre's online platform Story park/KinderM8. Staff will record (in writing) verbal feedback received from Family's.
- Family suggestion boxes are to be available in the foyer area and in all rooms. These are placed within the Family corners.
- Families are to be offered two (2) formal Family/teacher interviews annually to discuss their child's growth and learning, as well as have the opportunity to offer feedback on the program.
- Family events are to be held bi-monthly to encourage positive relationships being built, to create a sense of community belonging and an opportunity for families and educators and community members to build closer bonds.
- Family's will be invited to participate in the Centre's Assessment and Rating Process and Continuing Quality Improvement Plan process through Family nights, surveys, information corners and newsletter articles.
- Family's will be given the opportunity periodically throughout the year to provide feedback on all of the centre policies and procedures.

## Staff Techniques

- To offer all families at enquiry an orientation of the centre.
- To utilise information collected in the enrolment form to assess family's interests and availability in centre involvement.
- To build trusting two-way relationships with all families.
- To welcome and farewell each child and family on arrival and departure.
- To learn Family's names, as well as those of the authorised persons who deliver and collect children.
- To attend at least two (2) Family meetings per year, per staff member.
- To provide a "Family feedback" section on the program daily.
- Staff will document (in writing) verbal Family feedback in the "Family feedback" section of the program.
- To provide a suggestion box in the foyer and in each room.
- To plan Family meetings, family events and newsletters in a timely manner.
- To advise Families of upcoming events in a timely manner using several methods of delivery. E.g. newsletters, posters, bag drops, one on one, email, etc.
- To plan well in advance Family/teacher interview dates, times and schedules.
- Family's involvement within the centre will at all times be respected, regardless of input, attendance or assistance.
- Allow families to provide feedback on all the centre's policies and procedures.

## Education and Care Services National Regulations

Not Applicable

## Related Policies

- Arrival and Departures
- Excursions
- Family Orientation
- Family Grievance
- Programming
- Record Keeping

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Early Childhood Australia <http://www.earlychildhoodaustralia.org.au>

Policy Review	
Developed	January 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 4.11 POLICY: Priority of Access

### National Quality Standard

This policy relates to:

#### **Quality Area 4: Staffing Arrangements**

- Standard 4.2: Professionalism: Management, educators and staff are collaborative, respectful and ethical
  - Element 4.2.2: Professional standard: professional standards guide practice, interactions and relationships

#### **Quality Area 6 – Collaborative Partnerships with Families and Communities**

- Standard 6.1: Supportive Relationships with families: Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: Families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
- Standard 6.2: Collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program

#### **Quality Area 7 Governance and Leadership**

- Standard 7.1: Governance: Governance supports the operations of a quality service
  - Element 7.1.1: service philosophy and purpose: a statement of philosophy guides all aspects of the services operations
  - Element 7.1.2: management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and Responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service

### **Aim**

The centre will follow the Priority of Access Guidelines at all times when enrolling children. The waiting list application will reflect these guidelines to ensure that care is provided to families using these priorities.

### **When To Use This Policy**

1. When families make enquiries for enrolments at the centre.
2. When showing prospective Families through the centre.
3. When a new child commences at the centre.
4. When centre occupancy is full and a parent requires a position on that day

## Specific Process Steps

- The priority of access guidelines followed by long day care services are set by the Family Assistance Law. These are:
- **Priority 1:** A child at risk of serious abuse or neglect
- **Priority 2:** A child of a single Family who satisfies or of both Families who satisfy the work/training/study test under section 14 of the “A New Tax System (Family Assistance) Act 1999”.
- **Priority 3:** Any other child.
- Within these three priority categories, precedence should also be given to children in:
- Aboriginal and Torres Strait Islander families, families which include a person with a disability, families on lower incomes, families from culturally and linguistic diverse backgrounds, socially isolated families, single Parent families and Children in their year before school (with highest priority given to children closest to school entry)
- For the centre to ensure that the above priority guidelines are clearly explained to families enrolling at the service.
- For the centre to have the above information clearly written and stipulated within their Family / service information book.

## Staff Techniques

- For staff to be aware and know the priority of access guidelines
- For the staff to educate families on this if required throughout the enrolment process
- To adhere to the above priority guidelines when enrolling families or offering families a position from the centre’s waitlist

## Education and Care Services National Regulations

Not Applicable

## Related Policies

- Child Development
- Inclusion
- Family Grievance
- Record Keeping
- Orientation
- Confidentiality
- Child Protection

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
- Australian Government Department of Education <https://www.dese.gov.au/early-childhood-and-child-care-case-studies/resources/priority-access-guidelines-child-care-services>

Policy Review	
Developed	January 2006
Last Reviewed	17 September 2023
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## 4.12 POLICY: Privacy

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's health and safety**

- Standard 2.2: Safety: Each child is protected
  - Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
  - Element 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 and neglect

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.2: Professionals: Management, educators and staff are collaborative, respectful and ethical
  - Element 4.2.2: Professional standards: professional standards guide practice, interactions and relationships

#### **Quality Area 5: Relationships with children**

- Standard 5.1: Relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained

#### **Quality Area 7: Governance and Leadership**

- Standard 7.1: governance: Governance supports the operation of a quality service
  - Element 7.1.1: Service philosophy and purpose: a statement of philosophy guides all aspects of the service operations
  - Element 7.1.2: Management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service
- Standard 7.2: Leadership: effective leadership builds and promotes a positive organisational culture and professional learning community
  - Element 7.2.3: development of professionals: educators, co-ordinators and staff members performance is regularly evaluated and individual plans are in place to support learning and development.

### **Aim**

To protect the privacy of all personal and sensitive information collected by the centre. To respect the need for confidentiality in regards to children, families and staff members.

### **When To Use This Policy**

1. At enrolment.
2. During operational hours.
3. When a breach of confidentiality has occurred.

4. Staff are expected to carry this policy out in non-working hours, respecting the centre's expectations in regards to confidentiality. To be implemented in respect to all stakeholders: children, families, colleagues, volunteers, management and owners.

## Specific Process Steps

- The centre will comply with the Commonwealth Privacy Act 1998-Privacy Amendments (Private Sector) Act 2009.
- The centre will follow the standards of the National Privacy Principles to regulate the way in which our centre manages personal and sensitive information.
- The centre requires certain information to be collected and to be achieved in accordance with the regulatory framework of operating a Children's Service.

### Collecting Information

- Personal information will only be collected and used specifically for the purpose of delivering and operating a Children's Service.
- Persons providing the information will be given appropriate access to the information and be advised about the purpose for collection of the information.
- Collection of information will be limited to the amount that is necessary for the Centre's activities. It is generally only collected with the consent of the individual.
- Personal information- Disclosure of information should only be used for the purpose for which it was collected and stated. This is with limited exceptions, and can only be used for a secondary purpose when it relates specifically to the primary purpose of the collection of the information.
- Sensitive information can only be used when informed consent is obtained at the time the information was collected.
- The centre will disclose personal and sensitive information to the staff for the specific and single purpose of administration and education and care of children.
- The centre will obtain Family permission before disclosing a child's personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapist's doctors and/or counsellors.
- Personal information collected about children is disclosed regularly to their Families. On occasions, information such as children personal achievements, child portfolios and photos are displayed within the boundaries of our centre building. Permission for this to take place is granted or denied at the time of enrolment in writing.
- The centre from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent or for any other reason than for the purpose in which it was collected and stated.

- The centre will disclose specific information, including your child’s name, age and specific needs to the educators of your child.
- The centre may include your emergency contact details in a contact directory. Access to such directories is limited to the staff within and boundaries of the service.
- If you provide the centre with personal information of others such as doctors, emergency and delivering and collecting contacts, we encourage you to inform such persons that you are disclosing such information to the centre and why.

#### **Data Quality**

- The centre takes all reasonable precautions to ensure personal information that we collect, use and disclose is accurate, complete and up to date. However, the accuracy of such information depends to a large extent on the information that is provided by the individuals.
- Individuals will be required to advise our centre of any changes that may affect the initial information provided.
- The Approved Provider of the centre will ensure information is collected and maintained in accordance with the Education and Care Services National Regulations 2011.

#### **Data Security**

- The centre will protect personal information from misuse, loss, change, unauthorised access and disclosure.
- The licensee of the centre will ensure personal information is stored in accordance with the Education and Care Services Regulations 2011.

#### **Openness, Access and Correction**

- Families may seek access to personal information collected about them and their child through contacting the centre.
- Children may also seek access to personal information about themselves.
- However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the centre’s duty of care to the child, where children have provided information in confidence and in the event that a court order is in place preventing contact with the child.

#### **Identifiers**

- The centre recognises that Government identifiers will only be used for the purpose for which it was issued.

#### **Anonymity**

- The centre will offer anonymous transactions within the organisation wherever possible.

## Sensitive Information

- The centre respects the rights of individual's sensitive information.
- Sensitive information relates to information about an individual's religious beliefs, racial or ethnic origin, philosophical beliefs, political opinions, membership of a political association, membership of a trade union, sexual preferences or practices, criminal records or health information.
- Sensitive information can only be collected with an individual's consent to do so.
- Sensitive information can only be used when informed consent is obtained at the time the information was collected.
- All sensitive information collected such as enrolment forms, staff forms etc are to be kept secure and confidential at all times through a locked device.

## Staff Techniques

- To follow the Privacy Policy during centre operating hours and after hours.
- Maintain confidentiality in regards to children, Families and staff through all interactions and conversation with staff, Families, guardians, families, children and visitors.
- To file administration using Centre procedures to ensure confidentiality is at all times maintained.
- To maintain secure records within the centre.
- To keep administration private. E.g. incident reports so others are unable to view.
- Information about the centre, other staff, Families, visitors or the centre is not to be posted on any social or media websites and can result to employment being terminated.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.4 Staffing Arrangements

Division 9 Staff and educator records (whole section)

### Part 4.7 Leadership and Service Management

Subdivision 1 (whole section)

## Related Policies

- |  |                           |
|--|---------------------------|
| • Behaviour Management and Positive Guidance | • Induction               |
| • Biting                                     | • Infection Control       |
| • Child Abuse and Neglect                    | • Family Grievance        |
| • Child Development                          | • Record Keeping          |
| • Development and Training,                  | • Residency Orders        |
| • Disciplinary                               | • Sickness and Medication |
| • Inclusion and Anti Bias                    |                           |

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Education and Care Services National Regulations
- Commonwealth Privacy Act 1998. Australian Government.
- Privacy Amendments (Private Sector) Act 2000. Australian Government.
- Morphet, D.J. *National Principles in Privacy* 2010.

Policy Review	
Developed	May 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 4.13 POLICY: Residency Order

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's health and safety**

- Standard 2.2: Safety: Each child is protected
  - Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
  - Element 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 and neglect

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.2: Professionals: Management, educators and staff are collaborative, respectful and ethical
  - Element 4.2.2: Professional standards: professional standards guide practice, interactions and relationships

#### **Quality Area 5: Relationships with children**

- Standard 5.1: Relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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**

- Standard 6.1: Supportive relationships with families: respectful relationships with families are development and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
- Standard 6.2: Collaborative Partnerships: Collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.2: Access and Participation: Effective partnerships support children's access, inclusion and participation in the program.

#### **Quality Area 7: Governance and Leadership**

- Standard 7.1: governance: Governance supports the operation of a quality service
  - Element 7.1.1: Service philosophy and purpose: a statement of philosophy guides all aspects of the service operations
  - Element 7.1.2: Management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service
- Standard 7.2: Leadership: effective leadership builds and promotes a positive organisational culture and professional learning community
  - Element 7.2.3: development of professionals: educators, co-ordinators and staff members performance is regularly evaluated and individual plans are in place to support learning and development.

## Aim

Staff are aware of children within the centre who have Residency Orders against the Families or any other persons. Staff are aware of the procedures to follow if a situation arises regarding the Residency Order.

## When To Use This Policy

1. When a Residency Order is in place.

## Specific Process Steps

- When Families enrol at the centre they are asked if there are any Residency Orders involving the particular child.
- If there is a Residency Order in place, the centre is to ensure a copy is received for the centre records and is filed on the individual child's file.
- If a Family(s) states that their child is not to go with the other Family(s), the centre must explain that we need a current and authorised Residency Order to hold the child legally.
- If an unauthorised person comes to pick up a child, the child will not be allowed to go unless the staff and/or child's lives are put in danger. – this doesn't make sense to me?
- Authorised persons unfamiliar to staff will be asked for photo identification when they enter the centre. E.g. Driver's license or passport.
- If the centre does not have a copy of the Residency Order and a Family arrives to collect the child, the centre has no authority to stop them – despite any request from the other Family(s)
- If Family(s) ask staff to do or say anything illegal against another Family(s) staff MUST refuse. A Family(s) do have the right to read developmental records and observations of their child. Only Licensing has the authority to involve staff in legal proceedings.
- If a Family(s) starts talking to staff about confidential matters within the classrooms, they MUST be re-directed to the office. Any such conversations must be then documented. staff must suggest the Family(s) consult with the Nominated Supervisor or the Consultant / Operations Manager.
- When making observations or documenting, staff MUST only write facts. There must be no personal or Family(s) interpretations.
- Staff MUST not become personally involved in family situations. If staff feel they are stressed or unable to professionally deal with such situations they are to seek advice and/or assistance from the Nominated Supervisor or the Consultant / Operations Manager immediately.
- Our priority is to care for the child. Staff's behaviour and interactions with the child MUST remain continuous and uninhibited.
- Child Protection Officers must display identification/authority cards before visiting a child or removing them from centre. Staff are required to photocopy such identification.

- All verbal and written information involving family situations MUST remain confidential. Information is not to leave the centre or be discussed outside the centre. Refer to Privacy Policy for more specific Policy procedures.
- A 'Residency Order' list will be displayed in the Office and team Room so all staff are aware of the children involved in such Orders. Where possible, the person whom the order is against and the child's photo are to be displayed as well.

## Staff Techniques

- To adhere to above procedures when implementing the daily routine within the centre.
- To be confidential in any issues that may arise. See Privacy Policy.
- To be aware of any Residency Orders that are in place and the conditions of the Residency Order.
- To ring the Police immediately if persons stated on a Residency Order comes to the centre or are observed within the grounds or close proximity to the centre.
- Ring the legal guardian of the involved child to inform them of the situation.
- Explain to the person stated on the Residency Order that the centre is not to allow the child to leave with them due to a Residency Order being in place, that they are required to leave the centre immediately and that the Police have been notified.
- Only let the child go if your life or the child's life is in danger.
- Attempt to get a description of clothes, appearance, height, direction heading and vehicle's registration and the make and model to assist the Police.
- Ring Police again explaining the situation and passing on such details.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.7 Leadership and Service Management**

**Division 1, Subdivision 1** (whole section)

**Division 3, Subdivision 4** (whole section)

## Related Policies

- |                           |                    |
|---------------------------|--------------------|
| • Arrival and Departures  | • Safety           |
| • Child Abuse and Neglect | • Emergency        |
| • Induction               | • Family Grievance |

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
- Education and Care Services National Regulation

<b>Policy Review</b>	
<b>Developed</b>	<b>June 2006</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 4.14 POLICY: Termination of Enrolment

### National Quality Standard

This policy relates to:

#### **Quality Area 4 - Staffing Arrangements**

- Standard 4.2: Professionals: Management, educators and staff are collaborative, respectful and ethical
  - Element 4.2.2: Professional standards: professional standards guide practice, interactions and relationships

#### **Quality Area 5: Relationships with children**

- Standard 5.1: Relationships between educators and children: respectful and equitable relationships are maintained with each child
  - Element 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**

- Standard 6.1: Supportive Relationships with families: Respectful relationships with families are developed and maintained and families are supported in their parenting role
  - Element 6.1.1: Engagement with the service: Families are supported from enrolment to be involved in the service and contribute to service decisions
  - Element 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
- Standard 6.2: Collaborative partnerships: collaborative partnerships enhance children's inclusion, learning and wellbeing
  - Element 6.2.1: transitions: continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
  - Element 6.2.2: access and participation: effective partnerships support children's access, inclusion and participation in the program

#### **Quality Area 7: Governance and Leadership**

- Standard 7.1: governance: Governance supports the operation of a quality service
  - Element 7.1.1: Service philosophy and purpose: a statement of philosophy guides all aspects of the service operations
  - Element 7.1.2: Management systems: systems are in place to manage risk and enable the effective management and operation of a quality service
  - Element 7.1.3: roles and responsibilities: roles and responsibilities are clearly defined, and understood and support effective decision-making and operation of the service

### **Aim**

For all children and staff to be in and maintain a safe environment, in which all children's needs are met within a group situation.

### **When To Use This Policy**

- When a child is affecting the safety and wellbeing of other children or staff who attend the center and the center has exhausted strategies and resources to support this child.
- When a child is unable to adjust to the environment and their wellbeing is at risk.
- When a Family routinely is late picking up.
- When a Family refuses to pay a bill or is continuously late with payments of their account.
- When a Family is being abusive to staff or other families who attend the service.
- When a Family refuses to comply with Centre's policies and procedures and does not comply with requests for the child's safety and wellbeing.

## Specific Process Steps

The decision to terminate will be based on the information presented above.

A decision to terminate care will be discussed and agreed upon with the Nominated Supervisor, management, the Operations Manager and owners of the Centre. The “Child Exclusion Policy” will also be referred to, to ensure all points have been implemented and followed.

Once this decision has been made the following procedure will be followed:

1. A meeting will be called with the family.
2. The assessment that leads to the decision will be given to the family outlining the reasons why care has been terminated.
3. The family will be given two weeks’ notice to assist them in finding an alternative means of care. This will be presented also in a formal letter.
4. All money owing and reimbursements will be outlined.
5. Staff are to follow the “child exiting procedure”

***The two weeks’ notice period may be waived should a family become disruptive to other families using the service or behave in a way that is damaging to the reputation of the service.***

## Staff Techniques

During this process staff are to:

- Document all behavior incidents.
- Follow and implement the Child Exclusion policy and if required other policies that relate to this incident e.g. Behaviour Management Policy.
- To maintain confidentiality.
- To initiate assessment through the Nominated Supervisor and Families.
- To access assistance from other professionals and or services (if needed)
- To be professional at all times.
- To treat the child and families with respect at all times and under all circumstances.
- To introduce and implement strategies to assist the child.
- To monitor the child’s progress and needs.
- To offer Families support and refer the Families to agencies for support, assistance and assessment.
- Document all meetings held with Families with date, time, content, people present and signatures and file in the child’s center file.
- To not terminate an enrolment unless this has been approved by the Centre Consultant / Operations Manager.

## Education and Care Services National Regulations

Not Applicable

## Related Policies

- Behavior Management
- Discipline
- Educational Programming
- Emergency
- Safety
- First Aid

## Sourced

- Succeed Consultancy
- Lady Gowrie, <http://www.gowrie-sydney.com.au>
- Anti-Discrimination Act 1977. NSW Government.

Policy Review	
Developed	February 2012
Last Reviewed	17 September 2023
Next Review	1 December 2024

# PART 5: SAFETY POLICIES

## 5.1 POLICY: Emergency

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2; Safety: Each child is protected

- Element 2.2.1: Supervision: At all times, reasonable precautions and adequate supervisions ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 4 - Staffing Arrangements**

Standard 4.2: Professionalism: Management, educators and staff are collaborative, respectful and ethical

- Element 4.2.2: Professional Standards: professional standards guide practice, interactions and relationships

#### **Quality Area 5 - Relationships with children**

Standard 5.1: Relationships between educators and children: Respectful and equitable relationships are maintained with each child

- Element 5.1.2: Dignity and rights of the child: the dignity and rights of every child are maintained

#### **Quality Area 7: Governance and Leadership**

Standard 7.1: Governance: Governance supports the operations of a quality service

- Element 7.1.2: Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service
- Element 7.1.3: Roles and responsibilities: roles and responsibilities are clearly defined and understood, and support effective decision-making and operation of the service

### **Aim**

*For staff to know and understand the procedures to follow in the event of an emergency.*

### **When To Use This Policy**

1. This policy is to be used whenever an Ambulance, Police, Fire Brigade or other emergency services are required to respond to any situation at the Centre.
2. When a medical emergency occurs.

## Specific Process Steps

- **Follow the detailed procedures set out in the Emergency & Evacuation Procedure document located in Appendix C of this manual, on the emergency board in the centre foyer, in each children's room and in the staff document portal.**
- An incident, accident or situation occurs.
- Staff are to ensure they and then the children are safe. E.g. isolate the area or apply first aid.
- Staff are to remove any children from the incident to minimise stress.
- Alert the closest staff member to initiate necessary external emergency services.
- Emergency services are informed of the situation.
- Staff will follow instructions given by the relevant emergency service.
- Staff will remain with the children, re-assuring them, monitoring and managing the situation.
- Staff will notify Families/guardians about the incident involving their child as soon as practically possible.
- In the event of a death of a child:
  - Phone the Ambulance to notify the death immediately and without undue delay.
  - Phone the Police immediately and without undue delay.
  - Phone the Managing Director immediately and without undue delay.
  - The Centre Director will contact the Families immediately and without undue delay.
  - Phone Children's Services and the regulatory authority immediately and without undue delay.

## Staff Techniques

- A minimum of two (2) staff members are always present whilst there are children at the Centre in accordance with required ratios as determined by the Regulations, whichever is greater.
- In the event of an emergency, staff are responsible for assisting babies and children's need for safety, according to established procedures.
- Families are informed as soon as the situation is under control or as part of the protocol as specified in the particular emergency procedure, which ever comes first.
- Licensing are informed as soon as the situation is under control or as part of the protocol as specified in the particular emergency procedure, which ever comes first.
- It is expected that staff are to maintain qualifications in Child Care First Aid (course code HLTAID012 - Provide First Aid in an education and care setting)

- We aim to have minimum of two (2) staff members will be trained on basic Fire Extinguisher training.
- Staff are made aware of and are trained in specific procedures to deal with emergencies.
- Mock drills to test and practice the emergency procedures are conducted every three (3) months. Written records are kept and the procedures will be evaluated and outcomes will be discussed at subsequent staff meetings.
- Staff are trained in completing incident reports to comply with legal requirements.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.2 Children’s Health and Safety** (whole section)

## Related Policies

- Induction
- Privacy
- Recruitment
- Medical Conditions
- First Aid
- Asthma
- Anaphylaxis
- Safety
- Providing a child safe environment
- Storage of Dangerous Substances
- Work Health and Safety
- Child Protection
- Illness and Medication
- Infection Control
- Residency Order
- Staff Disciplinary
- Staff Grievance

## Sourced

- Succeed Consultancy
- Safe Work NSW <https://www.safework.nsw.gov.au/your-industry/education-and-training>. Accessed 12/21
- Education and Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- St John’s First Aid Course Codes

Policy Review	
Developed	January 1999
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 5.2 POLICY: Equipment

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - educational Program and Practice**

Standard 1.2: Practice: educators facilitate and extend each child's learning and development

- Element 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 2 - Children's health and safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervisions: at all times, reasonable precautions and adequate supervisions ensure children are protected from harm and hazard

#### **Quality Area 3 - Physical Environment**

Standard 3.1: Design: the design of the facilities is appropriate for the operation of a service

- Element 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
- Element 3.1.2: upkeep: premises, furniture and equipment are safe, clean and well maintained

Standard 3.2: Use: the service environment is inclusive, promotes competence and supports exploration and play based learning

- Element 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
- Element 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
- Element 3.2.3: environmentally responsible: the service cares for the environment and supports children to become environmentally responsible.

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance supports the operation of a quality service

- Element 7.1.2: Management Systems: systems are in place to manage risk and enable the effective management and operation of a quality service

### **Aim**

*For the centre to ensure that adequate equipment levels are sufficient, in good repair and well maintained.*

### **When To Use This Policy**

1. To be used during the routine of the day and at the time of replenishing, repairing or replacing equipment.

## Specific Process Steps

- The centre equipment is at all times to be treated with respect and cared for.
- Staff are to be active role models in how equipment is to be treated.
- Staff are to encourage and support children in caring for the equipment through behaviour management strategies and the setting of clear limits which are reinforced.
- Equipment is to be disinfected as outlined in weekly, fortnightly and monthly “cleaning charts”.
- A centre inventory equipment list is to be compiled and kept up to date, recording breakages and new equipment purchases.
- Staff are to notify the Director / Nominated Supervisor of any equipment in need of repair or replacing through the maintenance procedure.
- Replacement of equipment may be sought through the Centre’s Insurance and the Director / Nominated Supervisor must seek approval from the centre’s consultant prior to any claims being conducted through insurance.
- The Director / Nominated Supervisor is to clarify this with the consultant and a claim may be sought.
- Repair of equipment is to be communicated to the maintenance person via the “Weekly Snapshot / Weekly Overview”.
- New equipment in need of purchasing may be decided on a room rotation level or through a Centre goal wish list, having a priority order.
- New equipment is to be ordered and purchased bi-monthly in accordance with the centre budget or approval from the centre Consultant via an Over Budget Request
- Equipment orders are to be supported with an invoice and or receipt and be reconciled at the end of the month.
- New equipment is to be checked off the purchase order and added onto the centre inventory.
- No equipment is to be donated to the centre by families or community members.
- No equipment should be left at the premises as a donation. If this occurs ring your council for dumped trash and place a laminated sign at the entrance reminding families, we do not accept donations. In repeated instances contact current families via our communication channels, place larger and clearer reminders in or near the dumping area.

## Staff Techniques

- Staff are to pack away, clean and respect equipment.
- Staff are to be active facilitators in teaching children how to treat and respect the centre’s equipment through positive language and role modelling.
- Staff are to implement and complete weekly, fortnightly and monthly “cleaning charts”.

- A priority list of equipment is to be compiled either for each room or as a centre.
- Orders are to take place in accordance with bi-monthly purchasing dates.
- The purchases are to be communicated to families and educators through the newsletters, photographs, staff/Family meetings, to support the centres commitment to ongoing improvement.
- Purchases are to be added onto the centre inventory list as they are received at the centre.
- All damaged or broken equipment in need of repair or replacing is to be recorded via the maintenance procedure.
- It is the Directors / Nominated Supervisors responsibility to ensure equipment in repair or replacement is dealt with in an efficient and timely manner. E.g. added onto maintenance list, a claim made or added onto the centre and/or room priority lists.
- If staff bring in their own resources it is done so at their own risk and the centre takes no responsibility of the them.
- Any resources bought into the centre by staff must be signed in and out of the centre by the Centre Director and any such notice is to be placed on the staff file.
- The Director is to ensure they are fit for purpose e.g. from a reputable child care equipment supplier; safe and age appropriate.
- At the time of staff exiting the centre the staff member is to be supervised and sign off agreeing that their resources have been returned to them

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.3 Physical Environment** (whole section)

## Related Policies

- Behaviour Management and Positive Guidance
- Child Development
- Inclusion and Anti Bias
- Infection Control
- Induction
- Work Health and Safety
- Maintenance
- Supervision
- Program Policy

## Sourced

- Succeed Consultancy
- Education and Care Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

<b>Policy Review</b>	
<b>Developed</b>	<b>January 1999</b>
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<b>Next Review</b>	<b>1 December 2024</b>

## 53 POLICY: Extreme Weather

### National Quality Standard

This policy relates to:

#### **Quality Area 2- Children's Health and Safety**

- Standard 2.1- Health
  - Element 2.1.2 Health Practices and Procedures
- Standard 2.2- Safety
  - Element 2.2.2 Incident and Emergency Management

#### **Quality Area 3- Physical Environment**

- Standard 3.1- Design
  - Element 3.1.1 Fit for Purpose

### **Aim**

To ensure all children and staff are safe throughout severe weather conditions.

### **When To Use This Policy**

During Extreme Weather conditions such as severe snow, poor air quality or extreme heat.

### **Specific Process Steps**

#### **Extreme Heat**

- Children are to be kept indoors when temperature is over 35° or UV has exceeded 10.
- Children are to be encouraged to drink lots of water.
- In the event of a power outage- power companies are to be contacted to determine the time the outage will occur for. If longer then 1 hour and it is deemed unsafe to remain at the centre an emergency evacuation will occur. All parents are to be contacted to collect their child as soon as safe to do so.

#### **Low Air Quality**

- When the Air Quality Value is over 100 (Refer to Air Quality Index) children are to be kept indoors, all windows are to be closed and Air conditioners are to be always running to filter air.
- External doors are to be kept closed as much as possible and trips in-out of building are to be limited.
- Children and staff with respiratory issues are to be closely monitored for signs of breathing distress and Medical Condition Management/Action plans to be reviewed by Nominated Supervisor/Director to ensure first aid measures are familiar and current.

## Staff Techniques

- To remain calm and aid the children in staying calm throughout these events.
- To have up to date First Aid Training.
- Rolls (with contact numbers) are to be printed and easily accessible by all staff.
- To monitor sun smart app before taking children outdoors
- Emergency company contact numbers are to be displayed at all times (Electrical company numbers)

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.3 Physical Environment

#### Division 2 General

113 - Outdoor space—natural environment

115 - Premises designed to facilitate supervision

## Related Policies

- Sun Protection Policy
- Determining the Responsible Person Policy

## Sourced

- Succeed Consultancy

Policy Review	
Developed	November 2021
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## 54 POLICY: First Aid

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health: each child's health and physical activity is supported and promoted

- Element 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
- Element 2.1.2: Health practices and procedures: effective illness and injury management and hygiene practices are promoted and implemented

Standard 2.2: safety: each child is protected

- Element 2.2.2: incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- Element 2.2.3: child protection: management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

#### **Quality Area 4: Staffing arrangements**

Standard 4.2: Professionalism: management, educators and staff are collaborative, respectful and ethical

- Element 4.2.1: Professional Collaboration: management, educators and staff work with mutual respect and collaboratively and challenge and learn from each child, recognising each child's strengths and skills
- Element 4.2.2: Professional standard: Professional standards guide practice, interactions and relationships

#### **Quality Area 5 - Relationships with children**

Standard 5.1: Relationships between educators and children: Respectful and equitable relationships are maintained with each child

- Element 5.1.2: Dignity and rights of the child: the dignity and rights of every child are maintained

#### **Quality Area 7: Governance and Leaderships**

Standard 7.1: Governance: Governance supports the operations of a quality service

- Element 7.1.2: Management Systems: systems are in place to manage risk and enable the effective management and operations of a quality service
- Element 7.1.3: Roles and Responsibilities: roles and responsibilities are clearly defined and understood, and support effective decision-making and operation of the service

### **Aim**

For staff to be trained to implement First Aid within the centre environment and to ensure First Aid kits are up to date and well stocked.

### **When To Use This Policy**

1. After any incident, accident or injury.
2. When ensuring First Aid kits are valid and stocked.

### 3. When the Centre is Operational

## Specific Process Steps

### ADMINISTRATING FIRST AID

- After any illness, accident or injury, the child should be closely examined for injury.
- An ice pack should be used on any bites, bruising or swelling.
- Gloves are to be used for all bodily fluids such as blood, urine, faeces, and vomit.
- Cover grazes appropriately. E.g. band-aids, 'Betadine' or antiseptic cream.
- Complete a Centre "Incident Report" for all incidents via Kinderm8.
- Ensure a second staff member witnesses the report and signs it.
- Notify the Director / Nominated Supervisor about the incident before the Family or guardian signs the form.

### HEAD INJURIES

- Administer appropriate first aid
- Ring Families for all head related injuries and incidents.
- After any head injury to the child's head, regular follow-up observations should be made for:
  - Consciousness
  - Shock
  - Headache
  - Giddiness
  - Nausea
  - Vomiting
  - Drowsiness
- If any of the above are observed dial 000 for an Ambulance and contact the child's Families or guardians immediately.
- Any head injury should be reported to the Families or guardians as soon as possible by telephone.
- To notify the centre Consultant / Operations Manager as soon as possible.

### OTHER SERIOUS INJURIES

- For any injury not treatable with first aid e.g. broken bones, excessive bleeding, immediately dial 000 for an Ambulance and the child's family
- To also notify the centre Consultant / Operations Manager as soon as possible.
- For any injury or illness that needs medical attention- these are to be reported via a Notice of Serious Incident via the ACEQA portal

### INCIDENT REPORTS

- Should be written when:
  - Head injuries occur
  - Other serious injuries occur
  - One child bites another
  - Grazes which result in broken skin
  - Cuts with scissors
  - Falls resulting in any injury
  - Conflict between children causing harm
- Families are to be notified of all Accident/Incident & Illness reports as soon as practicably possible and they are to be signed within 24 hours.
- The Director / Nominated Supervisor to read, check for full and correct completion and sign off and leave in Accident/Incident & Illness report register.

## Staff Techniques

- For staff to follow DRSABC, (Danger, Response, Send for Help, Airways, Breathing, Circulation) when administering First Aid.
- To have first a First Aid kit in all outdoor areas when children are engaging in outdoor play.
- To take a valid and stocked First Aid Kit on all excursions and the bus.
- To stay **calm**.
- Offer the child comfort.
- Always deal with the injured child first.
- Communicate with the Family, immediately, as soon as possible or at departure time, whichever is required.
- To complete “Incident Reports” in full and correct descriptive detail and sign as soon as possible and within 24 hours.
- Ensure a second staff member signs the “Incident Report” as a witness.
- Families or guardians are to sign every “Incident Report” and to be aware of access via kinderm8.
- An assigned Work Health Safety Officer/Nominated Supervisor is to maintain regular quarterly checks on all First Aid kits within the Centre, ensuring they are sufficiently stocked and valid.
- All staff should be aware of contents in the First Aid kit and communicate any supplies needed.
- That there are to be icepacks in each fridge.
- It is the responsibility of each staff member and expectation that all staff uphold a current Child Care Approved First Aid certificate; this includes an anaphylaxis and asthma training component.
- Staff are to be rostered as per the Education and Care Regulations as per first aid requirements.
- Complete a Notice of Serious Incident through the NQA IT portal <https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx>
- Service policies and procedures are adhered to at all times
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring

### **SERIOUS INJURY, INCIDENT OR TRAUMA**

- In the event of any child, educator, staff, volunteer or contractor having an accident at the Service, an educator who has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children. Procedures as per our Administration of First Aid Policy will be adhered to by all staff.
- **DEFINITION OF SERIOUS INCIDENT**: Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service through the NQA IT System
  - 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 or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g. severe asthma attack, seizure or anaphylaxis)

(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, with any evidence attached.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.2 Children's Health and Safety

#### Division 1 - 5

## Related Policies

- Handwashing
- Indoor Supervision
- Induction
- Outdoor Supervision
- Emergency
- Medical Conditions
- Privacy
- Recruitment
- Staff Grievance
- Work Health and Safety
- Providing a Safe Environment

## Sourced

- Succeed Consultancy
- National Regulations
- St John Ambulance <http://www.stjohn.org.au> Accessed 12/21
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

<b>Policy Review</b>	
<b>Developed</b>	<b>January 2007</b>
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<b>Next Review</b>	<b>1 December 2024</b>

## 55 POLICY: Bushfire

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2; Safety: Each child is protected

- Element 2.2.1: Supervision: At all times, reasonable precautions and adequate supervisions ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 7: Governance and Leadership**

Standard 7.1: Governance: Governance supports the operations of a quality service

- Element 7.1.2: Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service
- Element 7.1.3: Roles and responsibilities: roles and responsibilities are clearly defined and understood, and support effective decision-making and operation of the service

### **Aim**

- Providing safe environments and evacuation procedures for all children in care with the service in the event of a Bushfire emergency.
- Fulfilling our duty of care to children using the service.
- Responding in a responsible manner in the event of Bushfire in the local area.
- The primary responsibility of the educator is to ensure the safe evacuation of children in care when instructed to do so by the relevant authorities.

### **When To Use This Policy**

Any time there is a threat or a Bushfire event, as directed by emergency services

### **Specific Process Steps**

The Wyoming centre has an approved Bush Fire Emergency Management and Evacuation Plan which should be followed in the event of a Bush Fire Emergency.

### **Staff Techniques**

- Using a range of scenarios, practice emergency evacuation procedures regularly with all children, make it a game to reduce panic if an emergency occurs.

- Keep a record of each practice that includes an evaluation of the procedure and any areas/ procedures that can be improved upon, and keep these records for at least 2 years after the date of the practice.
- Stay informed of Bush fire Warnings and Alerts – issued by the Rural Fire Service.
- Stay informed about what is happening in your local area. Listen to local radio and monitor information from the NSW State Emergency Service. NSW State Emergency Service Ph: 132 500 Website: [www.ses.nsw.gov.au](http://www.ses.nsw.gov.au) Twitter: @NSWSES Facebook: [facebook.com/NSW.SES](https://facebook.com/NSW.SES)
- Always follow the advice of the SES and other emergency services during Bush Fire events.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.2 Children’s Health and Safety** (whole section)

## Related Policies

- Induction
- Medical Conditions
- First Aid
- Asthma
- Anaphylaxis
- Safety
- Providing a child safe environment
- Storage of Dangerous Substances
- Work Health and Safety

## Sourced

- Succeed Consultancy
- Little Gumnuts Bush Fire Emergency Management and Evacuation Plan
- NSW SES Website; [www.ses.nsw.gov.au](http://www.ses.nsw.gov.au)
- Education and Services National Regulation
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

## Policy Review

<b>Developed</b>	<b>January 2019</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 5.6 POLICY: Indoor Supervision

### National Quality Standard

This policy relates to:

#### **Quality Area 1: Educational Program and Practice**

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

- Element 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
- Element 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 2 - Children's Health and Safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervisions: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 3- Physical environment**

Standard 3.1: Design: the design of the facilities is appropriate for the operation of a service

- Element 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

Standard 3.2: Use: the service environment is inclusive, promotes competence and supports exploration and play-based learning

- Element 3.2.1: Inclusive environment: outdoor and indoor spaces are organized and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments
- Element 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 4 - Staffing Arrangements**

Standard 4.1: Staffing arrangements: Staffing arrangements enhance children's learning and development

- Element 4.1.1: Organisation of educators: the organisation of educators across the service support children's learning and development

#### **Quality Area 5: Relationships with children**

- Element 5.1.1: Relationships between educators and children: respectful and equitable relationships are maintained with each child

Standard 5.1.2: dignity and rights of the child: the dignity and rights of every child are maintained

- Element 5.2.1: relationships between children: each child is supported to build, and maintain sensitive and responsive relationships
- Element 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

### **Aim**

To incorporate children's learning and growth into indoor play and for staff to extend and enhance children's learning and growth through positive interactions and supervision.

## When To Use This Policy

1. Throughout all indoor play times and whilst the children are indoors.

## Specific Process Steps

- Staff are to be active in their interactions and supervision of children during indoor times within the centre routine through using the indoor program as a basis.
- Staff are to ensure the doors and gates are closed at all times to prevent children wandering unsupervised outdoors.
- Children are not permitted to wander outside unsupervised. Staff are to be at all times actively supervising children.
- This includes toileting time; staff are expected to stand at the door when children are toileting.
- It is expected that all staff members are strategically situated throughout the playroom and outdoors; both actively interacting with and supervising children.
- It is not acceptable to stand together in groups. Staff are to be situated in different areas of the play areas actively supervising at all times.
- It is important to regularly move around your area of supervision and constantly scan the play area with your eyes to be aware of what is happening.
- Situate yourself so your back is not facing majority of the children.
- Staff are to ensure children stay with their families when they come to collect them. Do not allow children to run in any area that is unsupervised.
- Greet families and spend time talking to them, but make sure you are aware of what is happening around you. Please be realistic about how much time you are spending talking with each families. If you can't get away simply excuse yourself, they will understand and appreciate that you are there to supervise the children.
- No child is allowed in the storage rooms, office, kitchen, and laundry or team room at any time.
- Be aware of blind spots within the playroom
- Broken or damaged equipment is to be removed from the play area immediately.
- The Director / Nominated Supervisor is to be immediately informed of any incidents. E.g. unsafe equipment. Refer to Equipment Policy for further policy directives.

## Staff Techniques

- All staff are to be strategically placed in play areas.
- To actively supervise children at all times.
- To interact with children to foster children's learning and growth.
- To talk and extend children's play.
- To be aware of all children in the playroom.
- To regularly walk and scan your supervision area within the playroom where appropriate.
- To ensure your back is never facing the children or play areas.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.3 Physical Environment** (whole section)

**Part 4.4 Staffing Arrangements** (whole section)

### Related Policies

- Behaviour Management and Positive Guidance
- Child Development
- Emergency
- Equipment
- First Aid
- Inclusion and Anti Bias
- Infection Control
- Outdoor Supervision

### Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Policy Review	
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## 5.7 POLICY: Maintenance

### National Quality Standard

This policy relates to:

#### **Quality Area 2: Children's health and safety**

Standard 2.2: Safety: Each child is protected

- Element 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**

Standard 3.1: Design: the design of the facilities is appropriate for the operation of a service

- Element 3.1.1: fit for purpose: outdoor and indoor spaces, building, fixtures and fittings are suitable for their purpose, including supporting the access of every child
- Element 3.1.2: Upkeep: premises, furniture and equipment are safe, clean and well maintained

Standard 3.2: Use: the service environment is inclusive, promotes competence and supports exploration and play based learning

- Element 3.2.1: Inclusive environment: outdoor and indoor spaces are organized and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance supports the operations of a quality service

- Element 7.1.2: Management Systems: systems are in place to manage risk and enable the effective management and operation of a quality service
- Element 7.1.3: roles and responsibilities: roles and responsibilities are clearly define, and understood , and support effective decision-making and operation of the service.

### **Aim**

For the centre building and grounds to be maintained in a safe, clean and hygienic condition and in good repair.

### **When To Use This Policy**

1. At the induction procedure.
2. At each monthly staff meeting.
3. During the operational and non operational times.

## Specific Process Steps

- The centre is to undertake quarterly centre audits in regard to Work Health and Safety issues. Hazards are to be recorded, ranked and plans developed to prioritise action.
- Centre staff are responsible for maintaining the rooms in a safe and hygienic manner through daily cleaning duties such as rubbish removal, cleaning of bathrooms, floors, resources and equipment etc.
- Centre staff are expected to develop both indoor and outdoor environments that promote safety, taking into consideration equipment placement and the removal of broken or damaged equipment.
- Cleaning contractors may be appointed to the centre weekly to thoroughly clean the indoor environment.
- Maintenance issues are to be reported to the maintenance person weekly via the “Maintenance Book” This includes gardening items required to be completed.
- Maintenance issues that are not being achieved or are of high priority are to be scaled up to your Consultant weekly via “Weekly Snapshot”.
- Maintenance issues are to be recorded on the maintenance list in the office.
- Broken or damaged equipment is to be removed from play areas and be recorded into the maintenance book.
- The centre expenditure for maintenance is to reflect the centre budget.
- It is expected that the Centre carpets are cleaned every six (6) months.
- It is expected that pest control is to take place every six (6) months.
- To ensure annual services take place. For example: fire extinguishers, air conditioning units, hot water systems and electrical tagging etc.

## Staff Techniques

- Staff are to be active in maintaining hygiene and safety within the centre throughout daily routines.
- Nominated Supervisor is responsible for ensuring maintenance personnel is conducting monthly duties to ensure the centre yard remains in a clean and presentable manner at all times.
- Staff are to communicate any safety and or maintenance issues to the Nominated Supervisor and record these on the white board in the office for follow up.
- To be active in managing risks identified within the Centre, after and in between Work Health and Safety audits.
- The Nominated Supervisor is responsible for ensuring all weekly, fortnightly, monthly, quarterly, bi-annual and annual tasks are undertaken both by educators and other employed contractors.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.3 Physical Environment

#### Division 1 and 2

### Related Policies

- Behaviour Management and Positive Guidance
- Child Development
- Equipment
- Providing A Child Safe Environment
- Indoor Supervision
- Work Health and Safety
- Outdoor Supervision
- Infection Control

### Sourced

- Succeed Consultancy

### Legislation

- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. Accessed 12/21
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. Accessed 12/21
- Safe Work Australia. *The benefits of assessing and managing risks* [www.safeworkaustrali.gov.au](http://www.safeworkaustrali.gov.au) accessed 12/21
- Safe Work NSW. Compliance and Prosecution
- Guild Insurance <http://www.guildgroup.com.au/childcare>

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Developed	January 1999
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## 58 POLICY: Outdoor Supervision

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational program and practice**

Standard 1.2: Practice, Educators facilitate and extend each child's learning and development

- Element 1.2.1: Intentional teaching: educators are deliberate, purposeful, and thoughtful in their decisions and actions
- Element 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

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities

#### **Quality Area 3: Physical environment**

Standard 3.1: Design: the design of the facilities is appropriate for the operation of a service

- Element 3.1.2: upkeep: premises, furniture and equipment are safe, clean and well maintained

Standard 3.2: Use: the service environment is inclusive, promotes competence and supports exploration and play-based learning

- Element 3.2.2: inclusive environment: outdoor and indoor spaces are organized and adapted to support every child's participation and to engage every child in quality experience in both built and natural environment.
- Element 3.2.3: resources support play-based learning: resources, materials and equipment allow for multiple use, are sufficient in number, and enable every child to engage in play-based learning

### **Aim**

To incorporate children's learning and growth through outdoor play and for staff to extend and enhance children's learning and growth through positive interactions and supervision.

### **When To Use This Policy**

1. Throughout all outdoor play times, excursions and local walks.

### **Specific Process Steps**

- Staff are to complete and assess outdoor play areas daily using the "Outdoor Safety Checklist".
- Staff are to be active in their interactions and supervision of children during outdoor play times within the centre routine by using the outdoor program as a basis.
- Large equipment is not to be placed next to or within two (2) metres of the outdoor fences or perimeter's. This will ensure children are unable to scale the large equipment.

- Staff are to ensure the doors and gates are closed at all times to prevent children wandering unsupervised indoors.
- Children are not permitted to wander inside unsupervised. Staff are to be at all times actively supervising children. This includes toileting time; staff are expected to stand at the door when children are toileting.
- It is expected that all staff are strategically situated throughout the playground, both actively interacting and supervising children. The outdoor supervision plan highlights where staff are to situate themselves throughout the playground.
- It is not acceptable to stand together in groups. All staff are to be situated in different areas of the playground actively supervising and interacting.
- It is important to regularly move around your area of supervision and constantly scan the playground with your eyes to be aware of what is happening.
- Situate yourself so your back is not facing majority of the children or the playground.
- Staff are to ensure children stay with their families when they come to collect them. Do not allow children to run inside unsupervised.
- Greet families and spend time talking to them, but make sure you are aware of what is happening around you. Please be realistic about how much time you are spending talking with each family. If you can't get away simply excuse yourself, they will understand and appreciate that you are there to supervise the children.
- Ensure that all children's belongings stay in their bags; they are not to be outside. If belongings are bought outside they should be left at the gate or children's doors for collecting when entering indoors.
- No child is allowed in the outdoor equipment shed at any time. It is at all times to be shut and inaccessible to children.
- Encourage children to keep sand in sandpit.
- Be aware of blind spots within the playground.
- Broken or damaged equipment is to be removed from the playground immediately.
- The Nominated Supervisor is to be immediately informed of any incidents. E.g. unsafe equipment. Refer to the "Equipment Policy for further directives.

## Staff Techniques

- All staff are to be strategically placed in outdoor play areas, as per supervision plan.
- To actively supervise children at all times.
- To interact with children to foster children's learning and growth.
- To talk and extend children's play.
- To be aware of all children in the playground.
- To regularly walk and scan your supervision area within the playground.
- To ensure your back is never facing the children or play areas.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.3 Physical Environment** (whole section)

**Part 4.4 Staffing Arrangements** (whole section)

## Related Policies

- Arrivals and Departures
- Behaviour Management
- Child Development
- Clothing
- Emergency
- First-Aid
- Health and Hygiene
- Indoor Supervision
- Safety
- Sun Protection
- Storage of Dangerous Substances and Equipment
- Water Safety
- Equipment
- Providing a Child Safe Environment

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Frith, J. Kambouris, N & O'Grady, O. *Health and Safety in Children's Centres. Models Policies & Practices*. 2<sup>nd</sup> edition, 2003. University of NSW.
- Education and Care Services National Regulations

## Compliance

Non-compliance with this procedure may result in disciplinary action up to and including dismissal.

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Next Review	1 December 2024

## 59 POLICY: Providing a Child Safe Environment

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health

- Element 2.1.1: Wellbeing and comfort
- Element 2.1.2: Health practices and procedures

Standard 2.2: Safety

- Element 2.2.1: Supervision

#### **Quality Area 3 - Physical Environment**

Standard 3.1: Design

- Element 3.1.1: Fit for purpose

#### **Quality Area 4 - Staffing Arrangements**

Standard 4.1: Staffing Arrangements

- Element 4.1.1: Organisation of Educators

### Aim

To ensure every reasonable precaution is taken to protect all children from harm and any hazard likely to cause injury. To implement a systematic approach to Risk Assessment and Risk Management.

### When To Use This Policy

1. During operating hours of the centre
2. In conjunction with our Work Health and Safety policy
3. Throughout all of our interactions with all children

### Specific Process Steps

- Staff are instructed and trained in relation to Workplace Health and Safety issues prior to commencing at the centre via their staff inductions. All staff will be encouraged to be involved in Work Health and Safety training throughout their employment at the centre.
- The centre ensures that all outdoor equipment meets current Australian Standards.
- An '*Outdoor Safety Checklist*' is completed before children play in the morning to ensure area is free of all potential hazards. This checklist is recorded and filed daily.
- All equipment is regularly maintained. Any equipment which is found to be faulty or unusable for safety reasons will be removed from the environment immediately and

repaired or disposed of (see *Repairs and Maintenance Register* held by the Director / Nominated Supervisor).

- Small objects and other choking hazards: Children of all ages, especially toddlers, have a tendency to place objects in their mouths. Small objects should be removed from play environments. Other choking hazards include food, balloon pieces, plastic bags and some toys. Staff have a responsibility to supervise children and be aware of these risks. Taking into consideration family grouping times in the Centre routine
- Daily cleaning chemicals e.g. spray for nappy change mats, are labelled and stored on high shelves out of children's reach.
- All cleaning materials/products are clearly labelled and are not to be in reach of children. All cupboards that store dangerous products will have a dangerous substance and poster displayed to make this easily visible to all staff, families, children and visitors.
- The Work Health and Safety Officer will complete quarterly checklist, as per the Safety First manual to ensure that there is regular monitoring of the environment.
- Any serious hazards, dangers to children etc must be immediately reported to the centre's Director / Nominated Supervisor.
- Safety plugs cover all accessible electrical plugs, together with all electrical cords not being in reach of children.
- All outside environments are sprayed for insects at least twice a year or as required.

## Staff Techniques

- Staff are to supervise children at all times. Children are not to be left unattended at any time.
- All details of accidents are recorded and reported to parents using the appropriate forms. Accidents will be reviewed and discussed to minimise the possibility of them recurring
- The indoor and outdoor play environments are checked daily by staff to ensure the building and equipment are safe and in good repair and potential hazards including products, plants, animals and other objects are inaccessible to children.
- Equipment is to be set up to ensure that they are not hazardous to children and are structured to ensure all children are safe e.g. not close to fences to allow children to climb and scale.
- All safety checklists are required to be completed daily, outdoor safety checks to be completed prior to children playing in the outdoor environment. These are to be completed in full, signed and filed appropriately.
- Staff are to ensure all equipment is suitably safe for the age group it is intended for and correctly utilised by the children.
- Windows and doors are opened and closed to maintain a comfortable temperature and to ensure adequate ventilation and lighting.

- Buckets, troughs and other water sources are to be supervised at all times and disposed of away from children.
- Water play activities are not to be left set up when not in use. When children leave the play space water troughs must be emptied.
- The Director / Nominated Supervisor will provide up to date information on providing a child safe environment to families and staff.
- The centre will have a copy of Staying Healthy in Childcare 5<sup>th</sup> Edition for staff to refer to if required.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.2 Children’s Health and Safety** (whole section)

**Part 4.3 Physical Environment** (whole section)

**Part 4.4 Staffing Arrangements**

**Division 3 - Minimum number of educators**

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

**Part 4.7 Leadership and Service Management**

**Division 2 - Policies and procedures**

## Related Policies

- |                      |                                   |
|----------------------|-----------------------------------|
| • Record keeping     | • Work Health and Safety          |
| • Parent Grievance   | • Outdoor Supervision             |
| • Induction          | • Storage of Dangerous Substances |
| • Indoor Supervision | • Illness and Medication          |
| • Safety             | • First Aid                       |
| • Water Safety       | • Sleep and Rest                  |
| • Infection Control  | • Animals and Pets                |
| • Medical Conditions | • Sun Protection                  |
| • Anaphylaxis        | • Corona Virus                    |
| • Asthma             | • Child Safe Organisation         |
| • Residency Order    | • Biting                          |
| • Child Protection   | • Late Child Pick Up              |
| • Programming        | • Privacy                         |
| • Family Orientation |                                   |

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Education and Care Services National Regulation

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## 5.10 POLICY: Return to Work

### National Quality Standard

This policy relates to:

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: *Governance: Governance supports the operation of a quality service*

- *Element 7.1.2: Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service*
- *Element 7.1.3: Roles and Responsibilities: Roles and Responsibilities are clearly defined and understood, and support effective decision-making and operation of the service*

Standard 7.2: *Leadership: Effective leadership builds and promotes a positive organisational culture and professional learning community*

- *Element 7.2.1: Continuous Improvement: There is an effective self-assessment and quality improvement process in place*

### **Aim**

To provide an appropriate rehabilitation program for staff to return to work after any injury, accident or illness as stated by Work Health and Safety (WORK HEALTH AND SAFETY) Act NSW (2011).

'Health' is defined in the WHS Act as both physical and psychological health.

A return to work (RTW) program is the formal policy that outlines general procedures for handling work related injury or illness. It represents an employer's commitment to the health, safety and recovery of workers following an incident.

### **When To Use This Policy**

1. During rostered hours of employment and implementing work duties.
2. When staff have an accident, injury or illness.
3. When a staff member returns to the service following an accident, injury or illness

### **Specific Process Steps**

#### **Employer Commitment**

Our Centre is committed to the return to work of our injured workers and will:

1. prevent injury and illness by providing a safe and healthy working environment
2. participate in the development of an injury management plan and ensure that injury management commences as soon as possible after a worker is injured ensure that our injured workers (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor and approved workplace rehabilitation provider

3. support the injured worker and ensure that early return to work is a normal expectation
4. provide suitable duties for an injured worker as soon as possible
5. provide accurate information about the injury and its cause
6. consult with our workers and, where applicable, unions to ensure that the return to work program operates as smoothly as possible
7. maintain the confidentiality of injured worker records
8. not dismiss a worker as a result of a work related injury within six months of becoming unfit for employment.

## Staff Techniques

### Notification of Injury

1. Notify all injuries to the Nominated Supervisor as soon as possible.
2. Record all injuries in the Workplace injury register or via a staff/adult incident report.
3. Notify the Workers Compensation Insurance Company of all injuries within 48hours.
4. Ensure that the injured worker receives appropriate first aid and/or medical treatment as soon as possible.
5. Consult with the doctor nominated by the injured worker and who is responsible for the medical management of the injury and assist in planning return to work. This could include a third party rehabilitation provider.

### Return to Work:

1. Return to work Officer (normally Nominated Supervisor) to explain the return to work process to injured worker.
2. Ensure that the injured worker is offered assistance which could include the use of a third party workplace rehabilitation provider should it become evident that the worker is not likely to resume their pre-injury duties, or cannot do so without changes to the workplace or work practices.
3. Facilitate the workers early return to the workplace (subject to medical and rehabilitation providers advise and recommendations.)

### Suitable Duties

1. Develop an individual return to work place when the worker according to medical advice, is capable of returning to the workplace.
2. Where practically possible and safe to do so provide suitable duties that are consistent with the medical advice.

### Suitable Duties May Include:

- At the same workplace or a different workplace
- The same role with different hours or modified duties
- A different role
- Changes to full time or part time hours.

Please note: Suitable duties can only be offered where possible and safe for all parties to do so.

The Employer will at first work together with the injured worker and their union representative or support person to resolve any disagreements about the return to work program and or suitable duties.

If disagreements cannot be resolved, the employer will engage the assistance of a rehabilitation provider and or injury management consultant.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.3 Physical Environment (whole section)

## Related Policies

- Emergency
- First Aid
- Safety
- Food Handling
- Work Health Safety
- Inclusion
- Indoor Supervision
- Ethical Behaviour and Conduct
- Infection Control
- Outdoor Supervision
- Record Keeping
- Immunisation
- Coronavirus
- Infection Control
- Mental Health
- Induction
- Sick Leave
- Staff Performance
- Sickness and Medication

## Sourced

- Succeed Consultancy
- Australian Childcare Alliance. **Return to Work Obligations**. Accessed 12/21
- Federal Government. **Guide to the Education and Care Services National Law and the Education and Care Services National Regulations** ACECQA.. Accessed 12/21
- Federal Government. **National Return to Work Strategy**. Safe Work Australia [www.safeworkaustrali.gov.au](http://www.safeworkaustrali.gov.au) Accessed 12/21
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- NSW Government. **Employer Obligations** <https://www.icare.nsw.gov.au/> I Care Accessed 12/21
- Guild Insurance. **Understanding your return to Work Requirements** Risk HQ Guild Insurance <https://riskhq.guildinsurance.com.au/> Accessed 12/21
- NSW Government. **Return to Work Programs** <https://www.sira.nsw.gov.au> SIRA Accessed 12/21
- Morphett, D. **Return to Work Program Plan**. <https://djmir.com.au> DJMR IR. Accessed 12/21

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## 5.11 POLICY: Safety

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervision: at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.2: incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 3 - Physical environment**

Standard 3.1: Design, the design of the facilities is appropriate for the operation of a service

- Element 3.1.1: fit for purpose: outdoor and indoor spaces, buildings, fixtures and fittings are suitable for the purpose, including supporting the access of every child
- Element 3.1.2: Upkeep: Premises, furniture and equipment are safe, clean and well maintained

#### **Quality Area 4 - Staffing Arrangements**

Standard 4.1: Staffing Arrangements: Staffing arrangements enhance children's learning and development

- Element 4.1.1: organisation of educators: the organisation of educators across the service supports children's learning and development

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance supports the operation of a quality service

- Element 7.1.2: Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service
- Element 7.1.3: Roles and responsibilities: Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service

### **Aim**

All children and staff are kept safe whilst attending the centre. To prevent accidents and identify hazards that may cause harm to either children or educators or visiting associates

### **When To Use This Policy**

1. This policy is used throughout the daily routine or whenever a staff member identifies a hazard within the centre.
2. When the WHS Officer conducts Centre Self Assessments identifying risks or individual staff highlight risks within the Centre premises.

## Specific Process Steps

- A front security door is to be activated at all times during operational hours.
- Staff are to complete and sign off on the following Safety Checks on a regular basis:
  - Daily Opening Checklist
  - Daily Outdoor Safety Checklist
  - Daily Closing Checklist
  - Bathroom Checklist
  - Kitchen Checklist (by the centre Cook)
  - Daily checklist
- Staff are to complete a “Medication and Dangerous Substances Audit” quarterly as well as monitor on a daily basis.
- Discuss safety and get feedback from all concerned stakeholders.
- Provide training for staff.
- Spot the hazard, identify it as a hazard, communicate the hazard, record the hazard, action the hazard. Work Health Safety is everyone’s responsibility.
- Make the changes by controlling the risks.
- Maintain, promote and improve workplace safety programs.
- To ensure all visitors are aware of any Work Health and Safety issues pertaining their visit. E.g. contractors, enquiries etc
- The centre is to have a sign-in and sign-out system that all visitors must sign in and out on.
- The centre staff are to carry out formal Centre Work Health and Safety / Safety Procedure Evaluations and Checklists on a quarterly basis. Through reviewing current Centre practices via Work Health Safety Checklists for all areas within the Centre premises. The Work Health Safety Officer is in charge of this process therefore ensuring the safety of all persons entering the centre.
- Work Health Safety is everyone’s responsibility.

## Staff Techniques

- Staff are to activate front security door on arrival and de-activate door on departure.
- All staff are to be trained in Work Health Safety and/or safety.
- All volunteers, trainees and casuals are familiarised with existing policies and are trained and monitored by full time staff.
- All equipment found to be faulty, broken or damaged is recorded and stored away until repaired.
- Equipment that can not be fixed is disposed off.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.2 Children’s Health and Safety** (whole section)

**Part 4.3 Physical Environment** (whole section)

### Related Policies

- Clothing
- Hygiene
- Indoor Supervision
- Medication and Sickness
- First Aid
- Maintenance
- Emergency
- Outdoor Supervision
- Scissor and Sharp Implement
- Sun Protection
- Work Health and Safety
- Snake
- Storage and Sharp Implement
- Water
- Work Health Safety

### Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations . Accessed 12/21
- KidSafe <http://www.kidsafensw.org> Accessed 12/21
- SafeWork NSW. <https://www.safework.nsw.gov.au>. Accessed 12/21
- Safe Work Australia <https://www.safeworkaustralia.gov.au> 12/21

Policy Review	
Developed	January 2007
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 5.12 POLICY: Snake

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 3 - Physical Environment**

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

- Element 3.2.2: Environmentally responsible: the service cares for the environment and supports children to become environmentally responsible

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance supports the operation of a quality service

- Element 7.1.2: Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service

### **Aim**

All children and staff are kept safe whilst attending the centre. To prevent children and staff being bitten by a snake whilst at the centre.

### **When To Use This Policy**

1. This policy is used throughout the daily routine or whenever a staff member identifies a snake within the centre or centre perimeter.

### **Specific Process Steps**

- A First Aid trained staff member must be rostered and present during operating hours each and every day.
- Staff must not attempt to pick up a snake or re direct the snake.
- Staff are to remove all children from the area and evacuate using the safest route away from the snake.
- One (1) staff member is to stay in a safe position and watch the snake but ensuring that they are not within in a distance to be harmed by the snake.
- Notify the Nominated Supervisor immediately
- Call the WIRES number on 1300 094 737 and or your local council, as they typically will have a snake catcher appointed within the council or recommended person

- Action to be taken as per WIRES or council guidance.
- Staff are not to let the children enter the area until the snake has been removed.
- No staff member is to attempt to catch or knowingly come in close contact to a snake, staff safety and child safety is paramount.

## Staff Techniques

- For all staff to receive up to date training and information on protecting children from snakes.
- For all staff to conduct daily safety checks of the building and outdoor areas and before going outside to ensure there are no snakes are in the vicinity of the centre. Especially in the periods of spring, summer and the early stages of Autumn. **Note-** snakes hibernate in colder weather but will still be present in warmer weather regardless of the season.
- For all staff to discuss on a regular basis the safety issues relating to snakes and incorporating this into the centre program.
- For all staff to ensure that the lawns are cut low and gardens are well maintained at all times in and around the Centre and other land adjacent and in close proximity of the Centre.
- Unkept neighbours and or land are reportable to your local council, as it is law to upkeep land to reduce vermin including snakes.
- To maintain a current in date First Aid Certificate that is Early Childhood approved ending in 004 Or 112, whilst maintaining a current CPR certification annually.
- To ensure there is a staff member at all times rostered who holds a current Early Childhood 1<sup>st</sup> aid and CPR certification.

## Education and Care Services National Regulations

This policy relates to the following

**Part 4.2 Children’s Health and Safety** (whole section)

**Part 4.3 Physical Environment**

**Division 1 and 2**

## Related Policies

- |                           |                                      |
|---------------------------|--------------------------------------|
| • Clothing                | • Scissor and Sharp Implement        |
| • Hygiene                 | • Sun Protection                     |
| • Indoor Supervision      | • Emergency                          |
| • Medication and Sickness | • First Aid                          |
| • Outdoor Supervision     | • Providing a Child Safe Environment |

## Sourced

- Succeed Consultancy
- KidSafe <http://www.kidsafensw.org> Updated Accessed 12/21
- WIRES.2017 **Snake Advice**. <https://www.wires.org.au/seasonal-animal-advice/snake-advice> Accessed 12/21
- NSW Poisons Information Centre. 2021. **Snakes**. <https://www.poisonsinfo.nsw.gov.au/> NSW Government. Accessed 12/21
- St John Ambulance Australia Ltd, 2020. **First Aid Fact Sheet- Snake Bites**. <https://stjohn.org.au> Accessed 12/21

Policy Review	
Developed	January 2007
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## 5.13 POLICY: Scissor and Sharp Implement

### National Quality Standard

This policy relates to:

#### **Quality Area 1 - Educational program and practice**

Standard 1.1: Program: the educational program enhances each child's learning and development

- Element 1.1.1: Child centred: Each child's current knowledge, strengths, ideas, cultures, abilities and interest are the foundation of the program
- Element 1.1.3: Program learning opportunities: all aspects of the program, including routines, are organized in ways that maximise opportunities for each child's learning.

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervision: at all times, reasonable precautions and adequate supervisions ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

#### **Quality Area 3 - Physical Environment**

Standard 3.2: Use: the service environment is inclusive, promotes competence and supports exploration and play-based learning

- Element 3.2.2: Resources support play-based learning: resources, materials and equipment allow for multiple use, are sufficient in number and enable every child to participate in play-based learning

#### **Quality Area 5 - Relationships with children**

Standard 5.1: Relationships between educators and children: Respectful and equitable relationships are maintained with each child

- Element 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

Standard 5.2: Relationships between children: each child is supported to build and maintain sensitive and responsive relationships

- Element 5.2.1: Collaborative learning: children are supported to collaborate, learn from and help each other

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance supports the operation of a quality service

- Element 7.1.2: Management systems: Systems are in place to manage risk and enable the effective management and operation of a quality service

### **Aim**

To ensure children are kept safe from harm of sharp implements E.g.; scissors, knives, rough edges on equipment, protruding nails etc to ensure children are role modelled and encouraged by staff to use scissors and other sharp implements correctly.

## When To Use This Policy

1. Staff are aware at all times and constantly ensure the child is safe from harm of sharp implements. E.g. scissors, knives, rough edges on equipment, protruding nails etc throughout the whole day.

## Specific Process Steps

- Only children aged between 3-5 years are able to use scissors in their daily activities. Children under 3 years of age are not permitted to use scissors unless it is one staff member to 2 children ratio at the cutting activity. It is preferred that younger children under 3 years will only be involved cutting preparation activities. E.g. simple paper tearing.
- Scissor activities for 3 year olds will involve no more than two (2) children at a time with constant supervision. E.g. staff sitting with the children observing and aiding.
- Scissor activities for 4-5 year will involve no more than four (4) children a time with constant supervision. E.g. staff sitting with the children.
- Sharp implements within the centre are inaccessible to children, unless close and considered supervision has been thought through and recorded in regards to risk management.
- Inappropriate sharp implements are removed and stored from children's reach and vicinity immediately after use, e.g. knives for birthday cakes, drills, hammer's, nails etc.
- Knives, screwdrivers etc are stored in lockable cupboards preferably in the laundry or designated safe area.
- Any broken windows or glass needs to be sectioned off and no children are to have access to the area until the area is fixed. This requires to be reported to your Consultant or owner's immediately for repair.
- It is encouraged to replica a home like environment and to encourage risk taking; such as glass cups for drinking, climbing trees etc. It is expected that risk assessment consideration and planning occur to minimise harm to children, staff and Centre associates.

## Staff Techniques

- If a child is accidentally cut, First Aid will be administered pursuant to the Centre's Emergency and First Aid Policies accordingly and an "Incident Report" must be completed. The Nominated Supervisor must be informed and depending on the severity of the injury the family or guardian will be informed immediately.
- Adult scissors, sharp knives and/or other such implements used by staff are to be stored in lockable cupboards when not in use.
- Staff are not to take coffee cups and/or drinking glasses into the rooms to minimise glass shattering and or scalding with hot contents. It is acceptable to use the same glass drinkware with the children role modelling sitting whilst drinking.

- Children’s scissors are to be stored in a way that makes them inaccessible to children after activity use.
- Indoor and outdoor equipment is to be checked daily for safety. Equipment will be removed if it poses as a potential danger to the children. E.g. protruding screws, broken glass, sharp edges, syringes etc. Refer to the Equipment Policy for further directives.
- Staff are to complete a daily outdoor safety checklist when setting up in the mornings and remove any items which will cause injury. E.g. broken glass, syringes etc.
- At least one (1) staff member is to be rostered and on duty at all times who is trained in first aid.
- Staff are to avoid wearing badges. Any name badge that is worn needs to have smoothed and rounded edges and not to be a pinned badge
- A “Sharp Objects Unit” for needles and syringes may need to be considered to be on the Centre premises.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.3 Physical Environment

#### Division 1 - Centre-based services

103 - Premises, furniture and equipment to be safe, clean and in good repair

#### Division 2 - Additional requirements for centre-based services

115 - Premises designed to facilitate supervision

## Related Policies

- Behaviour Management and Positive Guidance
- Child Development
- Equipment
- Inclusion and Anti Bias
- Indoor Supervision
- Outdoor Supervision
- Infection Control

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Education and Care Services National Regulations
- KidSafe <http://www.kidsafensw.org>

<b>Policy Review</b>	
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## 5.14 POLICY: Storage of Dangerous Substances & Equipment

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.1: Health: Each child's health and physical activity is supported and promoted

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

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance supports the operation of a quality service

- Element 7.1.2: Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service
- Element 7.1.3: Roles and Responsibilities: Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service

### **Aim**

*For the centre to ensure all dangerous substances and equipment are appropriately stored to prevent child access as well as educators, visitor and/or child accidents resulting in injury.*

### **When To Use This Policy**

- This policy is to be used during the operational hours of the centre.
- As well as out of hours for maintenance and cleaning.
- When storing and or unpacking orders of supplies

### **Specific Process Steps**

- The centre is to ensure that all dangerous substances and equipment are inaccessible to children at all times.
- Dangerous substances are to be either stored on high shelves or in lockable cupboards.
- Choose medications and chemicals with child resistant lids or caps where possible.
- Ensure all chemicals, cleaning materials, poisons and medicines are at all times stored in their original containers, all of which should be discarded properly and carefully if found not to be in an original container.

- Cleaning agents within the rooms are to be inaccessible to children at all times. These are never to be left on tables, benches and equipment or otherwise.
- The main chemicals for the centre are to be kept in the laundry and inaccessible to children through door locks and/or the placement of high door handles. All areas where potentially dangerous products are kept are clearly labelled with warning signs.
- Material safety Data Sheets (MSDS) are to be displayed next to the chemicals for quick reference for spills or skin contact in each location as well as a master copy to be maintained.
- Staff are expected to develop both indoor and outdoor environments that promote safety, taking into consideration of equipment placement and the removal of broken or damaged equipment. Refer to the Equipment Policy for further directives.
- Broken or damaged equipment is to be removed from the play rooms and be recorded into the maintenance book. Refer to the Equipment Policy for further directives.
- All outdoor sheds that store children's equipment and or gardening equipment is at all times to be locked. Refer to the Equipment Policy for further directives.
- At no time are pesticides, herbicides, solvents, petroleum, house paints or kerosene are to be stored on the centre premises.
- Staff are to at all times follow the manufacturers' instructions when handling, using and or disposing of any dangerous substances or equipment.
- Children are not at any time to be within the perimeters of any storage sheds or areas.
- Children are not at any time to be within the vicinity of any kitchen area, laundry, team room or office areas.
- In the case of an emergency ring **000 for an Ambulance**
- In the instance that **poisoning occurs ring 13 11 26 (Poisons Information)**.
- In the case of a major emergency such as gas leak or fire, implement the centre's evacuation plan pursuant to the Evacuation Policy. Call 000 immediately for emergency assistance.
- The centre will aim to minimise the use of dangerous products used within the childcare setting for both the children and educators' health and safety.
- Where possible, the centre aims to keep the use of toxic and other potentially dangerous to a minimum, however does not wish to jeopardise the hygiene standards of the centre.

## Staff Techniques

- Staff are to be active in ensuring all dangerous substances and equipment is inaccessible to children at all times through the safe placement of chemicals are out of reach (adult height or above) and ensuring all locks and doors are consistently locked and closed at all times with child resistant locks on the cupboards/doors where chemicals are stored.

- Staff will ensure that all chemicals are in their original containers for the use of chemicals. No food or drink bottles will be used to store chemicals.
- Staff are to wear appropriate personal protective clothing such as gloves, aprons, and masks etc., as per manufacturers' instructions.
- To be familiar with MSDS contents and placement in the case of a spill etc.
- Staff are to communicate any safety and or maintenance issues to the Director / Nominated Supervisor and record these on the white board in the office for follow up. Refer to the Equipment Policy for further directives.
- To ensure no child is permitted in the storage sheds, laundry, kitchen or office areas regardless if they are present with an educator or not.
- Staff will ensure that when spraying cleaning sprays, they need to spray directly onto the paper towel/cloth therefore limiting the spread of airborne mist.
- Staff will not use aerosols in the room when children are present or will be entering such room within thirty (30) minutes of use.
- No staff members are permitted to smoke in any areas of the service.
- Staff will conduct and record regular audits of chemicals and medications to ensure they are stored correctly and have not passed their expiry date.

## Education and Care Services National Regulations

This policy relates to the following

### Part 4.3 Physical Environment

#### Division 1 - Centre based services

- 103 - Premises, furniture and equipment to be safe, clean and in good repair
- 105 - Furniture, materials and equipment
- 106 - Laundry and hygiene facilities

## Related Policies

- Emergency
- Equipment
- First Aid
- Food Handling
- Indoor Supervision
- Infection Control
- Water Safety
- Illness and Medication
- Whistle Blower
- Providing a Child Safe Environment
- Maintenance
- Occupational Health & Safety
- Outdoor Supervision
- Safety
- Work Health and Safety
- Storage of Dangerous Substances
- Sleep and Rest
- Child Safe Organisation

## Sourced

- Succeed Consultancy
- Kids Safe NSW – [www.kidsafensw.org](http://www.kidsafensw.org) – Accessed 12/21
- Child Safety Australia – **Safe Guarding Against Poisons**  
[www.childsafetyaustralia.com.au](http://www.childsafetyaustralia.com.au) – Accessed 12/21
- Safe Work Australia – [www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au) – Accessed 12/21
- SafeWork NSW. **CODE OF PRACTICE MANAGING RISKS OF HAZARDOUS CHEMICALS IN THE WORKPLACE** <https://www.safework.nsw.gov.au/> . Accessed 12/21
- Safe Work Australia <https://www.safeworkaustralia.gov.au> 12/21
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ACECQA. New Risk Assessment and Management Tool.  
<https://www.acecqa.gov.au/newsletters> Accessed 12/21

Policy Review	
Developed	January 1999
Last Reviewed	17 September 2023
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## 5.15 POLICY: Water Safety

### National Quality Standard

This policy relates to:

#### **Quality Area 2 - Children's Health and Safety**

Standard 2.2: Safety: Each child is protected

- Element 2.2.1: Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Element 2.2.2: Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

#### **Quality Area 4 - Staffing Arrangements**

Standard 4.2: Professionalism: Management educators and staff are collaborative, respectful and ethical

- Element 4.2.2: Professional standards: professional standard guide practise, interactions and relationships

#### **Quality Area 7 - Governance and Leadership**

Standard 7.1: Governance: Governance supports the operation of a quality service

- Element 7.1.2: Management systems: Systems are in place to manage risk and enable the effective management and operation of a quality service
- Element 7.1.3: Roles and Responsibilities: Roles and Responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

### Aim

For the centre to ensure that children, staff, visitors and the public are at all times safe around water; either within the Centre premises or on excursions.

To educate families periodically about water safety.

### When To Use This Policy

When children are exposed to a substance of water from which a safety issue may arise, either within the Centre or on excursions.

### Specific Process Steps

- Centre excursions are not encouraged where water is evident, unless it is totally fenced off and inaccessible to children or we meet a 1:1 adult to child ratio.
- These excursions are to be approved by the Consultant/Owner's at least one (1) month prior to the excursion taking place. Refer to the Excursion Policy for more specific excursion procedures and directives.

- In the case of an above water excursion being approved, the ratios are to be 1:1 child: adult ratios.
- The centre will not encourage participation in swimming activities.
- Water activities within the centre including water troughs, buckets etc. are to be at all times supervised by at least one staff member at all times, depending on the size. This is the minimum but if this is a larger activity more staff are required.
- At no time is any soaking of clothes, linen and/or bibs to take place within any play room. Soaking is to take place in the laundry and the laundry is at all times to be inaccessible to children.
- At no time is any sink or bath to be filled and left unattended by staff.
- Early shift staff are to check for pools of water after rain to ensure that there is not a drowning hazard in the outdoor environment. E.g. buckets.
- It is to be acknowledged that children can drown in shallow water.
- Risks within an Early Childhood environment for drowning are buckets, toilets, puddles, troughs, water features, pet bowls or fish ponds as examples

## Staff Techniques

- Staff are to actively supervise at all times, as well as to be vigilant in all water activities within the centre and on excursions in their supervision.
- Soaking of linen, clothes and/or bibs is to take place in the laundry only.
- No sink or bath is to be filled and left unattended by educators.
- To be at all times aware and cautious of any water hazard within the centre that may pose a risk to children. E.g. pools of water in the playground equipment, buckets unattended, fish ponds, pet water bowls etc.
- A staff member who holds a current Early Childhood first aid and in date CPR is to be rostered and present at all times during operational hours.

## Education and Care Services National Regulations

This policy relates to the following

### **Part 4.2 Children's Health and Safety**

Division 6 Collection of children from premises and excursion

### **Part 7.3 Operational requirements**

Division 3 Additional On-going Requirements (whole section)

## Related Policies

- Behaviour Management
- Work Health and Safety

- Child Development
- Emergency
- Excursion
- Indoor Supervision
- Maintenance
- Outdoor Supervision
- First Aid
- Providing a Child Safe Environment
- Safety
- Storage of Dangerous Substances
- Work Health and Safety
- Toilet and Toilet Training
- Parent Grievance

## Sourced

- Succeed Consultancies
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Frith, J. Kambouris, N & O’Grady, O. *Health and Safety in Children’s Centres. Models Policies & Practices*. 2<sup>nd</sup> edition, 2003. University of NSW.

## Compliance

Non-compliance with this procedure may result in disciplinary action up to and including dismissal.

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# PART 6: CENTRE PROCEDURES

## 6.1 PROCEDURE: Ambulance

### Specific Process Steps

- The staff who is ringing the ambulance is to retrieve the child's file prior to ringing the ambulance. This allows the staff member to ensure any other medical history that is relevant is communicated to the ambulance officers.
- The staff member is to ring the ambulance, whilst a first aid trained staff member remains with the injured or sick child. At this point the staff member should retrieve the child's centre file
- The staff member that rings the ambulance is to also contact the parents. Explain the incident and tell the parents that the ambulance is on its way. The staff member is to organise the closest point for the parents to meet the child either at the centre or at the hospital.
- The staff member who calls the ambulance and the parents are to rejoin the group with the child's centre file and assist with the children in the group. The staff member is to listen for the ambulance.
- Once the ambulance arrives the staff member who contacted them is to meet them at the entrance and direct them to the incident area.
- Other staff on duty are to remove the group of children to another area to prevent children experiencing stress.
- The ambulance officers are to be informed of all first aid treatment administered prior to their arrival.
- The staff member who administered first aid to the child is to accompany the child in the ambulance to the hospital.
- The child's centre file is to be taken to the hospital with the child.
- The staff member who accompanies the child to hospital is to stay with the child until the child's parents arrive.
- Staff to child ratios are to be maintained. If they are not, a casual staff member is to be called in as soon as practicably possible.
- The staff who witnessed the incident and administered first aid are to complete an incident report on arrival back to the Service.
- NSW Department of Education and Communities are to be notified as soon as reasonably possible but no later than 24 hours after the incident has occurred of any situation where an ambulance is required.

## Sourced

- Succeed Consultancy
- ACECQA. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Education and Care Services Regulation

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## 6.2 PROCEDURE: Animal Bites

### Specific Process Steps

A First Aid trained staff member is to assess the immediate area where the child was bitten to be able to apply relevant treatment and assistance.

The staff member is to always stay with the ill child for treatment, assessment, comfort and reassurance.

#### **BEE STING**

Scrape away sideways and apply ice to the area of bite. Check file for details of allergies. If the child is anaphylactic towards bee stings, seek urgent medical attention and administer the epi-pen as per anaphylaxis policy.

#### **WASP**

Wash bite area clean and apply ice – check file records for any allergic reaction, then seek medical assistance if required.

#### **LIZARD BITE**

A First Aid trained staff member to take careful notice of the lizard's appearance and type. Then seek any medical assistance required - Ambulance.

#### **SNAKES**

First Aid trained staff member to tell child to rest and also to reassure the child at all times. Apply a pressure immobilisation bandage to the bitten area and around the limb. Seek medical assistance required - Ambulance.

#### **REDBACK SPIDER**

First aid trained staff member to tell child to sit and rest, reassuring the child at all times. A cold pack is to be applied and compressed over the bitten area. Seek medical assistance by way of an Ambulance.

#### **FUNNELWEB SPIDER**

An ambulance is to be called immediately. The first aid trained staff member to tell the affected child to sit and rest, reassuring them at all times. A pressure immobilisation bandage is to be applied to the bitten area and around the affected limb.

### Sourced

- Succeed Consultancy
- Education and Care Services National Regulation
- St John's Ambulance Australia. <http://www.stjohn.org.au>

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<b>Developed</b>	<b>June 2006</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
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## 6.3 PROCEDURE: Bottle Warming

### Specific Process Steps

Educators are to wash hands thoroughly before preparing bottles. The food and bottle preparation area is to be clean and hygienic at all times.

#### Using a Bottle Warmer-Specific Steps

**SAFETY- Always ensure bottle warmers are out of reach of children AT ALL TIMES.**

**SAFETY- No Child is to be sat on the bench or in the vicinity of bottle warmer's and or microwaves**

1. Pre heat the bottle warmer, ensure there is water in the warmer to prevent it from burning dry. Set the bottle warmer to a middle temperature setting. **DO NOT set on a high temperature.**
2. Prepare the bottle, as per instructions on the formula container. For breast milk, place pouch directly into the warmer. If a bottle is pre made, ensure the bottle is taken directly from the fridge to the bottle warmer.
3. Place the bottle in the bottle warmer.
4. Check the bottle temperature every 60 seconds by dropping small amounts of milk on the inside of the wrist and rotate the bottle to ensure heat is distributed evenly. Do not shake bottles or pouches containing breast milk, simply rotate gently.
5. Ensure the temperature of the contents of the bottle is a safe temperature before giving to the child. To determine a safe temperature, the milk should be comfortably warm or a bit cool on the inside of your wrist.
6. Turn off the bottle warmer at the power point and unplug the cord from the power point.

#### Using a Microwave-Specific Steps

**SAFETY -Using a microwave is not encouraged, nor the preferred choice to warm bottles**

1. Microwave safe bottles or containers are only to be used in microwaves
2. Ensure the "teet" of the bottle is removed before placing the bottle in the microwave
3. Check manufacturers wattage of the microwave. It is recommended not to use a microwave with wattage over 700W, as recommended by Food Standards Australia.
4. Stand the bottle upright in the middle of the microwave plate
5. For 120ml size bottle-use a high setting for 30 seconds
6. For 240ml size bottle-use high for 45 seconds
7. Rotate and shake the bottle, after placing the "teet" back on the bottle several times to ensure the heat has been distributed evenly
8. Check the temperature of the contents in the bottle on the inside of the wrist and ensure it is a safe temperature before given to the child. To determine a safe temperature, the milk should be comfortably warm or a bit cool on the inside of your wrist.

## Sourced

- Succeed Consultancy
- National Health and Medical Research Council: Staying Healthy in Childcare 5th Edition 18 National Health and Medical Research Council 2003. **Dietary guidelines for children and adolescents in Australia** incorporating the infant feeding guidelines for health workers, NHMRC, Canberra.
- Queensland Health 2010, Storing breastmilk, Queensland Government, Brisbane, viewed 26 May 2011, [www.health.qld.gov.au/breastfeeding/about/breastfeeding/storing.asp](http://www.health.qld.gov.au/breastfeeding/about/breastfeeding/storing.asp).
- World Health Organization & Food and Agriculture Organization of the United Nations 2007, Safe preparation, storage and handling of powdered infant formula: guidelines, WHO, Geneva.

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## 6.4 PROCEDURE: Child Unaccounted For

### Specific Process Steps

- In the event of a child not being accounted for at the centre, staff will implement the following Emergency Procedure.
- The staff member who is aware that any child is unaccounted for is to inform the Director / Nominated Supervisor immediately and without undue delay.
- The Director / Nominated Supervisor is to check sign in/out sheet to see if child has been collected by the parents and signed out. If not the Director / Nominated Supervisor is to do a thorough search of the Centre, internally asking all staff if they have seen the relevant child.
- A thorough search of the external grounds is to be done as well if the child is not found in the Centre building.
- After a thorough search through the Centre building, and if the child is still not found, the Director / Nominated Supervisor is to ring the Police immediately.
- Once the Police are informed, the Director / Nominated Supervisor is to phone the child's parents and the Consultant / Operations Manager, informing them fully of the situation.
- The Director / Nominated Supervisor are to drive around the immediate area, looking for the child.
- Once Police arrive, all staff are to follow the instructions from them.
- A notification is to be made to the department through the ACECQA portal as soon as practicably possible but no later than 24 hrs after the incident has occurred.

### Sourced

- Succeed Consultancy

Policy Review	
Developed	June 2006
Last Reviewed	17 September 2023
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## 6.5 PROCEDURE: Choking and Fits

### Specific Process Steps

If a child is choking, there are two (2) procedures that can be followed.

The staff member with their First Aid is to administer the following:

#### **Method 1: Fits**

- Ensure all equipment is removed from the area.
- Cushion any hard surface areas with blankets, pillows etc.
- Allow the fit to take its course.
- Staff are to note the time duration of the fit for the Ambulance Officers.
- Ring 000 for an Ambulance immediately.
- When the fit is finished, place child in a recovery position until the Ambulance arrives

**In the event of a child fitting, a child will: -**

- Collapse unconscious.
- Be stiff and twitch uncontrollably.
- Skin will become bluish in colour.
- Eyes will roll and teeth will clench.
- Child may froth at the mouth.
- Breathing will become heavy.
- Loss of control of bladder/bowel.

#### **Method 2: Choking**

- Place the child's head over a chair or your lap.
- Support the child's head and neck.
- Pound hard on child's back four to five times.
- Ring parents, even if the food or object becomes dislodged.

#### **IN CASE OF EMERGENCY –**

If the object cannot be removed by the above method, attempt to reach into the child's mouth with curved finger (gloves on) to remove the obstruction.

TAKE CARE NOT TO PUSH IT FURTHER.

If breathing doesn't commence after object is moved, give mouth to mouth resuscitation.

Non-contact staff members are to call 000 for an Ambulance and the child's parent or guardian immediately.

## Sourced

- Succeed Consultancy

Policy Review	
Developed	June 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 6.6 PROCEDURE: First Aid for Asthma Emergency

### Specific Process Steps

#### ***(St. John Ambulance DRS ABC Action Plan)***

The Action Plan is a vital aid to the first aider in assessing whether the casualty has a life threatening conditions and/or if any immediate first aid is necessary.

#### D- Check for **Danger**

- to you
- to others
- to casualty

#### R- Check for Response

- is the casualty conscious?
- is the casualty unconscious?

#### S- Send for Help

- call 000 for an ambulance or ask another person to make the call

#### A- Check Airway

- is the airway clear of objects?
- is the airway open?

#### B- Check for Breathing

- is the chest rising and falling?
- can you hear casualty breathing?
- can you feel the breath on your cheek?

#### C- Check for signs of Circulation

- can you see obvious signs of movement, including swallowing and breathing?
- can you feel a pulse?
- observe the colour of the skin on face

#### **Recovery Position**

- Kneel beside the casualty
- List near leg at knee so it is fully bent upwards
- Place nearer arm across chest
- Place further arm at right angles to the body
- Roll casualty away from you onto side
- Keep leg at right angles with knee touching ground to prevent casualty rolling onto face

#### **Asthma**

Asthma is a condition in which the bronchi (air tubes of the lungs) go into spasm and become narrower. Excess mucous is produced, causing the person to have difficulty breathing. Asthma is particularly common in children.

#### **Signs and Symptoms**

The casualty may be:

- Unable to get air

- Progressively more anxious, short of breath, subdued or panicky
- Focused on only breathing
- Coughing, wheezing\*
- Blue around lips, earlobes and fingertips
- Unconscious

*\*NOTE- A wheeze may be audible. However, in a severe asthma attack there may be so little air movement that a wheeze may not be heard.*

### **When to send for medical aid**

- If breathing does not become easier soon after medication-within 4 minutes
- The attack increases in severity

### **Management of an asthma attack**

1. Follow **DRS ABC Action Plan**
2. Assist the casualty, if conscious, into any comfortable position – Usually sitting upright and leaning forward.
3. Be reassuring and ensure adequate fresh air.
4. Assist with prompt administration of medication:
  - Give 4 puffs of a blue reliever (puffer) containing Ventolin, Respolin, Asmol or Bricanyl
  - Casualty takes a breath with each puff
  - Use a spacer if available: give 4 puffs one at a time-casualty takes 4 breaths after each puff
  - Wait 4 minutes
5. If little or no benefit call **000** for an **Ambulance** immediately.
6. In the case of a severe attack with no improvement, until the Ambulance arrives keep giving:
  - Children 4 puffs every 4 minutes
  - Adults up to 6-8 puffs every 5 minutes
7. If casualty is unconscious, follow **DRS ABC**: call **000** for an ambulance.

### **Sourced**

- Succeed Consultancy
- St John Ambulance First Aid

<b>Policy Review</b>	
<b>Developed</b>	<b>October 2008</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 6.7 PROCEDURE: First Aid for Severe Allergic Reaction

### Specific Process Steps

(St. John Ambulance *DRS ABC* Action Plan)

The Action Plan is a vital aid to the first aider in assessing whether the casualty has a life threatening conditions and/or if any immediate first aid is necessary.

D- Check for **Danger**

- to you
- to others
- to casualty

R- Check for Response

- is the casualty conscious?
- is the casualty unconscious?

S- Send for Help

- Call 000 or get another person to call

A- Check Airway

- is the airway clear of objects?
- is the airway open?

B- Check for Breathing

- is the chest rising and falling?
- can you hear casualty breathing?
- can you feel the breath on your cheek?

C- Check for signs of Circulation

- can you see obvious signs of movement, including swallowing and breathing?
- can you feel a pulse?
- observe the colour of the skin on face

#### **Recovery Position**

- Kneel beside the casualty
- List near leg at knee so it is fully bent upwards
- Place nearer arm across chest
- Place further arm at right angles to the body
- Roll casualty away from you onto side
- Keep leg at right angles with knee touching ground to prevent casualty rolling onto face

#### **Severe Allergic Reaction**

An allergic reaction can occur when a substance enters the body. The allergy may be to an insect sting or bite, drugs, medication, food or chemicals. Severe allergic reactions may cause blood pressure to fall dramatically and breathing to be impaired. This reaction is called anaphylactic shock and is potentially fatal.

### **Signs and Symptoms**

- Swelling and redness of the skin
- Itchy, raised rash (hives)
- Swelling of the throat
- Wheezing and/or coughing
- Rapid, irregular pulse
- Nausea and vomiting
- Dizziness and unconsciousness

### **Management of Severe Allergic Reaction**

- Follow **DRS ABC**
- Call **000** for an **Ambulance**
- Observe and record pulse and breathing
- If the casualty is carrying medication for the allergy (E.g. Epi pen) it should be taken once. (Ensure that educators are appropriately trained for this)
- **If conscious:** help casualty to sit in position from which the relief of breathing difficulties is most effective.
- **If unconscious:** check **ABC** and prepare to resuscitate if necessary.

### **Sourced**

- Succeed Consultancy

<b>Policy Review</b>	
<b>Developed</b>	<b>October 2008</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 6.8 PROCEDURE: Fractures

### Specific Process Steps

In the event of a child fracturing a bone, a first aid trained staff member will assist and comfort the injured child and apply the following treatment:

- Control any bleeding and cover the wound.
- Check for a fracture to the child.
- The staff member treating the child will reassure the child, and ask him/her to keep their body, head and/or limb still.
- Immobilise the fracture with a sling, bandages or splints to prevent movement at the joint below or above the break.
- Watch for signs of loss of circulation to the affected area.
- Handle the child gently and remain calm.
- Observe the child carefully and manage any signs of shock if necessary.
- Ring **000** for an **Ambulance** once the situation is controlled. Retrieve the child's Centre file in preparation for the Ambulance's arrival to communicate all relevant information regarding the child.
- Notify the parents, Consultant and the make a notification through the ACECQA portal to the department as soon as practicably possible within 24 hours.
- The staff member who is treating the child is to accompany the child to the hospital, taking the child's records with them.

### Sourced

- Succeed Consultancy

Policy Review	
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## 6.9 PROCEDURE: Head Injury

### Specific Process Steps

(St. John Ambulance *DRS ABC* Action Plan)

The Action Plan is a vital aid to the first aider in assessing whether the casualty has a life threatening conditions and/or if any immediate first aid is necessary.

#### D- Check for **Danger**

- to you
- to others
- to casualty

#### R- Check for **Response**

- is the casualty conscious?
- is the casualty unconscious?

#### S- Send for Help

- Call 000 or get another person to call

#### A- Check **Airway**

- is the airway clear of objects?
- is the airway open?

#### B- Check for **Breathing**

- is the chest rising and falling?
- can you hear casualty breathing?
- can you feel the breath on your cheek?

#### C- Check for signs of **Circulation**

- can you see obvious signs of movement, including swallowing and breathing?
- can you feel a pulse?
- observe the colour of the skin on face

The First Aid trained staff member is to assist and treat the affected child's injury.

- Treat the child as if the child was unconscious.
- Turn child to a stable side position.
- Clear and open the child's airway.
- Monitor the child's breathing and circulation.
- Support the child's head and neck during movement.
- Control any bleeding, but do not apply direct pressure to the skull if you suspect a fracture.
- If blood or fluid is coming from the ear or nose, lightly secure a sterilised dressing in place and if possible lay the casualty on the injured side.
- In the first forty-eight (48) hours, report immediately the Emergency Department call 000 if any of the following symptoms occur:

- a) Persistent vomiting
- b) Excessive drowsiness
- c) Worsening headache
- d) Severe dizziness
- e) Unsteady when walking
- f) Increasing confusion, restlessness and agitation
- g) Slurred speech
- h) Convulsion or seizures

**Eye Injury**

- Lightly cover both eyes with a sterilised pad and seek medical attention immediately.

**Sourced**

- Succeed Consultancy
- Education and Care Services National Regulations
- St John’s Ambulance Australia. <http://www.stjohn.org.au>
- The Royal Children’s Hospital in Melbourne [https://www.rch.org.au/kidsinfo/fact\\_sheets/](https://www.rch.org.au/kidsinfo/fact_sheets/)

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## 6.10 PROCEDURE: Nappy Changing Procedure

### Specific Process Steps

- Place 2 papers on the change table.
- Always wear gloves when changing nappies.
- Remove the child's nappy and any clothes with urine and / or faeces.
- Clean the child's bottom.
- Remove the 1 paper and put in a 'hands-free' lidded bin, as the child body will be in contact with the other paper.
- Remove your gloves now, before you touch the child's clean clothes. Remove the gloves by peeling them back from your wrists, turning them inside out as you go. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in the bin.
- Dress the child. Wash and dry the child's hands. Now you are able to hold the child close to you. For older children (if they are able to) they can wash their hands independently but ensure that a staff member is closely supervising the children.
- Take the child away from the change table.
- Remove the paper and Clean the change table with neutral detergent and warm water, paying particular attention to the mat, at the completion of each nappy change.
- Wash you hands following the correct hand washing procedure.

REMEMBER- Interact with all children throughout the nappy change, making this a positive experience for all children.

### **CLEANING THE NAPPY CHANGE TABLE**

Use this method to help keep the nappy change table clean.

- After each change and at the end of the day, thoroughly wash the table (mat) well with detergent and warm water. Use paper towel for cleaning and drying the surface.
- If faecal matter spills onto the change table (mat) clean with detergent and warm water, dry with paper towel.
- Wash and dry your hands using the correct 'hand washing procedure'.

Mattresses and covers used on the nappy change table need to be smooth and in good condition because germs can survive in cracks, holes, creases, pleats, folds or seams.

### Sourced

- Succeed Consultancy
- National Health and Medical Research Council: Staying Healthy in Childcare 5th Edition 2012.

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## 6.11 PROCEDURE: Notification Requirements

### Specific Process Steps

National Law and Regulations	Family Assistance Law
<b>Approved Provider</b>	
Within 14 days of a change of name	Within 14 days of a change of name
Within 7 days of a change of address or contact details	Within 30 days of change to approved provider's physical or postal address, or as soon as possible if change not foreseeable Within 14 days of the change of email address, website, phone /fax number
Within 7 days of any adverse change in fitness and propriety	
Within 7 days of the appointment of receivers or liquidators or other matters that affect the financial viability of service.	Within 24 hours of the provider entering into administration, receivership, liquidation or bankruptcy, and details
Within 7 days of the death of the Approved Provider	
<b>Nominated Supervisor</b>	
Within 7 days that a Nominated Supervisor is no longer employed at the service, is removed from position or withdraws consent	Within 7 days of a person ceasing to have management or control of the provider, including why
At least 7 days prior to the start of a new Nominated Supervisor or no more than 14 days after	Within 7 days of any new person with management or control, including their name and contact details, WWCC info and declaration all background checks undertaken
When there's any change to the name or contact details of any nominated supervisor	Within 7 days of becoming aware of change of name or contact details
<b>Persons with Management or Control (including a responsible person under the National Law and Regulations)</b>	
within 14 days of the appointment or removal of a person with management or control of the service	
	Within 7 days of any new person with management or control, including their name and contact details, WWCC info and declaration all background checks undertaken
	Within 7 days of becoming aware of change of name or contact details
	Within 7 days of receiving background check showing person has an indictable offence punishable by up to 2 years jail or 40 penalty units, an offence involving violence, sex, fraud, stealing or dishonesty, is an undischarged bankrupt or was a director/secretary when a company when into receivership or liquidation or at any time during the previous 12 months
	Within 24 hours of becoming aware of a serious conviction or finding of guilt

<b>National Law and Regulations</b>	<b>Family Assistance Law</b>
	Within 7 days of becoming aware of event or circumstance that indicates the person is unlikely to be fit and proper to administer CCS or ACCS
	Within 7 days of a person ceasing to have management or control of the provider, including why
	Within 7 days of becoming aware the provider or person with management/ control has or will get an interest in a business which may affect their ability to comply with Family Assistance Law
<b>All persons managing/administering CCS</b>	
	Within 24 hours of becoming aware of amendments, suspension, revocation etc. to WWCC
<b>Educators</b>	
	Within 7 days of becoming aware educator obtains qualification from RTO where the provider or person with management or control has an interest and it appears the educator did not earn the qualification or there is a conflict of interest
<b>Contact details</b>	
Within 7 days of changing the address and contact details of the service	Within 30 days of change to physical or postal address of service, or as soon as possible if change not foreseen
<b>Serious incidents and complaints</b>	
within 24 hours of a serious incident or complaint that a serious incident has occurred	
within 24 hours of a complaint the National Law has been contravened	
within 7 days of any circumstance at the service that poses a significant risk to the health, safety and wellbeing of children at the service	
within 7 days of any incident, complaint or allegation of physical/sexual abuse of a child at the service	
<b>Emergency Care</b>	
Within 24 hours of any children being educated and care for in an emergency, including where there is a child protection order or the parent needs urgent health care.	
<b>Fees</b>	
	Total hourly fee (before any reductions) advised within 14 days of service approval/ commencement or any change

<b>National Law and Regulations</b>	<b>Family Assistance Law</b>
<b>Operating Hours</b>	
	Operating hours and days, open and close times advised within 14 days of service approval/ commencement
Within 7 days of any change to the hours and days of operation	within 14 days of any change to the hours and days of operation
<b>Vacancies</b>	
	Number anticipated vacancies from Monday next week by 8 pm each Friday
<b>Ceasing to operate</b>	
Within 7 days of ceasing to operate the service	at least 42 days before ceasing to operate service, or within 24 hours of ceasing where 42 days' notice can't be given
<b>Closure</b>	
Within 24 hours of any incidents that require the Service to close or reduce attendance	Within 24 hours of any unexpected closure
<b>Failure to operate</b>	
Within 14 days of a failure to operate the service within 6 months of approval ( or time agreed by Regulatory Authority)	
<b>Transfer</b>	
at least 42 days before the intended transfer of service approval	
<b>Change of service name</b>	
	Within 14 days of a change of service name
<b>Parent Notification Requirements</b>	<b>Communication Timing or Notice to Parents</b>
Emergency	As soon as practicably possible- immediately
Incident, accident or injury to a child	Within 24 hours
Change of Centre Operations- operational hours, operational weeks, fees or services offered	14 days
Suspend or Cancel Service Approval	14 days

## Sourced

- Succeed Consultancy

<b>Policy Review</b>	
<b>Developed</b>	<b>September 2019</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 6.12 PROCEDURE: Residency

### Specific Process Steps

- At the orientation and enrolment process staff are to confirm if there is any Family Court of Australia Orders affecting the residency of the child enrolling.
- If there are Custodial Court Orders, the centre is to request copies for the centre records. The parent or guardian is to be advised that any Court Orders are not able to be carried out if the centre does not have copies on the child's file.
- A Residency Order list is to be displayed in both the team room and office in a confidential place. The presence of the Residency Order list is to be displayed discreetly away from public view.
- The Director / Nominated Supervisor may attempt to seek a photo of the person whom the Residency Order is in relation to; this should be displayed in the Office next to the Residency Order list.
- All staff are to be fully aware of any Residency Orders affecting all children within the centre, regardless if the child is not in the staff members room.
- If a non-residential parent arrives or is on the premises of the centre grounds, Police are to be immediately called on 000.
- All staff are to have a clear understanding and knowledge of the centre policy in relation to a breach of a Residency Order.
- The residential parent is to then be phoned without undue delay and informed of the situation.
- If the situation becomes threatening, allow the child to go with the non-residential parent, and phone the Police. They will then handle the situation. This is done to ensure the safety of the educators and children at the centre.

### Sourced

- Succeed Consultancy

Policy Review	
Developed	June 2006
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Next Review	1 December 2024

## 6.13 PROCEDURE: Physical Activity and Screen Time

### Specific Process Steps

The increasing prevalence of overweight and obesity in childhood reflects the levels of physical activity and sedentary behavior of entire communities. Developing healthy habits associated with being physically active sets the foundation for good habits in later life and can impact on immediate and long term health outcomes. Early childhood education and care services are an ideal place to develop good habits in young children and influence the behaviours of families. Educators and families can work together to share the responsibility of making physical activity a priority both inside and outside the home.

#### Service Commitment

Little Gumnuts Early Learning Group seeks to promote children’s physical activity by supporting the development of their gross motor skills and fostering the emergence of their fundamental movement skills through a range of intentionally planned and spontaneous active play learning experiences. Our service also supports limiting the amount of time children spend engaging in screen time and sedentary behaviour for recreational purposes.

Our service is committed to a journey of continuous improvement, striving for quality service provision under the National Quality Framework. We will ensure key physical activity messages within *Munch & Move* are embedded into our curriculum supporting the *Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep* and the *Get Up & Grow* Physical Activity Guidelines.

Further, Little Gumnuts Early Learning Group recognises the importance of supporting families to promote children’s physical activity through positive, respectful and reciprocal relationships.

#### **Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep**

For healthy growth and development in:

##### **Infants (Birth to one year)**

- Physical activity, particularly through supervised interactive floor-based play in safe environments, should be encouraged from birth. For those not yet mobile, this should include **30 minutes of tummy time a day** (including reaching and grasping, pushing and pulling, and crawling) spread throughout the day during awake periods.
- Infants should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair).
- Screen time is **not recommended**.
- When sedentary, engaging in pursuits such as reading, singing, puzzles and storytelling with a caregiver is encouraged.

##### **Toddlers (1–2 years)**

- Toddlers should spend at least **180 minutes** a day in a variety of physical activities, including energetic play, spread throughout the day; more is better.

- Toddlers should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair) or sit for extended periods.
- For those younger than 2 years, sedentary screen time is **not recommended**.
- For those aged 2 years, sedentary screen time should be **no more than 1 hour**; less is better.
- When sedentary, engaging in pursuits such as reading, singing, puzzles and storytelling with a caregiver is encouraged.

### Pre-schoolers (3–5 years)

- Pre-schoolers should spend **at least 180 minutes** a day in a variety of physical activities, of which **at least 60 minutes** is energetic play, spread throughout the day; more is better.
- Pre-schoolers should not be restrained for more than 1 hour at a time (e.g. in a stroller or car seat) or sit for extended periods.
- Sedentary screen time should be **no more than 1 hour in total throughout the 24-hour period**; less is better.

When pre-schoolers are sedentary, caregivers are encouraged to engage with them through activities such as reading, singing, puzzles and storytelling.

### Sourced

- Succeed Consultancy

Policy Review	
Developed	June 2019
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## 6.14 PROCEDURE: Sleep Procedure

### Specific Process Steps

**Aim:** For rest time to be individualised, comfortable, safe and non-threatening

1. To Pre-warn the child that it is nearly time for a sleep.
2. Organize bottles, dummies and or security items for rest time.
3. Bottles are to be given on pillows or armchair in main room, this is to prevent a child choking whilst sleeping, give the child any security items for rest time.
4. If no bottle is required collect child and or security items, explain that it is sleep time and take the child to their labeled cot.
5. Place child in cot, on back with legs touching end of cots, as this will assist in prevention of cot death. Give child security items e.g. dummy etc.
6. Follow parents home routine and sleep patterns e.g. if child is patted to sleep, pat child to sleep. If left alone to sleep, leave child. If the child has two sleeps per day, give the child two sleeps per day.
7. Physically check sleeping child every ten minutes, to ensure child is safe, sleep record is to be completed every 10 minutes.
8. When the child wakes, meet their individual needs, e.g. if child likes to lay for a while to wake, leave child. If child has a bottle when he/she wakes up, give bottle.
9. Sheets must be changed and washed daily for all children that attend the service different days and once a week for full time children, there is always to be two sheets (bottom and cover) on each cot and a mattress protector.
10. Each cot is to be disinfected between each child and once a week for full time children.
11. Underlays and blankets are to be washed weekly
12. Mattresses are to be aired every month.

### Sourced

- Succeed Consultancy
- Sids and Kids Safe Sleeping <https://rednose.org.au>

Policy Review	
Developed	September 2006
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## 6.15 PROCEDURE: Toilet Procedure for Soiled Nappies

### Specific Process Steps

**Aim:** To follow hygiene standards and prevent cross infection within the centre environment.

1. Reassure the child (never reprimand the child).
2. Gather suitable spare clothes.
3. Gather a plastic bag.
4. Wash hands following hand washing procedures.
5. Place gloves on both hands.
6. Take the child and supplies to toilet area/shower area.
7. If showering is required, two staff must be present.
8. Clean child, using wipes/paper towel or shower.
9. Remove solid faeces from pants, by holding pants in the toilet and flushing.
10. Squeeze excess water and place soiled pants into a bag.
11. Dispose of gloves.
12. Child and carer to wash their hands.
13. Re-dress the child.
14. Re-direct child to an activity.
15. Plastic bag is to be stored out of reach of children.
16. Parents to be notified upon collection that an accident occurred and the location of the soiled garments.

### Sourced

- Succeed Consultancy
- Staying Healthy in Childcare 5th Edition 2012

Policy Review	
Developed	September 2006
Last Reviewed	17 September 2023
Next Review	1 December 2024

## 6.16 PROCEDURE: Stranger Kidnapping

### Specific Process Steps

- The Director / Nominated Supervisor is to identify the purpose of any unknown persons being in the vicinity of the Service.
- Upon an unknown person entering the building to collect a child, the person's identity is to be confirmed from the child's enrolment form. Once established, a photocopy of photo identification is to be copied and placed in child's file prior to the child being collected.
- Any staff member has the right to request photo identity of any person that is unknown to that staff member prior to a child being collected.
- If a person is not listed on the enrolment form, they are unable to collect the child. The centre policy is to be made clear to the person. At no time will the centre policy be negotiated.
- If the person is persistent in collecting the child, the parents are to be immediately called. The parents are to be reminded of the centre policy and that the child will not be able to be leave with this particular person, due to not being listed on the enrolment form.
- If the person is still persistent, staff are to request that the person leave the centre immediately.
- If the person continues to refuse the Police are to be called 000.
- The staff member is to raise the alarm to other educators to ensure the safety of all children within the centre.
- **At no time are staff members to put themselves in direct danger.**

### Sourced

- Succeed Consultancy

Policy Review	
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Next Review	1 December 2024



# BUSH FIRE EMERGENCY MANAGEMENT AND EVACUATION PLAN

**90 Maidens Brush Road, WYOMING NSW**

**Prepared By:**

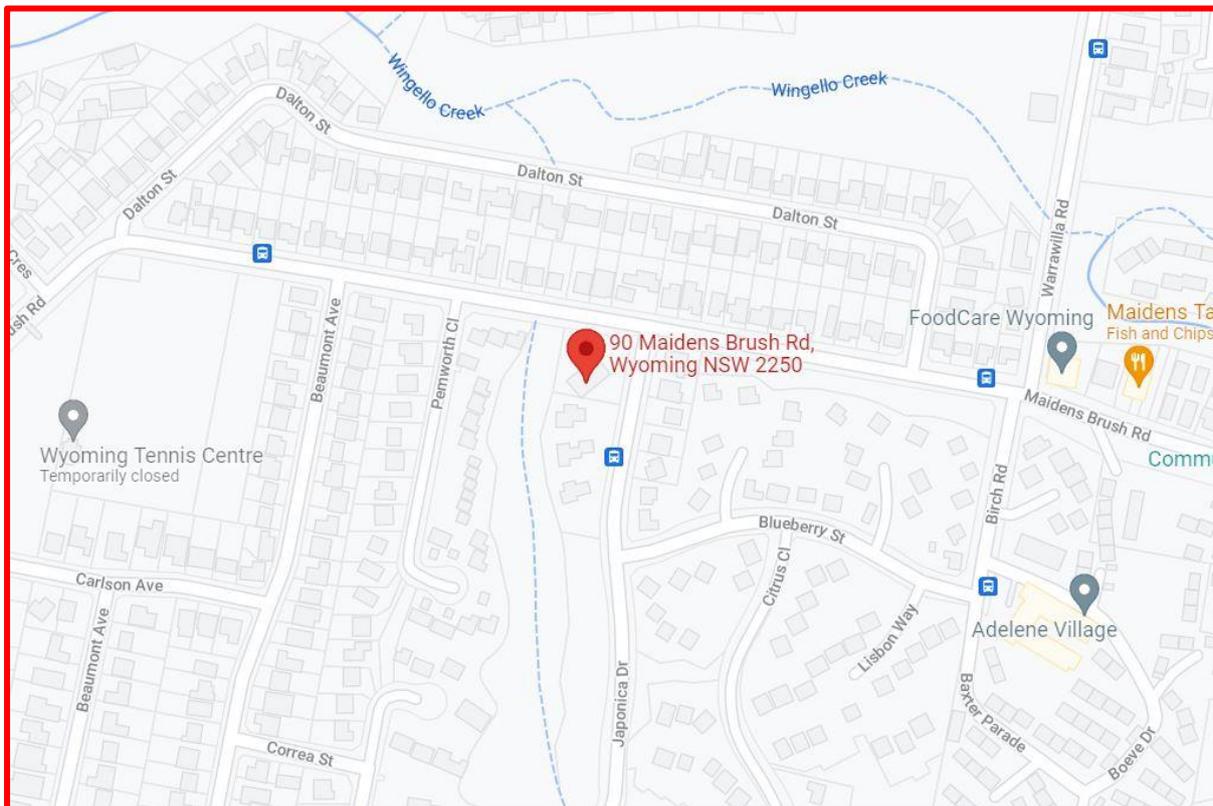
**Gregory Madigan  
Service Industry Management Group**

**Authorised By:**

**Mark Shalala  
Director  
Little Gumnuts Early Learning Group**

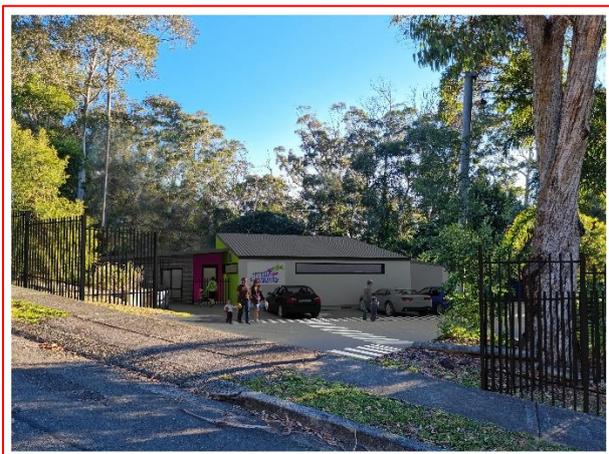
## FACILITY DETAILS

This plan has been prepared for **The little Gumnuts Wyoming Early Learning Centre, 90 Maidens Brush Road, Wyoming NSW 2250** and has been designed to assist management to protect life and property in the event of a bush fire.



This plan outlines procedures for both sheltering (remaining on-site) and evacuation to enhance the protection of occupants from the threat of a bush fire.

The **Primary Action** to follow under normal bush fire conditions is to **EVACUATE**.



Contact Person: XXXX  
Centre Director

Phone: (BH) (02)4xxx xxxx  
(AH) 04xx xxx xxx

Type of Facility: Early Learning Childcare

Number of Buildings: One

Number Employees: 15 (full complement)

Number Occupants: 70 children + 15 staff

Needing Support: up to 70 children

## **Roles and Responsibilities:**

<b>CENTRE DIRECTOR / PERSON IN CHARGE</b>
<p>Contact and Liaise with Emergency Services Establish and maintain communication with Centre Staff Direct the Actions of others Oversee decision making processes and make final decisions</p>
<b>DELEGATED EMERGENCY OFFICER</b>
<p>Collect and control the Evacuation Kit Collect and control the Electronic tablet containing Attendance Record, Contact Lists and Staff Roster Set up and Control the Evacuation Assembly Point</p>
<b>EDUCATION LEADERS</b>
<p>For Evacuation, control the calm evacuation of children to the nominated assembly point In all cases, account for all children and staff under their control and contact Parents/Guardians as required In Lockdown, lock all external doors and windows and close blinds/curtains In Lockdown, support and supervise children's wellbeing</p>
<b>DELEGATED FIRST AID OFFICER(S)</b>
<p>Collect First Aid Kit(s) and administer First Aid as required</p>
<b>ALL OTHER EDUCATORS AND STAFF</b>
<p>Ensure the safety and wellbeing of children and other adults Provide reassurance to children in the assigned room In Evacuation, assist with Room 1 babies and toddlers</p>

## Emergency Planning Committee:

The Little Gumnuts Wyoming Early Learning Centre *Emergency Planning Committee* shall be made up of the following:

Little Gumnuts Managing Director	Mark Shalala
Wyoming Centre Director	TBC
Wyoming Centre Emergency Officer	TBC
Wyoming Education Leader – Room 1	TBC
Wyoming Education Leader – Room 2	TBC
Wyoming Education Leader – Room 3	TBC
External Strategy Consultant	Greg Madigan

## Emergency Contacts:

Organisation	Contact Details
NSW Rural Fire Service (Local Fire Control Centre)	105 Arizona Road Charmhaven NSW 2263 <b>Phone Number:</b> 1300 060 807
NSW Rural Fire Service (Bush Fire Information Line)	<b>1800 679 737</b> <a href="http://www.rfs.nsw.gov.au">www.rfs.nsw.gov.au</a>
Police, Ambulance, Fire (Emergency)	<b>000</b>
Police – Gosford Station	<b>02-4323 5599</b>
Police (Non-Emergency)	<b>131-444</b> (non-emergency assistance) <b>1800 333 000</b> (Crimestoppers) <a href="http://www.police.nsw.gov.au">www.police.nsw.gov.au</a>
State Emergency Service NSW	<b>13 25 00</b> <a href="http://www.ses.nsw.gov.au">www.ses.nsw.gov.au</a>
Hospital – Gosford	<b>02-4320 2111</b> <a href="http://www.health.nsw.gov.au">www.health.nsw.gov.au</a>
Poisons Information Service NSW	<b>13 11 26</b> <a href="http://www.poisonsinfo.nsw.gov.au">www.poisonsinfo.nsw.gov.au</a>
Healthdirect Australia (Phone medical)	<b>1800 022 222</b> <a href="http://www.healthdirect.gov.au">www.healthdirect.gov.au</a>
Central Coast Council	<b>1300 463 954</b> <a href="http://www.centralcoast.nsw.gov.au">www.centralcoast.nsw.gov.au</a>
Electricity Service – Ausgrid	<b>13 13 88</b> <a href="http://www.ausgrid.com.au">www.ausgrid.com.au</a>
Snake & Reptile Catching – Gosford	<b>0430 813 393</b>
Child Protection Helpline	<b>13 21 11</b> <a href="http://www.facs.nsw.gov.au">www.facs.nsw.gov.au</a>
NSW Department of Education Early Childhood Education Complaints	<b>1800 619 113</b> <a href="http://www.education.nsw.gov.au">www.education.nsw.gov.au</a>
SafeWork NSW (formerly WorkCover NSW)	<b>13 10 50</b> <a href="http://www.safework.nsw.gov.au">www.safework.nsw.gov.au</a>
Little Gumnuts Group Managing Director	<b>0410 484 241</b> (Mark Shalala)

## Fire Risk:

Central Coast Council's Bushfire Prone Land Map identifies the subject property as containing designated Category 1 Vegetation within its associated 100 metre buffer zone therefore the subject site is considered 'bushfire prone'.

The primary Bush Fire threat is located in the Riparian Corridor to the West of the Child Care facility. This area is known as Lot 25 DP 749871. An Asset Protection Zone (APZ) is established within the Riparian Zone, along the western boundary of the Childcare Centre property.



Figure 01: Extract from Central Coast Council's Bushfire Prone Land Map (2021)

Some specific locations have significant fire history and are recognised as known fire paths. While the fire history is more commonly considered as part of strategic planning (to ensure future development is not exposed to an unacceptable risk), it is useful to ensure the land is suitable for development in the context of bushfire risk.

In this instance there has been one (1) recorded wildfire – 1991/92 (Wyoming) approximately 400 metres to the south of the site. There have been no recorded hazard reductions within the immediate surrounding area (source NPWS Fire History dataset).

The broader landscape was impacted by bushfire being >1km to the south (2000/01) of the subject site.

The subject site is therefore not considered to be within a known fire path. Furthermore in consideration of the previous bushfire history the likelihood of a bushfire occurring within the immediate area is considered unlikely.

## Sheltering Procedure:

Sheltering of occupants of the Little Gumnuts Wyoming Early Learning Centre site will be implemented in the first instance unless it is deemed unsafe to remain on site.

This procedure is to be used when evaluation of the safety of employees and occupants has determined it would be safer for ALL persons to shelter in a designated refuge.

The refuge at the Little Gumnuts Wyoming Early Learning Centre is **Indoor Play Room 3** for all building occupants. This room can easily accommodate all occupants, is located with toilet facilities, and is immediately adjacent to kitchen facilities. The refuge has limited exposure to the Western fire zone, and the exposed doors and windows to the west have electric metal roller shutters to reduce fire exposure.

The refuge has direct egress direct to the carpark area for later evacuation.

Trigger	Action
<p align="center"><b>Bushfire in the surrounding area</b></p>	<ul style="list-style-type: none"> <li>• Consult the NSW RFS website, 1800 NSW RFS, smart phone applications and local firefighting resources for fire situation and updates;</li> <li>• Inform staff of the fire situation;</li> <li>• Update parents of children in care and facilitate child collection if the parents desire;</li> <li>• Ensure that the Wyoming Centre Director has a mobile phone and is contactable;</li> <li>• Advise the local emergency services that the centre is operating, and that it will need to be advised early in the event of an evacuation being necessary.</li> </ul>
<p align="center"><b>Approaching bushfire threatening the premises</b></p>	<ul style="list-style-type: none"> <li>• After consultation with emergency services, temporarily cease normal operations and 'shelter in place' in the assigned refuge room;</li> <li>• Alert all parents of children in care of 'shelter in place';</li> <li>• All personnel to move to refuge room;</li> <li>• Conduct a check of all personnel using the Attendance Records;</li> <li>• Keep personnel hydrated</li> <li>• Monitor bushfire situation and the Centre Director is to stay contactable at all times</li> <li>• When the fire or threat has passed, all personnel are to remain in the refuge room until further directed.</li> </ul>

After the Bush Fire Emergency has passed:

- Centre Director is to determine when normal operations will re-commence and will advise all persons;
- Conduct a rollcall for all staff and children in care;
- Confirm with NSW Rural Fire Service that utilities are safe to use;
- Centre Director to inspect the building and property to ascertain extent of damage;
- Undertake a debrief with key personnel;
- Review this plan and amend if required.

## Bush Fire Evacuation Procedure:

Evacuation of occupants of the Little Gumnuts Wyoming Early Learning Centre site will be implemented if it is determined that it would be safer for all persons to evacuate to their own personal refuge.

Trigger	Action
<p align="center"><b>Bushfire in the surrounding area</b></p>	<ul style="list-style-type: none"> <li>• Consult the NSW RFS website, 1800 NSW RFS, smart phone applications and local firefighting resources for fire situation and updates;</li> <li>• Inform staff of the fire situation;</li> <li>• Update parents of children in care and facilitate child collection where possible;</li> <li>• Ensure that the Wyoming Centre Director has a mobile phone and is contactable;</li> <li>• Advise the local emergency services that the site is operating, and that it will need to be advised early in the event of an evacuation being necessary;</li> <li>• Continue to monitor the situation.</li> </ul>
<p align="center"><b>Approaching bushfire threatening the premises and Evacuation Ordered</b></p>	<ul style="list-style-type: none"> <li>• After consultation with emergency services, cease normal operations and commence evacuation procedures;</li> <li>• Alert all staff of evacuation and conduct staff briefing;</li> <li>• Advise parents of children that have not been collected when the evacuation is ordered, that they can collect their children at the Bush Fire Evacuation location;</li> <li>• Designated Emergency Officer will take control of the situation;</li> <li>• Ensure all staff and children are accounted for;</li> <li>• The Wyoming Centre Director is to advise the local emergency services that the centre is currently evacuated and that occupants are at the Bush Fire Assembly Point (include how many people and location);</li> <li>• Early departure of all occupants to relocate well before the fire fighting units arrive to avoid site traffic;</li> <li>• Maintain situational awareness through radio, NSW RFS website, 1800 NSW RFS, smart phone applications and local firefighting resources.</li> <li>•</li> </ul>

Suitable Bush Fire Evacuation Assembly Points are:

- **Wyoming Public School** (if open and outside danger zone) - 41 Maidens Brush Rd, Wyoming NSW 2250 – phone: (02) 4325 2181;
- **Gosford Public Hospital** - 75 Holden St, Gosford NSW 2250 – Phone: (02) 4320 2111

**Prior to the commencement of the Bushfire Danger Period, the following will occur:**

- Personnel to be prepared in accordance with this plan and have reviewed this plan;
- All persons are to be informed of the evacuation procedures;
- Assembly points are visited and deemed suitable;

- Firefighting equipment (hoses etc.) are serviceable and available;
- Conduct practice fire evacuation drills;
- Update contact details of staff and children in care;
- Contact and update emergency services with the premises' contact details
- Monitor Fire Danger Ratings for the area
- Stay alert for warnings and watch for signs of fire.

**After the bush fire event:**

- No person should re-enter any evacuated site until advised by the emergency service that the area is deemed safe;
- Centre Director is to coordinate the movement of personnel back to the evacuated site;
- All personnel are to be accounted for on their return;
- Inform the police / emergency service of the return of persons to the premises;
- Review this plan.

<b>Policy Review</b>	
<b>Developed</b>	<b>June 2022</b>
<b>Last Reviewed</b>	<b>17 September 2023</b>
<b>Next Review</b>	<b>1 December 2024</b>

## 6.18 PROCEDURE: Emergency Plan

Regulation 97 requires an emergency and evacuation plan, appropriate to the centre, be developed and implemented.

There is a separate procedure outlining the emergency plans to be implemented at each centre.

The procedure is a separate document available on the emergency board in the Centre Foyer, in each Childcare room, and on the staff document portal.

A copy of the Emergency and Evacuation Plans forms Appendix C to this Manual.

As the Wyoming Centre is in a designated Bushfire Prone Area, a separate Bush Fire Emergency & Evacuation Plan has been developed. Refer to Section 6.17 of this Manual for details. The plan is also available on the emergency board in the Centre Foyer and on the staff document portal.

Policy Review	
Developed	June 2022
Last Reviewed	June 2022
Next Review	1 April 2023

# APPENDICES

# APPENDIX A – Policy Index

Policy	No.	Manual
Acceptance and Refusal of Authorisations	4.1	Service Operations Manual
Access & Equity	25.0	Staff Policy Manual
Administration - Record Keeping	1.11	Service Operations Manual
Alcohol and Drugs	11.0	Staff Policy Manual
Allergic Reaction (Procedure)	6.7	Service Operations Manual
Ambulance (Procedure)	6.1	Service Operations Manual
Anaphylaxis	3.1	Service Operations Manual
Animal Bites (Procedure)	6.2	Service Operations Manual
Animals and Pets	3.2	Service Operations Manual
Annual Leave	16.0	Staff Policy Manual
Anti Bias - and Inclusion	2.12	Service Operations Manual
Anti-Bullying	13.0	Staff Policy Manual
Anti-Discrimination	13.0	Staff Policy Manual
Arrivals and Departures	4.2	Service Operations Manual
Asthma	3.3	Service Operations Manual
Asthma (Procedure)	6.6	Service Operations Manual
Authorisations - Acceptance and Refusal	4.1	Service Operations Manual
Baby Sitting	2.1	Service Operations Manual
Behaviour Management and Positive Guidance	2.2	Service Operations Manual
Biting	2.3	Service Operations Manual
Bottle Warming (Procedure)	6.3	Service Operations Manual
Broken Bones (Fractures) (Procedure)	6.8	Service Operations Manual
Bush Fire Emergency and Evacuation Plan	6.17	Service Operations Manual
Bushfire	5.5	Service Operations Manual
CCS Enrolment	4.3	Service Operations Manual
Child Development	2.5	Service Operations Manual
Child Exclusion	2.6	Service Operations Manual
Child Missing (Procedure)	6.4	Service Operations Manual
Child Protection Policy	2.4	Service Operations Manual
Child Safe Environment	5.9	Service Operations Manual
Child Safe Organisation	2.8	Service Operations Manual
Child Self Esteem	2.7	Service Operations Manual
Child Unaccounted For (Procedure)	6.4	Service Operations Manual
Choking and Fits (Procedure)	6.5	Service Operations Manual
Clothing	2.9	Service Operations Manual
Code of Conduct	1.0	Staff Policy Manual
Compassionate Leave	16.0	Staff Policy Manual
Complaint - Parent	4.9	Service Operations Manual
Complaint and Grievance Handling	31.0	Staff Policy Manual
Computers	3.0	Staff Policy Manual
Confidentiality	23.0	Staff Policy Manual
Conflict of Interest	18.0	Staff Policy Manual
Consultation	22.0	Staff Policy Manual
Contractors	28.0	Staff Policy Manual
COVID-19 Policy	3.4	Service Operations Manual
COVID-19 Waving Gap Fee Policy	4.4	Service Operations Manual
CSS Compliance	1.12	Service Operations Manual
Dangerous Substances and Equipment - Storage	5.14	Service Operations Manual
Dental Health Care	3.5	Service Operations Manual
Development - Child	2.5	Service Operations Manual
Diabetes	3.6	Service Operations Manual
Discipline - Performance Management	17.0	Staff Policy Manual

<b>Policy</b>	<b>No.</b>	<b>Manual</b>
Dress Code	2.0	Staff Policy Manual
Drop-off - Arrivals and Departures	4.2	Service Operations Manual
Drugs	11.0	Staff Policy Manual
Education - Programming	1.10	Service Operations Manual
Email	3.0	Staff Policy Manual
Emergency	5.1	Service Operations Manual
Emergency Procedure Plan - Wyoming	-	Emergency Procedure Plan
Employee Leave	16.0	Staff Policy Manual
Employment	4.0	Staff Policy Manual
Environmental Sustainability	2.10	Service Operations Manual
Equal Opportunity (EEO), Harassment, Anti-discrimination, Anti-Bully	13.0	Staff Policy Manual
Equipment	5.2	Service Operations Manual
Evacuation, Bush Fire Emergency Plan	-	Emergency Procedure Plan
Evacuation, Emergency Procedure Plan	-	Emergency Procedure Plan
Exclusion - Child	2.6	Service Operations Manual
Excursion	2.11	Service Operations Manual
Extreme Weather	5.3	Service Operations Manual
Fair Work Information Statement	30.0	Staff Policy Manual
Family Community Participation	4.5	Service Operations Manual
Family Orientation	4.6	Service Operations Manual
Fees	4.7	Service Operations Manual
Fees - COVID-19 Waving Gap Fee Policy	4.4	Service Operations Manual
Fees - CSS Compliance	1.12	Service Operations Manual
First Aid	5.4	Service Operations Manual
First Aid for Asthma Emergency (Procedure)	6.6	Service Operations Manual
First Aid for Severe Allergic Reaction (Procedure)	6.7	Service Operations Manual
Flexible Working Arrangements	15.0	Staff Policy Manual
Food - Nutrition	3.14	Service Operations Manual
Food Handling	3.7	Service Operations Manual
Fractures (Procedure)	6.8	Service Operations Manual
Government Assistance - CCS Enrolment	4.3	Service Operations Manual
Grievance	31.0	Staff Policy Manual
Grievance - Parent	4.9	Service Operations Manual
Handwashing	3.8	Service Operations Manual
Harrassment	13.0	Staff Policy Manual
Head Injury (Procedure)	6.9	Service Operations Manual
Head Lice	3.9	Service Operations Manual
Health - Alcohol	11.0	Staff Policy Manual
Health - Ambulance (Procedure)	6.1	Service Operations Manual
Health - Asthma	3.3	Service Operations Manual
Health - Choking and Fits (Procedure)	6.5	Service Operations Manual
Health - COVID-19	3.4	Service Operations Manual
Health - Dental	3.5	Service Operations Manual
Health - Diabetes	3.6	Service Operations Manual
Health - Drugs	11.0	Staff Policy Manual
Health - First Aid for Asthma Emergency (Procedure)	6.6	Service Operations Manual
Health - First Aid for Severe Allergic Reaction (Procedure)	6.7	Service Operations Manual
Health - Fractures (Procedure)	6.8	Service Operations Manual
Health - Head Injury (Procedure)	6.9	Service Operations Manual
Health - Illness and Medication	3.10	Service Operations Manual
Health - Infection Control	3.12	Service Operations Manual
Health - Medical Conditions	3.13	Service Operations Manual

<b>Policy</b>	<b>No.</b>	<b>Manual</b>
Health - Mental Health	26.0	Staff Policy Manual
Health - Smoking	10.0	Staff Policy Manual
Health - Snake	5.12	Service Operations Manual
Health - Wellbeing	26.0	Staff Policy Manual
Health - WHS	8.0	Staff Policy Manual
Health - Workplace Health and Safety	5.16	Service Operations Manual
Illness and Medication	3.10	Service Operations Manual
Immunisation	3.11	Service Operations Manual
Inclusion and Anti Bias	2.12	Service Operations Manual
Indoor Supervision	5.6	Service Operations Manual
Induction	5.0	Staff Policy Manual
Infection Control	3.12	Service Operations Manual
Information Technology	3.0	Staff Policy Manual
Insurance - Workers Compensation	9.0	Staff Policy Manual
Intellectual Policy	19.0	Staff Policy Manual
Interaction	2.13	Service Operations Manual
Internet	3.0	Staff Policy Manual
Inventions	19.0	Staff Policy Manual
IT, Internet, Email & Social Media	3.0	Staff Policy Manual
Job Descriptions	App-I	Staff Policy Manual
Kidnapping (Procedure)	6.16	Service Operations Manual
Late Child Pick Up	4.8	Service Operations Manual
Leave - all types	16.0	Staff Policy Manual
Legal - Residency Order	4.13	Service Operations Manual
Lockdown, Emergency Procedure Plan	-	Emergency Procedure Plan
Maintenance	5.7	Service Operations Manual
Medical - First Aid	5.4	Service Operations Manual
Medical Conditions	3.13	Service Operations Manual
Mental Health and Wellbeing	26.0	Staff Policy Manual
Missing Child (Procedure)	6.4	Service Operations Manual
Nappy Changing Procedure (Procedure)	6.10	Service Operations Manual
Notification Requirements	6.11	Service Operations Manual
Nutrition	3.14	Service Operations Manual
Outdoor Supervision	5.8	Service Operations Manual
Parent Grievance	4.9	Service Operations Manual
Parent Involvement	4.10	Service Operations Manual
Performance Management	17.0	Staff Policy Manual
Personal Belongings	2.14	Service Operations Manual
Personal Leave	16.0	Staff Policy Manual
Pets	3.2	Service Operations Manual
Physical Activity and Screen Time (Procedure)	6.13	Service Operations Manual
Physical Activity Promotion	2.15	Service Operations Manual
Pickup - Arrivals and Departures	4.2	Service Operations Manual
Pickup - Late Child Pick Up	4.8	Service Operations Manual
Poisons - Dangerous Substances and Equipment	5.14	Service Operations Manual
Pregnancy at Work	14.0	Staff Policy Manual
Priority of Access	4.11	Service Operations Manual
Privacy	4.12	Service Operations Manual
Privacy	24.0	Staff Policy Manual
Probation	7.0	Staff Policy Manual
Programming	1.10	Service Operations Manual
Protective Clothing	2.0	Staff Policy Manual

<b>Policy</b>	<b>No.</b>	<b>Manual</b>
Providing a Child Safe Environment	5.9	Service Operations Manual
Record Keeping	1.11	Service Operations Manual
Recruitment	4.0	Staff Policy Manual
Refusal of Authorisations	4.1	Service Operations Manual
Rehabilitation	12.0	Staff Policy Manual
Repairs - Maintenance	5.7	Service Operations Manual
Residency (Procedure)	6.12	Service Operations Manual
Residency Order	4.13	Service Operations Manual
Residency Order (Procedure)	6.12	Service Operations Manual
Rest & Sleep	2.17	Service Operations Manual
Return to Work	5.10	Service Operations Manual
Return to Work	12.0	Staff Policy Manual
Safety	5.11	Service Operations Manual
Safety - Providing a Child Safe Environment	5.9	Service Operations Manual
Safety - WHS	8.0	Staff Policy Manual
Safety - Workplace Health and Safety	5.16	Service Operations Manual
School - Transition to	2.19	Service Operations Manual
School Readiness	2.16	Service Operations Manual
Scissors and Sharp Implements	5.13	Service Operations Manual
Screen Time, and Physical Activity (Procedure)	6.13	Service Operations Manual
Security	20.0	Staff Policy Manual
Self-Esteem - Child	2.7	Service Operations Manual
Sharp Implements - Scissors and	5.13	Service Operations Manual
Sick Leave	16.0	Staff Policy Manual
Sleep & Rest	2.17	Service Operations Manual
Sleep Procedure (Procedure)	6.14	Service Operations Manual
Smoking	10.0	Staff Policy Manual
Snake	5.12	Service Operations Manual
Social Media	3.0	Staff Policy Manual
Soiled Nappies, toilet procedure (Procedure)	6.15	Service Operations Manual
Staff Development	6.0	Staff Policy Manual
Staff Families in Childcare	27.0	Staff Policy Manual
Staffing Arrangements	21.0	Staff Policy Manual
Storage of Dangerous Substances and Equipment	5.14	Service Operations Manual
Stranger Kidnapping (Procedure)	6.16	Service Operations Manual
Students and Volunteers	28.0	Staff Policy Manual
Subsidies - CCS Enrolment	4.3	Service Operations Manual
Sun Protection	3.15	Service Operations Manual
Supervision - Indoor	5.6	Service Operations Manual
Supervision - Outdoor	5.8	Service Operations Manual
Syllabus - Programming	1.10	Service Operations Manual
Termination of Enrolment	4.14	Service Operations Manual
Tobacco	10.0	Staff Policy Manual
Toilet Procedure for Soiled Nappies (Procedure)	6.15	Service Operations Manual
Toilet training	3.16	Service Operations Manual
Training and Development	6.0	Staff Policy Manual
Transition	2.18	Service Operations Manual
Transition to School	2.19	Service Operations Manual
Uniform	2.0	Staff Policy Manual
Volunteers	28.0	Staff Policy Manual
Water Safety	5.15	Service Operations Manual
Weather - Extreme	5.3	Service Operations Manual

<b>Policy</b>	<b>No.</b>	<b>Manual</b>
<b>Wellbeing</b>	<b>26.0</b>	<b>Staff Policy Manual</b>
<b>Whistle Blower</b>	<b>29.0</b>	<b>Staff Policy Manual</b>
<b>Work Health and Safety</b>	<b>8.0</b>	<b>Staff Policy Manual</b>
<b>Workers Compensation</b>	<b>9.0</b>	<b>Staff Policy Manual</b>
<b>Workplace Health and Safety</b>	<b>5.16</b>	<b>Service Operations Manual</b>
<b>Written Warnings</b>	<b>17.0</b>	<b>Staff Policy Manual</b>

# APPENDIX B – Compliance Matrix

Compliance / Operational Stds	PA	QA			QA			QA			QA			QA			QA			QA			QA			QA																				
		1.1			1.2			1.3			2.1			2.2			3.1			3.2			4.1			4.2			5.1			5.2			6.1			6.2			7.1			7.2		
		1.1.1	1.1.2	1.1.3	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	2.1.1	2.1.2	2.1.3	2.2.1	2.2.2	2.2.3	3.1.1	3.1.2	3.2.1	3.2.2	3.2.3	4.1.1	4.1.2	4.2.1	4.2.2	5.1.1	5.1.2	5.2.1	5.2.2	6.1.1	6.1.2	6.1.3	6.2.1	6.2.2	6.2.3	7.1.1	7.1.2	7.1.3	7.2.1	7.2.2	7.2.3					
Compliance Items		Educational Program									Children's Health & Safety						Physical Environment						Staffing Arrangements			R'Ship Children			R'Ship Fam/Comm			Governance and Leadership														
POLICY																																														
# Policies Addressing the QA		5	4	6	7	9	11	3	5	4	15	24	10	31	23	16	10	8	9	6	4	15	7	11	35	12	28	8	5	22	24	23	15	22	11	34	56	31	12	4	13					
1.10 - Programming Policy		X	X	X	X	X	X	X	X	X													X	X		X	X							X	X		X		X	X	X	X				
1.11 - Record Keeping Policy																																							X							
1.12 - CSS Compliance Policy																																							X							
2.1 - Policy - Baby Sitting																																														
2.2 - Policy - Behaviour Management and Positive Guidance						X				X			X	X								X					X	X	X							X		X								
2.3 - Policy - Biting										X	X		X	X												X	X		X																	
2.4 - Policy - Child Protection Policy												X					X																	X												
2.5 - Policy - Child Development		X				X	X															X												X												
2.6 - Policy - Child Exclusion												X	X			X																														
2.7 - Policy - Child Self Esteem																											X	X	X	X																
2.8 - Policy - Child Safe Organisation												X		X		X											X								X						X	X				
2.9 - Policy - Clothing												X															X		X																	
2.10 - Policy - Environmental Sustainability																							X		X																					
2.11 - Policy - Excursions						X	X	X														X				X								X												
2.12 - Policy - Inclusion and Anti-Bias		X				X				X															X	X		X	X					X				X	X							
2.13 - Policy - Interaction						X		X																	X			X		X																
2.14 - Policy - Personal Belongings									X																			X																		
2.15 - Policy - Physical Activity Promotion														X																																
2.16 - Policy - School Readiness		X	X			X	X	X		X																														X		X				
2.17 - Policy - Sleep & Rest												X		X			X																													
2.18 - Policy - Transition																												X	X	X			X	X					X	X						
2.19 - Policy - Transition to School		X	X					X	X		X																X	X	X			X	X					X	X	X						









# APPENDIX C – Emergency Procedures

C.1 – Emergency Procedure – 90 Maidens Brush Road WYOMING

C.2 – Emergency Procedure – 57 Kendall Street WEST PYMBLE