

# Centre Policy Handbook



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## 1 - ENROLMENT POLICY

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### Position Statement

It is important for parents to feel welcome and relaxed at the centre. Parents should be able to meet team members and to understand the centre's policies and procedures. Enrolment forms need to be completed before a child can commence at the centre.

### Objective

To conduct a comprehensive orientation for new families and children.

### Implementation

Once a vacancy has been filled from the waiting list and parents have accepted the days; a convenient appointment time will be made so that parents can complete the orientation process.

An orientation checklist will be completed for each new family that enrols and for the centre as per the **Orientation Checklist Family** and the enrolment pack.

In brief the procedure will be as follows:

1. Parent completes the electronic enrolment form. Please follow instruction provided in the enrolment email. All questions and fields are required to be completed on the enrolment form. Being an online enrolment form if a field is left blank; it is intentional left blank by the parent. All required fields are required to be completed before submitting enrolment form.
2. Completion of CWA (via OWNA Parent App) before commencement at centre.
3. Completion of Direct Debit Request/Authorisation form (in the Enrolment form) and the OWNA Parent App.
4. Parents to be emailed Welcome Message (via Mail Chimp).
5. Upon offer of a place the family must pay the fees in accordance with fee policy and fee schedule of the centre. All families need to apply to the Centrelink for claiming of Child Care Subsidy (CCS) entitlements. If the family have not applied for CCS, they will be billed at full fees until such time as the advice from Centrelink is received at the centre.
6. Families will be advised that their receipt will be emailed by the end of the first week of care.
7. Issue the family with an Family Handbook and an Welcome Email and explain the items as per the Orientation Procedure outlined above.
8. Ensure the family have been introduced to the contact team members who will be caring for their child.
9. Explain to families their options in regard to the acceptable methods of fee payment. Debit Success is our only payment method.
10. Show the family where their accounts and centre communication displayed in the OWNA App. We issue invoices and account transaction reports via the OWNA Parent App.
11. Confirm a start date for the child, and organise an orientation sessions for the child if the parent can facilitate that (eg. The child may only come for 0.5 – 3 hours). This can make the settling in process easier for the child, if the parent can manage it.
12. Explain the requirements for the first day – go through that page in the family handbook with the parent.
13. Menu – explain how the menu works (where applicable).
14. Show the family where the Parent Kiosks are located to sign in and sign out their child/ren sheets are located, and explain how to complete them and why it is a requirement. Please refer to instructions on how parent use the OWNA Parent Kiosk to sign in and out their children to record attendance in the enrolment email.
15. Explain that the parent, a legal guardian, or authorised adult (and explain the meaning of authorised) must pick up and drop off the child every day. Show the parent where the Regulations Booklet, Child Care Act Booklet, Quality Improvement Plan, sign-in and sign-out Kiosk, Noticeboard and Centre Policy Handbook are located in the foyer.

16. Explain safety and security expectations – for example that parents enter and leave the centre carefully so that children do not follow them and that if there are door codes, that they keep the code confidential.
17. Explain the Open-Door policy. If the parents have any queries, questions or concerns we would prefer that they direct them to the Centre Director or management. Also, show the parent the grievance procedure in the Parent Handbook and where the phone number is located for the State Licensing body and the support centre.
18. Explain Parent Participation and the Parent Consultative Group. Periodically parents are invited to participate in the program. If parents feel inclined to have input, we would strongly encourage it. Involvement in the parent committee is not onerous, and it allows them a forum to discuss issues at the centre in a child free forum.

Prior to commencement at the centre the Director must hold in their possession the following:

- Enrolment form; All fields and forms MUST be fully completed (***NO BLANK FIELDS ON ENROLMENT FORM ARE ALLOWED***). The enrolment form must include all child and parent information, emergency contact numbers, authorised person to collect the child and medical and doctors details. Further, consent to seek and carry out urgent medical attention if required is necessary. All enrolment form must include an Authorised Nominee (adults other than parent who have parent's authority to collect child, make decisions regarding child's wellbeing and health in absence of parents and are emergency contacts).
- Immunisation status certificate/immunisation history record);
- Medical Management, Risk and Communication Plans (if applicable) (For example: Asthma, Allergy, Anaphylaxis, Other Medical Conditions, etc);
- CWA
- Direct Debit Request/Authority; and
- All other forms referred to in the enrolment form specific for each child.

#### **Other information about our service's enrolment includes:**

- We will try and accommodate families so that children from the same family can attend our service. This will be carried out in line with our obligations under the Priority of Access Policy.
- By Law(Public Health and Wellbeing Act 2008, to finalise enrolment for your child you must provide the service with an immunisation status certificate that shows your child is:
  - Up to date with vaccinations for their age; or
  - On a vaccine catch-up schedule; or
  - Has a medical condition preventing them from being fully vaccinated.
- Enrolment of educator's children at the service is generally not encouraged.
- In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other children and communicate effectively to resolve conflicts. We will also work with each child's family to support any children with diagnosed behaviour and social difficulties. However, a child's enrolment at our service may be terminated if the nominated supervisor or approved provider decides the child's behaviour threatens the safety, health or wellbeing of any other child or staff member at the service.
- We will work with each child's family to support any children with a medical condition/s. However, a child's enrolment at our service may need to be terminated if the nominated supervisor or approved provider decides the child's, any other children's or staff member's safety, health or wellbeing is impacted or cannot be reasonably or effectively care for or be managed at the service.

#### **Funded Kindergarten Programs**

We offer the following Kindergarten programs which are delivered by Early Childhood Teachers and subsidised by the State Government. We can apply for kindergarten per capita funding or extension grants on families' behalf. These payments are made directly to our service. Please note children are only able to enrol in Government funded/subsidised Kindergarten programs at one Service. We will ask families to confirm in writing they are not accessing funded kindergarten programs elsewhere.

By way of background information our service receives Per Capita Kindergarten State Government Funding. The kindergarten per capita funding is paid directly to the service and our fees take into account receiving this funding. Kindergarten per capita funding is not received by parents. The per

capita funding helps the service deliver a comprehensive kindergarten program. (Please note our service does not receive kindergarten program subsidy funding.)

#### *Four-year-old Kindergarten*

We offer children 15 hours of kindergarten per week in the year before they start school. Children may be able to access a second year of kindergarten if an early childhood teacher assesses that they have developmental delays in two or more areas. Our Early Childhood Teacher will be delivering the program on specific days and hours (please refer to our notice board) Children will need to attend for at least 2 or 3 days per week (depending on the number of hours and days the Early Childhood Teacher delivers the kindergarten program).

#### *Three-year-old Kindergarten*

We provide three-year-old Kindergarten programs between 5 to 15 hours per week to children who turn three years old by 30 April in the year they're enrolled in the program.

Please note all children in three-year-old kindergarten are expected to move to four-year-old Kindergarten the following year.

#### *Kindergarten Fee Subsidy (3 and 4 year old kindergarten)*

The Kindergarten Fee Subsidy enables eligible children to attend a Government funded kindergarten program at a service that does not provide long day care for 15 hours per week free of charge. Please note our service does not received Kindergarten Fee Subsidy and only Per Capita Funding.

#### *Early Start Kindergarten*

We also offer of lower-cost Early Start Kindergarten programs of 15 hours per week to children from a refugee or asylum seeker background, or who are Aboriginal or Torres Strait Islander, or who are known to Child Protection, where they will be at least three years old by 30 April in the year they're enrolled. Children can be enrolled in a three-year old group, a four-year-old group, a mixed age group or a combination of these.

These children can also access low cost Kindergarten in the year before school via an Early Start Kindergarten Grant irrespective of whether they were enrolled in Early Start Kindergarten the year before.

#### *Victorian Government Free Kinder Offset*

Families with a child enrolled in a funded kindergarten program maybe eligible for additional Kinder funding – ‘Free’ Kinder Offset know as the *Victorian Government Free Kinder Offset*. This includes all children attending funded kindergarten programs in the year before school (Four-Year-Old Kindergarten) and Three-Year-Old Kindergarten program. Please refer to 66- Fee Policy for further information. Victorian Government Free Kindergarten Offset will be allocated to parent/guardian accounts on a monthly basis in arrears once it is paid by Department of Education.

#### *Data Collection Privacy Policy*

Funded Kindergarten services are required to collect information from all parents/guardians about their education and employment. Information collected includes:

- highest level of primary/secondary education and highest qualification completed (eg non-school qualification, bachelor degree). (Equivalent overseas education and qualifications are recognised.)
- Parents/guardians occupation group from the **Parental Occupation Index** for their main work.

The data is used to help calculate the amount of ‘School Readiness Funding’ we receive and we can use it to purchase a range of programs and resources including paying for professionals like speech therapists to work with children. All information provided during the enrolment process will be treated confidentially and will only be used to inform kindergarten funding.

#### *Transition learning and Development Statements*

We complete Transition Learning and Development Statements for all children transitioning to school from a State Government funded Kindergarten program.

The Statement aims to help children's school teachers by summarising each child's abilities, individual approaches to learning, and how they can be supported to continue learning. Our Early Childhood Teachers will provide families with the Statement and advise that it will be shared with the child's school unless they don't want this to happen. Families will be encouraged to discuss sharing the Statement where they have concerns.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

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#### **Reference:**

##### **NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</i>
	2.1.3	<i>Healthy eating and physical activity are promoted and appropriate for each child.</i>
	2.2.1	<i>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</i>
	2.2	<i>Each child is protected.</i>
	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>

QA6	6.1	<i>Respectful relationships with families are developed and maintained and families are supported in their parenting role.</i>
	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions..</i>
	6.2	<i>Collaborative partnerships enhance children's inclusion, learning and wellbeing.</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	77	<i>Health, hygiene and safe food practices</i>
	78	<i>Food and beverages</i>
	79	<i>Service providing food and beverages</i>
	80	<i>Weekly menu</i>
	88	<i>Infectious diseases</i>
	90	<i>Medical conditions policy</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	96	<i>Self-administration of medication</i>

97	<i>Emergency and evacuation procedures</i>
99	<i>Children leaving the education and care service premises</i>
100	<i>Risk assessment must be conducted before excursion</i>
101	<i>Conduct of risk assessment for excursion</i>
102	<i>Authorisation for excursions</i>
157	<i>Access for parents</i>
160	<i>Child enrolment records to be kept by approved provider and family day care educator</i>
161	<i>Authorisations to be kept in enrolment record</i>
162	<i>Health information to be kept in enrolment record</i>
165	<i>Offence to inadequately supervise children</i>
167	<i>Offence relating to protection of children from harm and hazards</i>
168	<i>Education and care service must have policies and procedures</i>
173	<i>Prescribed information is to be displayed</i>
177	<i>Prescribed enrolment and other documents to be kept by approved provider</i>
181	<i>Confidentiality of records kept by approved provider</i>
183	<i>Storage of records and other documents</i>

**Other References:**

*Public Health and Wellbeing Act 2008  
 The Child Wellbeing and Safety Act 2005  
 Children, Youth and Families Act 2005  
 Occupational Health & Safety Act 2004  
 Education and Care Services National Regulations 2011  
 National Quality Standard  
 A New Tax System (Family Assistance) Act 1999*

## **2 - PRIORITY OF ACCESS POLICY**

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### **Position Statement**

The centre has obligations to parents and funding bodies to provide care according to the Priority of Access guidelines set down by the Australian Government. The Government recognises that demand for child care sometimes exceeds supply and where a centre has a large waiting list and a number of parents competing for a limited number of vacancies, the guidelines will be adhered to.

### **Objective**

To allocate available places to those families with the greatest need for childcare support as per the Australian Government Priority of Access Guidelines.

### **Implementation**

Children who are enrolled at the centre or whose families are seeking a place at the centre will be given Priority of Access in accordance with the guidelines that have been established by the Department of Family and Community Services and Indigenous Affairs.

Below are the Priority of Access levels which the centre must follow when filling vacancies.

1. A child at risk of serious abuse or neglect.
2. A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy the work/training/study test under Family Assistance Legislation Amendment (Child Care) Act 2010.
3. Any other child.

Within these three categories priority is also given to the following children:

- Children in Aboriginal and Torres Strait Islander families.
- Children in families which include a disabled person.
- Children in families on low income.
- Children in families from culturally and linguistically diverse backgrounds.
- Children in socially isolated families.
- Children of single parents/guardian.

Upon enrolment families will be notified of their priority and advised that if the service has no vacancies and their child's position is a priority 3 under the Priority of Access Guidelines, it may be required that their child leave or reduce their days in order to make a place for a higher priority child.

When a service has no vacant places and is providing child care for a child who is a Priority 3 under the Priority of Access Guidelines, the service may require that child to leave the child care service in order for the service to provide a place for a higher priority child, but only if:

- the person who is liable to pay child care fees in respect of the child was notified when the child first occupied the child care place that the service followed this policy and
- the service gives that person at least 14 days notice of the requirement for the child to leave the child care service.

If the service cannot accommodate the immediate enrolment of Priority Level 1 and 2, the Centre Director will discuss with the child's parent/guardian (Priority 1 and 2) to review other children services in the area to see places are available to accommodate their immediate needs.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

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**Reference:**

**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	2.1.3	<i>Healthy eating and physical activity are promoted and appropriate for each child.</i>
	2.2.1	<i>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</i>
	2.2	<i>Each child is protected.</i>
	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>

QA6	6.1	<i>Respectful relationships with families are developed and maintained and families are supported in their parenting role.</i>
	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions..</i>
	6.2	<i>Collaborative partnerships enhance children's inclusion, learning and wellbeing.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	77	<i>Health, hygiene and safe food practices</i>
	78	<i>Food and beverages</i>
	79	<i>Service providing food and beverages</i>
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	96	<i>Self-administration of medication</i>
	97	<i>Emergency and evacuation procedures</i>
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	100	<i>Risk assessment must be conducted before excursion</i>
	101	<i>Conduct of risk assessment for excursion</i>
	102	<i>Authorisation for excursions</i>
	157	<i>Access for parents</i>
	160	<i>Child enrolment records to be kept by approved provider and family day care educator</i>
	161	<i>Authorisations to be kept in enrolment record</i>
	162	<i>Health information to be kept in enrolment record</i>
	165	<i>Offence to inadequately supervise children</i>
	167	<i>Offence relating to protection of children from harm and hazards</i>
	168	<i>Education and care service must have policies and procedures</i>
	173	<i>Prescribed information is to be displayed</i>
	177	<i>Prescribed enrolment and other documents to be kept by approved provider</i>

	181	<i>Confidentiality of records kept by approved provider</i>
	183	<i>Storage of records and other documents</i>

**Other References:**

***Public Health and Wellbeing Act 2008***  
***The Child Wellbeing and Safety Act 2005***  
***Children, Youth and Families Act 2005***  
***Occupational Health & Safety Act 2004***  
***Education and Care Services National Regulations 2011***  
***National Quality Standard***  
***A New Tax System (Family Assistance) Act 1999***

### **3 - GENDER EQUITY POLICY**

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#### **Position Statement**

It is the right of all children and adults to receive education which rewards, respects, and develops their individual needs, interests, and potential, without regard to gender, race or creed.

#### **Objective**

To encourage all children to reach their full potential regardless of gender through appropriate planning and implementation of a variety of activities.

#### **Implementation**

- Team members are to be conscious of the way they treat children and adults and to act in a non-biased way in regard to language, attitude, assumptions and experiences. Team members will not use derogatory or gender biased language towards others including team members and parents.
- Team members will provide a positive role model for children
- Team members will provide positive, non-stereotypical experiences for children eg. female team members climbing and running and male team members showing nurturing qualities.
- Team members will provide resource materials which portray non-stereotypical views of both genders.
- The centre will employ team members of either gender, provided they are the best applicant for the position.
- Team members will ensure that planned experiences are available to all children regardless of gender.

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team members feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 28/12/2023**

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#### **Reference:**

#### **NQS**

QA4	4.2	Management, educators and staff are collaborative, respectful and ethical.
	4.2.2	Professional standards guide practice, interactions and relationships.
	4.2.1	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

QA7	7.2.3	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*QIAS Principle 1.5, 1.6, 4.1  
Anti-discrimination Act*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **4 - INCLUSION POLICY**

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### **Position Statement**

All children and their families will be accepted into the Centre on an equal basis. It is a core focus of our philosophy that team members welcome and treat all children and their families equally as individuals. We are sensitive to the unique needs of children and their families and we respect their diverse backgrounds regardless of religion, gender, culture, physical needs and/or disabilities, and socio-economic conditions.

In the case of limited vacancies positions will be offered to children in accordance with the Priority of Access guidelines set down by the Family Assistance Office (See Priority of Access Policy).

### **Objective**

To ensure that all children enrolled in the centre have equal opportunity to participate in the centre's program.

### **Implementation**

- Enrolment and associated forms will request detailed information about the child's individual needs.
- Educational Leaders and other team members will make themselves aware of any individual needs that will need to be taken into account during the time that the child is at the centre.
- Extra curricula activities are offered to all children to ensure that equal opportunity exists for all children to participate in activities.
- Children with additional needs will need to provide detailed information to the centre regarding additional requirements for the child. Application will then be made to the relevant ancillary support agencies and other government agencies (where appropriate) for additional support and training to ensure the effective integration of children with additional needs.
- Inclusion extends beyond diagnosed additional needs. It takes into consideration diversity and equity. To ensure we create an inclusive environment for all children educators will work alongside and partnerships with families, Inclusion Professional – Victorian Inclusion Agency Region, Community Child Care Association, support agencies, Preschool Field Officers, Koori Pre-school Assistants (KPSA), orange door and child protection, local schools, OT and speech professionals, etc.
- Team members will encourage children to show respect for other cultures, races, religious beliefs, age, gender and differing abilities by role modelling appropriate practice. Team members will demonstrate an anti-bias approach through sensitivity, respect and appreciation for all individuals and their individual needs.
- The centre environment will be set-up to encourage inclusion of all children in all experiences.
- The centre and room displays and the equipment used within the centre will reflect the diversity of abilities, cultures, races, religions, gender, etc within Australian society.
- The educational curriculum and centre philosophy reflects an understanding of diversity and incorporates inclusion within all elements of centre operation.
- The centre aims to achieve positive outcomes for all children by enthusiastically embracing inclusive practices throughout daily centre operation.
- The centre works in partnership with families to provide an inclusive environment which meets the needs of both the child and the family.
- The centre reserves the right to limit the number of children attending the centre requiring additional support and resources. This is due to the financial hardship and stress placed upon the centre to provide the additional support and resources required to care for children with high support needs. We therefore are required to limit the number of children with high support needs at the centre at one time to ensure we are providing quality care to all children.
- Overcoming barriers to access and inclusion: Providing access for people with disabilities will also provide benefits to people who may be disadvantaged in terms of access. Examples include:

- parents with prams, and seniors who find it difficult to negotiate steps or steep gradients;
- people who have a temporary disability through accident or illness;
- people from culturally and linguistically diverse backgrounds who may find it difficult to read signs or understand information; and
- small children who have difficulty climbing steps or understanding information.

People with disabilities face barriers to everyday activities such as hearing what is said, seeing small print, climbing stairs and understanding documentation. The impact these barriers have on the life of the person can be major.

Our service aims to have an equitable, inclusive, and safe environment and for our workplace and services to be accessible to people with disability. The service will review barriers to inclusion and access as part of its reflective practices and internal review procedures (such as OHS&W reviews, policy reviews, Strategic Inclusion Plans and Early Ables.)

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

**Reference:**  
**NQS**

QA3	3.2.1	<i>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.</i>
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QA5	5.1.1	<i>Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.</i>
QA6	6.2.1	<i>Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.</i>
	6.2.2	<i>Effective partnerships support children's access, inclusion and participation in the program.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	155	<i>Interactions with children</i>
	156	<i>Relationships in groups</i>
	157	<i>Access for parents</i>

***EYLF***

L01	<i>Children feel safe, secure, and supported</i>
	<i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency</i>
	<i>Children develop knowledgeable and confident self identities</i>

*Children learn to interact in relation to others with care, empathy and respect*

**Other References:**

***Handbook on Child Care Licensing***  
***QIAS Principle 1.5, 2.2***  
***Child Care Service Handbook 2003-2004***

**Legislation:**

***Occupational Health & Safety Act 2004***  
***Disability Discrimination Act 1992***  
***Racial Discrimination Act 1975***  
***Sex Discrimination Act 1984***  
***Equal Opportunity for Women in the Workplace Act 1999***  
***Human Rights and Equal Opportunity Commission Act 1986***  
***Racial and Religious Tolerance Act 2001***

**Sources and further reading:**

- Creaser, B & Dau, E. (1997) The Anti-Bias Approach in Early Childhood. Australian Early Childhood Association, Inc
- Clarke, Dr Priscilla (2007) 'Respecting Diverse Philosophies – balancing parents wishes and promoting early childhood values' FKA Children's Services Inc, Resource 132
- Stonehouse, A. & Boschetti, C. (2006) A piece of cake? Inclusive practices in early childhood settings. Yooralla, Vic.

## 5 - COMMUNICATION PLAN & POLICY

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### Position Statement

Being Reggio Emilia inspired service, we believe it is essential to have strong parent involvement with clear channels for the sharing of information, communication, cooperation and partnership.

To enable us to provide the highest quality of care and education, it is imperative that parents and educator are able to communicate openly and with respect. Parents should feel comfortable in discussing any concerns or suggestions they may have.

### Objective

To have open and clear communication between educators and parents/guardian.

The formulation of a communication plan mentioned in NQS, element 1.3.3 is about informing families about the curriculum and their child's progress 'to ensure that information for families is accessible, meaningful and useful'. The following communication plan provides the framework to achieve these objectives.

### Implementation

- You will have received a copy of the Family Handbook that outlines our Philosophy statement and key policies and we welcome your feedback.
- On enrolment we will provide you a Welcome email that has a number of attachments and reference materials.
- We a website: [www.greatstartelc.com.au](http://www.greatstartelc.com.au) that contents a lot of useful materials including commonly used forms, our family handbook, reference to key policies, Centre Policy Handbook, links to useful websites and also frequently asked question page.
- As well as the information you have provided to us during enrolment, we would appreciate you sharing your knowledge about your child by completing our 'All About Me' form, Family Input Forms and Child Learning Plan. These includes questions such as your child's interests, likes, dislikes, favourite things to play with at home and celebrations that are meaningful in your family. Please share with us anything else that will help us to get to know your child.
- We value your input in establishing goals for your child's further learning and development. All child have a Child Learning Plans and parents have the opportunity to contribute to their child's learning goals. The Educational Room Leader and co-educators will communicate the child's learning outcomes associated with the learning goals. If you have a concern about your child's wellbeing, development or learning please discuss with us whenever you wish.
- There are daily opportunities for brief informal conversations at drop off and pick up times however if you would like more time to talk it is preferable to make a time for us to meet together.
- A communication book and/or diary is situated in each room. This allows for written messages or ideas to be passed from parent to team members and team members to team members. The use of this book is to be actively encouraged.
- Documentation about your child's participation in the educational program, including learning stories, learning observations, photos of your child's work will be included in your child's online learning portfolio. Your child's online learning portfolio can be accessed via OWNA. You may borrow this at any time to take home but please return the next day as the Regulations require that your child's records are at the service.
- The educational program is displayed on the curriculum noticeboard and on OWNA Parent App, so that you can see the experiences that have been planned to foster the children's learning and development as well as how educators respond to what children are interested in learning. Occasionally, specific plans for your child will be included in the daily educational program.
- Your comments and suggestions on the program are very welcome.
- Forming part of the Curriculum, Educators will seek Family Input (Parents, Siblings, Grandparent, friends, guardians) to promote and develop children's interested and growth areas. We encourage you to provide anything that reflects your life as a family.

- A daily journal via OWNA is provided to parents as a means of communication between the child's educator and parent. A notification will appear when the daily journey is published; please view via the OWNA Parent app or website
- Educator will prepare a mid year and end of year summative assessments (Child Reflection Reports) providing a sum summary of your child's progress towards the five Learning Outcomes (that are part of the Early Years Learning Framework and the Victorian Early Years Learning and Development Framework). We value your input in establishing goals for your child's further learning and development.
- Kindergarten School Transitions Reports will be prepared by educators to communicate child's progress in relation to development and learning. These reports will be forward to your child's school to provide information to your child's teacher to assist in transition to school.
- If you have a concern about your child's wellbeing, development or learning please discuss with us whenever you wish.
- Meeting times can be requested by parents or team members to allow for uninterrupted discussion regarding the child's developmental level, progress and accomplishments, plus a time for sharing any queries, concerns, suggestions, expectations and practices.
- Parents are also informed about centre news through OWNA, newsletters, bulletin boards, telephone calls, memos, Facebook and emails.
- A family surveys will be conducted through the year using Survey Monkey.
- Parents will be encouraged to use the suggestion box to voice any concerns, queries or suggestions regarding the administration of the centre, policies and programs. These may be made anonymously. The box is situated near the reception area.

### **Interpreter and Translation Services and Protocols**

We are able to support families with interpretation and translation service to promote communication and help understand information associated with their child enrolment, education and also build relationships.

On consultation with person needing interpreter or translation services, the service may seek support, advice and assistance from Bilingual Educators, staff, agency personnel and community leaders, FKA Children Services or DET: Interpreter and Translation Services in relation to interpreter and translation services.

Please refer to the following for procedures and protocols for delivering interpreter services:

- Department of Education and Training (DET): Guidelines for use of interpreting and translation services in Early Childhood services
- Policy Appendix 1: How to Work with an Onsite Interpreter
- Policy Appendix 2: How to work with a Telephone Interpreter

Foundation House has developed the following tip sheets to support work with interpreters and families from culturally and linguistically diverse (CALD) and refugee backgrounds:

- TIP SHEET 1: BUILDING PARTNERSHIPS WITH FAMILIES FROM REFUGEE BACKGROUNDS
- TIP SHEET 2: WORKING EFFECTIVELY WITH INTERPRETERS TO SUPPORT FAMILIES FROM REFUGEE BACKGROUNDS

### **For Enrolled Kindergarten Program Children and Families**

Our interpreter and translation protocols are guided by the Department of Education and Training (DET): Guidelines for use of interpreting and translation services in Early Childhood services delivered or funded by DET. Reference to DET website providing information on interpreter and translation services: <https://www.education.vic.gov.au/childhood/professionals/families/Pages/interpreter.aspx>

DET provides funding for interpreting and translation services to support children and young people who are:

- enrolled in government schools;
- or
- accessing early childhood services or other support services delivered or funded by DET;

**and**

- whose parents are from a language background other than English and require communication to be undertaken in their first language.

Early Childhood Services and Support Services funded by DET include:

- Kindergarten Programs
- Early Childhood Intervention Services
- Specialist Children's Services
- School Focussed Youth Services
- Primary School Nursing
- Secondary School Nursing
- DET funded Occasional Child Care

With reference to the (DET) Guidelines for use of interpreting and translation services in Early Childhood services delivered or funded by DET. Extract from Guide:

**1.1. Early Childhood Services and Support Services funded by DET - on-site and telephone interpreters are available for the following categories/assignments:**

**EC05 / EC06** - Funded Kindergarten Programs – telephone, service or home based discussion with parent/carer.

**EC07 / EC08** – Funded Kindergarten Programs / Transition to Primary School – telephone, service or home based discussion with parent/carer.

**EC09 / EC10** - Early Childhood Intervention - telephone, service or home based discussion with parent/carer.

**Note:**

**The above categories and notional times (60mins/90mins) relate to interpreting assignments for approved categories.**

While a parent/carer can initiate an interpreting service by contacting the school or DET funded service, all bookings must be made by the school or the DET funded service.

*Booking an interpreter*

It is advised by DET, for most interpreting services, schools, early childhood services and support services will not require prior permission from DET for booking interpreters. However, in some situations (see *Unusual situations* above); VITS LanguageLoop Interpreting and Translating Services will require permission from DET before accepting the booking.

To view an online version of the LanguageLoop welcome kit which has been distributed to all schools, see:

-  [VITS LanguageLoop Service Directory](#)
-  [How to work with an onsite interpreter \(pdf - 1.82mb\)](#)
-  [How to work with a telephone interpreter \(pdf - 4.77kb\)](#)
-  [Instructions for using VITS LanguageLoop telephone interpreting service](#)
-  [Language identifier \(pdf - 1.23mb\)](#)
-  [How to work with AUSLAN and deaf interpreters \(pdf - 517.99kb\)](#)

*Contact details*

Direct all queries concerning interpreting and translation services to:  
[language.services@edumail.vic.gov.au](mailto:language.services@edumail.vic.gov.au)

Complaints about the quality of services provided by VITS LanguageLoop should be raised directly with VITS LanguageLoop in the first instance via email at [feedback@languageloop.com.au](mailto:feedback@languageloop.com.au) If this method does not resolve the matter, please contact DET via email at [language.services@edumail.vic.gov.au](mailto:language.services@edumail.vic.gov.au)

## Bilingual Educators, Staff and Community Leaders & Agencies

Our bilingual educators and staff will support, settle and engage the child and family in the service by facilitating communication through a shared language. We may also seek support from Community leaders and agencies on approval from the parent to support the family. Our aims is to:

- Create an environment in which the child's home language is spoken, thereby fostering a sense of identity, belonging and wellbeing
- Facilitate communication and support relationship development between key educators and the child
- Encourage communication between the child and their peers to support the child in building relationships with others; fostering their sense of wellbeing and belonging
- Facilitate communication between the service and family by providing a shared language
- Facilitate cultural awareness by enabling the exchange and sharing of information between educators and parents about the child, family life and participation within the learning environment

## Appendix 1: How to Work with an Onsite Interpreter

(Source:

<https://www.education.vic.gov.au/Documents/childhood/providers/comms/vitsonsiteinterpretips.pdf>

# HOW TO WORK WITH AN ONSITE INTERPRETER



### PREPARATION

- > Book the interpreter as early as practically possible according to the nature of the session. Do allow extra time for the session. As a general rule, sessions with interpreters take approximately half to double the time of a standard session.
- > Ensure the interpreter is provided with the name of the client, the expected duration and nature of the session, and any other relevant information to allow the interpreter to be familiar with the topic and/or terminology.
- > Organise an area where you can talk to the client undisturbed and arrange the seating to allow for easy communication.

### BEFORE THE SESSION

- > It is recommended that the client and interpreter sit separately from each other to avoid the risk of the client asking the interpreter questions prior to session. If possible, have a designated waiting area for interpreters to ensure that they are visible and to ensure prompt commencement of sessions.

### DURING THE SESSION

- > When the interpreter arrives, allow them to introduce themselves to you and the client.
- > Explain your role and the interpreter's role to the client and assure the client that what is discussed in the session will remain confidential between you, the interpreter and the client.
- > Always remember that you are in control of the session. Interpreters do not conduct the session.
- > During the session, speak directly to the client in the first person and not the interpreter. e.g. Say "How can I help you?", instead of "How I can help him/her?"
- > Maintain eye contact with the client throughout the session, speak clearly and avoid using jargon, metaphors, slang, idioms or proverbs.
- > Interpreters do not interpret any lengthy documents or provide any written services e.g. filling in forms or taking statements.
- > Speak in short intervals allowing time for the interpreter to relay the information. Let the interpreter control the length of each segment by signalling to you/the client when to stop.

- > Provide clear explanation when the interpreter seeks clarification and do not add additional information that will exclude the client as everything that is said during the session must be interpreted.
- > Check whether the client has understood the key messages and is ready to end the session. Also provide opportunity for the client to ask any questions.

### AFTER THE SESSION

- > If the client requires another appointment, please make these arrangements with the client while the interpreter is present.
- > It is recommended that the client and interpreter do not leave at the same time to avoid the risk of the interpreter becoming involved with the client.
- > Offer a debriefing if you consider the interpreter is affected by a particularly stressful situation and/or clarify any question you both might have from the session.
- > If required, provide feedback to the interpreting service provider, as this will help VITS improve service quality. Also ensure that you provide positive feedback when the interpreter's service meets or exceeds your requirements.

## **Appendix 2: How to work with a Telephone Interpreter**

### **Source:**

<https://www.education.vic.gov.au/Documents/childhood/providers/comms/vitsteluserguide.pdf>

## **How to work with a Telephone Interpreter**

- Introduce yourself to the interpreter, explaining where you are and the nature of your call.
- Clearly indicate the expected duration of the call, and limit conversation to the essentials to allow interpreter to assist clearly.
- Try to make yourself clear as an interpreter can't rely on body language to understand and convey information to a Non-English speaking client.
- Clearly indicate when the session has ended to everyone involved in the call.

**Please note that Telephone Interpreting may not be appropriate if:**

- The client is under emotional, mental or physical stress
- The client is deaf or hard of hearing
- The interview will be greater than 45 minutes
- Visual aids or documents need to be referred to
- There may be legal or medical risks, such as in situations involving law enforcement or emergency services.



## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team members feedback will be considered in the review process. Changes in legislation, regulations, NQF and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/4/2024**

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**Reference:**  
**NQF**

QA1	1.3.3	<i>Families are informed about the program and their child's progress.</i>
QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing,</i>
	6.1.2	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</i>
	6.2.3	<i>The services builds relationships and engages with their local community</i>
QA7	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

***National Act and Regulations***

*Education and Care Services National Law Act  
Education and Care Services National Regulations*

Reg	157	Access For Parents
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***Other References:***

*Adapted from the 'Sharing a Picture Project' – Centre for Community Child Health, Royal Children's Hospital.  
<https://www.education.vic.gov.au/childhood/professionals/families/Pages/interpreter.aspx>*

## **6 - PARENT INVOLVEMENT POLICY**

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### **Position Statement**

Parents are recognised as the most important teachers and caregivers in a child's life. Their continued involvement in their children's activities helps to optimise each child's development. For this reason it is important to foster and support parental involvement within the centre. Recognition is also given to the fact that different families will have different levels of involvement they wish to maintain.

### **Objective**

To structure the environment in such a way as to foster all levels of parental involvement.

### **Implementation**

- A warm and caring attitude by team members goes a long way towards gaining parent's trust. Forming a positive relationship with parents helps to foster parental involvement with their child as well as with the centre.
- Families are welcome any time to attend the service. Please refer to our Open Door Policy. For effective parent involvement in the classroom please discuss and arrange with the educators the times of attendance to allow them to structure their curriculum and also discuss the parent involvement with children. This will also assist educators for planning strategies for children with Autism Spectrum Disorder (ASD).
- Each room will arrange to have a daily reflection journal for the parents to give them a clear idea of what their child has done during the course of the day. Contact team members who are present when the parent comes to pick up their child should also talk briefly to the parent about the child's day.
- Parents who wish to stay and spend time with their child should be welcomed and encouraged to do so.
- We work hard to achieve parent committee interest in the centre as a more formal forum for parental involvement. All parents are welcome to join this committee.
- Special events, such as Christmas parties, sausage sizzles, etc. are sometimes planned to invite parent and/or whole family participation.
- New or prospective parents are shown through the Centre and are made aware of our commitment to making them feel welcome as part of the centre family.
- Contribution of information from the Home Environment via Parent Input Forms, emails, verbal discussions, etc.

### **Arrival and Departure**

- As a matter of safety, children must be brought into the centre and collected from the centre by an adult. The adult must sign the child "in" and "out" using the Kiosk and notify the educator that the child has arrived or is departing.
- The paper-based Wellbeing Charts (if used for room in addition to OWNA App Daily Chart) will be located where the children's activities are being conducted.
- Sign in and out Kiosk is not only a safety requirement but also a legal requirement linked to regulatory requirements. As such, the sign in and out protocols need to be strictly adhered to. Centre Directors are required to monitor parent's sign in and out on the Kiosk on a daily or weekly basis. From a CCS perspective all sign in and outs in Kiosk need to be confirmed by parents.

- In relation Child Wellbeing Team members should enter arrival times and departure times and cross reference to attendance absences to kiosk.

No child will be allowed to leave the centre with a person other than the parent/guardian unless:

- The parent has informed the Educational Leader or director that another person will be picking the child up. Information will need to include the person's name and description.
- That person is authorised on the enrolment form to collect the child.
- The authorised person shows centre team members identification that contains a photo and full name.
- Should a person arrive to collect a child who does not meet the above arrangements, the parents are to be called first to confirm the pick up arrangements for that day. If this will be a regular arrangement, the new person will need to be added to the authorised pick up list on the child's enrolment form. This includes the signing in and out on the Kiosk for dropping off and picking up children.

#### **Related Policies:**

- 76 – Open Door Policy

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 17/6/2024**

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#### **References:**

##### **NQF**

QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing,</i>
	6.1.2	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.</i>
	6.2.3	<i>The services builds relationships and engages with their local community</i>
QA7	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	157	Access For Parents
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**Other Reference:**

*CCB – Federal Funding Guidelines  
Handbook on Child Care Licensing  
QIAS Principle 2.2*

**Legislation**

*Anti-discrimination Act  
Child Care Regulations 2004 & Act 1998 (NSW)  
Privacy Act 1988  
Sexual Harassment Act  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **7 – COMPLAINTS & GRIEVANCE POLICY**

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### **Position Statement**

We recognise that the partnership between families, community and centre team members is most important. We also recognise our role in caring for a family's most precious treasures – their child/ren. It is therefore imperative that sound relationships are developed and that any parent or community concerns are addressed to achieve a positive resolution.

### **Objective**

To enhance communication and co-operation between parties with mutually satisfactory solutions the desired outcomes.

### **Related Policies and Procedures**

- Child Safe Standards Policy
- Child Protection and Wellbeing Policy

### **Procedure**

These guidelines explain the procedure for reporting and managing grievances, the roles and responsibilities of educators, staff and managers and the potential consequences of breaching our policies, procedures and Code of Conduct.

Should parents have any concerns in regards to their child's care it is essential that these concerns be raised so that the centre can address any issues and achieve a satisfactory resolution.

In the first instance concerns should be directed to the Room Leader in charge of the child's group. If it is not possible for the parent to address their concerns with the Room Leader, or they do not feel satisfied with the outcome, the parent should make their concerns known to the centre Director (Nominated Supervisor or Certificated Supervisor) who will take steps to remedy the situation. To provide a written complaint or grievance please complete the form "Parent Concern & Suggestion Form" (OPR016).

If the parent feels that their concern has not been adequately addressed, they may choose to contact either Management, the state licensing body or the Australian Children's Education and Care Quality Authority (ACECQA) whose contact numbers are displayed in the centre foyer for parent's convenience. The form to complete to report a formal complaint against the service is called "Notification of Complaints and Incidents (Other than Serious Incident)" – Form reference NL01. This form can be found on the ACECQA website.

The organisation has a strong commitment to child safety, wellbeing and protection, through implementing and adherence to the Child Safe Standards and the Information Sharing Scheme. This commitment extends to all children in our service and community with an aim for children to feel safe, secure and supported. The welfare of the children in our care will always be our first priority and we have a zero-tolerance approach to child abuse and harm. We acknowledge the importance of our organisation and community to be committed to culturally safety of aboriginal children, the cultural safety for culturally and/or linguistically diverse children and safety of children with a disability.

### **Child Focused Complaints Process**

With reference to Child Safe Standard, Educators and staff will need to be attuned to complaints from children and will support them, and where appropriate their parents/guardians, to access and navigate our grievance/complaint process where this is reasonable. This includes for all complaints where a child

alleges directly or indirectly their safety and wellbeing has been or could be harmed, including through the inappropriate behaviour of an adult or another child at the service.

Having a Child Focused Complaint Process includes:

- Empowering children to raise low-level concerns with an aim to improve the likelihood that they will feel comfortable making a disclosure or reporting abuse
- Process is publicly available and accessible
- Being culturally safe
- Ensuring complaints are taken seriously and responded to promptly and thoroughly.

Having an easily understandable policies and procedures such as our Child Protection & Wellbeing Policy and Child Safe Standards Policy supports the child focused complaints process. Please refer to this policy and procedures for guidelines.

**Educators, staff, volunteers, families and visitors will:**

- raise the grievance/complaint directly with the person concerned. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should remain private, confidential, respectful and open-minded, will not involve other educators, staff, volunteers or visitors (eg parents) and will take place away from children
- raise the grievance/complaint with the Approved Provider or Nominated Supervisor (or another manager/supervisor if the Approved Provider or Nominated Supervisor is involved) if they are unable to resolve the concern, or feel unable to raise the matter directly with the person concerned. The Approved Provider or Nominated Supervisor (or supervisor) may request the issue be put in writing. Employees should provide all relevant information, including what the problem is, any other person involved in the problem and any suggested solution. Educators are encouraged to communicate openly about the issue.
- raise any grievance involving suspected or actual unlawful activity (including bullying) with the Approved Provider or Nominated Supervisor immediately and privately
- be confident that their concerns will be thoroughly investigated, but aware that the outcome may not result in the action requested.

**Educators, staff, volunteers, families and visitors will not:**

- get involved in complaints/ grievances that don't concern them. This is not ethical or helpful in managing the complaint.
- raise complaints with an external complaints body, such as a court or Tribunal, without using our grievance procedures and appeal process first.

The Approved Provider or Nominated Supervisor will:

- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- properly, fairly, confidentially and impartially investigate the issue including:
  - thoroughly investigating the circumstances and facts and inviting all affected parties (individually) to provide information or respond where appropriate. To encourage teamwork and respect, the issue may be discussed at an educator meeting if the privacy of the people involved can be protected.
  - inviting the complainant to have a support person present during an interview (eg health and safety representative, but not a lawyer acting in a professional capacity)
- provide all affected parties with a clear statement of the outcome of the investigation within seven working days of receiving the verbal or written complaint.
  - If the resolution of the complaint involves a written agreement, all parties must agree with the wording etc.
  - If the Approved Provider or Nominated Supervisor decides not to proceed with the investigation after initial enquiries, he or she will give the complainant the reason/s in writing.

- keep appropriate records of the investigation and outcome, and store those records in accordance with our Privacy and Confidentiality Policy and Record Keeping and Retention Policy. Unsubstantiated complaints against educators/staff may be retained on file if the person has been given the opportunity to record a comment on the documentation
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation
- offer external review by a Tribunal or alternate organisation where employees, visitors and volunteers are unhappy with the outcome of the grievance procedure. Workplace bullying matters may be referred to the Fair Work Commission which can direct employers to take specific actions against workplace bullies or the Work Health and Safety (WHS) Regulator which may investigate whether WHS duties have been contravened
- request feedback on the grievance process using a questionnaire
- track complaints to identify recurring issues within the Service
- notify the regulatory authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Refer Incident, Injury, Trauma and Illness Policy.

**Outcomes may include:**

- an apology and a commitment that certain behaviour will not be repeated (monitoring this over time)
- education and training in relevant laws, policies or procedures (eg bullying awareness, leadership skills)
- assistance in locating relevant counselling services
- disciplinary procedures including a verbal or written warning, termination of employment or transfer to a different position at the Service
- ensuring any inequality or inequity is remedied
- providing closer supervision
- modifying Service policies and procedures
- developing new policies and procedures.

Outcomes will take into consideration relevant industrial relations principles and guidelines and make provision for procedural fairness. The Approved Provider or Nominated Supervisor will consider:

- the number of complaints (or breaches)
- the opportunities given to adhere to a policy or procedure and/or change behaviour.
- the opportunities given to respond to the allegations.
- the seriousness of the complaint (or breach), and whether it impacted the safety and welfare of other employees, volunteers or visitors.
- whether a policy, procedure or complaint is reasonable.

**Complaints that must be notified to Regulatory Authority**

The Approved Provider or Nominated Supervisor will notify the regulatory authority using form NL01 Notification of Complaints, Incidents and Additional Children in an Emergency:

- within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service
- within 24 hours of any complaints that the National Law has been breached

We welcome parent and community feedback and parents are regularly encouraged to comment upon the standard of care provided at our centre both formally (through parent surveys) and informally (with regular verbal communication).

Please note that this service has a zero tolerance for adult behaviour that is verbally or physically threatening. Team members faced with such a situation are to direct parents to the Adult Behaviour policy and contact the police for assistance if required.

**Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 17/6/2024**

**Next Policy Review: 15/6/2025**

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**Reference:**

**NQS**

QA4	4.2	<i>Management, educators and staff are collaborative, respectful and ethical.</i>
	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>

QA7	7.2.3	<i>Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.</i>
	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations*

*Child Safe Standards – 1 July 2022*

*Child Wellbeing and Safety Act 2005 (Vic)*

*United Nations Convention on the Rights of the Child*

## **8 - ADULT BEHAVIOUR POLICY**

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### **Position Statement**

In a busy service where there are many families with different backgrounds and values; team members, children and parents need to feel safe and respected.

### **Objective**

To outline the services expectations for provision of a safe and peaceful environment where children can come to play and learn.

### **Implementation**

- Speech, tone, and manner used while in the Centre and surrounds will be conducive to an educational and nurturing environment. Specifically, adults will refrain from yelling and shouting at others while in the Centre.
- Team members, parents, children and visitors will refrain from the use of obscenities, including but not limited to, abusive language or gestures while in the Centre or its surrounds.
- Adults will refrain from using any threatening or intimidating behaviour with other persons on the premises.
- Adults will refrain from any physical actions towards others that can be construed as aggressive and /or violent
- This Centre is a Smoke Free Zone. Cigarettes or similar will not be smoked while on Centre premises, or surrounds.
- When wearing service uniform (service logo and name is displayed) outside the service, please do not drink alcohol or smoke cigarettes. The reason for this policy is you are a role model in the children services industry and also represent the organisation when wearing the service uniform. Being a children service organisation we need to ensure our organisation presents positive health and wellbeing images while in uniform.
- All users of the Centre and surrounds will abide with Centre policies.
- Those who are unable or unwilling to abide by this policy will be asked to leave forthwith. Should the situation require, the police will be called.
- Should any parent be escorted from the premises, management is to be notified as soon as practical following the incident. An incident form will need to be completed and forwarded to management.
- Should an authorised adult arrive at the centre intoxicated or otherwise unfit to drive a vehicle, the senior team members (For example: Centre Director, Assistant Centre Director, Certified Supervisor, etc) on premises should ask if there is an alternate adult who can be called or if any assistance is required. Team members should not release children to authorised adults in such a state without first ringing the parents or guardians and informing them of the situation.
- Please note that if **the parent** or the legal guardian of a child insists on taking the child, team members cannot prevent this. In such cases team members are expected to call the police immediately and explain the situation.
- Inappropriate adult behaviour may result in termination of enrolment of child/ren from service or non-attendance by adult/s.

### **Related Policies:**

- **62 – Internet, Email & Social Networking Policy**

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

**Policy Reviewed: 16/10/2023**

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**References:**

**NQF**

QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing,</i>
	6.1.2	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</i>
	6.2.3	<i>The services builds relationships and engages with their local community</i>

QA7	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	157	Access For Parents
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**Other References:**

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **9 - BEHAVIOUR GUIDANCE POLICY**

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### **Position Statement**

Young children are learning to become active members of society. As a natural part of their learning; children will explore the limits placed upon them. Guiding children's behaviour is an essential part of early childhood education. Consistent approaches in relation to management strategies are paramount to the overall success of a positive behaviour guidance policy.

Children face many challenges throughout their lives. Learning acceptable behaviours and being able to regulate their own behaviours in different social and emotional environments, or when interacting with their peers or adults, are two of those challenges.

### **Objective**

To provide guidelines when dealing with a behavioural issue, so as to foster a consistent approach to managing children's behaviour. This policy purpose is to:

- Encourage acceptable forms of behaviour by using strategies that build children's confidence and self-esteem;
- Provide children with support, guidance and opportunities to manage their own behaviours
- Promote collaborative approaches to behaviour guidance between the service's stakeholders and/or external agencies;
- Establishes what is acceptable behaviours and unacceptable behaviour in our service.
- We are committed to the Behaviour Guidance Policy because it:
  - reflects the values, attitudes and current recommended strategies that promote positive play behaviours and patterns;
  - respects the importance of interactions and relationships between children, families, educators and staff;
  - understands why children behave in certain ways in specific circumstances;
  - promotes realistic play and behaviour limits that guide children's safety and security rather than curb their play experiences, curiosity or creativity;
  - defines clear and transparent caregiving strategies that communicate how behaviour guidance is implemented by the service;
  - informs the service's stakeholders about the procedures involved in behaviour guidance management plans; and
  - explains the service's commitment to professional development and utilisation of external agencies.
- The service recognises and understands that a child's behaviour may be affected by their:
  - age and development;
  - general health and wellbeing;
  - relationships with their family;
  - play and learning environments, which includes the physical indoor/outdoor settings, the weather, the time of year, the time of day;
  - educator's caregiving strategies and practices, which includes how those strategies are implemented;
  - relationship with other children and stakeholders, such as students, volunteers and visitors; and
  - external factors, such as family, home life, school or peer group experiences, or media coverage of traumatic events.
- Families and educators display respect and empathy towards children when they label behaviour and not the individual child. This means that behaviours are managed, not children. Staff/carers, other children and families should refrain from labelling a child's inappropriate or negative behaviour as 'naughty' or 'bad'. Similarly, traditional labels such as 'good boy' or 'good girl' identify the individual but not the positive behaviour. For example, when a child completes

a task directed by an adult, such as washing their hands before a meal, staff/carers should identify the behaviour that reinforces the achievement and not label the worth of the individual. Instead of ‘good boy/girl’, the staff/carer can respond with “thank you (child’s name) for washing your hands with soap before lunch” or “thank you for remembering to clean your hands before you eat”.

- While educators are aware and respect individual children’s and families’ backgrounds and beliefs, it may be necessary to balance the individual needs of stakeholders with educator’s knowledge of developmentally appropriate practices and current best practice recommendations from recognised authorities.
- In accordance with the *Occupational Health and Safety Act*<sup>1</sup> our service has a duty of care to our employees to ensure that the working environment supports emotional and mental wellbeing. We have a duty of care to ensure that all our employees’ mental and emotional wellbeing is considered, as well as the child’s need for positive behaviour guidance strategies.

#### **Related Policies:**

- Adult Behaviour Policy – 8
- Bullying Policy – 68
- Enrolment Policy – 1
- Ethical Conduct and Code of Ethics Policy – 70
- Inclusion Policy – 4
- Open Door Policy – 76
- Parent Involvement Policy – 6
- Child Protection & Wellbeing Policy – 12
- Incident, Injury and Trauma Policy – 19
- Occupational Health & Safety Policy – 10
- Privacy and Confidentiality Policy – 16
- Staff Injury Management Policy and Procedure – 80
- Interaction with Children Policy – 72
- Exclusion Policy – 43
- Health and Wellbeing Policy – 92
- Child Safe Environment Policy – 88
- Education, Curriculum and Learning Policy – 89
- Child Self Reliance and Self Esteem In Children Policy – 69
- Transitions & Routines Policy – 45
- Governance of Service, Management and Educator Policy – 78
- Team Member Self Protective Behaviour Policy – 56
- Team Member Grievances - 54

#### **Definitions**

**Behavioural guidance:** A means of assisting children to self-manage their behaviour. It differs from traditional “behaviour management” or ‘discipline’ which generally implies that an adult is ‘managing’ children’s behaviour or using punishment to control children. Behaviour guidance applies to all forms of behaviour, not just behaviours labelled as ‘negative’.

**Behaviour Guidance Management Plan:** The behaviour guidance plan may be called or prepared using templates: Individual Learning Plan, Behavioural Guidance Management Plan or an Individual Support & Safety Plan. A plan that documents strategies to assist an educator in guiding a child with behavioural difficulties to self-manage his/her behaviour. The plan is developed in consultation with parents and families members, educators, the nominated supervisor, specialists and other professional support agencies, as applicable.

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<sup>1</sup> There are legislative Acts and regulations for each state and territory that address the issue of Occupational Health and Safety.

**Inclusion Support Facilitator (ISF):** Employed by inclusion support agencies and funded by the Commonwealth Government to provide advice on inclusive practices in childcare services. ISFs also help services to access a range of practical support.

**Normal Challenging Behaviour:** Behaviour that disrupts other and causes disputes between children, but which is part of 'normal' social development.

**Unacceptable Challenging Behaviour:** Behaviour that:

- Disrupts other or causes disputes between children, but which is part of normal social development;
- Interferes on the rights of others;
- Causes harm or risk to the child, other children, adults or living things;
- Is destructive to the environment and/or equipment;
- Inhibits children's learning and relationships with others;
- Is 'inappropriate' relative to the child's developmental age and background.

(Source: DEECD National Quality Framework – *Understanding Children's Behaviour, Fact Sheet, June 2014*)

Examples of unacceptable challenging behaviours (Not limited to);

- Yelling and screaming (child is inconsolable by adult);
- Punching, hitting, slapping, pinching, pushing, kicking, etc (without provoking of behaviour);
- Excessive biting (taking into consideration 'normal' social developmental);
- Spitting
- Causing physical damage or disruption to equipment or materials; including hitting, kicking and throwing of equipment or items causing potential or actual harm or damage;
- Bullying;
- Self-harming;
- Use of inappropriate language and swearing;
- Aggressive behaviour that causes physical or emotional harm to other or threaten to; and
- Inappropriate sexual behaviours or actions (outside normal developmental age).

**Discipline:** The term discipline is often associated with punishment because it has previously been defined by what adults do to children to control behaviours (Stonehouse, 2004, 47). It is also used as a threat or consequence of inappropriate behaviour. The term 'behaviour guidance' is preferred because it includes all forms of behaviour and not just those behaviours labelled as 'negative'. Educators should remember that an environment which supports children to learn self-regulation and guide their own behaviour reflects the importance of a behaviour guidance policy.

## Rationale

The following rational represents a statement of reasons why the policy and procedures have been developed and are important to the service.

### Important:

- The use of physical punishment<sup>2</sup> by educators/students/volunteers/visitors as a behaviour guidance strategy is not acceptable under any circumstances.
- The use of isolation, humiliation, intimidation or negative labelling by educators/students/volunteers/visitors as a behaviour guidance strategy is not acceptable under any circumstances.
- In meeting the service's duty of care there is a shared responsibility between the service and its stakeholders that the Behaviour Guidance Policy and procedures are adhered to.

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<sup>2</sup> For the purpose of this policy, physical punishment includes smacking, hitting, slapping, kicking, pinching, pulling, pushing, shoving or the inappropriate manhandling of a child by an adult.

## **Implementation**

### **General Strategies and Practices**

- The use of physical punishment, isolation, humiliation, intimidation or negative labelling by team members as a behaviour guidance strategy is NOT acceptable under any circumstances.
- Plan to minimise inappropriate behaviour by ensuring there is a well-planned environment which includes the children's input for activities, actively participate in the children's play, role model appropriate behaviour, and ensure all adults practice consistent behaviour management techniques.
- Set and maintain appropriate limits for behaviour and make these expectations explicit within the room. Strategies include group discussions about behaviour and flash cards depicting the desired behaviour.
- When children's behaviour is inappropriate, apply an intervention strategy from the least intrusive to most intrusive continuum.
- Acknowledge children's feelings and behaviours and talk to them about the issues and the consequences of their actions. Strategies to use include directional feedback to the child about both positive and negative behaviour.
- It may be useful to help children relax or provide physical comfort to children who are experiencing stress in their lives.
- Provide children with choices and encourage decision making. This will encourage positive self-esteem. Strategies to use include selective choice wherever possible that allow the child to exercise autonomous decisions while keeping the child's choices within the boundaries and expectations set within the room.
- Educators to use the resources from Kimochi program lesson plans and service wellbeing tool bank.
- Let children share the decision making process by actively involving them in group discussions that affect them, use group meetings to discuss issues and make decisions, and encourage children to make their own decisions.
- Have realistic expectations of children's behaviour. If adult expectations are unreasonable, children are bound to be seen as misbehaving.
- Consequences must also be made explicit within the room in the same way as rules and expectations are. In this way children should always know that a particular behaviour would result in a known consequence.
- Consequences, target behaviour and room rules & expectations need to be taught at group time and practised in a group environment in the hope that children will be able to generalise the skill into a real social setting and also have a more concrete understanding of rules and expectations.
- Team members are expected to remain calm when dealing with children's inappropriate behaviour. Children respond to adult reactions to behaviour. Better results will be forthcoming if the adult maintains a calm authoritative manner. Using a calm tone and manner assists in keeping a potentially difficult behaviour from escalating. Team members should recognise that their own values and stresses will affect how they respond to children's behaviour.
- Team members are expected to respond positively to any anti-social behaviour displayed by children. Each situation is seen as a 'teachable moment' where children can learn, develop empathy, understand the consequences of their behaviour and actions and build their own strategies for responding to challenging situations.
- Role model appropriate behaviour. Eg. If there is a problem with pack away time, model that you as the adult pack up your share of things too. Children will often follow a good role model.
- Time away as a strategy. This is a more positive alternative to 'time out'. Depending on the age of child and the behavioural incident circumstances the child is re-directed to an experience or the child is given the opportunity to find a space away from the group and consider how their behaviour has impacted on others. This strategy allows the child to calm down before discussion can be held with child regarding their behaviour and to re-engage with their peers
- If a child displays behaviour which is likely to result in serious self-harm or injury to others a crisis response may be required. The response should involve the minimum amount of intrusion and be applied only for as long as is necessary to manage the risk.
- Behaviour Guidance and Management at our centre is based on positive reinforcement techniques. Any form of verbal, emotional, or physical punishment will not be tolerated.

- Educators will document a Behaviour Management Plan, Individual Learning Plan or a Individual Support & Safety Plan, where required.
- Please refer to the 19 - Incident, Injury and Trauma Policy and 12 – Child Safety and Protection Policy for further guidance on reviewing, managing and reporting child incidents.
- Please also refer to the extract below from Child Wise “*Understanding “Normal” Versus “Problem Sexual Behaviour” (0-4 years old children*” for identifying ‘normal’ and ‘Problem Sexual Behaviour.
- Should you require any further information on our Behaviour Management strategies please consult with your Centre Director.

### **Procedures for the guidance of normal challenging behaviours in young children**

#### **For all children, educators and parents should:**

- Incident, Injury and Trauma forms will be completed documenting the normal challenging behaviour for all children involved in the incident. Please refer to the 19 - Incident, Injury and Trauma Policy. The form will be required to be signed by children parents involved in incident.
- Discuss the behaviour with parent/s. Providing parents resources and information on the behaviour.
- Use reflective practices to assess children’s behaviours.
- Understand the needs of individual children and those in a group and acknowledge many factors could influence behaviour.
- Based their expectations on the child’s individual level of development. Respect the individual differences in children.
- Respond to children proactively, rather than reactively.
- Assist children to control their behaviours and eliminate situations and physical arranges that may encourage inappropriate behaviour.
- Reinforce children’s positive behaviours and provide positive role models. Encourage children to resolve potential conflicts for themselves, but step in when needed.
- Acknowledge a child’s good intentions, even if they were carried out inappropriately.
- Acknowledge that it is the behaviour that is inappropriate and not the child.
- Allow choices in decisions making and be prepared to accept the child’s decision if appropriate.
- Be consistent in the guidance of all children.
- Work cooperatively with parents on issues relating to the guidance of their child’s behaviour, keeping them informed of the techniques and methods used.
- Respect the confidentiality of both parents and child when dealing with issues of behaviour guidance concerning an individual child.
- Endeavour to ensure that children are not put in a position where they feel frightened, insecure or isolated.
- Provide a set of basic developmentally appropriate behaviour rules which:
  - Emphasis positive actions
  - Give children reasons for limits
  - Are implemented in a consistent manner. Are reinforced regularly.
- Educators should seek assistance, or support, whenever necessary.

Please refer to the 19 - Incident, Injury and Trauma Policy and 12 – Child Safety and Protection Policy for further guidance on reviewing, managing and reporting child incidents.

#### **Procedure for unacceptable challenging behaviour:**

#### **Where a child has performed an unacceptable challenging behaviour the following procedure will be followed:**

- The educator to perform strategies and practices per the Behavioural Guidance Policy to maintain the safety of the child, other children and educators (see above).
- Incident, Injury and Trauma forms will be completed documenting the unacceptable challenging behaviour for all children involved in the incident. Please refer to the 19 - Incident, Injury and Trauma Policy. The form will be required to be signed by children parents involved in incident.
- Discuss child’s behaviour with the Centre Director.

- Assessment of the behaviour and incident/s will be made by the Educator and the Centre Director/Responsible Person in Charge of Service. The behaviour of the child is deemed to be unacceptable if:
  - Interferes on the rights of others;
  - Causes harm or risk to the child, other children, adults or living things;
  - Is destructive to the environment and/or equipment;
  - Inhibits children's learning and relationships with others;
  - Is 'inappropriate' relative to the child's developmental age and background.

(See examples of unacceptable challenging behaviours in definition section of policy)

- The service has a duty of care to all children and educators to provide a safe environment. If, Centre Director and Approved Provider deems that the safety of children and/or educators to be at risk as result of the behaviour of a child, the service will invoke the Exclusion Policy.
- Invoking the Exclusion Policy will require a parent to collect the child from the service. If the service is unable to be contacted the parent, the parents authorised nominee/s will be contacted to collect the child from the service.
- Depending on the nature and severity of the incident and the child behaviour the service may invoke the Exclusion Policy for an extended period until a meeting can be held with the parent/s and the preparation and agreement of a Behavioural Guidance Management Plan, Individual Learning Plan or a Individual Support & Safety Plan.
- If the Centre Director and Approved Provider deems the incident to be serious nature and the safety of the child, other children and/or educators is at risk; the service will invoke the Exclusion Policy and terminate the enrolment of the child.
- Call made to parent advising of unacceptable behavioural incident. This is to be made by Centre Director or Responsible Person in Charge of Service.
- Discuss with the parent on the telephone or pick-up of child the unacceptable behaviours shown by child.
- Provide parent with any resource or guides to provide information regarding behaviour.
- Arrange a meeting time with parent to discuss child's behavioural, proactively seeking information to manage behaviour, possible strategies to manage behaviour and provide resources or information.

If the child's unacceptable behaviour continues please refer below "Procedure for Guidance on Ongoing Unacceptable Behaviour".

### **Procedure for guidance of ONGOING unacceptable behaviour**

**When dealing with unacceptable behaviour, the educators should:**

#### **1. Assess and Consult**

Discuss child's behaviour with the Centre Director

- Prior to discussions with Centre Director collate child observations
- Access the Individual Learning Plan, Individual Support & Safety Plan or Behaviour Management Plan to document child behaviour guidance management plan.

#### **Discuss with the parent (A parent meeting may be called with Centre Director and Parent/s):**

- The unacceptable behaviour shown by the child.
- Strategies that could be implemented.
- Consulting with other professional, specialists and agencies, as appropriate.
- Providing information and guides.
- Parents / guardians are required to seek help and advice from support agencies, specialised practitioners, doctors on strategies to implement to support their child. This support must be sought within a reasonable timeframe.
- Resources available such as an Inclusion Support Facilitator (ISF), Preschool Field Officer (PSFO), a referral for Specialist Assessment.

#### **2. Develop a Behaviour Guidance Management Plan / Individual Learning Plan / Individual Support & Safety Plan which is:**

- Based on the consensus reached with the parent on the strategies used.
- Clear and easily to follow by all educators, parents caring and educating the child.

- Discuss in detail with other educators. Review as required.
- Educators will keep child observations in Individual Learning Plan, Running Record schedule or an Observation Record, Incident Form, etc.
- Behavioural guidance management plan, Individual Support & Safety Plan or Individual Learning Plan will be provided to parent/guardian. (It is recommended for parent/guardian to sign the form).

**The Behavioural Guidance Management Plan and Individual Support & Safety Plan needs to:**

**Document the Child Behaviours and Strategies:**

- Brief and concise detail of the service's strategy being implemented by educators
- Brief and concise detail of the service's strategy being implemented by parents at home.
- How the service and its stakeholders observe, plan, implement, evaluate and document strategies that reflect when a child is non-compliant to the established limits of play and interactions. For example, swearing; hitting, smacking, or kicking other children or adults; or potentially causing harm to themselves.
- The behavioural guidance management plans:
  - are based on evidence that the displayed behaviour is inappropriate;
  - can be observed and documented over a period of time that suggests a pattern is emerging;
  - include inappropriate behaviours that occur consistently;
  - include inappropriate behaviours that occur with consistent triggers;
  - identify that the behaviour could possibly harm another child or adult;
  - define the context within which the behaviour occurs;
  - reflect a collaborative approach with the child's family; and
  - The services may define specific behaviours that are not acceptable.

**Other information the plan needs to cover:**

- When parents are obtaining advice from other professionals or specialists. Including undertaking a behavioural assessment of the child; including observations of the child's behaviours.
- Parent to seek advice from professionals providing strategies the service can use to assist the child to regulate their own behaviours and prevent unacceptable behaviours.
- Where appropriate;
  - Agreeing on behavioural intervention program or obtaining specialist advice (i.e. ISP, Preschool Field Officer).
  - Agreeing on referral to a Parent Support Program to obtain assistance or other support service for a family.
  - Agreeing on seeking to obtain government funding for additional staff assistant, where available.
- Discussing and parents signing necessary forms for service to access support agencies to obtain advice and support for child.
- Establishing timelines and responsibilities for the above to be completed by parents and service.
- Agreeing on behavioural guidance strategies
- Where required, agreeing on changes child routine at the service; this may include (but not limited to):
  - A parent remaining with the child for a pre-determined period of time;
  - Changing drop-off and pick-up times of child;
  - Reducing the hours attending the service each day; and
  - Reducing the days attending the service each week.
- Agreeing the need for ongoing consultation with parents: Set date for next meeting.
- Parents agreeing to behavioural guidance management plan.

**3. Refer the matter to the Centre Director / Responsible Person in Charge of Service:**

- The educator is concerned that the child's behaviour may put themselves, other children, staff or other at risk and the consultation with the parent and other and the behavioural guidance plan / individual learning plan has not resolved the unacceptable challenging behaviour.

**4. The Centre Director/Responsible Person will become involved when:**

- Requested by Educators.
- A parent lodges a complaint concerning another child's behaviour that is threatening the safety of other children. Complaints must follow the Complaints and Grievance Policy and Procedure.
- The Centre Director/Responsible Person has concerns about the unacceptable behaviour of a child and the effect of this on other children, staff, environment, etc.
- There is an occupational health and safety issue involved for staff or others at the service.

The service will attempt to resolve the issue as soon as possible if the child's ongoing unacceptable behaviour is putting themselves and/or other children and adults in danger or harm.

Please refer to the 19 - Incident, Injury and Trauma Policy and 12 – Child Safety and Protection Policy for further guidance on reviewing, managing and reporting child incidents.

**Summary of Behaviour Guidance Approach and Levels**

<b>Support &amp; Safety Plan for Child Displaying the following Support Needs/ Behaviours / Concerns:</b>
<ul style="list-style-type: none"><li>▪ Inability to regulate and make the bigger emotions/feeling smaller. (E.g. mad, anger, frustration, disappointed)</li><li>▪ Displaying Challenging Behaviours: yelling, punching, pinching, pushing, kicking, spitting</li><li>▪ Causes harm or risk to the child, other children and adults.</li><li>▪ Causes physical damage to equipment / furniture / walls.</li><li>▪ Unpredictable, disproportionate and unsafe behaviours that are inappropriate relative to the children developmental age.</li><li>▪ Educators not able predict the moment before a serious incident occurs. Child behaviour escalates from normal play to aggression quickly.</li></ul>
<b>Signals to watch for:</b> <ul style="list-style-type: none"><li>▪ Volume of voice is louder.</li><li>▪ Screams.</li><li>▪ Grunting. Grunting gets louder.</li><li>▪ Picks up objects. Throws.</li><li>▪ Up ends furniture.</li><li>▪ Throws or displaces toys off shelves and tables.</li><li>▪ Creates a physical zone around child through the above and seeks an object to pickup to throw to distance people.</li><li>▪ If someone enters child's physical space the above behaviours are more aggressive.</li></ul>
<b>Response strategies to guide the child's needs and behaviour when evident in moment:</b> <ul style="list-style-type: none"><li>▪ Educator identifies the behaviours of the child that could cause harm or safety concern.</li><li>▪ Analysing the safety risk and potential injury to children or educators. (Assess Level 1, 2 or 3)</li><li>▪ The immediate priority is to ensure the safety of all children and adults. Remove any children from harm's way (if assessed as needed) and create a safe environment.</li></ul>

**Educator and Centre Director/Responsible Person In Charge of Service to Assess**

Educators will use available tools and strategies to mitigate/reduce chance of occurrence or progression of behaviours that are level at 2 or 3. (Also make level 1 smaller.)

Tools to consider:

- Review Individual learning plan or support plan for specific strategies.
- H.A.L.T
- Regular connection
- Re-direction to another area of interest or passive/calm space.
- Emotional coaching (educator should know general script to deliver emotional coaching. I.e. reference to kimochi and wellbeing tools.

- Offering your P.E.A.C.E
- Deliver Kimochi tools/lesson that has been delivered and known by child. Eg Calm Down Breath, Use a Talking Voice, Disappointed Shrug, etc.

Implementation of wellbeing tools and strategies requires consistent and persistent implementation to achieve positive outcomes. This is best achieved through educators using the above tools and strategies to create connection and trusting relationships in teachable moments.

### **Behaviour is Level 1, 2 or 3:**

#### ***Level 1: Child is able to respond to instructions and guidance.***

- An educator is nominated to support the child and diffuse the situation using strategies.
- Educator maintains at a minimum arm length safe distance to assess the situation.
- Educator approaches the child calmly, acknowledging the behaviour and explaining why it's not acceptable. Use clear and simple language to communicate expectations. (Eg. "What you are doing is unsafe and you please keep the shovel low to the ground")
- Model Calmness: Stay composed and model appropriate behaviour for the child. Your calm demeanour can help de-escalate the situation and reassure other children.
- Educator assists children to negotiate play. Ie sharing, turn taking, return object, etc.
- Educators agree on strategies and timing when a different educator needs to step and swap over to support child.
- Educator provides support and guidance. (eg. I am here if you want to talk? Position at a distance - with a watchful eye.)
- Educator team agree on strategies to inter-change the nominated person. Ie tapping out and supporting each other. When tapping out the initial nominate continues to support the children and educator team in a different capacity.

#### ***Level 2: Child is unable to regulate, is safe for other children and educator (no immediate risk):***

- Educator maintains at a minimum arm length safe distance.
- Educator approaches the child calmly, acknowledging the behaviour and explaining why it's not acceptable. Use clear and simple language to communicate expectations.
- Model Calmness: Stay composed and model appropriate behaviour for the child. Your calm demeanour can help de-escalate the situation and reassure other children.
- Other children involved are re-directed to another activity or area to create a safe zone. OR
- Redirect Attention: Offer the child an alternative activity or provide them with a safe outlet for their emotions, such as a designated calming corner or sensory materials or a space away from other children to calm down.
- Educator informs Centre Director or Responsible Person to notify of situation and support in room.
- Educator direct active supervision of child. (maintain safety of child and other people. Be available when child is able to regulate and communicate.)
- Use emotional coaching tools to support child.
- Assess if a call needs to be made to parent to advise of incident, obtain any background information and also pre-emptive communication that child may need to be collected if unsafe behaviours continue.
- Document and Communicate: Record the incident, including what happened, how it was addressed, and any follow-up actions taken. Communicate with parents/guardians about the incident and collaborate on strategies for addressing the behaviour.

#### ***Level 3: Child is unable to regulate, and behaviours are unsafe to other children and educators (assessed risk = potential immediate harm to self and/or children and educator):***

- Educator maintains at a minimum arm length safe distance.
- Educator approaches the child calmly, acknowledging the behaviour and explaining why it's not acceptable. Use clear and simple language to communicate expectations.
- Model Calmness: Stay composed and model appropriate behaviour for the child. Your calm demeanour can help de-escalate the situation and reassure other children.
- Educators decide what is the safe zone. Indoor or outdoor environment. All other children are directed to the safe environment area. Ie (child is outdoors, other children are moved indoors).
- Most experienced and qualified educator maintains safe zone and supervision of the child.

- Behaviour Guide Policy (9) is followed, in relation to informing parent or guardian of incident, needing to collect child from care (maximum of 30 minutes). If parent is not available next available authorised emergency contact will be contact.
  - Parent is informed of the nature of the incident and advise actions needing to take place on collection. Ie they are coming to collect child.
- Collection of Child at time of incident:
- Parent is met by a Centre Director or nominated educator.
  - Parent or guardian enters room.
  - Parent leaves with child within 15 minutes.

With reference to Behaviour Guidance Policy, the service has a duty of care to all children and educators to provide a safe environment. If the Centre Director, Responsible Person or Approved Provider deems that the safety is at risk, the service will invoke the Exclusion Policy.

The extension of the Exclusion Period will continue until a meeting with parent is conducted, behavioural guidance / individual support plan in place that will result in a safe environment.

Forming part of the individual support plan of the child is advice and support from external professionals (OT, GP, other specialists) and agencies.

If the service deems due to nature and severity of the incident and behaviours and is an ongoing safe risk to all children and educators then the service will evoke the Exclusion Policy and evaluate ongoing care arrangements.

### **Our Centre and Families working in Partnership – Open Communication and Expectations**

Crucial to the success of behaviour guidance is the role family's play. Families will be provided with regular opportunities to contribute to the development and review of their child's behaviour plan, along with the service's overall strategies to promote positive outcomes for the child.

At any time parents can discuss their child/ren with classroom educational leaders for brief periods (5 minutes maximum). During these discussions educators may need to continue to supervisor and engage with children and may not be able to provide you their full attention. For an in-depth discussion, the service asks that parents make an appointment with the Centre Director and Educator.

Upon enrolment at our centre families are provided with information about our behaviour guidance policy and we will record any feedback provided by families about the behaviour guidance strategies used at home. Please refer to the service's Enrolment and Orientation Policy.

In order to maintain open lines of communication, families are encouraged to express their thoughts, expectations and feelings openly with staff/carers in relation to all aspects of their child's care and education.

Team members will also extend open lines of communication with families in regards to maintaining behaviour guidance strategies and practices.

Families should recognise that some behaviour guidance strategies or practices established in the home cannot be enforced in the service's environment.

In cases where a child's behaviour causes disruption to the smooth operation of the classroom or places children or team member's safety in jeopardy an individual behaviour plan will be developed for the child. To develop a plan that meets the needs of the child a meeting will be held with both management and the child's family to agree upon consistent strategies which will be implemented in both the home and centre environments. It is essential that families and team members work in partnership to ensure the best possible outcomes for all children.

In instances where behaviour guidance management plan does not meet the needs of the child and other children, further discussion will be held with families to seek a suitable resolution.

Should the Centre Director raise a concern with a family who refuses to accept the services observations, for example, their child does unacceptable behaviours, and the family refuses to engage in a Behaviour Guidance Policy, Strategies and Behavioural Management Plan / Individual Learning Plan in conjunction with the service educators and centre director, then the safety of other children and staff is deemed to be at risk. This also extends, if a parent does not make themselves available to meet with educators or centre director to discuss their child behaviour or does not comply with requests of the service in relation to the Behavioural Guidance Management Plan or Individual Learning Plan. In such situations, the family is considered non-compliant with service policies and therefore the Non-compliance Policy and Exclusion Policy will be invoked. Please refer to our Exclusion policy and the Non-Compliance Policy.

## **EXTRACT**

**Understanding “Normal” Versus “Problem Sexual Behaviour” (0-4 years old children)**  
(Source: Child Wise)

Website References: [www.childwise.net](http://www.childwise.net)

Reference 1: <http://www.childwise.net/page/39/fact-sheets>

Reference 2:

[http://childwise.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/Sexual\\_behaviour\\_0to4yearold.pdf](http://childwise.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/Sexual_behaviour_0to4yearold.pdf)

Reference 3: <http://www.nctsn.org/products/sexual-development-and-behavior-children-information-parents-and-caregivers-2009>

### **Extract from Fact Sheet: Sexual Behaviour of Children Aged 0 to 4 years Old**

*To know what sexual behaviour is problematic, we need to first understand what is normal for each age and stage of child development.*

#### ***Considerations***

- *Is the observed sexual behaviour age appropriate or concerning?*
- *What is the context of the sexual play?*
- *Age difference and relationship between children/young people*
- *Do not over or under react Gil (1993)*

#### ***Age appropriate sexual behaviours***

##### ***0 – 4 years; Pre-school***

- *Touching/rubbing his/her own genitals*
- *Likes to be rude*
- *Showing others his/her genitals*
- *Playing doctors and nurses*
- *Playing house; Mummies and Daddies*
- *Touching or looking at private parts of familiar children or adults*
- *Using slang words/dirty language for bathroom and sexual functions*

#### ***Very Concerning Sexual Behaviours***

- *Persistently touches or rubs self to the exclusion of normal childhood activities; hurts own genitals by rubbing or touching*
- *Simulating sex with other children with or without clothes on*
- *Oral sex*
- *Sexual play between children involving forceful anal or vaginal penetration with objects.*

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 13/08/2024**

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**Reference:**  
NQS

QA5

5.1.1

Each child's health and physical activity is supported and promoted.

	2.1.1	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	5.2.1	<i>Children are supported to collaborate, learn from and help each other.</i>
	5.2.2	<i>Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.</i>
	5.1.2	<i>The dignity and the rights of every child are maintained.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	155	<i>Interactions with children</i>
	156	<i>Relationships in groups</i>

**EYLF**

LO1	<i>Children feel safe, secure, and supported.</i>
	<i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.</i>
	<i>Children develop knowledgeable and confident self identities.</i>
	<i>Children learn to interact in relation to others with care, empathy and respect.</i>
LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.</i>
	<i>Children respond to diversity with respect.</i>
	<i>Children become aware of fairness.</i>
	<i>Children become socially responsible and show respect for the environment.</i>

**Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 1.2*

**Legislation:**

*Anti-discrimination Act  
Occupational Health and Safety Act*

**Sources and Further Reading:**

\* *Sample Behaviour Guidance Policy. Source: ncac.acecqa.gov.au/educator-resources/policy.../behaviour\_guidance.doc*

- \* *Guiding children's behaviour in child care, NCAC Factsheet for Families*
- \* *Rodgers, Dr William A (2000) The Art of Balancing: behaviour management for parents*
- \* *Tebiyani, Vida – NCAC (2009) Guiding children's behaviour in child care*
- \* *Cole, Debbie – Behaviour Management training notes, May 2010*
- \* *Biddulph, S (1989) The Secret of Happy children Bay Books, Sydney.*
- \* *National Assoc for the Prevention of Child Abuse and Neglect (NAPCAN)  
<http://www.napcan.org.au/helpfulhints.htm> 13 October 2008*

## **10 - OCCUPATIONAL HEALTH, SAFETY & WELLBEING POLICY**

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### **Position Statement**

This centre has a duty of care to provide all persons (including team members, families, children and any other individual on centre premises) with a safe and healthy environment. This centre is committed to fostering and incorporating Occupational Health and Safety (OHS&W) / Risk Management initiatives that provide and maintain a safe work environment.

### **Objective**

To significantly reduce or eliminate accidents, injuries and work related illnesses occurring within this centre.

To increase the profile and importance of Occupational Health and Safety and safe work practices through raising the awareness and commitment level of all employees.

To develop systems that allows employees and work groups to take responsibility for Occupational Health and Safety / Risk Management within the workplace.

To encourage and implement Occupational Health and Safety systems and safe work practices that foster organisational ownership and independence.

To establish realistic benchmarks and agreed objectives against which future performances can be evaluated.

In summary, our aim is to achieve full involvement of all personnel to ensure the safe and efficient provision of a quality service.

### **Organisational Responsibilities for OHS&W**

To achieve these objectives through a shared commitment a comprehensive set of OHS&W policies and procedures have been developed. These are committed to all members of the organisation through effective induction and ongoing training programs. The Health and Safety program operates in a consultative basis, and in accordance with legislation, to ensure that all aspects of health and safety and any areas of concern are dealt with in a cooperative manner.

### **Occupational Health, Safety & Wellbeing Committee**

The role of our OHS&W committee is to advise on matters relating to health and safety, draw attention to any legal obligations relating to health and safety and make recommendations designed to protect the health and safety of team members, visitors and other persons entering our premises.

Health and Safety Committee representation is governed by the "Occupational Health and safety Committee Charter." The elected Health and Safety are to be given every assistance, including administrative support, in order that they may perform the duties as described in the state legislation.

All requests for information and/or improvement should, where practicable, be in writing and directed to the appropriate manager, having due regard to the relevant clauses within legislation and this manual.

## **Occupational Health, Safety & Wellbeing Officer**

Our OHS&W Officer's role includes the coordination of the centre's general safety requirements, providing advice to Managers, Coordinators, Team Leaders and Health & Safety Committees advising and assisting the elected representatives as required.

Managers, Coordinators and Team Leaders will;

- Be accountable for ensuring that the activities conducted within their area of responsibility comply with centre/company policy on Health and Safety.
- In association with appropriate team members, formulate and disseminate health and safety rules and safe working procedures.
- Promote and monitor safe working practices for team members within their centre/area of responsibility.
- Familiarise themselves with all safety procedures relevant to their groups activities.
- Ensure that team members are adequately trained, equipped and supervised.
- Carry out regular safety audits/inspections for all areas under their control. Where hazards or potential risks are brought to the attention of the centre Director or Supervisor, immediate correction action should be taken.
- Report and investigate all accidents and incidents, including near misses, for areas under their control.
- Encourage team member participation in all health and safety matters

Team Members will;

- Follow safe working practices, rules and regulations, including the wearing of appropriate protective clothing, when required.
- Encourage other team members to observe safe working procedures and to refrain from activities which could adversely affect our actions in health and safety matters.
- Bring to the attention of the OHS&W Team Leader any issue which could be a potential hazard or risk.

Health and Safety representatives represent all team members within their designated centre/work group and attend OHS&W committee meetings as required. Regular discussions with all team members regarding OHS&W concerns and inspections of work spaces should be undertaken (team member meetings and team member inductions are crucial times when OHS&W issues should be discussed).

All visitors and other persons are required to comply with all instructions given in order to promote their health and safety whilst on centre/company premises.

## **Hazard Identification and Control**

The effectiveness of the Accident Prevention Program depends on the continuing involvement of team members and encouragement of safe working practices and hazard identification and control by team members at all levels.

### **▪ Inspections and Job Analysis**

As part of their routine responsibilities, all Managers, Coordinators and Team leaders should carry out regular safety audits/inspections of their workplaces. This is also part of the role of the elected OHS&W representatives. The OHS&W Officer will assist in these activities as well as carrying out independent inspections on a programmed basis.

### **▪ Material Safety Data Sheets (MSDS)**

To provide team members with safety information about the chemical products and materials that they are using, Material Safety Data Sheets should be obtained from the suppliers of these products.

These should be assessed by the relevant supervisor in conjunction with the OHS&W Officer and the OHS&W representative in accordance with the Toxic & Potentially Dangerous Products Policy. Material Safety Data Sheets should be readily available to all employees.

### **▪ Substitution of Harmful Substances**

Where potentially harmful substances exist in the workplace, every avenue must be explored in attempting to substitute these substances with non-harmful ones.

- **Removal of Hazards at the Source**  
Wherever possible, potential hazards such as noise, dust and vapours should be eliminated by job and workplace design rather than relying on the wearing of protective clothing.
- **Hygiene/Housekeeping**  
Poor cleanliness/housekeeping is a significant factor in many accidents. It is the relevant supervisor's responsibility to ensure that his or her work group are operating in a safe and efficient environment. All team members have a responsibility to maintain their workplace in a clean and orderly condition.
- **Job Design and Room/Workplace Layout**  
Particular attention should be given to ergonomics and health and safety matters in every job design and room/workplace layout. The additional needs of disabled team members or those undergoing rehabilitation must be addressed with care. The OHS&W Officer is available to assist in these matters.
- **Handling of Hypodermic Syringes**  
Procedures have been developed to reduce the risk to team members when safely disposing of used hypodermic syringes that they may encounter. These incorporate information on the potential hazards, the supply of suitable handling equipment and training in its use, the establishment of a safe disposal system of the containers and the vaccination of potentially exposed team members against Hepatitis B.

### **Protective Clothing and Equipment**

Personal protective equipment is the least satisfactory method of injury prevention or control of hazards. This is primarily due to a lack of compliance, the sometimes inappropriate nature of the items, poor maintenance and/or lack of availability of equipment.

It is therefore the responsibility of supervisory team members to ensure that appropriate protective clothing and equipment is available, adequately maintained and is used by team members when required. Team members must be informed of the reasons for these requirements and trained in the equipment's use.

### **Accident and “Near Miss” Reporting**

**Accident and incident reporting, investigation and analysis are vital components of our Accident Prevention Program. By learning from past experience, we can effectively have an impact on the future.**

- **Reporting Procedures**  
All injuries and “near miss” incidents are to be reported to the supervisor prior to injured team members leaving the centre/workplace. Incident report Forms (HEI007) and WorkCover Claim Forms are to be completed as necessary, immediately following the reporting of an accident. Unless the injury precludes them, it is the team member's responsibility to ensure that a WorkCover Claim Form is completed correctly. If in doubt, check with your centre Director, Supervisor or OHS&W Officer.  
The process of submitting and substantiating claims is assisted when team members follow the correct reporting procedures.
- **Investigating and Corrective Action**  
Centre Directors/Supervisors should urgently investigate each and every accident or “near miss” incident reported by completing the Follow-up Action portion of the Incident report form (HEI007). This should be done in consultation with the reporting person and, where appropriate, the OHS&W Officer and OHS&W representative. The OHS&W Committee also reviews the reports of significant accidents and incidents.
- **Analysis and Management Reporting**  
The OHS&W Officer's role includes the analysis of information from the Incident Forms and routine and specific reporting of the results and recommendations to management.

### **Safety Training Program**

A systematic Safety Training program has been developed in conjunction with the Accident Prevention program.

## **Team Member Induction**

Each team member will undertake the centre/company induction process on commencing their position. This will include being provided with information on OHS&W which included information and details on;

- The Occupational Health & Safety Regulations and Act for your state, regarding the responsibilities of employees and employers
- NQF – National Quality Framework
- Occupational Health & Safety Policy
- The role of the Safety Officer / Representative / Committee
- The identity of the Safety Officer / Representative / Committee
- The procedures for reporting any Occupational Health & Safety concerns
- Hazard Identification
- Manual Handling
- Emergency Evacuations
- Computer Workstations and Ergonomics
- Electrical Safety, procedures for dealing with any problems
- First Aid Procedures and Infectious Diseases
- Maternity provisions
- Recommended Periods of Exclusion
- Hazardous Substances
- Playground Safety
- Sun Safety
- Fire extinguisher use and location

These points are explained in further detail in the Workplace Health and Safety booklet which is available in the centre office.

## **First Aid**

Medical treatment and advice for injured or ill team members can be arranged through the OHS&W Officer.

- **First Aid Kits**  
First Aid kits are located in each centre/workplace. The contents of each kit must meet the WorkCover approved content list, a copy of which can be found in the centre Director's Resource Manual. The contents of First Aid kits are to be checked at least monthly by the OHS&W representative and the stock levels maintained. In addition to the centre/workplace kits there should also be a kit that is available for excursions, for bus travel (ie before and after school pick-up, if applicable) and also for emergency evacuations.
- **Persons able to Administer First Aid**  
Our centre/company is supportive of all team members obtaining First Aid skills.

For further information please refer to the First Aid Policy.

## **Fire Prevention and Evacuation Procedure**

An established evacuation procedure is displayed throughout the centre/workplace for all team members and visitors. It is constantly being reviewed and updated in accordance with best practice guidelines and information from the state Fire Safety authority.

- **Fire Prevention**  
Steps must be taken to eliminate various causes of fire. This is achieved by training team members in the use of fire fighting equipment including extinguishers and hose reels and the provision of adequate warning devices (ie smoke alarms). Emphasis must be paid to the maintenance of the centre/workplace environment and storage areas to reduce the possibility of a fire occurring.
- **Notification of Fire Brigade**  
The Fire Brigade should be notified immediately if any fire occurs; regardless of the size. The Fire Brigade should be met on arrival by a designated person who is familiar with the area to

act as a guide. Please also refer to the Emergency Evacuation Policy and the Emergency Procedure Policy.

- **Regular Evacuation Exercises**

Regular evacuation drills are to be held in each centre/workplace to familiarise team members of the evacuation procedure. Drills are to be held as specified within state regulations or if not specified at least monthly.

### **Team Members who are Pregnant**

In an industry employing a majority of female employees, it is not unusual to have team members become pregnant during the course of their employment. Pregnancy may place additional strain on the team member's energy reserves as they continue to perform duties as per their job description. There are also specific requirements related to the health and safety of pregnant women including the risk of injury or illness. Having a clear written policy that sets down management expectations of pregnant team members is important to ensure that no confusion exists between management and team members.

Team members who become pregnant will be provided with an information pack containing information about each of the relevant diseases and disease-specific strategies to manage the risks.

Pregnant team members are encouraged to seek advice from a medical practitioner with regard to the risk of acquiring infectious diseases that may impact on pregnancy.

### **Bullying, Discrimination and Harassment**

We will not tolerate bullying under any circumstances and will:

- Promote appropriate standards of behaviour at all times.
- Treat complaints of bullying in a sensitive, fair, timely and confidential manner.
- Implement training and awareness-raising strategies to ensure all employees know their rights and responsibilities.
- Provide an effective procedure for complaints of bullying to be addressed.
- Encourage the reporting of behaviour which breaches the bullying policy.
- Ensure protection from victimisation or reprisals for persons reporting bullying.

We are committed to ensuring that staffs work in an environment where people are treated with mutual respect. It is important for a productive and harmonious workplace that staff is aware of the impact of their behaviours on others. Bullying in the workplace is inappropriate and unacceptable behaviour.

All employees have a legal responsibility to care for their own health and safety and that of co-workers, and therefore must treat other staff with respect and courtesy and not engage in acts which constitute bullying behaviour. Staff found to have either committed or condoned such behaviour in the workplace will be subject to disciplinary action which may include the termination of employment.

**Discrimination** occurs when someone is treated less favourably than others because they have a particular characteristic or belong to a particular group of people, such as age, race or gender. **Harassment** involves unwelcome behaviour that intimidates, offends or humiliates a person because of a particular personal characteristic such as race, age, gender, disability, religion or sexuality. It is possible for a person to be bullied, harassed and discriminated against at the same time.

Various anti-discrimination, equal employment opportunity, workplace relations, and human rights laws make it illegal to discriminate or harass a person in the workplace. Work Health and Safety laws include protections against discriminatory conduct for workers raising health and safety concerns.

**Bullying** is repeated and unreasonable behaviour towards a worker or a group of workers. Our service will not tolerate bullying in any form because it may have a detrimental effect on the psychological, emotional and/or physical wellbeing, health and safety of our educators and staff. Amendments to the Fair Work Act 2009 make it illegal to bully a person in the workplace from 1 January 2014.

Unreasonable behaviour includes actions that victimise, humiliate, intimidate or threaten and may be intentional or unintentional. It can occur directly and by using information technology such as email, texting and social media. While one incident of unreasonable behaviour is not considered to be workplace bullying, it may escalate and it will not be ignored. Examples include:

- abusive, insulting or offensive language or comments.
- unjustified criticism or complaints.
- continuously and deliberately excluding someone from workplace activities.
- withholding information that is vital for effective work performance.
- setting unreasonable timelines or constantly changing deadlines.
- setting tasks that are unreasonably below or beyond a person's skill level.
- denying access to information, supervision, consultation or resources that adversely affects a worker.
- spreading misinformation or malicious rumours.
- changing work arrangements, such as rosters and leave, to deliberately inconvenience a particular worker or workers.
- excessive scrutiny at work.

Reasonable actions taken by the Approved Provider or Nominated Supervisor to direct or control the way work is carried out is not bullying behaviour. Examples of reasonable behaviour include:

- setting reasonable performance goals, standards and deadlines.
- rostering and allocating working hours where the requirements are reasonable.
- transferring a worker for operational reasons.
- deciding not to select a worker for promotion where a reasonable process is followed and documented.
- informing a worker about unsatisfactory work performance when undertaken in accordance with any workplace policies or agreements such as performance management guidelines.
- informing a worker about inappropriate behaviour in an objective and confidential way.
- implementing organisational changes or restructuring.
- termination of employment.

The Approved Provider or Nominated Supervisor will:

- ensure all educators, staff, visitors and volunteers are aware of and comply with our Code of Conduct.
- investigate and manage incidents of workplace bullying, harassment and discrimination in accordance with our Grievance Guidelines.
- consult with educators, staff and volunteers during staff meetings when:
  - identifying the risk of workplace bullying, harassment and discrimination.
  - making decisions about procedures to monitor and address workplace bullying, harassment and discrimination.
  - making decisions about information and training on workplace bullying, harassment and discrimination.
  - proposing changes to the way work is performed or rosters managed as this may give rise to the risk of workplace bullying, harassment and discrimination.
- provide appropriate information, instruction, training or supervision to educators, staff , visitors and volunteers to minimise the risks to their health and safety from workplace bullying, harassment and discrimination.
- contact the Police if there are incidents of workplace bullying, harassment and discrimination that involve physical assault or the threat of physical assault, or a visitor engages in bullying behaviour, harassment and discrimination and refuses to leave the Service.

Educators, staff, visitors and volunteers will:

- consider whether something they do or don't do will adversely affect the health and safety of others

- comply with any reasonable instruction, policy and procedure given by the Approved Provider or Nominated Supervisor in relation to workplace bullying, harassment and discrimination.
- report all incidents of workplace bullying, harassment and discrimination using our Grievance Guidelines.
- talk to the Approved Provider or Nominated Supervisor if they have any questions about workplace bullying, harassment and discrimination.

### **Identifying Workplace Bullying, Harassment and Discrimination**

The Approved Provider or Nominated Supervisor will minimise the risk of workplace bullying, harassment and discrimination occurring by:

#### **1. Identifying the risk of workplace bullying, harassment and discrimination**

- talking to educators, staff and volunteers (or conduct an anonymous survey) to find out if bullying is occurring or if there are unreasonable behaviours or situations likely to increase the risk of bullying, harassment and discrimination.
- monitoring patterns of absenteeism, sick leave, staff turnover, grievances, injury reports, workers compensation claims and other such records to establish any regular patterns or sudden unexplained changes.
- watching for any changes in workplace relationships between educators, staff, volunteers, visitors and/or managers
- seeking feedback on the professionalism of workplace behaviours in exit interviews and from supervisors and where relevant families.
- monitoring issues raised by our health and safety representatives and health and safety committee. See Work Health and Safety Policy for more information.

#### **2. Implementing measures to prevent and respond to workplace bullying, harassment and discrimination**

- implementing a Code of Conduct.
- providing educators, staff, volunteers and visitors with information about our bullying, harassment and discrimination policy and relevant procedures at staff meetings, via email and by displaying anti-bullying posters.
- implementing grievance procedures which deal with bullying complaints in a confidential, reliable and timely way (see Grievance Guidelines).
- implementing effective performance management processes.
- clearly defining jobs and seeking regular feedback from educators and staff about their role and responsibilities.
- reviewing and monitoring workloads and staffing levels.
- including educators and staff in decision making which affects their roles and responsibilities.
- consulting with educators and staff as early as possible about any changes that affect their roles and responsibilities.
- promoting and modelling positive leadership styles eg communicating effectively and providing constructive feedback both formally and informally.
- organising relevant leadership training for managers and supervisors eg on performance management.
- mentoring and supporting new and poor performing leaders, educators or staff.
- facilitating teamwork and cooperation.
- ensuring supervisors act in a timely manner on any unreasonable behaviour.

#### **3. Reviewing measures to prevent and respond to workplace bullying, harassment and discrimination**

The Approved Provider or Nominated Supervisor will implement a review of the bullying, harassment and discrimination policy and procedures if there is an incident of workplace bullying, at the request of a health and safety representative or committee, when new or additional information about bullying

becomes available or at the scheduled review date. Information will be obtained from confidential surveys, exit interviews and records of sick leave and workers compensation claims.

### **Training about Workplace Bullying, Harassment and Discrimination**

The Approved Provider or Nominated Supervisor will organise face-to-face training, role plays and group work to ensure all educators, staff and volunteers can recognise workplace bullying, harassment and discrimination. Training will cover:

- our bullying, harassment and discrimination policy and procedures
- measures used to prevent bullying, harassment and discrimination from occurring
- how to report workplace bullying, harassment and discrimination
- how bullying, harassment and discrimination reports will be responded to
- where to go for more information and assistance.

The Approved Provider or Nominated Supervisor, and other educators and staff who may be involved in resolving workplace bullying, harassment and discrimination will be familiar with conflict resolution skills and undertake training in that area if required.

### **Bullying, Discrimination and Harassment Procedure**

#### ***What can I do if I believe I am being bullied?***

Below is a summary of the steps that can be taken to address individual concerns and who to contact:

- If you can, try to resolve the problem yourself with the person(s) involved as soon as possible. You may find that they didn't mean to do what they did.
- If you're unsure of how to handle the problem yourself, you can report your complaint verbally by talking to your Centre Director or Approved Provider or in writing by completing a **Staff Incident Report Form** and giving or emailing it to your Centre Director or Approved Provider.
- If your complaint is about your Centre Director you can report your complaint directly to the Approved Provider (or vice versa).

If you observe an incident in which another employee is being bullied, bring it to the attention of your Centre Director or Approved Provider.

If you do make a complaint about bullying, you are responsible for ensuring that you:

- Make the complaint honestly and in good faith.
- Provide all the facts relevant to the complaint.
- Co-operate with the investigation and resolution processes.

If a complaint of bullying has been made about you, you are responsible for ensuring that you:

- Cooperate with the investigation and resolution processes and maintain confidentiality.
- Provide a written or verbal response to the complaint which has been made.
- Provide all relevant facts to the person conducting the investigation.

### **Management responsibility**

If an employee brings an allegation of bullying to your attention:

#### **DO NOT**

- Ignore the complaint.
- Tell the employee making the complaint to sort it out themselves.
- Make a judgement about whether the complaint is true or not.
- Say that the employee should put up with the bullying.
- Talk to anyone about the issue except those involved in the investigation and resolution of the complaint.

#### **DO**

- Behave consistently with the Bullying Policy.
- Resolve the complaint as quickly as possible.
- Be sympathetic, sensitive and serious; the complaint is obviously serious to the person making it.

- Enquire into the matter within 2 working days, and attempt to resolve it as soon as possible.

#### **Manager's action steps**

1. Notify the Approved Provider immediately.
2. Document the complaint using Staff Incident Form or the Peer Statement Form
3. In discussion with the Approved Provider or their designate, determine who should investigate, and if possible, mediate the complaint.

#### **Investigation and mediation:**

- Investigation of the complaint of bullying must commence within 2 days of receipt of the complaint.
- With the Approved Provider or their designate, determine who the appropriate person to investigate the complaint is.
- The investigator must be someone who is impartial, and who has been trained to conduct investigations. This person may need to be sourced from outside the organisation.
- Mediation may be a consideration in resolving a bullying complaint. This form of dispute resolution is appropriate only if the person making the complaint agrees.

#### **Confidentiality**

Anyone involved in a complaint of bullying, or its investigation, must ensure that the circumstances and facts of the complaint are disclosed only to those people who are directly involved in progressing its investigation and resolution, or have a 'need to know'. In particular, it is important that staff who either make a complaint, or may be witnesses to the circumstances giving rise to the complaint, do not discuss the matter outside the investigation and resolution processes.

#### **Investigator's discussion with the complainant**

1. Determine whether an interpreter is required.
2. The complainant may bring a support person with them (eg. family member, friend). The support person is not a spokesperson for the complainant but present to support.
3. Arrange an appropriate venue to meet with the complainant. The venue should be private and free of interruptions, and wherever possible put the complainant at ease. The venue must be conducive to maintaining confidentiality.
4. Allocate enough time to discuss the complaint in full.
5. Explain how the investigation process is conducted, and the possible outcomes.
6. Advise the complainant that the matters discussed are confidential, and that the complainant must only discuss the issue with those persons investigating the complaint, or who are formally supporting them through the process.
7. Using the Peer Statement Form or Grievance Register and Procedure Forms, obtain a broad outline of the complaint, followed by a detailed description of what is alleged to have happened, when it is alleged to have happened (including dates and times), where it is alleged to have happened and by whom. Obtain and record all relevant facts.
8. Ask the complainant whether there are any witnesses, or other evidence that supports their version of events. Record the names of any witnesses to the alleged bullying, and obtain copies of any documentation provided to support the allegations. Advise the complainant that witnesses will be interviewed, and that the complainant should not speak to the witnesses about the issues.
9. Explain any other action that will be taken, eg. speaking to the alleged bully.
10. Ask the complainant what they want done in regard to the alleged bullying. It is at this point that mediation should be offered as a means of resolving the complaint. If mediation is accepted, the mediation should be arranged to occur as soon as possible.
11. Counselling should be offered to the complainant. If accepted, this may be arranged through the local agency.
12. Advise the complainant when they can expect to be advised of an outcome to their complaint.

#### **Investigator's discussion with the person about whom the complaint is made**

1. Determine whether an interpreter is required.
2. The respondent may bring a support person with them (eg. Chaplin, family member, friend).
3. Arrange an appropriate venue to meet with the respondent. The venue should be private and free of interruptions, and wherever possible put the respondent at ease. The venue must be conducive to maintaining confidentiality.
4. Allocate enough time to discuss the allegation(s) in full.

5. Explain to the respondent your role in the investigation of the complaint against them, and that it is important that their version of events is obtained.
6. Advise the respondent that the matters discussed are confidential, and that the respondent must only discuss the issue with those persons investigating the complaint, or who are formally supporting them through the process.
7. Explain to the respondent exactly what it is that they have been accused of saying or doing, including names, dates, times and locations.
8. Provide the respondent with a written memo stating the allegations.
9. Ask the person to respond, either verbally or in writing, to the allegations.
10. Using the Peer Statement Form, take notes of the respondent's version of events. Obtain and record all relevant facts.
11. Ask the respondent whether there are any witnesses, or other evidence that supports their version of events. Record the names of any witnesses, and obtain copies of any documentation. Advise the respondent that witnesses will be interviewed, and that the respondent should not speak to the witnesses about the issues.
12. If the allegations are denied, ask the respondent if they can think of a reason why these allegations have been made.
13. Ask the respondent what they believe may resolve the matter.
14. Inform the respondent that they must not victimise or bother the complainant in any way. Doing so will result in immediate action against them, eg. being stood down pending the outcome of the investigation.

**Outcome:**

- Determine whether or not the allegations are substantiated, or whether there is insufficient evidence or information to make a conclusion. Record in writing your conclusions, and the reason for them.
- If the alleged bullying is substantiated, there may be a basis for disciplinary action against the person responsible. If termination of employment is appropriate, this must comply with unfair dismissal laws.
- If the allegations of bullying are unsubstantiated, ensure that there is no action taken against the person whom the complaint was made, and that no notes about the complaint are retained in their personnel file.
- If there is insufficient information to make a determination in regard to an allegation of bullying, the report notes should be kept in the Staff File, and no action is to be taken against either party.
- Advise the complainant and the person about whom the complaint was made of the investigation findings and actions. If the allegation is substantiated, action will include a written record of the investigation being placed in the perpetrators personnel file.
- Provide a written summary to the Approved Provider.
- The Centre Director will store all bullying complaints files securely and confidentially.

In situations where bullying complaints are substantiated, management may take the following actions:

- Require an apology from the respondent
- Make changes to work practices
- Undertake disciplinary action
- Require employees to participate in training
- Place notes in staff file
- Any other action deemed fair and reasonable.

**Links to other Policies and Company Resources**

In conjunction with this policy please read the Staff Handbook (POL002), the Workplace Health and Safety Handbook (POL003), the Policy Handbook (POL001) and Worksafe Victoria resources.

**Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 27/9/2023**

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**References:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>
	3.2.2	<i>Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.</i>
QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing,</i>
	6.2.1	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</i>
	6.2.1	<i>Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.</i>
	6.2.2	<i>Effective partnerships support children's access, inclusion and participation in the program.</i>
	6.2.3	<i>The service builds relationships and engages with their local community.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	168	<i>Policies and procedures are required in relation to health and safety</i>
	182	<i>Tobacco, drug and alcohol free environment</i>
	156	<i>Relationships in groups</i>
	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	106	<i>Laundry and hygiene facilities</i>
	107	<i>Space requirements—indoor</i>
	108	<i>Space requirements—outdoor space</i>
	109	<i>Toilet and hygiene facilities</i>
	110	<i>Ventilation and natural light</i>
	111	<i>Administrative space</i>
	112	<i>Nappy change facilities</i>
	113	<i>Outdoor space—natural environment</i>
	114	<i>Outdoor space—shade</i>
	115	<i>Premises designed to facilitate supervision</i>
	116	<i>Assessments of family day care residences and approved family day care venues</i>
	117	<i>Glass (additional requirement for family day care)</i>
	73	<i>Educational programs</i>
	74	<i>Documenting of child assessments or evaluations for delivery of educational program</i>
	75	<i>Information about the educational program to be kept available</i>
	76	<i>Information about educational program to be given to parents</i>
	80	<i>Weekly menu</i>

	<b>86</b>	<i>Notification to parents of incident, injury, trauma and illness</i>
	<b>99</b>	<i>Children leaving the education and care service premises</i>
	<b>102</b>	<i>Authorisation for excursions</i>
	<b>111</b>	<i>Administrative space (centre-based services)</i>
	<b>168(2)(k)</b>	<i>Policies and procedures are required in relation to enrolment and orientation</i>
	<b>171</b>	<i>Policies and procedures to be kept available</i>

#### **EYLF**

<b>LO2</b>	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i>
	<i>Children respond to diversity with respect</i>
	<i>Children become socially responsible and show respect for the environment</i>
<b>LO4</b>	<i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i>
	<i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i>
	<i>Children transfer and adapt what they have learned from one context to another</i>
	<i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i>

#### **Other References:**

##### **Legislation:**

**Work Health and Safety Act 2011**

**Work Health and Safety Regulation 2011**

**Occupational Health and Safety Act 2004.**

**Workplace bullying – prevention and response – Guidance Material October 2012 (WorkSafe Victoria).**

**Occupational Health and Safety Act 2004.**

**Sex Discrimination Act.**

**Race Discrimination Act.**

**Disability Discrimination Act.**

**Equal Opportunity for Women in the Workforce Act.**

**Human Rights and Equal opportunity Commission Act.**

**Workplace Relations Act.**

**Crimes Act.**

#### **Federal and State worksafe management agencies**

- **Federal – Comcare** [www.comcare.gov.au](http://www.comcare.gov.au)
- **New South Wales – WorkCover New South Wales** [www.workcover.nsw.gov.au/default.htm](http://www.workcover.nsw.gov.au/default.htm)
- **Queensland – WorkCover Qld** [www.workcoverqld.com.au](http://www.workcoverqld.com.au)
- **South Australia – WorkCover SA** [www.workcover.com](http://www.workcover.com)
- **Victoria – WorkSafe Victoria** [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

#### **Sources and further reading**

- Stevenson, David (2001) *Health and Safety in Queensland Child care Centres: A blueprint for Success*, Scintel NSW
- Tansey, S. (2005) Supervision in children's services. *Putting Children First*, 15, 8-11.
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)
- National Childcare Accreditation Council ([http://www.ncac.gov.au/policy\\_development/policy\\_templates.asp](http://www.ncac.gov.au/policy_development/policy_templates.asp)) Retrieved 25 June, 2008
- Preventing and Responding to Workplace Bullying: Safe Work Australia Draft Code of Practice Anti-bullying jurisdiction: FairWork Commission
- Workplace bullying – prevention and response – Guidance Material October 2012 (WorkSafe Victoria).

## **11 - SUPERVISION POLICY**

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### **Position Statement**

Children are required to be supervised at all times to ensure that they are moving and playing in the environment in a safe manner. Supervision of children is the cornerstone of duty of care for team members working with young children in an Early Childhood Setting.

### **Objective**

To ensure that team members are aware of the expectations for supervision of children whilst on duty.

### **Implementation**

- Team members will adhere to the supervision ratios as per all regulations pertaining to this centre, including but not limited to, State and Commonwealth legislation.
- As children are signed into the centre by their parents or guardians using the OWNA Kiosk System, they will be introduced to a team member so that they can be directly supervised. Direct supervision of children is the responsibility of the team members of each room for the allocated children within the room and globally, for the team who are in attendance at the Centre in any one day. Team members will know how many children they have in their group and be able to account for them at all times whilst working.
- Active supervision will be maintained during all transitional periods such as movements from inside to outside, meal times, family groupings and evacuations. It is expected that team members will follow procedures to ensure that supervision during these times is maintained and that duty of care is maintained.

### **Brief Procedures**

*(Please refer to the Opening Procedure and Lock Up Procedure at your centre for more detailed directions)*

### **Room OWNA Kiosk Rolls & Child Wellbeing Schedule**

Team members will check room rolls (Using OWNA Kiosk) to ascertain which children are in attendance each day and cross checked to the Child Wellbeing / Daily Information Schedule. Using the Child Wellbeing/ Daily Information Schedule Educator cross check to OWNA Kiosk is required to be completed for each children as they arrive and depart from the service. The Child Wellbeing / Daily Information Schedule is the schedule that will be used in an Emergency Evacuation to complete headcounts of children present at the service.

Please note if child has been absence this will also be indicated on Child Wellbeing / Daily Information Schedule as "ABSENT" (did not attend the service today) and educator to initial that they have marked the Kiosk roll as 'ABSENT'. The educator will write "Absent" on the Child Wellbeing Schedule and write their initial as indication of completion of this task and check performed.

### **Family Grouping Times**

When children are grouped together at the beginning and end of the day team members will have all rooms Child Wellbeing Schedule and access to all room rolls via Kiosk for all children present. The rolls will be marked as children arrive and depart by parents using the Kiosk. Educators will check periodically (approximately each 30 minutes during peak children attendance and departure times. I.e. From 8.00am to 9.30am and 3.30pm to 5.30pm. Outside these times each hour) that the parent a parent has signed in and out their child/ren. Also the educators will add the child sign in and out time onto the Child Wellbeing Schedule.

Team members will know how many children are present, their relevant age groups, the required staff – to – child ratios and consistently apply these ratios at regular intervals as child numbers change.

As the groups separate in the morning to go to their rooms, team members will check all children marked on rolls are accompanying them and take the rolls with them to the room. In the afternoon, room rolls will be handed to the late team members for marking as children depart.

### **Child Electronic Sign In/Out System Sheets – Kiosk Rolls**

Sign in/out records are a legal requirement and will be maintained as per procedures and regulations. Early and late rostered team members will ensure that parents meet their obligations and sign children in and out using the Kiosk system. If parent forgets to sign in or out their child/ren the Qualified Educator will be required to sign in or out the child/ren. Please note the parent will be required to confirm the sign in and out of their children next time they attend the service. Late team members will follow close / lock up procedure to ensure that all children have been picked up and duly signed out.

### **Environments**

- **Bathrooms:** Team members will be aware of children's movements to and from the bathroom area at all times. Team members will directly supervise the toileting of all children under the age of three years, and when required will directly supervise the toileting of older children.
- **Sleep times:** Children will be supervised at all times including sleep time and will not be left unattended. Should a child still be asleep when the group is transitioning to the outdoor area either they will be gently woken or a team member will stay behind to supervise any sleeping children.
- **Outdoor:** Children will not access the outdoor environment without the correct ratio of team members in attendance.

### **Preparation for closing**

Team members will be aware of children remaining at the centre towards the end of the day. Children will be supervised and have engaging activities provided for them for the entire time that they are at the centre. Team members will maintain direct supervision of all children remaining as they work through closing procedures at the end of the day.

Kiosks Rolls: Closing educator (qualified) will perform the following duties:

- Review the Children Daily Information Record and/or Books (for nursery rooms) – Sign In and Sign Out Time for each child. Each child should have a sign in time, out time and a educator initial (to indicate that the educator has checked child has gone and also child is signed out in Kiosk roll). Please note if child has been absent this will also be indicated on Child Wellbeing Schedule as "ABSENT" (did not attend the service today) and educator to initial that they have recorded the 'ABSENCE' in the Kiosk roll.
- Before closing service all children will be accounted for on Child Wellbeing Schedule and also in the Kiosk Rolls for all rooms.

### **Communication**

Effective supervision of children depends upon sound communication between team members. Team members will always communicate their movements and needs to others to ensure that supervision of the children is effectively maintained.

It is also expected that team members will share relevant information about children during the day. This may include children's movements, behaviour, general information, etc, and at the end of the day, parent messages.

### **Team member movements**

Team members are sometimes required to leave the group of children they are supervising. If a team member needs to leave the group, they will communicate this to their colleagues and only leave once they are satisfied that adequate supervision can be maintained.

Supervision plans are displayed in all indoor and outdoor environments to assist educators to identify locations for effective supervision.

Students and Volunteers will not be left with sole responsibility of children or left out of sight of team members either in the inside OR outside environment. Students and Volunteers do NOT count towards the child/staff ratio. Please see Student and Volunteers Policy.

Children will not be left unattended on the change table area.

If more than one staff member within the room, staff are situated at different locations of the room to support adequate supervision. This also allows small group experiences as well as individual experiences to be undertaken.

Children will not be taken by any staff member where they become non-visible to others and will not be taken into any room which can be locked.

Staff will ensure they are constantly supervising children when they are playing, eating or drinking.

The safety of children is not compromised by the age ranges of children within the groups.

### **Policy Reviewed: 18/3/2024**

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#### **Reference:**

**NQS**

QA4	4.1.1	<i>The organisation of educators across the service supports children's learning and development.</i>
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#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

#### ***Regulations numbered 240 and higher are state or transitional regulations***

Reg	122	<i>Educators must be working directly with children to be included in ratios</i>
Reg	123	<i>Educator to child ratios—centre-based services</i>
Reg	126	<i>Centre-based services—general educator qualifications</i>
Reg	130	<i>Requirement for early childhood teacher—centrebased services—fewer than 25 approved places</i>
Reg	131	<i>Requirement for early childhood teacher—centrebased services—25 or more approved places but fewer than 25 children</i>
Reg	132	<i>Requirement for early childhood teacher— centre-based services—25 to 59 children</i>
Reg	133	<i>Requirement for early childhood teacher—centre-based services—60 to 80 children</i>
Reg	134	<i>Requirement for early childhood teacher—centre-based services—more than 80 children</i>
Reg	135	<i>Early childhood teacher illness or absence</i>
Reg	136	<i>First aid qualifications</i>
Reg	240	<i>Qualifications for educators—centre-based service applies until 31.12.15</i> <b><i>Applies to reg 126</i></b>
Reg	241	<i>Persons taken to hold an approved early childhood teaching qualification</i>
Reg	242	<i>Persons taken to be early childhood teachers applies from 1.1.14 to 1.1.16</i> <b><i>Applies to regs 130-134</i></b>
Reg	243	<i>Persons taken to hold an approved diploma level education and care qualification</i>
Reg	244	<i>Persons taken to hold an approved certificate III level education and care Qualification</i>
Reg	245	<i>Person taken to hold approved first aid qualification. Applies until 31.12.12 or qualification expires.</i>
Reg	246	<i>Anaphylaxis training</i>
Reg	247	<i>Asthma management training</i>
Reg	355	<i>Educator to child ratio—children over preschool age</i> <b><i>Applies to reg 123(1)(d)</i></b>
Reg	356	<i>Qualifications for educators—children over preschool age</i> <b><i>Applies to reg 126(2)</i></b>
Reg	357	<i>Educator to child ratio—children aged over 24 months but less than 36 months</i> <b><i>Applies to reg 123(1)(b)</i></b>
Reg	358	<i>Working with children check to be read</i>
Reg	360	<i>Educator to child ratios—children aged 36 months to preschool age</i> <b><i>Applies to reg 123(1)(C)until 31.12.15</i></b>
Reg	361	<i>General qualifications—centre-based service</i>

		<b><i>Applies to reg 126(1) until 31.12.15</i></b>
Reg	362	<i>Early childhood teacher in attendance—fewer than 60 children Regs 130-132 do not apply until 1.1.14.</i>
Reg	363	<i>Early childhood teacher in attendance—60 or more children Reg 133(1)(a) and (b) does not apply until 1.1.14 Reg 134(1)(a) and (b) does not apply until 1.1.20</i>
Reg	364	<i>Educational qualifications—centre-based services— saving of existing experience and qualification Applies to reg 126(1)(b)</i>

**Other References:**

***Handbook on Child Care Licensing***

***QIAS Principle 5.2, 5.3***

**Legislation:**

***Child Care Act 2002 and Regulations 2003 (Qld)***

***Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)***

***Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)***

***Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)***

## **12A – CHILD SAFE STANDARDS POLICY**

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### **Position Statement**

#### ***Our Statement of Commitment***

The organisation has a strong commitment to child safety and protection, through implementing and adherence to the Child Safe Standards and the Information Sharing Scheme. This commitment extends to all children in our service and community with an aim for children to feel safe, secure and supported. The welfare of the children in our care will always be our first priority and we have a zero-tolerance approach to child abuse and harm. We acknowledge the importance of our organisation and community to be committed to culturally safety of aboriginal children, the cultural safety for culturally and/or linguistically diverse children and safety of children with a disability.

#### **Objective**

To ensure the safety, health and wellbeing of children through organisational culture, values and practices that embed a culture of child safety and protection.

#### **The centres' approach to child safety and protection is based on the following principles:**

- Children have the right to feel safe, secure and under the protection of responsible, caring, trustworthy, adults at all times.
- Children will be respected and in no way degraded, endangered, exploited, intimidated or harmed psychologically or physically.

#### **Definitions**

See Child Protection and Wellbeing Policy for further definitions.

##### ***Child abuse* means:**

- a sexual offence committed against a child
- an offence committed against a child under section 49M(1) of the Crimes Act 1958 (Vic), such as grooming
- physical violence against a child
- causing serious emotional or psychological harm to a child
- serious neglect of a child.

**Harm** is damage to the health, safety or wellbeing of a child or young person, including as a result of child abuse by adults or the conduct of other children. It includes physical, emotional, sexual and psychological harm. Harm can arise from a single act or event and can also be cumulative, that is, arising as a result of a series of acts or events over a period of time.

**Child/Children** means a person who is under the age of 18 years.

#### ***Concerns and complaints***

A concern refers to any potential issue that could impact negatively on the safety and wellbeing of children.

A complaint is an expression of dissatisfaction to Kids Have Fun Performing Arts Academy related to one or more of the following:

- our services or dealings with individuals
- allegations of abuse or misconduct by a staff member, a volunteer or another individual associated with Kids Have Fun Performing Arts Academy
- disclosures of abuse or harm made by a child or young person
- the conduct of a child or young person at Kids Have Fun Performing Arts Academy
- the inadequate handling of a prior concern
- general concerns about the safety of a group of children or activity.

## **Child Safe Standards**

Victoria's mandatory Child Safe Standards (the Standards) have been in effect since 2016. Following the Royal Commission, the Victorian Government reviewed the Standards. The review found strong support for the Standards and recommended a number of changes to better align the Standards with the National Principles for Child Safe Organisations, and to strengthen administration of the Standards. In line with these recommendations, the new Standards were released by the Victorian Government in 2021. They consist of 11 updated Standards and apply from 1 July 2022.

## **Approved services - National Quality Framework**

Approved early childhood services (that is services operating under the *Education and Care Services National Law Act 2010*) include any service providing or intending to provide education and care on a regular basis to children under the age of 13 years. Every approved service **must** meet the requirements of the National Quality Framework and associated regulatory system. Most notably, it is a legal requirement that **every reasonable precaution must be taken to protect children from harm and any hazard likely to cause injury** within approved early childhood services. Failure to meet this requirement can amount to a criminal offence.

## **Code of Conduct**

Our service has a Child Safe Code of Conduct. Staff, volunteers and the Management team must comply with the Code of Conduct at all times. Breaches of the Code of Conduct may result in disciplinary action including termination of a person's involvement with the organisation.

All third-party contractors are also expected to abide by the Child Safe Code of Conduct.

Please refer to Ethical Conduct and Code of Ethics Policy.

## **Related Policies**

Inclusion Policy  
Child Protection & Wellbeing Policy  
Education, Curriculum and Learning Policy  
Ethical Conduct and Code of Ethics Policy  
Governance of Service, Management and Educator Policy  
Smoke, Alcohol & Drug Free Environment Policy  
Excursion Policy  
Family Violence Safety Policy  
Complaints and Grievance Policy  
Incident, Injury, Trauma and Illness Policy  
Parent Involvement Policy  
Policy and Procedure Review Policy  
Privacy and Confidentiality Policy  
Employment Policy  
Interactions with Children Policy  
Staffing Arrangements Policy  
Technology Usage Policy  
Internet, Email & Social Networking Policy

## **Implementation**

All managers, staff and volunteers are committed to implementing the Child Safe Standards. The safety, health and wellbeing of children is the number one priority of all staff and volunteers who understand children's safety is a shared responsibility. We have zero tolerance for any form of harm to children and are committed to acting in children's best interests. Our policies and procedures support and inform this commitment, and our leaders and managers regularly review staff and volunteer practices and understanding, prioritising training or taking other relevant action if required. Our policies and procedures also support and comply with the Education and Care National Law and Regulations, and the National Quality Standard (NQS), whose guiding objective and principles outlined in section 3 include ensuring "the safety, health and wellbeing of children attending education and care services", "the rights and best interest of children are paramount", the principles of equity, inclusion and diversity underlie this Law", "that Australia's Aboriginal and Torres Strait Islander cultures are valued", and "that the role of parents and families is respected and supported." This

objectives and principles are embedded in many of the Laws and Regulations which we must comply with. The Laws, Regulations and NQS elements which are particularly relevant to child safety are listed above.

Below we discuss our Service's approach to the eleven Child Safe Standards, and outline Service policies or practices which support them (Standard 11 Policies and procedures document how the organisation is safe for children and young people.) Our contracts of employment require all employees to comply with service policies and procedures.

**Standard 1: Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued**

Our service will:

- encourage and actively support a child's ability to express their culture and enjoy their cultural rights
- embed strategies that equip all staff, volunteers and children to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal children and young people
- not tolerate racism, adopt measures to identify and confront racism, and address instances of racism with appropriate consequences
- actively support and facilitate Aboriginal children and their families' participation and inclusion
- ensure our policies, procedures, systems, and processes together create a culturally safe and inclusive environment and meet the needs of Aboriginal children and their families.

It is the right of every Aboriginal child to be immersed in their culture in a way that allows them to feel their identity is valued and respected. Culture includes community and family connections, spiritual and material relationships with lands and waters that hold significance under traditional laws and customs, and languages, dance, ceremony and heritage.

Educators are required to:

- promote learning outcomes in the approved learning framework which include outcomes related to "Children have a Strong Sense of Identity," and Principles which include:
  - ‘**Respect for diversity**’ which includes “*promoting greater understanding of Aboriginal and Torres Strait Islander ways of knowing and being.*”
  - ‘**Ongoing Learning and Practice**’ where educators “*become co-learners with children, families and community, and value the continuity and richness of local knowledge shared by community members, including Aboriginal and Torres Strait Islander Elders.*”
  - ‘**Responsiveness to Children**’ which includes educators “*respond(ing) to children’s expertise, cultural traditions and ways of knowing, the multiple languages spoken by some children, particularly Aboriginal and Torres Strait Islander children*” (Belonging Being & Becoming The Early Years Learning Framework)
- meet the NQS Principle about valuing Australia's Aboriginal and Torres Strait Islander Cultures.” Many of the indicators for meeting and exceeding the 40 NQS elements reference the need to consider and respond to First Nations' identities, culture, language and history in a local community and national context.

Specific actions we take to embed a culturally safe environment for First Nations children include: development of Reconciliation Action Plan - with support from Narragunnawali, Acknowledgement of Country, training, developing strong relationships with and encouraging visits from local Aboriginal organisations, Elders and families, employing Aboriginal staff, using teaching strategies that intentionally promote First Nations' culture, heritage and history, learning about key community events (including National Sorry Day, National Reconciliation Week and NAIDOC Week), physical environments and learning displays which include local First Nation symbols, images and objects.

Our service support and is committed to have a cultural safe environment. Cultural safety is described as 'the positive recognition and celebration of cultures. It is more than just the absence of racism or discrimination and more than 'cultural awareness' and 'cultural sensitivity'. It empowers people and enables them to contribute and feel safe to be themselves. Cultural safety for Aboriginal children has been defined as 'the child being provided with a safe, nurturing and positive environment where they

are comfortable with being themselves, expressing their culture... their spiritual and belief systems, and they are supported by the carer... (who) respects their Aboriginality and therefore encourages their sense of self and identity.

For further information please see [Cultural safety for Aboriginal Children](#) and [A Guide for Creating a Child Safe Organisation](#)

Service policies which support this Standard include our:

- **Education, Curriculum and Learning Policy** which requires educators implement an educational program which includes each child's culture, language and everyday lives
- **Governance of Service, Management and Educator Policy** which makes it clear any form of racism will breach our Code of Conduct
- **Complaints and Grievance Policy** which highlights our Service takes instances or allegations of discrimination very seriously
- **Parental Involvement Policy** which encourages families to share their culture and experiences with educators and the children
- **Interaction with Children Policy** which requires educators, in line with the approved learning framework, support and implement an anti-bias, cross cultural program throughout the Service and intentionally teach children about avoiding stereotypes and the benefits of diversity

### **Standard 2: Child safety and wellbeing is embedded in organisational leadership, governance and culture**

Our service will:

- make a public commitment to child safety
- champion and model a child-safe culture
- facilitate the implementation of our Child Safety Standards Policy and Child Protection & Wellbeing Policy
- reiterate our Code of Conduct, which provides guidelines for staff and volunteers on expected behavioural standards and responsibilities
- continue to implement risk-management strategies that focus on preventing, identifying, and mitigating risks to children
- ensure staff and volunteers understand their obligations on information-sharing and record keeping.

We strongly support a child safe organisational culture which drives the way things are done and how issues and risks are managed. Strong, transparent and accountable leadership can deter perpetrators of harm, and ensure employees understand and comply with their obligations to report suspicions or disclosures of harm. Our managers and leaders regularly review practices to ensure ongoing compliance with Service policies and procedures, and to promote a child safe culture.

All paid and unpaid staff (including volunteers, students on placement, trainees) and parents, family members and members of the service community are responsible for the safety and wellbeing of children and young people who engage with the service. All people of the service community are expected to act in accordance with this Child Safe Code of Conduct in their physical and online interactions with children and young people under the age of 18 years.

<b>WILL:</b>	<ul style="list-style-type: none"><li>• Act in accordance with the organisation's Child Safety and Protection Policies and procedures at all times.</li><li>• Behave respectfully, courteously and ethically towards children and their families and towards other staff.</li><li>• Listen and respond to the views and concerns of children, particularly if they communicate (verbally or non-verbally) that they do not feel safe or well.</li><li>• Promote the human rights, safety and wellbeing of all children in the organisation.</li><li>• Demonstrate appropriate personal and professional boundaries.</li><li>• Consider and respect the diverse backgrounds and needs of children.</li></ul>
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	<ul style="list-style-type: none"> <li>• Create an environment that promotes and enables children's participation and is welcoming, culturally safe and inclusive for all children and their families.</li> <li>• Involve children in making decisions about activities, policies and processes that concern them wherever possible.</li> <li>• Contribute, where appropriate, to the organisation's policies, discussions, learning and reviews about child safety and wellbeing.</li> <li>• Identify and mitigate risks to children's safety and wellbeing as required by the organisation's risk assessment and management policy or process.</li> <li>• Respond to any concerns or complaints of child harm or abuse promptly and in line with the organisation's policy and procedure for receiving and responding to complaints.</li> <li>• Report all suspected or disclosed child harm or abuse as required by the legislation and by policy and procedure on internal and external reporting.</li> <li>• Comply with the organisation's protocols on communicating with children.</li> <li>• Comply with regulation and the organisation's policies and procedures on record keeping and information sharing.</li> </ul>
<b>WILL NOT:</b>	<ul style="list-style-type: none"> <li>• Engage in any unlawful activity with or in relation to a child.</li> <li>• Engage in any activity that is likely to physically, sexually or emotionally harm a child.</li> <li>• Unlawfully discriminate against any child or their family members.</li> <li>• Be alone with a child unnecessarily.</li> <li>• Arrange personal contact, including online contact, with children I am working with for a purpose unrelated to the organisation's activities.</li> <li>• Disclose personal or sensitive information about a child, including images of a child, unless the child and their parent or legal guardian consent or unless I am required to do so by the organisation's policy and procedure on reporting.</li> <li>• Use inappropriate language in the presence of children, or show or provide children with access to inappropriate images or material.</li> <li>• Work with children while under the influence of alcohol or prohibited drugs.</li> <li>• Ignore or disregard any suspected or disclosed child harm or abuse.</li> </ul>
<b>If you believe the Child Safe Code of Conduct has been breached by another person in the organisation, you will:</b>	<ul style="list-style-type: none"> <li>• Act to prioritise the best interests of children.</li> <li>• Take actions promptly to ensure that children are safe.</li> <li>• Promptly report any concerns per the policy and procedure.</li> <li>• Follow the organisation's policies and procedures for receiving and responding to complaints and concerns.</li> <li>• Comply with legislative requirements on reporting, and with the organisation's policy and procedure on internal and external reporting.</li> </ul>

Service policies which support this Standard include our:

- Promotes a child safe environment while complying with the Australian Privacy Principles
- **Child Protection & Wellbeing Policy** which clearly outlines the responsibilities and obligations of all employees and volunteers under State child protection legislation. It also outlines our Child Protection Risk Management Strategy, including our Code of Conduct, recruitment procedures which ensure potential employees fully understand and support the child safe Service culture, procedures for managing disclosures or suspicions of harm and breaches of the Strategy, the Reportable Conduct Scheme, and risk management for high risk activities
- **Child Safety Standards Policy** which, in addition to the Child Safe Standards, also includes our obligations under the Child Information Sharing Scheme legislated in the Child Wellbeing and Safety Act 2005 to share information with other entities to promote the safety or wellbeing of a child. These are discussed after Standard 11
- **Governance of Service, Management and Educator Policy and Ethical Conduct and Code of Ethics Policy** which includes our Code of Conduct and Management Responsibilities. *The Code* includes clear expectations of appropriate interactions with children, and examples of appropriate and inappropriate interactions, and requires compliance with all Service policies and procedures.

The Code also guides the behaviour of families and visitors, indicating they will not have physical contact with other children at the service unless a staff member is present. *Management responsibilities* include ensuring staff meet qualification requirements, mandated educator to child ratios are maintained, all staff understand their responsibilities under the National Law, Regulations and NQS, all staff, visitors and volunteers comply with the Code of Conduct, organising or providing appropriate staff training and performance reviews, and regularly implementing documented staff meetings

- **Family Violence Safety Policy** which implements our obligations under the Family Violence Sharing Scheme legislated in the Family Violence Protection Act 2008 to share information with other entities if we reasonably believe this will help manage an established risk of a perpetrator committing family violence, or an established risk of a victim survivor being subjected to family violence
- **Governance Policy** which includes the Principle “recognise and manage risk to children.” This Principle is evident in the regular risk assessments completed by educators and staff as they assess and manage the potential risk of harm to children during activities and events, and in the regular formal and informal training educators and staff receive to refresh their skills and understanding of practices that ensure the safety of children including but not limited to child protection and child safe practices such as adequate supervision, managing incidents and complaints, privacy requirements, implementing risk assessments, and safe excursion and transport practices
- **Complaints and Grievance Policy** which includes our complaint handling procedures and guidelines, including potential outcomes
- **Incident, Injury, Trauma and Illness Policy** which requires staff maintain records that enable us to monitor, review and report incidents as required under the National Law (see also Standard 7)
- **Privacy and Confidentiality Policy** which outlines how our practices are consistent with the Australian Privacy Principles
- **Interactions with Children Policy** which covers positive interactions with children by educators, staff and other children (in cases of bullying for example)
- **Staffing Arrangements Policy** which includes procedures for supervising children to ensure their safety and remove any potential for harm to children, and requirements for clear Working With Children Checks.

Our Child Safety Standards Policy is available to all families in our policy folder, as part of our regular policy review program.

**Standard 3: Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously**

Our service will:

- inform children about their rights, including to safety, information, and participation
- deliver an educational program based on an approved learning framework and based on the developmental needs, interests and experiences of each child. This includes covering topics such as Child Safety.
- provide an environment for children that promotes their agency (element 1.2.1), maintains respectful and equitable relationships (regulation 156) with each child and allows children to feel secure and confident.
- we provide education and care in a way that maintains at all times the dignity and rights of each child and has regard to the family and cultural values, age and physical and intellectual development of each child (regulation 155).
- recognise the importance of friendships and encourage support from peers to help children feel safe and less isolated
- offer access to sexual abuse prevention programs and relevant related information in an age-appropriate way
- establish an environment of trust and inclusion that enables children to ask questions and speak up if they are worried or feeling unsafe. We understand that children often do not report abuse because they feel uncomfortable or they do not know how to raise their concerns or allegations of abuse.
- attune staff and volunteers to signs of harm and facilitate child-friendly ways for children to express their views, participate in decision-making, and raise their concerns
- put strategies in place to develop a culture that facilitates participation and is responsive to the input of children
- provide opportunities for children to participate
- respond to their contributions to strengthen confidence and engagement.

Educators promote a culture of participation and inclusion, viewing all children as active participants and decision makers as they seek to include the interests, ideas, strengths, culture, abilities etc of each child. They understand this is an essential part of effectively implementing the NQS and the Early Years Learning Framework (EYLF) which promote each child's agency, perspective and participation, and require that educators are responsive to each child's ideas, interests and needs. See for example NQS Elements 1.1.2 Child-centred, 1.2.3 Child directed learning and 5.2.1 Collaborative learning (where children are supported to learn from and help each other), EYLF Principle 'Secure, respectful and reciprocal relationships' and EYLF Practice 'Responsiveness to Children' which promote respectful and reciprocal relationships with children based on deep understanding of their interests, community and culture.

As part of this process, educators regularly empower children to take part in discussions about their safety and decisions that affect them, and value their ideas, suggestions and feedback. Educators are attuned to babies' and younger children's non-verbal cues to plan curriculum and respond in ways that empowers them. Our Educational Leader regularly reviews educators' practices and supports them to continually improve.

**Educators will regularly include child protection issues in the curriculum. For example they will intentionally teach children:**

- our service philosophy and educational program promotes and supports child safe environments through empowering children (promoting child agency), increasing children's awareness and providing them the strategies, tools and support in relation to Child Safety.
- age-appropriate resources for children and families on children's rights.
- child-friendly information and communications about personal safety, and how to voice concerns about personal safety.

- provide a safe environment for children to express concerns where they will be taken seriously and not judged. We have a Wellbeing Program that supports all children's wellbeing, health and safety.
- about acceptable/unacceptable behaviour, and appropriate/inappropriate contact in a manner suitable to their age and level of understanding
- that they have a right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe
- the difference between 'fun' scared that is appropriate risk taking and dangerous scared that is not ok
- to use their own skills to feel safe
- to recognise signs that they do not feel safe and need to be alert and think clearly
- that there is no secret too awful, no story too terrible, that they can't share with someone they trust
- that educators are available for them if they have any concerns
- to tell educators of any suspicious activities or people
- to recognise and express their feelings verbally and non-verbally
- that they can choose to change the way they are feeling.

**Educators believe that:**

- children are capable of the same range of emotions as adults
- children's emotions are real and need to be accepted by adults
- an adult's response to a child during their early emotional development can be hugely positive or detrimental depending on the adult's reaction
- children are very in touch with their bodies' reactions to their emotions
- children who better understand their body's response to an emotion are more able to foresee the outcome of a situation and avoid them or ask for help.

Service policies which support this Standard include our:

- **Child Protection & Wellbeing Policy** which requires educators, as part of the 'Strategies for Communication and Support' component of the Child Protection Risk Management Strategy, to regularly include age appropriate learning about the way adults should behave from a child safety perspective, including their right to make decisions about their body and privacy, that they have a right to feel safe at all times, how to keep themselves safe, and what to do if they feel unsafe
- **Education, Curriculum and Learning Policy** which outlines practices which implement the EYLF, including regularly involving children in decision making about their learning and environment as part of the assessment and planning cycle
- **Interactions with Children Policy** which contains detailed guidelines and examples about children's inclusion, agency and peer support. The Policy also contains information and example of appropriate Behaviour Guidance strategies which support children to express and meet their needs.

We also display the United Nations Convention on the Rights of the Child.

**Standard 4: Families and communities are informed, and involved in promoting child safety and wellbeing**

Our service will ensure:

- families participate in decisions affecting their child
- we engage and openly communicate with families about our child safe approach and that relevant information is accessible
- families contribute to the development and review of our policies and practices
- we inform families and carers about our operations and governance.

Educators constantly build partnerships with families and community members, which provides many opportunities for discussion and feedback about safety practices. Educators and staff regularly encourage families to contribute to decisions about Service practices as well as their child's learning through questionnaires, information nights, face to face conversations and our 'Open Door Policy.' Families know they can locate Service policies and procedures, and asked for feedback when we review our policies. Providing information about service operations is also a requirement under NQS Element 6.1.3 'Families are supported.'

Child safe information is provided to families in various formats including displays and brochures, and is discussed in more detail with families the week our professional development covers element 2.2.3 Child Protection. Several Policies and our Code of Conduct are also provided to families upon enrolment and upon request.

We note this is consistent with our obligations under the guiding principles in the National Law section 3(3) to respect and support the role of parents and families.

Our response to child safety, including in cases of harm, suspected harm or complaints, is also culturally sensitive. For example we engage with families and/or community members to improve our understanding of cultural behaviours and inform our responses.

Service policies which support this Standard include our:

- **Child Protection & Wellbeing Policy** as discussed above
- **Ethical Conduct and Code of Ethics Policy** which includes our Code of Conduct as discussed above
- **Governance of Service, Management and Educator Policy** which includes our Service structure and identifies the people in leadership and management positions
- **Complaints and Grievance Policy** which includes our complaint guidelines and the name of our Complaints Officer. We include this Policy in our enrolment information.
- **Parental Involvement Policy** which highlights our 'Open Door' approach to facilitating transparent, two-way communication. We have an **Open Door Policy**.
- **Policy and Procedure Review Policy** which outlines how and when families will be encouraged to provide feedback on policies and procedures

## **Standard 5: Equity is upheld and diverse needs respected in policy and practice**

Our service:

- understands children come from diverse circumstances, and supports each child and their family in meaningful and appropriate ways
- provides children with access to information, support and complaints processes in ways that are culturally safe, accessible and easy to understand
- pays particular attention to children with additional needs and children who are unable to live at home
- pays particular attention to the needs of Aboriginal children and provides/promotes a culturally safe environment for them.

Educators regularly plan and implement learning which promotes the benefits of cultural diversity, and the unique abilities and strengths each person has regardless of any additional needs, personal preferences or orientations, or family structure. Educators focus daily on ensuring *each child* can reach their potential in an inclusive environment which supports their participation, identity, connection to their world and sense of wellbeing. These practices underpin the NQS and the EYLF which promote equity, diversity and inclusion. See for example NQS Element 3.2.1 Inclusive Environment and Standard 5.1 Respectful and Equitable Relationships are maintained with each Child, as well as EYLF Principle High Expectations and Equity and EYLF Practice Cultural Competence. Educators also use the indicators under the EYLF Learning Outcomes to help identify children with vulnerabilities and additional needs.

In addition, where possible our staff profile reflects the diversity at our Service and in the local community, as this assists in building relationships with children and families, and in building the cultural competence of all educators and staff.

Service policies which support this Standard include our:

- **Inclusion Policy** which discusses how we design or adapt the environment to ensure each child can participate and achieve meaningful learning outcomes, and how we work with external professionals, families and children to help achieve this outcome
- **Child Protection & Wellbeing Policy** which includes the indicators of harm, the practices to effectively manage a suspicion or disclosure of harm, including where children may be unwilling to discuss this, and regular activities and experiences which teach children about their right to privacy, safety and who to approach for help if they don't feel safe
- **Education, Curriculum and Learning Policy** which outlines additional strategies educators use to promote each child's inclusion and participation, including establishing links with local cultural groups and using intentional teaching strategies to promote cultural customs, stories, traditions, history, inviting families and community members to visit and complete activities with children
- **Interactions with Children Policy** which covers inclusive practices as outlined in Standard 3 and also outlines practices to help support children through traumatic events

## **Standard 6: People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice**

Our managers will ensure:

- recruitment, including advertising, referee checks and staff and volunteer pre-employment screening, emphasise child safety and wellbeing
- relevant staff and volunteers have current working with children checks or equivalent background checks
- all staff and volunteers receive an appropriate induction and are aware of their responsibilities to children, including record keeping, information sharing and reporting obligations
- we focus ongoing supervision and people management on child safety and wellbeing.

Our managers do not rely solely on clear Working with Children Checks. Our human resource practices support the recruitment and ongoing management of employees who implement strong child safe practices every day. For example during our recruitment we discuss our Statement of

Commitment to Child Safety, interview questions establish the suitability of staff, referees are contacted, our Induction process requires all staff, including volunteers, to review and acknowledge in writing our Child Protection & Wellbeing Policy and Code of Conduct, job descriptions set clear expectations about child safety, and we implement probationary periods. The Nominated Supervisor also implements an ongoing training program tailored to each staff member's needs and goals which are identified through regular performance reviews.

Our employee and volunteer induction processes include reviewing child safe policies, procedures and expectations, and educators and staff review policies every month as part of their professional development. Volunteers are required to comply with all service policies and procedures and code of conduct.

Service policies which support this Standard include our:

- **Child Protection & Wellbeing Policy** which includes Recruitment practices that clearly describe the expectations for employees to provide a child safe environment
- **Governance of Service, Management and Educator Policy** which, in line with NQS Element 7.2.3 Development of professionals, requires the performance of educators and staff to be regularly evaluated against their position description, and training plans devised and implemented where there is an identified need, including for example in child safe practices. Training may occur through a recognised face to face or on-line training course, mentoring and at staff meetings. The Nominated Supervisor must include training funds in the annual budget. The Policy also outlines orientation practices to ensure new or returning staff are aware of current service policies and procedures, including those ensuring they meet their child protection obligations
- **Employment Policy** which contains screening processes, use of position descriptions and interviews
- **Staffing Arrangements Policy** which contains qualification requirements, including those consistent with the Worker Screening Act 2020, and Supervision procedures with a child safety focus
- **Smoke, Alcohol & Drug Free Environment Policy** which clearly states educators and staff must not drink alcohol or take drugs at the Service, and must not attend if adversely affected by alcohol or drugs, including prescription medication.

#### **Standard 7: Processes for complaints and concerns are child-focused**

Our service:

- has an accessible, child-focused complaint handling policy that clearly outlines the roles and responsibilities of leadership, staff and volunteers, approaches to dealing with different types of complaints, breaches of relevant policies or the Code of Conduct and obligations to act and report
- has effective complaint handling processes that are culturally safe, and that children, families, and staff understand
- takes complaints seriously and responds promptly and thoroughly
- has policies and procedures in place that address reporting of complaints and concerns to relevant authorities, whether the law requires reporting, and co-operates with law enforcement
- meets reporting, privacy, and employment law obligations.

Complaints are taken very seriously at our Service, and children's safety and wellbeing is always our number one priority. Our child safety practices emphasise a child focus rather than focusing on adult intent, and as mentioned under Standard 4, we engage with families and/or community members to respond in culturally sensitive ways where appropriate.

With reference to Standard 7, the terms 'complaints' and 'concerns' should be interpreted broadly. A concern is any potential issue that could impact negatively on the safety and wellbeing of children. A complaint can include expressions of dissatisfaction about an organisation related to one or more of the following:

- the organisation's services or dealings with individuals

- allegations of abuse or misconduct by a staff member, a volunteer or another individual associated with the organisation
- disclosures of abuse or harm made by a child
- the conduct of a child at the organisation
- the inadequate handling of a prior concern
- general concerns about the safety of a group of children or activity.

All reports of child abuse and child safety concerns will be treated seriously, whether they are made by an adult or a child and whether they are about the conduct of an adult or a child. All complaints and child safety concerns will be responded to promptly and thoroughly.

As noted we have a complaint handling policy that includes information for families, staff and volunteers about how a complaint or child safety concern will be responded to. An easy-to-understand complaints information sheet will be provided for children, families and the community to know about the complaint process and the supports available to those making a complaint and those involved in the complaint process.

If a complaint includes an allegation or incident of child abuse or harm, then staff and volunteers must report it in accordance with the complaint and grievance policy and the **“Complaint Handling Guide: Upholding the rights of children and young people”**. Staff and volunteers are required to prioritise children’s safety in any response and to report all potentially criminal conduct to Victoria Police. Under the complaint handling and disciplinary policies, staff and volunteers may be subject to actions to support child safety including:

- being stood down during an investigation or terminated following an investigation
- having their duties altered so they do not engage with children
- not allowing unsupervised contact with children
- removing their access to the IT system and facilities.

Complaints can be emailed to the service or Approved Provider or you can speak with Approved Provider Centre Director or Responsible Person in Charge.

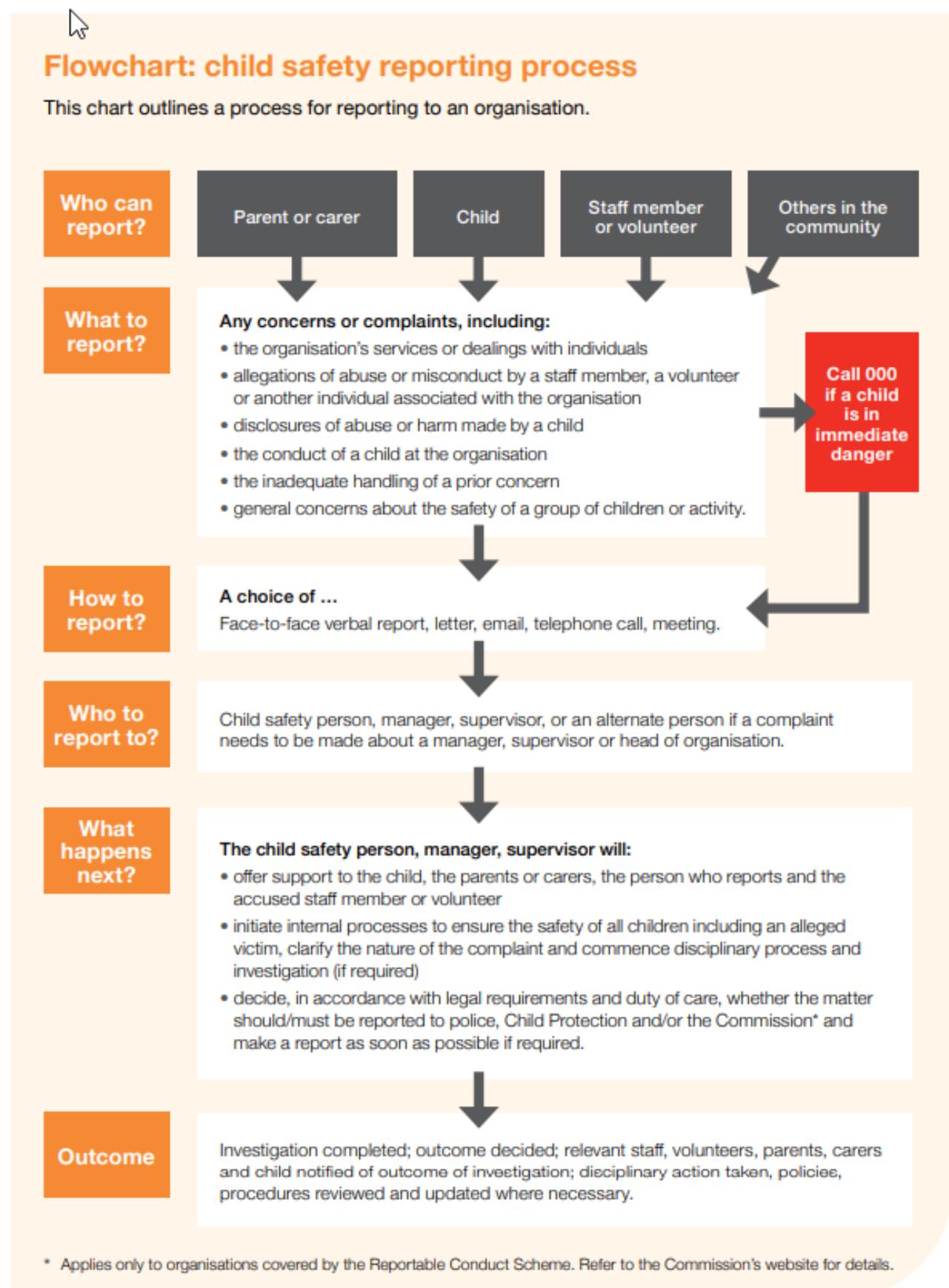
**If there is concern for the immediate safety of a child, immediately call 000.**

Service policies which support this Standard include our:

- **Child Protection & Wellbeing Policy** which contains a clear step by step procedure for reporting harm or suspected harm, for example to Police, Child Protection, the ECEC Regulatory Authority and Commission for Children and Young People (under the Reportable Conduct Scheme). It also includes information about referrals to family support services  
Where staff are the subject of child safety complaints, the Approved Provider or Nominated Supervisor must review their duties, decide if it's safe for them to continue working with children while the complaint is investigated, and if so ensure they're appropriately supervised at all times
- **Complaint and Grievance Policy** which contains clear and transparent investigation guidelines including time frames, review processes, privacy and confidentiality requirements and potential outcomes of complaints including disciplinary action. The Policy clearly requires educators and staff support children to access the complaints process for all complaints alleging their safety or wellbeing is or could be harmed, if not already implementing the procedures in the Child Protection & Wellbeing Policy. In line with the Policy and guidelines we also maintain a Complaint Register and regularly review the types, content and outcome of complaints to identify any patterns and underlying issues.

Please refer to the **“Complaint Handling Guide: Upholding the rights of children and young people”** for guidance on how to handle complaints in relation to Child Safe related matters (  
<https://childSafety.pmc.gov.au/resources/complaint-handling-guide-upholding-rights-children-and-young-people> )

- **Incident, Injury, Trauma and Illness Policy** which includes requirements under the National Law and Regulations to document and promptly notify the Regulatory Authority any ‘Serious Incidents,’ complaints alleging a Serious Incident has occurred, complaints that the National Law or Regulations have been breached, any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child, and of any incident, complaint or allegation that physical or sexual abuse of a child has occurred.



\* Applies only to organisations covered by the Reportable Conduct Scheme. Refer to the Commission's website for details.

(Source: A guide for creating a Child Safe Organisation, Page116)

**Standard 8: Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training**

We train and support our staff and volunteers to:

- effectively implement our Child Safety Standards Policy and Child Protection & Wellbeing Policy
- recognise indicators of child harm including harm caused by other children and young people
- respond effectively to issues of child safety and wellbeing and support colleagues who disclose harm
- build culturally safe environments for children.

Our Service is committed to a culture of ongoing learning and continuous improvement (as required under NQS element 7.2.1). This includes a commitment to ensuring all educators and staff know how to identify and respond to all forms of child harm, and are aware of current child safe knowledge and practices.

Service managers, for example, ensure they and all educators and staff participate in annual refresher training on their child safe obligations, the importance of taking a child-focused approach, the indicators of harm and patterns of behaviour that indicate a risk to children, record keeping and reporting procedures, and Service child safe practices, policies and resources. Training may be provided in-house, or by external providers where appropriate. Child safety is also regularly included on staff meeting agendas. Child safe training always includes case studies and examples to support the development of practical skills and 'real-life' child safe responses.

***Recruitment, Selection and Training Procedures***

The Approved Provider, Nominated Supervisor, Responsible Person and organisation will implement recruitment, professional development and training procedures for employees and where relevant volunteers to ensure no-one at the service poses a risk to children and everyone understands how to manage disclosures or suspicions of harm (Recruitment procedures at Appendix and training procedures in Educator and Management Policy). Requirements include:

- job advertisements which include qualifications and skills required, and culture of child safety and protection
- job descriptions which outline level of professional skills and responsibilities
- The organisation seeks to have a culturally diverse workplace; embracing different culture and backgrounds. This includes promoting applicants from Aboriginal and /or people from culturally and/or linguistically diverse backgrounds.
- processes (including job advertisements) which ensure employees and volunteers have clear Working With Children Checks or they are exempt (see <http://www.workingwithchildren.vic.gov.au/>)
- interview questions and referee checks which reference person's approach to child safety and protection
- documented induction/ orientation checklists which reference child safety and protection, supervision, compliance with National Law and Regulations, NQS, Code of Conduct, policies and procedures
- annual training and development to ensure individuals are clear about their roles and responsibilities to protect children from harm, are aware of their reporting obligations, can confidently recognise the indicators of harm (see Appendix) and understand documenting and reporting procedures.
- annual performance appraisals for employees
- regular inclusion of child protection and risk management strategy at least every 6 months in staff meetings and annual review of written training plans which must include Child Protection matters (eg disclosures and suspicions of harm)
- providing access to relevant legislation and other resources to help employees and volunteers meet their obligations

Service policies which support this Standard include, as previously discussed, our:

- **Child Protection & Wellbeing Policy** (see all Standards)
- **Child Safety Standards Policy** (see Standard 2)
- **Governance of Service, Management and Educator Policy** (see Standard 6)
- **Family Violence Safety Policy** (see Standard 2)

**Standard 9: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed**

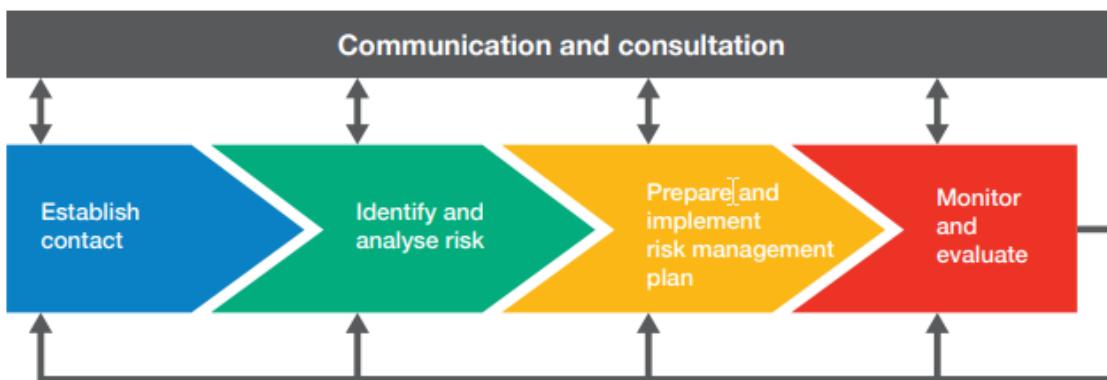
We will ensure:

- Staff and volunteers identify and mitigate risks in the online and physical environments without compromising a child's right to privacy, access to information, social connections and learning opportunities
- we use our online environment according to our Code of Conduct , Technology Usage Policy Child Safety Standards Policy and practices
- our risk management plans consider our settings, activities and the physical environment
- if we contract facilities and services from third parties, our procurement policies ensure the safety of children.

We comply with child safety requirements under the National Education and Care Law and Regulations (refer those listed at the front of this policy). For example, Law section 165 'Offence relating to protection of children from harm and hazards' requires all employees and volunteers to take a risk management approach to safety, and Regulation 168(2)(h) requires services to have Policies relating to providing a child safe environment. ACECQA has indicated in its draft Child Safe Policy Guideline this covers supervision, staffing, child protection and the physical environment. Employees and volunteers regularly complete risk assessments prior to implementing activities or events that could potentially expose children to harm from a child protection and environmental perspective. Risk assessments always involve identifying and assessing risks, implementing measures to eliminate risks or to reduce them to acceptable levels, and ongoing monitoring. There are also the notification requirements outlined in our Incident, Injury, Trauma and Illness Policy to promptly notify the Regulatory Authority of child safety issues which we discussed under Standard 7.

Managers, staff and educators understand the physical environment can provide opportunities for harm to occur and implement supervision practices that reduce this risk. Where possible, physical environments are altered to increase natural lines of sight while respecting a child's right to privacy, and their need for risky play which allows them to temporarily 'disappear' (refer Sandseter's categories of risky play.) There is an increased focus on higher-risk locations including nappy change areas, and during events, transitions and excursions. This is reflected in our risk assessments, including those required under the National Regulations prior to conducting excursions or transporting children.

We also consider and protect children's safety in the online environment in an age appropriate way. Educators may discuss with younger children, for example, how there's no way to be sure who they're interacting with online. With older school age children, educators may cover risks like sharing intimate images, cyberbullying, and meeting in person with online contacts. If needed, staff and volunteers are provided with training on online risks to children, and families are provided with relevant information to support their parenting and children's wellbeing in line with NQS Element 6.1.3.



(Source: A guide for creating a Child Safe Organisation: Risk Management Process, page 143)

Service policies which support this Standard include our:

- **Governance of Service, Management and Educator Policy and Ethical Conduct and Code of Ethics Policy** which includes our Code of Conduct and the requirements when visitors attend the service. These include ensuring visitors are never left alone with children, and have a clear child protection clearance (unless exempt)
- **Incident, Injury, Trauma and Illness Policy** as discussed under Standard 7
- **Photography consent** (in enrolment form) which promotes children's privacy and safety by requiring parents to consent before photos/videos are taken of their child, and before these are posted on any social media platforms, websites or used in service publications
- **Technology Usage Policy and Internet and Internet, Email & Social Networking Policy** which also promotes children's privacy and safety by not permitting educators and staff from using personal cameras or phones to take photos/video at the service, and from posting children's private information, photos or videos to their personal social media accounts.
- **Staffing Arrangements Policy** which discusses issues affecting the adequacy of supervision (these include the visibility and accessibility of areas where children are playing), supervision practices including the need for educators to position themselves to see as much of the play area as possible and to follow any playground supervision plans, particular activities that require focused supervision (including in bathrooms/toilets and higher risk activities). Other practices which support Regulation requirements include ensuring educator to child ratios are always met and educators under 18 are always supervised
- **Technology Usage Policy and Internet, Email & Social Networking Policy** which requires devices only be used to support children's learning, only age appropriate websites are accessed, and that educators directly supervise children when they're on-line.

#### **Standard 10: Implementation of the Child Safe Standards is regularly reviewed and improved**

Our Service:

- regularly reviews, evaluates and improves child safe practices
- analyses complaints, concern, and safety incidents to identify causes and systemic failures to inform continuous improvement
- reports on the findings of relevant reviews to staff, volunteers and families, and children where appropriate.

We are committed to a culture of continuous improvement, and we strive to maintain an Exceeding rating under the NQS. We continually review our child safe practices and policies, and review any incidents and complaints to identify systemic causes which we address where possible. Regular training to embed child safety practices, and identify emerging trends and knowledge is a priority (reflected in training plans), and where relevant we seek a specialist external provider to facilitate this.

To support our continuous improvement, all managers, educators and staff also regularly engage in documented critical reflection of Service practices and policies, interactions with children and families,

and children's learning and development. This involves considering issues from multiple perspectives including those of children, families, colleagues and theorists, considering social justice and power imbalances, and often implementing changes in practice as a result. As part of our regular reviews, we may review the Child Safe resources available on the [Commission for Children and Young People](#) website.

Under the National Law and Regulations, our Service is required to regularly update our 'Quality Improvement Plan' and submit it to the Regulatory Authority when requested.

Service policies which support this Standard include our:

- **Policy and Procedure Review Policy** which requires all Service policies and procedures to be regularly reviewed and updated in a scheduled, documented process. Regulatory authorities implementing the *Education and Care Services National Law and Regulations require all policies be reviewed at least annually*
- **Interactions with Children Policy** which contains extensive guidelines and examples to support positive interactions with children and behaviour management guidance. The Policy also clearly states staff must not isolate or intimidate children, or use corporal punishment to guide behaviour.

#### **Standard 11: Policies and procedures document how the organisation is safe for children and young people**

Our Service:

- complies with policies and procedures which address all Child Safe Standards, are developed in line with best practice models, and are easy to understand
- consults with staff, families, volunteers and interested community members when developing and reviewing policies and procedures
- has managers and leaders who model compliance with our policies and procedures and take action if practices are inconsistent with these
- ensures staff and volunteers understand and implement policies and procedures.

As discussed above, we have many Policies and Procedures that support our child safe focus. These are accessible to employees and families in hard copy and electronic versions and where possible bilingual staff discuss relevant policies with families in their home language.

Managers implement a robust performance management procedure where non-compliance with the National Law, Regulations or Service policies and procedures is identified, for example through reporting and feedback arrangements between room/group leaders, the Educational Leader and the Nominated Supervisor, or through our complaint handling process.

See above the organisations recruitment, human resources and volunteering policies.

#### **Child Information Sharing Scheme**

The Child information Sharing Scheme (the Scheme) helps professionals and organisations to promote the wellbeing and safety of children by clarifying and expanding the circumstances when prescribed organisations can share information. This Scheme and the Family Violence Information Sharing Scheme complement each other.

The Approved Provider and Nominated Supervisor are responsible for ensuring compliance with the Scheme. They are protected from liability if they share information in good faith and with reasonable care. If in doubt about their obligations or Scheme requirements, they will refer to the Child Information Sharing Scheme Guidelines. They will never use information obtained under the Scheme to prevent a child enrolling or continuing at the service.

As our Service is an 'Information Sharing Entity (ISE) under the Scheme, the Approved Provider or Nominated Supervisor will voluntarily share any personal information with other ISEs, or respond in a timely way to requests from ISEs to share information, if the information sharing meets the legal requirements of the Scheme. They may also request information from another ISE to promote the safety or wellbeing of a child.

The Approved Provider or Nominated Supervisor will use their professional judgement and work with other ISEs as required to determine whether the *threshold for sharing information* is met ie:

1. information is requested or shared for the purpose of promoting the safety or wellbeing of a child
2. if sharing information they reasonably believe this may help the receiving ISE to manage any risk to a child (eg through an assessment, plan, investigation or service provision to a child)
3. information is not excluded (includes information that might endanger a person's life or result in physical injury, prejudice legal proceedings or police investigation, contravene a court order, or is subject to legal professional privilege.)

If this threshold is met, consent is not required from any person to share information with other ISEs. However, the Approved Provider or Nominated Supervisor will inform the child and/or family members of the information collected, who it will be shared with, how it might be used, how they might access it, and consider their views, *if it's safe, appropriate and reasonable to do so*. They will also advise the information sharing is allowed under the Scheme, and that complaints about the sharing of personal information may be made to the Victorian Information Commissioner. The Approved Provider or Nominated Supervisor may refuse to give a person access to their confidential information if they reasonably believe doing so would increase the risk to a child's safety.

The Approved Provider or Nominated Supervisor will confirm a person or organisation requesting information is an ISE before sharing, for example by asking for an official work email or calling an organisation's switchboard. They will also be aware of local service providers and professionals who can support children and their families.

The Approved Provider or Nominated Supervisor may share information with a child (where appropriate) or with their parent/guardian where this will help manage a risk to the child's safety. They will consider the nature and significance of the risk, whether the information will help manage the risk and whether the information is excluded. (Information will never be shared with a perpetrator or alleged perpetrator of family violence or other offences against a child.) However, where there is not an immediate threat to the child's safety, the Approved Provider or Nominated Supervisor may refer the child/family member to an ISE with expertise in this area, including expertise from a culturally sensitive perspective.

### **Record Keeping**

The Approved Provider or Nominated Supervisor will ensure appropriate records are kept securely and confidentially when information is requested and shared including where relevant:

- if the service received a request for information, who this was from, what was requested and the date of the request
- if the service disclosed information voluntarily, who the information was shared with, what was disclosed and the date disclosed
- if the service requested information, who this was made to and the date, what was requested
- how a disclosure of information met the threshold for sharing
- reasons any information sharing request is declined (these will also be provided to the ISE)
- whether the views of the child and/or family member were sought and obtained in relation to information sharing, what those views were, if they were advised the information would be shared or why their views were not considered
- copies of any family violence risk assessment and/or safety plan
- details of any complaint received including what it's about, date made, action taken to resolve the complaint and prevent similar complaints and time taken to resolve.

Any questions about child safety or this Policy may be directed to a Responsible Person at the service (the Approved Provider, Nominated Supervisor or Person in Day to Day Charge). If employees, volunteers and families have concerns about the Approved Provider or Nominated Supervisor's ability to provide or maintain a child safe environment, they should first discuss their concerns with another Responsible Person who will investigate and if substantiated contact the Child Protection Hotline on 131 278, the Department of Education and Training (Children's Services ) on 1300 307 415, the Police on 000 or the Commission for Children and Young People on 1300 78 29 78 for advice.

Employees, volunteers and families may contact these organisations directly if they believe the Responsible Person has not taken appropriate action.

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 17/6/2024**

**Next Policy Review: 15/6/2025**

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**Reference:**

**NQS**

Element	1.1.2	Child-centred -Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
	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.
	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.
	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
	5.1.1	Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
	5.1.2	Dignity and rights of the child - The dignity and rights of every child are maintained
	5.2.1	Collaborative learning - Children are supported to collaborate, learn from and help each other.
	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.
	7.2.1	Continuous improvement - There is an effective self-assessment and quality improvement process in place.
	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

**National Law**

*Education and Care Services National Law Act 2010*

Section	162A	Persons in day-to-day charge and nominated supervisors to have child protection training
	165	Offence to inadequately supervise children
	166	Offence to use inappropriate discipline
	167	Offence relating to protection of children from harm and hazards
	169	Offence relating to staffing arrangements
	170	Offence relating to unauthorised persons on education and care service premises
	173	Offence to fail to notify certain circumstances to Regulatory Authority
	174	Offence to fail to notify certain information to Regulatory Authority
	175	Offence relating to requirement to keep enrolment and other documents

**National Regulations**

*Education and Care Services National Regulations*

Reg	12	Meaning of serious incident
	82	Tobacco, drug and alcohol-free environment
	84	Awareness of child protection law
	87	Incident, injury, trauma and illness record
	100	Risk assessment must be conducted before excursion

	102B	Transport risk assessment must be conducted before service transports child
	120	Educators who are under 18 to be supervised
	123	Educator to child ratios—centre-based services
	145	Staff record
	146	Nominated Supervisor
	147	Staff members
	166	Children not to be alone with visitors
	168(2)(h)	Education and care services must have policies and procedures in relation to providing a child safe environment
	175	Prescribed information to be notified to Regulatory Authority
	177	Prescribed enrolment and other documents to be kept by approved provider

**Source**

**A Guide for Creating a Child Safe Organisation**

**Child Information Sharing Scheme Ministerial Guidelines (includes Appendix 2 ISEs): VIC Govt**

**Child Wellbeing and Safety Act 2005 (includes Part 6 Child Safe Standards and Part 6A Child Information Sharing Scheme)**

**Child Wellbeing and Safety (Information Sharing) Regulations 2018**

**Early Years Learning Framework**

**Education and Care Services National Law and Regulations**

**National Quality Standard**

**UN Convention on the Rights of the Child**

**Child Wellbeing and Safety Act 2005 (Vic)**

## **12B - CHILD PROTECTION & WELLBEING POLICY**

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### ***Our Statement of Commitment***

The organisation has a strong commitment to child safety, wellbeing and protection, through implementing and adherence to the Child Safe Standards and the Information Sharing Scheme. This commitment extends to all children in our service and community with an aim for children to feel safe, secure and supported. The welfare of the children in our care will always be our first priority and we have a zero-tolerance approach to child abuse and harm. We acknowledge the importance of our organisation and community to be committed to culturally safety of aboriginal children, the cultural safety for culturally and/or linguistically diverse children and safety of children with a disability.

Team members may come in contact with children who are suffering from abuse (physical, emotional, or sexual) and/or neglect and it is essential that team members are aware of their responsibilities under child protection legislation and Child Safe Standards. Child Safety and Protection information is an integral part of our team member recruitment and induction process. All team members are required to obtain the necessary clearance to work with children as per state legislation, Children and Young Persons Act 2005, Child Safe Standards contain in the Child Wellbeing and Safety Amendment (Child Safety Standards) Act 2015. Knowing how to deal with alleged child abuse effectively is essential for the child's wellbeing.

### **Objective**

To ensure all employees take their responsibility to protect children from any type of harm very seriously, understand their reporting obligations and are aware of our risk management strategy which includes practices designed to ensure the safety and wellbeing of children is paramount.

### **The centres' approach to child safety and protection is based on the following principles:**

- Children have the right to feel safe, secure and under the protection of responsible, caring, trustworthy, adults at all times.
- Children will be respected and in no way degraded, endangered, exploited, intimidated or harmed psychologically or physically.

### **Definitions**

Please refer to Child Safe Standards Policy.

### **Child Safe Standards**

Victoria's mandatory Child Safe Standards (the Standards) have been in effect since 2016. Following the Royal Commission, the Victorian Government reviewed the Standards. The review found strong support for the Standards and recommended a number of changes to better align the Standards with the National Principles for Child Safe Organisations, and to strengthen administration of the Standards. In line with these recommendations, the new Standards were released by the Victorian Government in 2021. They consist of 11 updated Standards and apply from 1 July 2022.

### **Approved services - National Quality Framework**

Approved early childhood services (that is services operating under the *Education and Care Services National Law Act 2010*) include any service providing or intending to provide education and care on a regular basis to children under the age of 13 years. Every approved service **must** meet the requirements of the National Quality Framework and associated regulatory system. Most notably, it is a legal requirement that **every reasonable precaution must be taken to protect children from harm and any hazard likely to cause injury** within approved early childhood services. Failure to meet this requirement can amount to a criminal offence.

**Reportable conduct** includes sexual offences, sexual misconduct and physical violence all against, with or in the presence of a child, behaviour that causes significant emotional or psychological harm and significant neglect. A more detailed description of each type of conduct is available in the Commission for Children and Young People Information Sheet 'What is reportable conduct?' <https://ccyp.vic.gov.au/>. The Commission has a series of Fact Sheets to assist services understand their responsibilities under the Reportable Conduct Scheme.

## **Related Policies**

Child Safety Standards Policy  
Governance of Service, Management and Educator Policy  
Family Violence Safety Policy  
Privacy and Confidentiality Policy  
Record Keeping and Retention Policy

## **Related Documentation**

Incident Injury Trauma and Illness Records  
Educator Induction Processes  
Educator Appraisal Processes  
Educator Recruitment Processes  
Educator Professional Development Processes  
Job Descriptions  
Staff Records  
Risk Management Plans

## **Summary of Organisation Roles**

### ***Commission for Children and Young People***

An independent statutory body that promotes improvement in policies and practices affecting the safety and wellbeing of Victorian children and young people. We have a particular focus on vulnerable children and young people. Roles:

- provide independent scrutiny and oversight of services for children and young people, particularly those in the out-of-home-care, child protection and youth justice systems
- advocate for best practice policy, program and service responses to meet the needs of children and young people
- support and regulate organisations that work with children and young people to prevent abuse and make sure these organisations have child safe practices
- bring the views and experiences of children and young people to the attention of government and the community
- promote the rights, safety and wellbeing of children and young people.

Functions and powers are outlined in the Commission for Children and Young People Act 2012 and the Child Wellbeing and Safety Act 2005.

### ***Staff Member: Employee, Student and Volunteer***

As a staff member of an early childhood service, you have a moral obligation and a range of legal obligations to protect the children in your care from abuse.

***Child Safety Officer*** role is held by the Nominated Supervisor as part of their role to promote and maintain safety and health of children. In the temporary absences of the Nominated Supervisor the Responsible Person – Person in Charge of Service will hold this role. The Child Safety Officer role is also supported by the Health, Wellbeing and Safety committee of the service.

The role of the Child Safety Officer is to lead and embed the organisations commitment to child safety and protection, through the implementation and adherence to the Child Safe Standards and Child Safety and Protection Policy. The Nominated Supervisor (or in their absence: the Responsible Person – in charge of the service) will be the Child Safety Officer in relation to Child Safety Standards and this policy to support children, their families and educators in implementing, monitoring, managing disclosures and suspicions of harm, making reports, completing internal investigations and maintaining confidentiality.

***Regulator: Quality Assessment and Regulation Division regulates education and care services***  
Quality Assessment and Regulation Division of Department of Education and Training regulates education and care services and is responsible for ensuring the safety, health and wellbeing of children in Early Childhood Services.

The Quality Assessment and Regulation Division (QARD) is responsible for the regulation of over 4500 early childhood education and care services, as required by the Education and Care Services National Law Act 2010 and Children's Services Act 1996 and the respective regulations.

Through regulatory and quality assessment functions, QARD aims to improve the quality of education and care services in Victoria.

QARD takes a risk-based approach to regulation to ensure most effort is directed toward those services with poor levels of compliance.

From 1 January 2023, QARD will be able to use our existing powers under the National Law and National Regulations, or the Children's Services Act (CS Act) and Children's Services Regulations (CS Regulations) to monitor and enforce compliance with the Standards. We will incorporate compliance and monitoring of the Standards into our existing compliance, and assessment and rating visits.

Where organisations that provide early childhood services operate in more than one sector, QARD will collaborate with the Commission for Children and Young People (CCYP) and the other sector regulators. CCYP will continue to oversee the whole regulatory system and provide general advice.

QARD is also responsible for the assessment of early childhood education and care services against the National Quality Standard and ensuring information is made available to families and communities about the quality of service provided. In its regulatory role, QARD responds to notifications and complaints, monitors compliance, grants approvals, determines administrative and statutory sanctions and publishes appropriate public advice.

QARD is comprised of staff in both central office and regional area locations.

#### ***Victorian Police***

Victoria Police (SOCIT) is responsible for criminal investigations into alleged child abuse.

#### ***Child Protection Services***

**DHHS Child Protection** is the lead agency responsible for the care and protection of children and may bring cases before the Children's Court and support orders granted by the Children's Court.

Child Protection Services is a department within the State Government Body (E.g. Victoria: Department of Human Service) with the objective specifically targeted to those children and young people at risk of harm or where families are unable or unwilling to protect them. The main functions of child protection are to:

- investigate matters where it is alleged that a child is at risk of harm
- refer children and families to services that assist in providing the ongoing safety and wellbeing of children
- take matters before the Children's Court if the child's safety cannot be ensured within the family
- supervise children on legal orders granted by the Children's Court
- provide and fund accommodation services, specialist support services, and adoption and permanent care to children and adolescents in need

**Mandatory Reporting to Child Protection Services:** People such as teachers, educators, doctors, nurses, police are legally obliged to report suspected child abuse. In addition, any person who believes on reasonable grounds that a child needs protection can make a report to the Child Protection Service. It is the Child Protection worker's job to assess and, where necessary, further investigate if a child or young person is at risk of harm.

#### ***Child First / The Orange Door***

Child First / The Orange Door Referral and Support Teams are family services practitioners experienced in assessing the needs of vulnerable children and their families. Child First / The Orange Door teams work closely with community-based DHHS Child Protection workers.

Educators and teachers involved with vulnerable children, young people aged 0 to 17 years and their families, including families with an unborn child, may from time to time consider they should report or refer a concern to either child protection or the Child First / The Orange Door intake service.

*A Referral to Child First / The Orange Door:* A referral to Child First / The Orange Door may be the best way of connecting children, young people and their families to the services they need, where families exhibit any of the following factors that may impact upon a child's safety, stability or development:

- significant parenting problems that may be affecting the child's development
- family conflict, including family breakdown
- families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement
- young, isolated and/or unsupported families
- significant social or economic disadvantage that may adversely impact on a child's care or development

*Child First / The Orange Door: Factors for consideration;* What specifically has happened to the child that has caused your concerns and what is the impact on their safety, stability, health, wellbeing and development?

- How vulnerable is the child?
- Is there a history or pattern of significant concerns with this child or other children in the family?
- Are the parents aware of the concerns, capable and willing to take action to ensure the child's safety and stability, and promote their health, wellbeing, and development?
- Are the parents able and willing to use support services to promote the child's safety, stability, wellbeing and development?

*A referral to Child First / The Orange Door;* should be considered if, after consideration of the available information you are, on balance, more inclined to form a view that the concerns currently have a low to moderate impact on the child, where the immediate safety of the child is not compromised.

On receiving a referral from a professional or community member the Child First / The Orange Door team will conduct further assessment of the family and may consult an experienced community-based child protection worker who is based in each Child First / The Orange Door team. This assessment may lead to the involvement of a local family services organisation. In most circumstances Child First / The Orange Door will inform you of the outcome of your referral.

*Please quick reference guidance below to diagram "Four Critical Actions for Early Childhood Services – Responding to Incidents, Disclosures and Suspicions of Child Abuse" and Appendix 1 for A Step by Step Guide to Making a Report to Child Protection or Child First / The Orange Door.*

# Child Protection Reporting Overview

1300 782 978

contact@ccyp.vic.gov.au

ccyp.vic.gov.au

## Early Years obligations and the Reportable Conduct Scheme



I am concerned about a child's safety. What should I do?

**Follow the PROTECT guidelines: the Four Critical Actions for Early Childhood Services in responding to incidents, disclosures and suspicions of child abuse**



**Call Victoria Police on 000 if you have immediate concerns for a child's safety**

### Victoria Police

You must notify Victoria Police immediately if you have reasonable belief that a child has been abused or that criminal behaviour has occurred. Failure to notify Victoria Police that an adult may have committed a sexual offence against a child is a criminal offence.

### DHHS Child Protection

You must report to DHHS Child Protection if you have significant concern for a child's safety and wellbeing and the child's parent/carer has not protected or is unlikely to protect the child from harm.

### Department of Education and Training/Victorian Institute of Teaching

You must notify your regulatory body (such as DET) of any incidents, circumstances or complaints which raise concerns about the safety and/or wellbeing of children using your service. This includes notifying the Victorian Institute of Teaching if the source of suspected harm is an early childhood teacher.

### Reportable Conduct

The Reportable Conduct Scheme (the Scheme) operates alongside other reporting obligations. The scheme applies to all Victorian early childhood services from **1 January 2019**. All workers, volunteers and contractors are covered by the Scheme and the Scheme captures allegations about reportable conduct and misconduct that may include reportable conduct which occurs both **within and external** to your organisation.

There are five categories of Reportable Conduct:

Against, with, or in the presence of a child

Physical violence

Sexual offences

Sexual misconduct

Behaviour that causes significant emotional or psychological harm

Significant neglect

### Report to the Commission

If you, or anyone else, forms a **reasonable belief** that reportable conduct has taken place, you should follow your organisation's reporting procedures and should notify your Head of Organisation. The Head of Organisation must notify the Commission **within 3 business days** of becoming aware of the allegation(s) of reportable conduct and must wait for clearance from Victoria Police before commencing an internal investigation. If you form reasonable belief that a person associated with another organisation who is covered by the Scheme has committed reportable conduct, you may make a public notification to the Commission through its website.

Additional Child Protection Contacts Business Hours	
Divisions	Telephone
East	1300 360 391
South	1300 655 795
North	1300 664 977
West Metro only	1300 664 977
West Rural and Regional	1800 075 599

**SEE APPENDIX H FOR OTHER CONTACTS.**

**See 'A step-by-step guide to making a report to Child Protection or Child FIRST/Orange Door' on the Department of Human Services website. (Link:  
<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/eccritmustact.aspx> )**

**Guide also includes contact numbers for Child Protection and Child FIRST/Orange Door. See Appendix.  
 (Link:  
<https://www.education.vic.gov.au/Documents/childhood/parents/health/manreportsep10.pdf> )**

## **Implementation**

Under the *Children Youth and Families Act 2005* a child is considered to be in need of protection if:

- the child has been abandoned by their parent(s) and no other suitable person is willing and able to care for the child.
- the child's parent(s) are dead or incapacitated and there is no other suitable person willing and able to care for them.
- the child has suffered, or is likely to suffer, significant harm as a result of physical injury, sexual abuse, emotional or psychological harm and the child's parent(s) have not protected, or are unlikely to protect, the child from that harm.
- the child's physical development or health has been, or is likely to be significantly harmed and the child's parent(s) have not provided or arranged, or are unlikely to provide or arrange, basic care or effective medical, surgical or other remedial care.

**Mandatory reporters** must make a report to Child Protection as soon as possible after forming a belief on reasonable grounds that a child is in need of protection from significant harm as a result of **physical or sexual abuse**, and the child's parents are unwilling or unable to protect the child.

Please see Appendix B for further information on the following:

- **B1: Indicators of Harm, Abuse and Neglect**
- **B2: Family Violence**
- **B3: Children Problem Sexual Behaviours**
- **B4: Recognising Grooming**

**Mandatory reporters include** the Approved Provider, Nominated Supervisor, teachers registered under the Education and Training Reform Act 2006 and qualified educators.

Note all adults must report a reasonable belief that a sexual offence has been committed by an adult 18 and over against a child under 16 to Victoria Police unless they believe the information has already been disclosed to Police eg a report has been made to Child Protection who confirm they will pass information to Police.

It is a criminal offence not to report in these circumstances.

To ensure that you fulfil your duty of care obligations for all children who are involved in, or affected by, the suspected child abuse, you must follow: Four Critical Actions for Early Childhood Services. See Appendix 1.

## **A report to Child Protection will be made if:**

- the harm or risk of harm has a serious impact on the child's immediate safety, stability or development
- the harm or risk of harm is persistent and entrenched and is likely to have a serious impact on the child's immediate safety, stability or development
- the child's parents cannot or will not protect the child from harm.

**A report to Child FIRST will be made if** concerns about the child have a low to moderate impact on the child and the immediate safety of the child is not compromised. Some of these concerns may include:

- family conflict or family breakdown
- young or isolated families
- significant parenting problems that may be affecting the child's development.

A step by step guide to making a report to Child Protection or Child FIRST is available on the Department of Human Services website. See Appendix 1.

A person may form a belief on **reasonable grounds** that a child is in need of protection after

becoming aware that a child's health, safety or wellbeing is at risk and the child's parents are unwilling or unable to protect the child. For example:

- a child states that they have been physically or sexually abused
- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child says they has been physically or sexually abused
- a child shows signs of being physically or sexually abused
- a staff member is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child's safety or development
- a staff member observes indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's actions or behaviour place them at risk of significant harm and the child's parents are unwilling or unable to protect the child.

The reporter is not required to prove that harm has occurred.

### **Criminal Offences – All Adults**

In response to the Betrayal of Trust Report, the Victorian Government has introduced criminal offences to protect children from sexual abuse. Under these reforms a failure to report, or take action in relation to suspected child sexual abuse can now constitute a criminal offence, including:

#### ***Failure to disclose***

This offence applies to **all adults** (not just professionals who work with children) who form a reasonable belief that another adult may have committed a sexual offence against a child under 16 years of age and fail to report this information to Victoria Police.

Failing to disclose a sexual offence based on concerns for the interests of the perpetrator or organisation (e.g. concerns about reputation, legal liability or financial status) will not be regarded as a reasonable excuse.

#### ***Failure to protect***

This offence applies to a person in a **position of authority** within an organisation who:

- knows of a substantial risk that a child who is under 16 years and in the care and supervision of the organisation may become the victim of a sexual offence committed by an adult associated with that organisation (e.g. an employee, contractor, volunteer or visitor); and
- fails to take reasonable steps to remove or reduce the risk.

Within an early childhood service a position of authority includes local service managers and staff in management positions within licensed or approved services.

### **Child Protection Risk Management Strategy**

The Approved Provider, Nominated Supervisor, employees and volunteers will implement a Child Protection Risk Management Strategy to ensure the health, wellbeing and safety of all children at the service, protect children from harm and protect the integrity of employees and volunteers. The Strategy includes the following component:

1. Aim/objective and Statement of Commitment (see above)
2. Code of Conduct
3. Recruitment, Selection and Training Procedures for employees and volunteers which include child protection principles
4. Procedures for managing disclosures and suspicions of harm
5. Procedures for Managing Breaches
6. Risk Management for High Risk Activities and Special Events
7. Strategies for Communication and Support

#### **2. Code of Conduct**

The service upholds the Code of Conduct in our Educator and Management Policy for employers, educators, volunteers, students, families and children to ensure the safety and wellbeing of children.

Please see to Ethical Conduct and Code of Ethics Policy and Governance of Service, Management and Educator Policy.

### **3. Recruitment, Selection and Training Procedures**

The Approved Provider or Nominated Supervisor will implement recruitment, professional development and training procedures for employees and where relevant volunteers to ensure no-one at the service poses a risk to children and everyone understands how to manage disclosures or suspicions of harm (Recruitment procedures at Appendix A and training procedures in Educator and Management Policy). Requirements include:

- job advertisements which include qualifications and skills required, and culture of child safety and protection
- job descriptions which outline level of professional skills and responsibilities
- processes (including job advertisements) which ensure employees and volunteers have clear Working With Children Checks or they are exempt (see <http://www.workingwithchildren.vic.gov.au/>)(Police Checks or VIT checks may be required for people who are exempt)
- interview questions and referee checks which reference person's approach to child safety and protection
- documented induction/ orientation checklists which reference child safety and protection, supervision, compliance with State legislation, National Law and Regulations, NQS, Code of Conduct, policies and procedures
- annual training and development to ensure individuals are clear about their roles and responsibilities to protect children from harm, are aware of their reporting obligations, can confidently recognise the indicators of harm (see Appendix B) and understand documenting and reporting procedures.
- annual performance appraisals for employees
- regular inclusion of child protection and risk management strategy at least every 6 months in staff meetings and annual review of written training plans which must include Child Protection matters (eg disclosures and suspicions of harm)
- providing access to relevant legislation and other resources to help employees and volunteers meet their obligations

### **4. Procedures for managing disclosures and suspicions of harm**

#### **What is a *disclosure* of harm?**

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

- I think I saw...||
- Somebody told me that...||
- Just think you should know...||
- I'm not sure what I want you to do, but...||

#### **What is a *suspicion* of harm?**

A suspicion of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm. Note there may be circumstances where there is concern for a child's welfare but it does not reach the threshold to be considered a disclosure or suspicion of harm. In this case educators will connect families with a relevant family support service with the family's consent. See Appendix B for further guidance.

The Approved Provider, Nominated Supervisor, employees and volunteers may suspect harm if:

- a child says they have been harmed
- someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
- a child tells them they know someone who has been harmed (it is possible that they may be referring to themselves)

- they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
- they see the harm happening.

### **Helping the Child**

When a child tells you that they have been abused, the child may be feeling scared, guilty, ashamed, angry and powerless. You, in turn, may feel a sense of outrage, disgust, sadness, anger and sometimes disbelief.

However, it is important for you to remain calm and in control of your feelings in order to reassures the child that something will be done to keep him or her safe.

<b>Things you can do to show your care and concern for the child:</b>	<b>You will NOT be helping the child if you:</b>
<ul style="list-style-type: none"> <li>• listen carefully to what the child is saying</li> <li>• acknowledge that it is hard to talk about such things</li> <li>• tell the child that you believe them and taking them seriously</li> <li>• make it clear that whatever has happened or happens is not the child's fault and that the child is not bad</li> <li>• tell the child that you know that adults sometimes do the wrong thing and that this has also happened to others</li> <li>• believe, validate and support the child</li> <li>• control your expressions of panic or shock</li> <li>• reassure the child that they did the right thing telling you (many abusers threaten children to prevent disclosure)</li> <li>• tell the child honestly that you have a legal duty to tell someone so that they can help stop the abuse</li> <li>• record details of the conversation, any visible injuries and any other observations you have made.</li> </ul>	<ul style="list-style-type: none"> <li>• avoid or reject them, you might be the only other significant adult in his or her life</li> <li>• investigate further and inquire into the details of the abuse. This should be left to an interviewer skilled in asking such questions</li> <li>• press for details beyond those that the child freely wants to tell you. Your role is to listen to what the child wants to tell you and not to conduct an investigation.</li> <li>• make promises to the child that you cannot keep, e.g. promising not to tell anyone</li> <li>• seek a medical examination or treatment unless it is an emergency or there are serious health risks to the child</li> <li>• pressure the child to show you injuries that are covered by clothing</li> <li>• confront the parents or guardians or the alleged perpetrator. This may place the child at further risk e.g. parents may threaten the child not to disclose and/or remove the child from a place of safety.</li> </ul>

### **Managing and recording a disclosure of harm**

If the Approved Provider, Nominated Supervisor, educators have concerns about the safety of a child they will:

- find a private place to talk
- remain calm and listen in an attentive, active and non-judgemental way
- encourage the person (including a child) to talk in their own words
- take anything a child says seriously
- allow children to be part of decision-making processes where appropriate
- ask just enough open ended questions to act protectively without asking any leading questions which suggest an answer and could compromise later investigations
- tell the person they have done the right thing in revealing the information and they'll need to tell someone who can help keep them safe
- not try to investigate or mediate the matter themselves
- record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child)
- document as soon as possible so the details are accurately captured including:

- time, date, location and who was present
  - full details of the (suspected) harm
  - exactly what the person said using “I said”, “they said,” statements
  - the questions educators asked
  - any comments educators made
  - educators’ actions following the disclosure
- ensure the management and storage of records complies with our Privacy and Confidentiality Policy.
- follow our reporting procedures

See template at Appendix C

### **Managing and recording a suspicion of harm**

The Approved Provider, Nominated Supervisor, employees and volunteers will:

- remain alert to any warning signs or indicators
- pay close attention to changes in the child’s behaviour, ideas, feelings and the words they use
- make written notes of observations in a non-judgemental and accurate manner, and manage in line with our Privacy and Confidentiality Policy
- assure a child that they can come to talk when they need to, and listen to them and believe them when they do
- follow our reporting procedures

See template at Appendix C

### **Making a Report**

A report will be made using the following procedure preferably on the same day there is a disclosure or suspicion of significant harm, and no later than 24 hours after the disclosure or suspicion.

Reports will be kept confidential while the matter is investigated. Employees or volunteers must not discuss the Report with anyone who’s not involved to ensure the matter can be thoroughly and fairly investigated and the person’s reputation preserved in the event the allegation is not substantiated.

As an early childhood staff member, you **must** keep clear and comprehensive notes relating to incidents, disclosures and allegations of child abuse. All staff are to use the **Responding to Suspected Child Abuse: Template (See appendix 1 or**

<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/eccritmustact.aspx>

The following procedure will be followed where there are allegations of harm against the Approved Provider, Nominated Supervisor, employees or volunteers.

#### **The Approved Provider, Nominated Supervisor, employees and volunteers will:**

##### **1. Consider whether disclosure or suspicion needs to be reported to Police**

- contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so
- contact the police on 000 where the child has been or may be the victim of a criminal offence (**including sexual abuse** and where a child is at risk of significant harm outside the family)
- contact the Police immediately on 000 if the Approved Provider, or an employee, volunteer or visitor has abused or is alleged to have abused a child
- get clear guidance from Police about who will tell child’s parents about the disclosure and who can give ongoing support

##### **2. Consider whether the disclosure or suspicion must be reported to Children Protection**

- make a report by phone to the Child Protection hotline on **131 278** (available 24 hours/7 days a week). You may also contact Regional offices (See page 2)

- make the report with the assistance or support of the Nominated Supervisor. If the Nominated Supervisor does not follow through and make the report, employees and volunteers will make the report
  - get clear guidance from the person answering about who will tell child's parents of the disclosure and who can give ongoing support
- 3. Consider whether referral is needed to Child FIRST/The Orange Door**
- connect families with [Child FIRST/The Orange Door](#) (available 24 hours/7 days a week) where concerns of harm do not require reports to Child Protection or the Police. Get family consent first
- 4. Consider obligations under Child and Family Violence Information Sharing Schemes**
- share information with other Information Sharing Entities under the Child or Family Violence Information Sharing Schemes if considered appropriate, safe and within the legal requirements of the Schemes
- 5. Consider whether you must notify ECEC Regulatory Authority**
- notify the Regulator through the online NQA ITS portal about any incident/allegation, including any suspected or alleged incident of child abuse that has occurred at the service within 24 hours of the incident/allegation. This includes any physical or sexual abuse that has occurred or is occurring while the child is at the service
    - get clearance from Police first if allegation is a criminal offence and start investigation using grievance procedure ie gather information to establish facts, decide whether it is more likely than not that reportable conduct occurred and make findings/recommendations
    - consider when to tell alleged perpetrator eg could they destroy evidence like emails/texts/documents, what sort of evidence is there, will they have enough time to prepare response
    - provide a progress report to the Commission for Children and Young People within 30 calendar days of becoming aware of reportable allegations/conduct, providing name of person investigating allegation, details of allegation and your response including any disciplinary action taken or proposed, any reasons why no action has been taken, any written response from employee/volunteer
    - provide outcomes of investigation to the Commission for Children and Young People (if these not included in progress report) including any disciplinary action taken or proposed and reasons for taking or not taking action
    - help any employee/volunteer subject to allegations access appropriate support/counselling. (Also provide this to others involved in reportable incidents if appropriate)
    - protect the identity of employees/volunteers where possible in relation to unsubstantiated complaints
  - suspend volunteers pending outcome of investigation, and ensure employees subject to allegations are supervised at all times. Note it may be appropriate to place the person in a non-contact role while the matter is investigated, including where advised to do so by police or Child Protection
  - seek legal advice about restricting that person's work activities if relevant.

### **Reportable Allegations/Conduct involving Employees and Volunteers**

The Approved Provider must report allegations of reportable conduct to the Commission for Children and Young People if they involve employees aged 18 and over, or people 18 and over who volunteer at the service with the verbal or written agreement of the Approved Provider or Nominated Supervisor, if they believe that the alleged conduct may have occurred. For example, they may have observed the conduct, or heard about it from a child or other person. Allegations must be reported even if a person does not have direct contact with children, the conduct occurred outside of their work or the person resigns.

Any employee or volunteer who becomes aware of conduct that is potentially reportable must inform the Approved Provider.

Reportable conduct includes sexual offences, sexual misconduct and physical violence all against, with or in the presence of a child, behaviour that causes significant emotional or psychological harm and significant neglect. A more detailed description of each type of conduct is available in the Commission for Children and Young People Information Sheet 'What is reportable conduct?' <https://ccyp.vic.gov.au/>. The Commission has a series of Fact Sheets to assist services understand their responsibilities under the Reportable Conduct Scheme.

### **Confidentiality**

It is important that individuals keep a Report confidential while the matter is investigated. Employees or volunteers will not discuss the Report with people who are not involved, or inform the person they have made the complaint about, to ensure the matter can be investigated without prior knowledge and contamination of evidence.

### **Support after disclosure**

The Approved Provider or Nominated Supervisor will provide assistance to access appropriate support and counselling services for all parties affected by a disclosure of harm.

### **Safeguards for reporters**

Under the Children, Youth and Families Act 2005, the identity of reporters is kept confidential and reports made in good faith do not breach professional conduct or constitute grounds for liability.

## **5. Procedures for Managing Breaches**

All employees and volunteers working with children have a duty of care to support and protect children which is breached if a person:

- does something that a reasonable person wouldn't do in a particular situation
- fails to do something that a reasonable person would do in the circumstances
- acts or fails to act in a way that causes harm to someone owed a duty of care.

In relation to our Child Protection Risk Management Strategy, a breach of that duty of care includes any action or inaction by an employee, volunteer or child that fails to comply with any of the components of the Strategy.

Employees, volunteers or families should report the breaches to the Nominated Supervisor or Approved Provider who will manage an investigation into the breach in a fair, unbiased and supportive manner in line with our Grievance Policy and Procedure (see Report Breach template at Appendix D unless advised not to do so by the police or Child Protection because the breach is a child harm related matter). For example:

- those involved in the breach will be able to provide their version of events
- matters discussed in relation to the breach will be kept confidential
- an appropriate outcome will be decided
- everyone affected will receive a clear written statement (letter, email or SMS) of the outcome
- records will be kept about the details of the breach, including the versions of all parties and the outcome of the breach

Depending on the nature of the breach outcomes may include:

- emphasising the relevant component of the Child Protection Risk Management Strategy, for example, the Code of Conduct

- providing closer supervision
- professional development and training
- mediating between those involved in the incident (where appropriate)
- disciplinary procedures if necessary
- reviewing current policies and procedures and developing new policies and procedures if necessary
- termination of employment.

## **6.Risk Management Plan for High Risk Activities and Special Events**

The Nominated Supervisor and educators will analyse the risk of 'harm' to children for all relevant events including purchase of new equipment as well as high risk activities where there is an increased risk of harm to children for example:

- water based activities
- special events like service concerts and family information days where there will be a large number of visitors or people present
- events or activities where visitors will be present
- excursions
- playground renovations
- activities using dangerous equipment

The Nominated Supervisor and educators will:

1. Identify all the elements of an activity (eg objectives, location, participants, transportation, toileting/change room procedures, appropriate supervision and adult to child ratios, photography policy, managing medications, managing illness and injury, procedure applying to visitors, physical environment)
2. Identify the risks
3. Analyse the likelihood and consequences of the risks
4. Evaluate the level of risk (eg low, moderate, high, extreme)
5. Implement strategies to eliminate or minimise the risk
6. Review the activity to determine how it could be improved

See Appendix E for a Risk Management template.

Where relevant (eg playground renovations) the Nominated Supervisor will encourage families to provide feedback on the risk of harm to children and strategies to minimise the risk. Feedback may be sought via newsletters or survey forms, or during parent information sessions.

## **7. Strategies for Communication and Support**

The Nominated Supervisor will implement the following to ensure families, employees, volunteers and children are aware of our Child Risk Management Strategy:

- regularly advise families and prospective families (at least every 6 months) via service newsletters, emails and information evenings about the reasons for and components of our risk management strategy, where they can access our Child Protection & Wellbeing Policy and Risk Management Strategy, and that we welcome feedback about the Policy/Strategy. We may include what we aim to teach children about protective behaviour (see Attachment G)
- provide written information about our risk management strategy during enrolment and orientation and include in Parent Handbook
- regularly include (at least every 6 months) the reasons for and components of our risk management strategy in staff meetings and include in Staff Handbook
- ensure educators talk to children about the Strategy where appropriate and provide any feedback to the Nominated Supervisor
- display posters about child protection issues, including safe and supportive environments
- include child protection issues and our risk management strategy in employees' performance and training plans

- ensure educators regularly include learning about appropriate child protection issues in the Curriculum, including how to keep themselves safe, and what to do if they feel unsafe
- make available to employees and families relevant resources

## **Working With Children Checks and VIT Checks**

All team members must possess the required abilities to care for children as per the company job description and employment policy. Team members must also be a fit and proper person to care for children.

In Victoria, the Working with Children Check (WWCC) is required per the Working With Children Act 2005 or VIT. All team members must provide an original and current (not more than 6 months old) Working With Child Check(WWCC) check before they can commence work at a children's service as per the Regulations. Failure to meet this legal requirement for the eligibility for staff to work in the centre will mean that employment will not be commenced until the relevant documentation can be provided. It is the responsibility for employees to have a current WWCC. If an employee WWCC expires they are not allowed to work at the service per the Regulations.

## **Strategies for Educators and Child Protection**

Staff in children's services can be open to allegations of reportable conduct unless care is taken to implement protective strategies for staff and children.

It is the responsibility of the Centre Director/Responsible Person/Room Leaders to carefully monitor the adequacy of the supervision of children throughout the day and ensure that the following strategies are implemented.

- Individuals or groups of children are not being permitted to be withdrawn into areas where they are not visible by other staff members, or taken into rooms that can be locked.
- Permanent and temporary child-care staff are to be directed to ensure that they at all times remain readily accessible and within the visibility of other staff while with the children.
- Students and volunteers are to be directed to ensure that they are never alone with children in a direct, un-supervised capacity.
- Casual staff are to be directed to ensure they are not alone with children in a direct, un-supervised capacity until they have received successful employment screening.
- Casual staff are to at all times remain readily accessible and within the visibility of other staff while with the children.
- While there is a child on the premises of a service, there is to be a minimum of 2 staff on the premises. It is the responsibility of the Director to ensure that rosters meet this requirement and it is the responsibility of **all** staff to ensure this requirement is upheld.
- Parents are to be informed of the procedures staff use to toilet children. Changing of babies should take place within view of other adults.
- Parents should be made aware that it may be necessary to physically restrain an out of control child who may be compromising the safety of him/herself, other children or staff, or to isolate the child from others for short periods of time.
- Up-to-date developmental records on all children are to be kept. Relevant conversations with parents that may relate to a child's behaviour change (e.g. parents separating, new baby in the family, moving house etc.) are to be noted in the developmental record.
- Staff should be aware of their own level of tolerance and stress factors and acknowledge that there may be some children that are found to be more difficult to relate to than others. Team members are to be requested to assist in the appropriate management of the children in these instances.
- Staff should ensure that they are aware of the individual child's stage of development and particular needs and plan the curriculum accordingly.

- Staff should work with parents to develop and record appropriate procedures for managing toilet practises and behaviour management.

**Child Information Sharing Scheme**

Please refer to Child Safety Standards Policy for information.

**Record Keeping**

Please refer to Record Keeping Policy and Child Safety Standards Policy for information.

## Appendix- 1A

### A step-by-step guide to making a report to Child Protection or Child FIRST

**Protective concerns**

You are concerned about a child because you have:

- received a disclosure from a child about abuse or neglect
- observed indicators of abuse or neglect
- been made aware of possible harm via your involvement in the community external to your professional role.

**At all times remember to:**

- record your observations
- follow appropriate protocols
- consult notes and records
- consult with appropriate colleagues if necessary
- consult with other support agencies if necessary

STEP 1 RESPONDING TO CONCERN	STEP 2 FORMING A BELIEF ON REASONABLE GROUNDS	STEP 3 MAKING A REFERRAL TO Child FIRST	STEP 4 MAKE A REPORT TO CHILD PROTECTION
<p>1. If your concerns relate to a child in need of immediate protection; or you have formed a belief that a child is at significant risk of harm*. <b>Go to Step 4</b></p> <p>2. If you have significant concerns that a child and their family need a referral to Child FIRST for family services. <b>Go to Step 3</b></p> <p>3. In all other situations <b>Go to Step 2.</b></p> <p>* Refer to Appendix 2: Definitions of child abuse and indicators of harm in the Protocol – Protecting the safety and wellbeing of children and young people</p>	<p>1. Consider the level of immediate danger to the child. Ask yourself:</p> <p>a) Have I formed a belief that the child has suffered or is at risk of suffering significant harm? <b>YES / NO</b> and</p> <p>b) Am I in doubt about the child's safety and the parent's ability to protect the child? <b>YES / NO</b></p> <p>2. If you answered yes to a) or b) <b>Go to Step 4</b></p> <p>3. If you have significant concerns that a child and their family need a referral to Child FIRST for family services. <b>Go to Step 3</b></p>	<p><b>Child Wellbeing Referral</b></p> <p>1. Contact your local Child FIRST provider.</p> <ul style="list-style-type: none"> <li>• See over for contact list for local Child FIRST phone numbers.</li> </ul> <p>2. Have notes ready with your observations and child and family details.</p>	<p><b>Mandatory/Protective Report*</b></p> <p>1. Contact your local Child Protection Intake provider immediately.</p> <ul style="list-style-type: none"> <li>• See over for contact list for local Child Protection phone numbers.</li> </ul> <p>• For <b>After Hours Child Protection</b> Emergency Services, call <b>131 278</b>.</p> <p>2. Have notes ready with your observations and child and family details.</p> <p>* Non-mandated staff members who believe on reasonable grounds that a child is in need of protection are able to report their concerns to Child Protection</p>

For further information refer to *Protecting the safety and wellbeing of children and young people – A joint protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools*

(Orange Door Replaced Child First)

(Source:

<https://www.education.vic.gov.au/Documents/childhood/parents/health/mandreportsep10.pdf>)

## Appendix- 1B: Four Critical Actions for Early Childhood Services

1300 782 978

[contact@ccyp.vic.gov.au](mailto:contact@ccyp.vic.gov.au)

[ccyp.vic.gov.au](http://ccyp.vic.gov.au)

# Early Years obligations and the Reportable Conduct Scheme



I am concerned about a child's safety. What should I do?

Follow the PROTECT guidelines: the Four Critical Actions for Early Childhood Services in responding to incidents, disclosures and suspicions of child abuse



Call Victoria Police on 000 if you have immediate concerns for a child's safety

### Victoria Police

You must notify Victoria Police immediately if you have reasonable belief that a child has been abused or that criminal behaviour has occurred. Failure to notify Victoria Police that an adult may have committed a sexual offence against a child is a criminal offence.

### DHHS Child Protection

You must report to DHHS Child Protection if you have significant concern for a child's safety and wellbeing and the child's parent/carer has not protected or is unlikely to protect the child from harm.

### Department of Education and Training/Victorian Institute of Teaching

You must notify your regulatory body (such as DET) of any incidents, circumstances or complaints which raise concerns about the safety and/or wellbeing of children using your service. This includes notifying the Victorian Institute of Teaching if the source of suspected harm is an early childhood teacher.

### Reportable Conduct

The Reportable Conduct Scheme (the Scheme) operates alongside other reporting obligations. The scheme applies to all Victorian early childhood services from **1 January 2019**. All workers, volunteers and contractors are covered by the Scheme and the Scheme captures allegations about reportable conduct and misconduct that may include reportable conduct which occurs **both within and external** to your organisation.

There are five categories of Reportable Conduct:

Against, with, or in the presence of a child

Physical violence

Sexual offences

Sexual misconduct

Behaviour that causes significant emotional or psychological harm

Significant neglect

### Report to the Commission

If you, or anyone else, forms a **reasonable belief** that reportable conduct has taken place, you should follow your organisation's reporting procedures and should notify your Head of Organisation. The Head of Organisation must notify the Commission **within 3 business days** of becoming aware of the allegation(s) of reportable conduct and must wait for clearance from Victoria Police before commencing an internal investigation. If you form reasonable belief that a person associated with another organisation who is covered by the Scheme has committed reportable conduct, you may make a public notification to the Commission through its website.

# Early years workers and volunteers and the Reportable Conduct Scheme



## The types of Reportable Conduct are:

Against, with, or in the presence of a child

### Physical violence

This can include hitting, punching, kicking, pushing or throwing something that strikes a child or another person. It can also include the apprehension of violence – words, gestures or actions that cause a child to believe physical force is about to be used against them.

### Sexual offences

Sexual offences are criminal and must be reported to Victoria Police. Sexual offences include sexual abuse, assault, indecent acts, possession of child abuse materials and 'grooming'.

### Sexual misconduct

This is conduct of a sexual nature that is not necessarily criminal. It can be evidenced through physical action or communication, including online. Misconduct can include unwanted/inappropriate touching, inappropriate exposure or conversations of a sexual nature, overly personal/intimate conduct.

### Behaviour that causes significant emotional or psychological harm

This can include severe or sustained verbal abuse, coercive or manipulative behaviour, hostility, rejection, humiliation, belittling and scapegoating children. There must be a clear link between the adult behaviour and the child's harm. The harm must be significant, and more than trivial or temporary.

### Significant neglect

This can occur where there is deliberate or reckless failure to meet the basic needs of a child which has had, or could have, considerable effect on the child's safety or wellbeing. Neglect includes physical, emotional, educational and supervisory neglect – this can include inadequate supervision or failure to seek or comply with medical treatment.

### What does it mean for me?

If you are over the age of 18 and employed or engaged by an approved education and care or children's service (even if you do not have direct contact with children as part of your role) then you are covered by the Reportable Conduct Scheme.

If the organisation you are employed or engaged by is covered by the Scheme, your conduct both within the organisation and external to it is covered by the Scheme. This includes as a volunteer or contractor.

The Scheme applies to all employees and those engaged by an organisation regardless of the length of time they are employed or engaged – including part-time, full-time, casual or sessional roles.



### What do I need to do?

If you think that a worker, volunteer or anybody else covered by the Scheme has committed reportable conduct, or misconduct that may involve reportable conduct, either within or outside of the organisation, then you should report this to the Head of Organisation.

The head of the organisation must report it to the Commission. Additionally, workers, volunteers or parents can also report it to the Commission.

Under the National Law and the Children's Services Act (CS Act), the approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept. This template aligns with this requirement, and it's strongly recommended that all early childhood service staff utilise this template for incidents, disclosures and suspicions of child abuse.

As an early childhood staff member, you must keep clear and comprehensive notes relating to incidents, disclosures and allegations of child abuse.

It's strongly recommended that you use this template:

<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/eccritmustact.aspx>

Your aim should be to provide as much information within the template as possible. These records will be helpful in making a report of the abuse to the relevant authorities. If you require support to complete the template, you should seek support from your manager/service provider.

This section outlines four critical actions to take when responding to an incident, disclosure or suspicion of child abuse.

These actions include:

- [One: Responding to an Emergency](#)
- [Two: Reporting to Authorities](#)
- [Three: Contacting Parents/Carers](#)
- [Four: Providing Ongoing Support](#)

**Four critical actions:** <https://www.vic.gov.au/child-protection-early-childhood-protect/report-child-abuse-early-childhood>

## **Appendix A:**

### **Recruitment Process**

- The Approved Provider/Nominated Supervisor will oversee and approve the recruitment process:
  - ensuring there is a documented position description for the vacant position that is accurate and current.
  - arranging for the position to be advertised
  - ensuring there is a standard list of interview questions for all applicants
  - reviewing the applications that have been received and making a short list of applicants
  - arranging suitable interview times with the shortlisted applicants
  - contacting referees for the most suitable candidate(s)
  - making an offer of employment in writing which the applicant must sign as an acceptance of the offer. The applicant must sign a contract of employment containing the specific terms and conditions of employment. A base Employment Contract is attached.
  - notifying unsuccessful applicants by letter, telephone or email.
- Recruitment and selection decisions will be made by the Approved Provider/Nominated Supervisor.

### **Job Description**

Every position must have a position description which:

- summarises the job and describes the tasks,
- details the skills, qualifications and experience required to perform the job and whether these are essential or desirable criteria.
- Clearly describes the expectations for educators/staff members to provide a safe and supportive environment for children.

### **Advertising**

- Positions may, at the discretion of the Approved Provider/Nominated Supervisor and where relevant, be initially advertised internally via email. This process gives current employees the chance to be considered for a transfer or nominate a suitable contact as a potential candidate.
- External advertising will occur when a suitable internal candidate (including employee contact) is unavailable, or may occur concurrently with the internal advertising where the Approved Provider/Nominated Supervisor believes it is in the service's best interests to source additional candidates.

### **The Job Advertisement**

The job advertisement will be written in clear, concise and non-discriminatory language and will contain:

- the title of the position
- a summary of the role and conditions of employment
- the essential and desirable criteria for candidates
- information about what applicants should provide with their applications
- clear, concise details about our Service and our safe, supportive work practices
- advice that the successful applicant will need to undergo a successful Working With Children Check
- the name of a contact person
- the closing date for receipt of applications
- a statement that the Service is an Equal Opportunity Employer

## **Interviews**

The Approved Provider/Nominated Supervisor will conduct the interview. The format of the interview will be:

- advise the applicant about the position and the Service
- discuss the applicant's skills and experience as they relate to the position
- discuss the applicant's understanding of child safety and child protection
- answer any questions the applicant may have
- advise the applicant about the next steps in the selection process
- obtain permission to contact the applicant's nominated referees.

## **Selection of Candidates and Offer of Employment**

Following the interviews, we will check the work histories and references of the most suitable candidate(s) after obtaining their permission. If a decision is made to employ the most suitable candidate, we will make a written offer of employment.

The successful applicant must sign a contract of employment containing the specific terms and conditions of their employment.

If a decision is made to employ the most suitable candidate, we will make a written offer of employment.

The successful applicant must sign a contract of employment containing the specific terms and conditions of their employment.

## **Exit Interviews**

If an employee resigns, management will undertake an exit interview with the person to:

- gather information about the effectiveness of the recruitment process.
- identify possible areas for improvement in organisational processes, management, job design, remuneration or career planning and development.
- receive positive feedback on what is working well.

**Appendix B provides information on the following:**

- **B1: Indicators of Harm, Abuse and Neglect**
- **B2: Family Violence**
- **B3: Children Problem Sexual Behaviours**
- **B4: Recognising Grooming**

**B1: Indicators of Harm, Abuse and Neglect**

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

**General indicators of harm, abuse and neglect**

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

**Physical Abuse**

Physical indicators include:

- Bruises, burns, sprains, dislocations, bites, cuts
- Fractured bones, especially in an infant where a fracture is unlikely to occur accidentally
- Poisoning
- Internal injuries
- Bald patches where hair has been pulled out

Possible behavioural indicators include:

- Showing wariness or distrust of adults
- Wearing long sleeved clothes on hot days (to hide bruising or other injury)
- Demonstrating fear of parents and of going home
- Becoming fearful when other children cry or shout
- Being excessively friendly to strangers
- Being very passive and compliant
- Not reacting or showing little emotion when hurt
- Showing little or no fear when threatened
- Often being absent
- Showing regressive behaviour such as bed-wetting
- Often feeling sad or crying

**Sexual Abuse**

A child is sexually abused when any person uses their authority or power over the child to engage in sexual activity. This can include exploitation through pornography or voyeurism. Sexual abuse is not usually identified through physical indicators. Often the first sign is when a child tells someone they trust that they have been sexually abused. However the presence of sexually transmitted diseases, pregnancy, or vaginal or anal bleeding or discharge may indicate sexual abuse.

Physical indicators include:

- Injury to the genital or rectal area
- Vaginal or anal bleeding or discharge
- Discomfort in toileting
- Inflammation and infection of genital area
- Bruising

- Frequent urinary tract infections

One or more of these behavioural indicators may be present:

- Child telling someone that sexual abuse has occurred
- Complaining of headaches or stomach pains
- Experiencing problems with schoolwork
- Displaying sexual behaviour or knowledge which is unusual for the child's age
- Showing behaviour such as frequent rocking, sucking and biting
- Experiencing difficulties in sleeping
- Having difficulties in relating to adults and peers
- Drawing or telling stories that are sexually explicit
- Showing regressive behaviour such as bed-wetting

### **Emotional Abuse**

Emotional abuse happens when a child is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and putdowns or persistent coldness from a person to the extent the child's emotional development and behaviour is at serious risk of being impaired. There are few physical indicators, although emotional abuse may cause delays in emotional, mental, or even physical development.

Physical indicators include:

- Speech disorders
- Delays in physical development
- Failure to thrive

Possible behavioural indicators include:

- Displaying low self esteem
- Tending to be withdrawn, passive, tearful
- Displaying aggressive or demanding behaviour
- Being highly anxious
- Showing delayed speech
- Acting like a much younger child, eg. soiling, wetting pants
- Displaying difficulties in relating to adults and peers
- Showing mental or emotional displays
- Having overly high standards and a fear of failure

### **Neglect**

Physical indicators include:

- Frequent hunger
- Malnutrition
- Poor hygiene
- Inappropriate clothing, eg. Summer clothes in winter
- Left unsupervised for long periods
- Medical needs not attended to
- Abandoned by parents

Possible behavioural indicators include:

- stealing food or gorging when food is available
- staying at school outside school hours
- often being tired, falling asleep in class
- abusing alcohol or drugs
- displaying aggressive behaviour
- not getting on well with peers
- poor socialising habits
- withdrawn, listless, pale and thin

The presence of indicators such as those described may alert us to the possibility that a child is being abused. It is important that anyone who has concerns that a child or young person is in need of protection contacts a local Child Protection Service for assistance and advice.

## **B2: Family Violence**

Family violence, either threatened or actual, occurs within a family, including physical, verbal, emotional, psychological, sexual, financial and social abuse. Child Protection must be informed when there are strong indicators that family violence is placing a child at significant risk if danger.

### What is domestic and family violence?

Domestic or family violence occurs when one person in a “relationship” uses violent or abusive behaviour to control another.

The behaviour which may be classified as domestic or family violence includes:

- Physical abuse
- Damage to property
- Sexual abuse
- Verbal abuse
- Harassment or intimidation
- Financial abuse, or
- *Threatening any of the above.*

*Domestic violence does not just occur between spouses.*

- *Spousal — including defacto, biological parents of a child or same sex couples*
- *Intimate personal — two people in an established relationship (does not have to be sexual)*
- *Family — related by blood or marriage, or culturally related*
- *Informal care — unpaid carer who assists with day to day living.*

## *B3: Children Problem Sexual Behaviours*

### ***Understanding “Normal” Versus “Problem Sexual Behaviour” (0-4 years old children)***

Source: Child Wise.

Website References: [www.childwise.net](http://www.childwise.net)

Reference 1: <http://www.childwise.net/page/39/fact-sheets>

Reference:

2:

[http://childwise.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/Sexual\\_behaviour\\_0to4yearsold.pdf](http://childwise.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/Sexual_behaviour_0to4yearsold.pdf)

Reference 3: <http://www.nctsn.org/products/sexual-development-and-behavior-children-information-parents-and-caregivers-2009>

### **Extract from Fact Sheet: Sexual Behaviour of Children Aged 0 to 4 years Old**

*To know what sexual behaviour is problematic, we need to first understand what is normal for each age and stage of child development.*

#### ***Considerations***

- *Is the observed sexual behaviour age appropriate or concerning?*
- *What is the context of the sexual play?*
- *Age difference and relationship between children/young people*
- *Do not over or under react Gil (1993)*

#### ***Age appropriate sexual behaviours***

##### ***0 – 4 years; Pre-school***

- *Touching/rubbing his/her own genitals*
- *Likes to be rude*
- *Showing others his/her genitals*
- *Playing doctors and nurses*
- *Playing house; Mummies and Daddies*
- *Touching or looking at private parts of familiar children or adults*
- *Using slang words/dirty language for bathroom and sexual functions*

### **Very Concerning Sexual Behaviours**

- Persistently touches or rubs self to the exclusion of normal childhood activities; hurts own genitals by rubbing or touching
- Simulating sex with other children with or without clothes on
- Oral sex
- Sexual play between children involving forceful anal or vaginal penetration with objects.

### **Situations of sexualised behaviour and peer sexual play which causes concern (Tony Cavanagh Johnson, 1994)**

- The children engaged in the sexual play do not have an ongoing mutual play relationship
- The children engaged in the sexual play/behaviour are of different ages or developmental levels
- Any sexual play/behaviour which continues in spite of consistent and clear requests to stop
- Sexual behaviours which occur in public or other places where the child has been told they are not acceptable
- Sexual play/behaviour which is eliciting complaints from other children or adversely affecting them
- Sexual behaviour which progresses in frequency, intensity or intrusiveness over time
- Sexual behaviour that is associated with fear, anxiety, deep shame or intense guilt
- Children who manually stimulate or have oral or genital contact with an animal
- Sexual behaviours which cause physical or emotional pain to self or others
- Children who use sex to hurt others
- When verbal and/or physical expressions of anger precede, follow or accompany the sexual behaviour
- When coercion, force, bribery, manipulation or threats are associated with sexual behaviours

*End of Extract from Child Wise.*

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### **Other behavioural indicators can include:**

- **Nervousness and anxiety**
- **Withdrawn behaviour**
- **Adjustment problems, few interests and poor school performance**
- **Enuresis (bed wetting)**
- **Psychosomatic illnesses (asthma, stomach aches, headaches etc.)**
- **Excessive cruelty to animals**
- **Aggressive behaviour and language**
- **Pseudo-maturity**
- **Boys imitating aggressive behaviours, bullying/ abusing their mothers.**

#### **B4: Recognising Grooming**

Recognising the signs of grooming can be difficult. Grooming behaviours can often look like normal caring behaviours. Anyone can groom a child, including people involved with your organisation. People engaging in grooming behaviour may use social media, the internet and mobile phones to interact with children and ask the child to keep the interaction secret. This could continue for months before the offender arranges a physical meeting. There may be no online element to the grooming.

Some signs of grooming include a child:

- having unexplained gifts or money and not wanting to talk about where they came from
- not wanting to talk about what they've been doing or lying about it
- getting lots of messages from someone they only know online
- spending less time with friends or changing friendship groups suddenly
- not wanting to talk about their day, thoughts or feelings anymore
- regularly missing school, work or other activities
- developing an unusually close connection with an older person
- not wanting others around when they're with particular friends or adults.

Groomers may also try to gain the trust of a child's family or carers including:

- offering to take the child to activities (such as sports) or babysit
- offering to mentor or coach the child individually
- buying gifts or doing things for the family (such as repairs)
- complimenting the family and parenting.

## **Appendix C**

### **Disclosure of harm**

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

- I think I saw...||
- Somebody told me that...||
- Just think you should know...||
- I'm not sure what I want you to do, but...||

Child's name \_\_\_\_\_

What is the name of the person who made the disclosure? \_\_\_\_\_

Are they related to the child? Yes  No

If yes, what is the relationship? \_\_\_\_\_

What did the person disclose? Try to use the exact words they used. Use "I said" "they said" statements, include any questions you asked and comments you made

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What date did the person make the disclosure? \_\_\_\_\_ What time? \_\_\_\_\_ AM/PM

Where did the disclosure occur? \_\_\_\_\_

Was anyone else present during the disclosure? Yes  No  If yes what is/are their name, role and employer?

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Have you followed the procedure in the Child Protection & Wellbeing Policy for making a report?

Yes  No

Describe the actions you have taken following the disclosure

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Name of person completing form  
Date \_\_\_\_\_

Signature of person completing form  
Time \_\_\_\_\_ AM/PM

## Suspicion of harm

Educators may suspect harm if:

- a child says they have been harmed
- someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
- a child says they know someone who has been harmed (it is possible that they may be referring to themselves)
- they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
- they see the harm happening.

Child's name: \_\_\_\_\_

Why do you suspect harm? Try to use the exact words a child or someone else uses if relevant. Provide as much detail as possible

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If relevant, what date did the person say something? \_\_\_\_\_ What time? \_\_\_\_\_ AM/PM

Have you followed the procedure in the Child Protection & Wellbeing Policy for making a report?

Yes  No

Describe the actions you have taken because of your suspicion

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Name of person completing form

Signature of person completing form

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

**Appendix D**  
**CHILD PROTECTION RISK MANAGEMENT STRATEGY BREACH INCIDENT REPORT FORM**

Date breach occurred \_\_\_\_\_ Time breach occurred \_\_\_\_\_

Location of breach \_\_\_\_\_

Name of person(s) involved in the breach  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of the breach**

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**If no action taken – reason**

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Name of person completing form

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Signature of person completing form

Date \_\_\_\_\_

Time \_\_\_\_\_ AM/PM

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Authority breach reported to (if relevant)

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Name of person reported to

## Appendix E

<b>Child Protection Risk Management Strategy – Template for High Risk Activity</b>	 Management
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STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
<b>Describe the activity</b>  <i>Identify all elements of the event from beginning to end eg activity, objectives, location, participants</i>	<b>Identify Risks</b> <i>Something that could happen that results in harm – also consider physical, emotional, sexual and cultural risks from children, adults, visitors, employees, volunteers</i>	<b>Analyse the Risk</b> <i>How likely is the risk, what would happen if the risk did occur?</i>	<b>Evaluate the Risk</b> <i>Likelihood/Consequences</i>	<b>Manage the Risk</b> <i>Assess the options to reduce the risk</i>	<b>Review</b> <i>Nominate who will review after the event/activity</i>

Determine **likelihood** of the risk by using the left hand column of the **Risk Analysis Matrix** (below). Use the impact information to determine the **consequences** level. Combine the Consequence and Likelihood ratings to arrive at the **Risk Level** (i.e. Low, Medium, High or Critical). **CONSEQUENCES**

<b>Likelihood</b>	<b>Insignificant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Very likely</b> Expected to occur in most circumstances	Medium	Medium	High	Critical	Critical
<b>Likely</b> Will probably occur in most circumstances	Low	Medium	High	High	Critical
<b>Possible</b> Might occur at some time	Low	Medium	Medium	High	High
<b>Unlikely</b> Not expected to occur	Low	Low	Medium	Medium	High
<b>Rare</b> Occurs in exceptional circumstances only	Low	Low	Low	Medium	Medium

## Appendix F

### Working with Children Check record-keeping sheet (Also See Services Staff Record Schedule)

Club name/location:		Year:						
Clubs, associations or movements (sports, cultural, recreational, etc.) that provide services or activities for children, or whose membership is mainly comprised of children, must ensure that all paid and volunteer workers doing child-related work have a Check.								
Some clubs and associations have policies that exceed the minimum requirements of the <i>Working with Children Act 2005</i> . Check this with your club or association.								
Responsible person & contact details:								
Position requiring the	Current holder of position	Volunteer/ paid	Does an exemption apply/why?*	Application receipt number	Check number	Card sighted?	Expiry date	

\*You should periodically re-assess who is exempt in your organisation. For example, a parent was exempt because their child is involved in an activity, but is their child still involved in the activity?

## **Appendix G**

### **Educating Children about Protective Behaviour**

**Educators will regularly include child protection issues in the curriculum. For example they will intentionally teach children:**

- about acceptable/unacceptable behaviour, and appropriate/inappropriate contact in a manner suitable to their age and level of understanding
- that they have a right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe
- the difference between 'fun' scared that is appropriate risk taking and dangerous scared that is not ok
- to use their own skills to feel safe
- to recognise signs that they do not feel safe and need to be alert and think clearly
- that there is no secret too awful, no story too terrible, that they can't share with someone they trust
- that educators are available for them if they have any concerns
- to tell educators of any suspicious activities or people
- to recognise and express their feelings verbally and non-verbally
- that they can choose to change the way they are feeling.

Educators believe that:

- children are capable of the same range of emotions as adults
- children's emotions are real and need to be accepted by adults
- an adult's response to a child during their early emotional development can be hugely positive or detrimental depending on the adult's reaction
- children are very in touch with their bodies' reactions to their emotions
- children who better understand their body's response to an emotion are more able to foresee the outcome of a situation and avoid them or ask for help.

## **Appendix H: CONTACTS**

### **COMISSION FOR CHILDREN AND YOUNG PEOPLE**

Website: <https://ccyp.vic.gov.au/>

Reporting Reportable Allegations and Conduct: <https://ccyp.vic.gov.au/report-an-allegation/>

If you'd like to ask us any questions before notifying the Commission about a reportable allegation, please contact us via email [contact@ccyp.vic.gov.au](mailto:contact@ccyp.vic.gov.au), or call 1300 78 29 78.

### **CHILD SAFETY OFFICER**

Department of Justice and Community Safety  
GPO Box 4356  
MELBOURNE VIC 3000  
Phone: (03) 8803 8571

Email: [reportable.conduct@justice.vic.gov.au](mailto:reportable.conduct@justice.vic.gov.au)

### **DHHS CHILD PROTECTION**

#### **AREA**

North Division 1300 664 9777  
South Division 1300 655 795  
East Division 1300 360 391  
West Division (Rural) 1800 075 599  
West Division (Metro) 1300 664 9777

#### **AFTER HOURS (24 hours)**

After hours, weekends, public holidays 13 12 78

### **CHILD FIRST**

Website: <https://services.dffh.vic.gov.au/referral-and-support-teams>

### **ORANGE DOOR**

Please refer to the following website: <https://orangedoor.vic.gov.au/find-a-service-near-you>

### **THE ORANGE DOOR IN MALLEE**

Ph: 1800 290 943  
Email: [mallee@orangedoor.vic.gov.au](mailto:mallee@orangedoor.vic.gov.au)  
113 Madden Avenue Mildura 3500  
9am to 5pm Monday to Friday (closed public holidays)

Services offered:

- Women, children and young people's family violence services
- Child and family services
- Aboriginal services
- Men's family violence services

### **THE ORANGE DOOR IN BAYSIDE PENINSULA**

Phone: 1800 319 353  
Email: [bpa@orangedoor.vic.gov.au](mailto:bpa@orangedoor.vic.gov.au)  
60-64 Wells Street, Frankston 3199  
9am to 5pm Monday to Friday (closed public holidays)

Services offered:

- Women, children and young people's family violence services
- Child and family services
- Aboriginal services

- Men's family violence services

**VICTORIA POLICE**  
**000** or contact your local police station

**QUALITY ASSESSMENT AND REGULATION DIVISION (DET)**  
Enquiry line: 1300 307 415.

*NORTH-WESTERN*  
Loddon Mallee (03) 4433 7503  
Northern Metropolitan (03) 7005 1989

*SOUTH-EASTERN*  
Gippsland Area (03) 5194 4101  
Southern Metropolitan (03) 8904 2500

*NORTH-EASTERN*  
Eastern Metropolitan 1300 651 940  
Hume (03) 5771 4471

*SOUTH-WESTERN*  
Barwon South West (03) 5215 5136  
Western Metropolitan (03) 7005 1801  
Grampians (03) 4334 0589

Sexual Assault Crisis Line DHHS - Phone: 1800 806 292 (24 hour service)

Mallee Sexual Assault Unit: Mildura. Phone: 03 5025 5400 (24 hour service)

Safe Steps – Family Violence Response Centre (<http://www.safesteps.org.au/>): 1800 015 188 (24 hour service)

## Evaluation and Review

The policy will be reviewed annually and will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Policy Reviewed: 24/10/2023**

**Next Policy Review: 15/6/2024**

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### References:

#### NQS

QA2	2.2.3	<i>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.</i>
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#### National Regulations

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	84	<i>Awareness of child protection law</i>
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#### Legislation References:

*Child Wellbeing and Safety Act 2005 (includes Child Safe Standards and Child Information Sharing Scheme)  
Child Wellbeing and Safety (Information Sharing) Regulations 2018  
Child Information Sharing Scheme Ministerial Guidelines VIC Govt  
Children, Youth and Families Act 2005  
Crimes Act 1958  
Education and Care Services National Law and Regulations  
Education and Training Reform Act 2006  
Family Violence Protection (Information Sharing and Risk Management) Regulations 2018  
Family Violence Protection Act 2008  
Family Violence Information Sharing Guidelines: VIC Govt  
Licensed Children's services and Victorian Schools "Protecting the Safety and Wellbeing of Children and Young People"  
Worker Screening Act 2020*

#### Sources and Further Reading:

*Additional information on Child Protection can be obtained by contacting your Support Manager. Other useful websites include;*

- <http://www.education.vic.gov.au/about/programs/health/protect/Pages/ecguidance.aspx>
- **National Association for the Prevention of Child Abuse and Neglect** - [www.napcan.org.au](http://www.napcan.org.au)
- **Kids Helpline** – [www.kidshelp.com.au](http://www.kidshelp.com.au)
- **Dept of Child Safety (Qld)** – [www.childsafety.qld.gov.au](http://www.childsafety.qld.gov.au)
- [http://www.aifs.gov.au/nch/ National Child Protection Clearing House retrieved Jan 2009](http://www.aifs.gov.au/nch/)
- [http://www.napcan.org.au/ National Association for Prevention of Child Abuse and Neglect retrieved Jan 2009](http://www.napcan.org.au/)
- [http://www.unisa.edu.au/childprotection/ Australian Centre for Child Protection retrieved Jan 2009](http://www.unisa.edu.au/childprotection/)
- [http://www.aihw.gov.au/ Australian Institute of Health and Welfare retrieved Jan 2009](http://www.aihw.gov.au/)

## 13 - WATER SAFETY POLICY

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### Position Statement

Paddle pools, water troughs, buckets and other objects that can be filled with water can provide a drowning hazard for young children. Childcare team members need to be vigilant at all times that the environment remains safe and that every child is supervised in accordance with regulations. Paddle pools and large buckets used as wading pools are not to be used in the service or on excursion locations due to risk of children drowning.

### Objective

To ensure that Educators are aware of their responsibilities to protect children from drowning and ensure that water in the childcare environment is used in a safe manner that promotes learning through play.

### Implementation

- During water play events, pools, wading pools and water troughs and large buckets or tubs are NOT to be used or set-up in the service or on excursion locations due to risk of children drowning.
- Team members will ensure that parent permission has been provided for each child for water play. (Please note water play does not permit the use of pools, wading pools, tubs or large buckets on the ground (E.g. larger than 5 litres of water).
- Please note sensory tub containers are permitted for use for sand and water sensory experiences. These containers are not to be used as pools or wading pools during water play. Team members will ensure that appropriate supervision ratios are met when preparing for water experiences.
- At all times children near water are closely supervised. A child will never be left unattended near any water, and two educators must supervise if children are participating in water play.
- Team members will ensure that a change of clothing is available for each child to wear should their clothing become wet after water play.
- Under no circumstances will a child be left unattended during water play.
- All water play equipment or containers are emptied immediately after use and will be stored to prevent the collection of water.
- All water containers that could constitute a drowning hazard will be safely covered and inaccessible for children except during appropriately supervised play.
- Team members will dry off each child after water play and ensure that they are appropriately dressed.
- Ensure water play area and equipment is hygienically cleaned, disinfected and chlorinated appropriately:
  - Before use of water play equipment remove leaves and debris, hose away surface dirt and scrub inside with disinfectant.
  - Wash away disinfectant before filling water tray/table stands.
  - Children with diarrhoea, upset stomach, open sores or nasal infections should not use (please see Illness Policy).
  - For water play all children should wear appropriate bathers, go to the toilet before entering water play area, and follow correct toileting hygiene practices while participating.
  - At end of water play experience water should be emptied onto grass or garden areas.
  - If an accident occurs in the water play area, remove all children immediately, empty water and disinfect equipment and area.

## Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/11/2023**

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### Reference:

#### NQS

QA2	2.2.1	<i>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</i>
QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>
	3.2.2	<i>Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	113	<i>Outdoor space—natural environment</i>
	114	<i>Outdoor space—shade</i>
	115	<i>Premises designed to facilitate supervision</i>
	73	<i>Educational programs</i>
	74	<i>Documenting of child assessments or evaluations for delivery of educational program</i>
	75	<i>Information about the educational program to be kept available</i>
	76	<i>Information about educational program to be given to parents</i>

#### **EYLF**

LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i>
	<i>Children become socially responsible and show respect for the environment</i>
LO4	<i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i>
	<i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i>

	<p><i>Children transfer and adapt what they have learned from one context to another</i></p> <p><i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i></p>
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**Other References:**

***Handbook on Child Care Licensing***

***QIAS Principle 5.5, 6.2, 6.6***

***Standards Australia***

***Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)***

**Sources and Further Reading:**

***Kids Alive – Do the Five [www.kidsalive.com.au](http://www.kidsalive.com.au)***

## **14 - SAFETY AND MAINTENANCE POLICY**

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### **Position Statement**

An aspect of providing a safe environment for children relates to the ongoing vigilance and maintenance of equipment and the environment. Team members need to be aware of, and alert to, maintenance issues that could result in an unsafe environment for children.

### **Objective**

To ensure that the building and all equipment in it are maintained in a safe and hygienic manner at all times.

### **Implementation**

Team members are to check and maintain the safety of the centre and equipment at all times in accordance with Centre procedures, and to notify the Director of any issues immediately.

A maintenance form (*OPR003*) or OWNA Maintenance and Hazard Log is to be completed when reporting any breakages or maintenance required.

All playground areas and all equipment are to be checked by team members at the beginning of each day:

- Check for spiders, hairy caterpillars, bees, wasps, vandalism, glass, etc
- Rake sandpit and check for any dangerous items including syringes and cat excreta
- Disinfect sandpits on a weekly basis. It is recommended to complete this task each Friday (after final use or part of closing procedures tasks). Apply a weak solution of child-safe household disinfectant using watering can.
- Remove sand contaminated by food or other materials, human or animal faeces, blood or other bodily fluids. When this occurs wash remainder of sand using a neutral detergent and water distributed with a watering can.
- In accordance references, aeration from raking and sunshine is the most effective way of disinfecting sand.
- Check fences for breakages or potential escape routes
- Check grounds for dangerous items such as glass, razor blades, syringes
- Check yard for animal excreta
- Make sure all access gates are securely locked and child proof
- Ensure all plants and other vegetation are non-poisonous
- Wipe all spillages on floors or verandas immediately
- Store medication in locked container in the fridge
- Completion of quarterly OHS&W audits
- Review of maintenance requirements and completed of maintenance tasks on a periodic basis

### **In an Emergency:**

1. Turn off circuit breakers to faulty electrical appliances
2. Remove damaged equipment if possible
3. Remove children from dangerous area and keep supervised
4. Report immediately to Director, Representative, Approved Provider, Police, SES (whichever applies)

### **Safety Guidelines in the Centre:**

- Poisons, disinfectants, corrosive substances and other dangerous items will be marked and stored as per the Toxic and Potentially Dangerous Products Policy.
- Bulk cleaning supplies will be kept in a room/cupboard that is locked and not accessible by children.
- Electrical appliances, urns and hot water pipes will be inaccessible to children.
- All electrical lights and power fittings are at a minimum height of 1.5m from the floor or fitted with safety plugs when not in use.
- Hot water taps accessible to children are thermostatically controlled to temperature no more than 38 degrees.
- Children are not permitted in the kitchen without adult supervision.
- Plastic bags, cling wrap and polystyrene are not accessible to children.

The playground equipment will:

- ✓ Have a soft fall underneath and around it that meets the Australian standards.
  - ✓ Not be high enough to cause injuries from falls
  - ✓ Be free of sharp or rough edges or projections
  - ✓ Not cause a likelihood of pinching, trapping, crushing or striking a child.
- The playground and sandpit will be checked daily for the removal of foreign objects.
  - Sandpits not in use are covered to prevent access by vermin and animals.
  - Sand used in sandpits will be changed as required by regulations.
  - Paddling pools will be emptied after use and stored in such a way as to prevent the collection of water.
  - Animals will not be kept at the centre other than for educational purposes and then only under conditions approved by an authorised person.
  - Smoking is prohibited on premises.
  - Fences and gates around the centre will provide an effective barrier to children and meet regulatory requirements in each state of operation.

## Appendix 1: Syringes and Needles Disposal Procedure

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Needles and syringes in the workplace may be contaminated with human blood and body fluid or other infectious material. Exposure to these contaminants through the piercing of skin or contact with already broken skin may pose a health risk for transmission of certain infections.

Managers and Supervisory Staff need to ensure that all persons who use or may come in contact with needles and syringes are aware of the specific hazards associated with these and how to minimise their risk of exposure. This involves communicating requirements to parents, staff and students under their management and ensuring that appropriate training is provided.

The purpose of this information sheet is to provide guidance on the correct use and disposal of needles and syringes and action to be taken following a needlestick injury. This should be used as a starting point to assist with the implementation of appropriate risk control measures for the respective task(s).

### Risk Management

**Before you commence a task requiring the use or removal of a syringe, ensure that:** A risk assessment has been completed for the task/activity and the required control measures have been implemented. Consideration of the following points may assist in this process:

- appropriate training in correct handling and disposal of needles and syringes must be provided and records kept

Activity	Recommended training
Staff member teaching involving the use of sterile needles	Supervised teaching of procedure Safety information to be included in handbooks
Collecting syringes/needles found in the workplace i.e Cleaning & Staff	Sharps information session (provided by OHS Nurse consultants)

- appropriate Personal Protective Equipment (PPE) for the designated task is readily available (Syringe Collection Kit)
- a sharps container is in close proximity enabling the immediate disposal of the connected syringe and needle
- the sharps container is not full and there is sufficient space to accommodate the additional needles.

### **What if someone finds a “sharp”?**

- Students or children should never handle needles/syringes
- Supervisor on Duty needs to advised immediately. The removal and disposal should be managed/co-ordinate by the supervisor on duty.
- Before staff handle sharps - move away any people (especially children) who are nearby
- Ensure there is space to move and to clearly observe the sharps and your hands
- Do not handle more than one item at a time. If there are multiple sharps, carefully separate them using a stick or implement – do not try to flick them or pick them up with a grabber/implement

### **How do you dispose of sharps appropriately?**

See guidelines appendix 1 – “Guidelines for the disposal of needle/syringe into a sharps container”. The aim is to transfer the needle/syringe into an appropriate container safely to minimise the risk of needle-stick injury.

#### **Finding syringes and needles while you are working**

If, as part of your work, you find a needle or syringe in your work area, then:

- **do not** pick it up and **do not** take any action until you have informed your supervisor.
- **secure** the area
- **place bucket over the syringe or needle**
- **do not** try to recap the needle
- **do not** carry it from the area
- **Follow** Guidelines for the disposal of needle/syringe into a sharps container (Appendix 1)

If you find a needle or syringe in a public area, then:

- **do not** pick it up and **do not** pick it up and **do not** take any action until you have informed your supervisor.
- **secure** the area and **place bucket over the syringe or needle**
- **contact Local Police or Local Council** to arrange for collection and disposal.
- **Ensure person removing needle or syringe is following** Guidelines for the disposal of needle/syringe into a sharps container (Appendix 1).

If needle or syringe imposes a risk to families, staff or children due its location and the Local Police or Local Council are not available for immediate removal – assessment of risk needs to be undertaken. Procedures may be needed to be followed for needle/syringes safe removal.

#### **Prohibited Activities when Disposing of Sharps**

Services should dispose of containers that contain needles/syringes services recommended facility or a facility recommended by your local council.

- Do not dispose of sharps containers in the general waste.
- Do not throw needles/syringes down drains because they may then be washed out to other areas
- Do not throw needles/syringes down toilets

*Disposing of sharps in these ways is unlawful.*

#### **Recognising a Sharps Container**

A sharps container is a receptacle intended for the collection and disposal of sharps. It is:

- rigid-walled,
- puncture-proof and

- sealable.

Do not use glass jars or bottles, plastic drink containers or aluminium drink cans. These can break or may be recycled, potentially leading to injuries to other people such as waste collectors. To minimise the risk of the sharp puncturing the container it is best to use a sharps container that complies with AS/NZS 4261:1994 -Reusable containers for the collection of sharp items used in human and animal medical application'. Look for the following features:

- yellow in colour
- labelled as "sharps" or "infectious waste"
- carries the biohazard and AS/NZS symbols



*(Photo: Example of sharps containers)*

#### **How do we prevent needle stick injuries?**

- Services need to adopt practices that minimise the risk of students, staff or others coming into contact with sharps;
- Conduct regular inspection of the school grounds to ensure the early detection and disposal of discarded sharps
- Do not place your hands into areas or objects where you cannot see as sharps may be concealed there e.g. overgrown garden beds, rubbish bins. Use tongs or rubbish grabbers to pick up or move rubbish in these areas.
- Do not manually compress rubbish bags in case they contain needles/syringes.

#### **Needlestick injury management**

- Immediately wash the exposure area and follow first aid procedures.
- Report the incident to your supervisor and OHS&W officer as soon as possible.
- See a doctor as soon as possible.
- If the needle and syringe contained human or animal blood or bodily fluids, discuss with the doctor the arrangements for blood tests, immunisation where appropriate and a follow-up plan.
- If there is blood still in the syringe, and/or if the owner of the blood is known, advise your supervisor, OHS&W officer and your doctor.
- Complete an Incident Report and file with Centre Director and forward copy to management as soon as you are able.

**APPENDIX 1: Guidelines for the disposal of needle/syringe into a sharps container**  
**(STOP: IF YOU HAVE NOT BEEN TRAINED ON THIS PROCEDURE DO NOT PERFORM PROCEDURE.)**

<b>Equipment : thin, disposable latex, vinyl or nitrile gloves</b> sharps container	
<b>Procedure</b>	<b>Precautions</b>
<b>Step 1</b> Put on disposable latex or vinyl gloves (if available). Gloves will not prevent the wearer from being injured but will form a clean barrier between the hands and the syringe.	Do not attempt to recap the needle – this is how most accidental needle-stick injuries happen. The cap is usually bright orange and can be disposed of separately. Do not break, bend or otherwise try to render the syringe useless.
<b>Step 2</b> Bring your rigid-walled, puncture-resistant, sealable, sharps container to the syringe.	Take the sharps container to the syringe, do not walk with the needle/syringe.
<b>Step 3</b> Place the container on the ground or flat surface beside the syringe.	Do not hold the sharps container or ask another person to hold it as you are disposing of the syringe.
<b>Step 4</b> Pick up the syringe by the middle of the barrel	The safest method of picking up a syringe is by hand. Staff can also chose to wear thin, disposable gloves that do not hinder dexterity. Do not crack the plastic barrel of the syringe or flick the syringe.
<b>Note</b> Do not use a dustpan & brush to "sweep up" the syringe as the sweeping movement can cause the syringe to flick into the air and cause further risk.	Plastic tweezers are <b>not</b> recommended as they may also cause the needle/syringe to flick (commonly bright coloured and found in many 'sharps disposal kits' sold at pharmacies etc).
<b>Step 5</b> Place the syringe in the container sharp end first.	Keep the sharp end of the needle facing away from you at all times.
<b>Step 6</b> Securely place the lid on the container and ensure it is sealed. Hold the container by the top when carrying.	Place the sealed container into your sharps disposal bin or contact your local council or health department regarding safe ways to dispose of your sharps container.
<b>Step 7</b> Remove gloves carefully so any contaminated fluid on the glove does not come into contact with your hand. Wash your hands with running water and soap.	Other items that have come into contact with blood (i.e. gloves) should be disposed of in the same container as the used syringe or placed into double plastic bags and then into the rubbish.

**What to do if a needle stick injury occurs**

- Stay calm.
- Encourage the wound to bleed (gently squeeze).
- As soon as possible wash the area with running water and soap (if available).
- Apply an antiseptic and band-aid.
- As soon as possible contact your supervisor.
- It is important to be medically assessed as soon as possible. Visit your local doctor or hospital emergency department promptly; they will manage blood testing, counselling and possible hepatitis B and tetanus vaccination and/or medication.
- Staff can access the Employee Assistance Service (EAS) for free confidential counselling or seek the assistance of another counselling service.
- Dispose of the needle/syringe safely. Testing of syringes is usually not conducted so there is no need to keep the syringe.

**Keep a copy of this page with each sharps kit in your service.  
This guideline should also be displayed in relevant areas within your service e.g.  
Cleaner's storeroom etc.**

## Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

**Policy Reviewed Next: 15/3/2025**

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### Reference:

#### NQS

QA2	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>
	3.2.2	<i>Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.</i>
QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing,</i>
	6.1.2	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</i>
	6.2.1	<i>Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.</i>
	6.2.2	<i>Effective partnerships support children's access, inclusion and participation in the program.</i>
	6.2.3	<i>The service builds relationships and engages with their local community.</i>

### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	182	<i>Tobacco, drug and alcohol free environment</i>
	156	<i>Relationships in groups</i>
	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	106	<i>Laundry and hygiene facilities</i>
	107	<i>Space requirements—indoor</i>
	108	<i>Space requirements—outdoor space</i>

	109	<i>Toilet and hygiene facilities</i>
	110	<i>Ventilation and natural light</i>
	111	<i>Administrative space</i>
	112	<i>Nappy change facilities</i>
	113	<i>Outdoor space—natural environment</i>
	114	<i>Outdoor space—shade</i>
	115	<i>Premises designed to facilitate supervision</i>
	116	<i>Assessments of family day care residences and approved family day care venues</i>
	117	<i>Glass (additional requirement for family day care)</i>
	73	<i>Educational programs</i>
	74	<i>Documenting of child assessments or evaluations for delivery of educational program</i>
	75	<i>Information about the educational program to be kept available</i>
	76	<i>Information about educational program to be given to parents</i>
	80	<i>Weekly menu</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	99	<i>Children leaving the education and care service premises</i>
	102	<i>Authorisation for excursions</i>
	111	<i>Administrative space (centre-based services)</i>
	168(2)(k)	<i>Policies and procedures are required in relation to enrolment and orientation</i>
	171	<i>Policies and procedures to be kept available</i>

#### **EYLF**

LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i>
	<i>Children respond to diversity with respect</i>
	<i>Children become socially responsible and show respect for the environment</i>
LO4	<i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i>
	<i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i>
	<i>Children transfer and adapt what they have learned from one context to another</i>
	<i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i>

**Other References:**

**Handbook on Child Care Licensing**

**QIAS Principle 5.1, 5.2, 5.3, 5.4, 5.5**

**Standards Australia**

**Health & Safety Fact Sheet – Safe Handling & Disposal of Needles and Syringes. Version: January 2012**

**Sources and Further Reading:**

**Kidsafe Qld (2006) Backyard Safety <http://www.kidsafeqld.com.au/>**

**Kidsafe NSW**

**Rsposa; Royal Society for the Prevention of Accidents**

## **15 - SECURITY POLICY**

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### **Position Statement**

Team members and children need to have a safe and secure environment in which to conduct their daily activities.

### **Objective**

To ensure the security and safety of the building, grounds, and occupants at all times.

### **Procedure**

- All team members/students/volunteers/visitors need to record their arrival, departure and breaks daily as required by their centre (time sheets or electronic pin).
- Team member records will verify current police check / blue card / Working With Children Check(WWCC) and VIT information.
- All ancillary providers where required, will produce a current Working With Children Check (Victorian Centres), police checks or blue cards for verification to the Centre Director.
- Any unauthorised person will be requested to leave the centre.
- The Director will ensure that banking is counted out of view of the foyer where possible, and is taken to the bank in an unmarked bag.
- The building will be securely locked at the end of each day. Please refer to the centre lock up procedure.
- **Team members are to check that all children have been collected before leaving the Centre.** For further information please refer to the Opening and Closing Policy.
- Team members will be responsible for externally securing their own room, before departure.
- The senior team member on duty will check the whole building before departure as per the closing procedure.
- The building will be locked and secured in the evenings.
- Please see **Appendix 1: Guidelines and Compliance with Victorian Protective Data Security Standards.** See our organisations policies and procedures for managing and protecting public sector information across all security areas including governance, information, personnel, Information Communications Technology (ICT) and physical security.

## **Appendix 1: Guidelines and Compliance with Victorian Protective Data Security Standards**

The organisation's policies and procedures to cover the Victorian Protective Data Security Standards.

### **Governance: Information Security Management Framework (Standard 1)**

- the organisation investments in security management based on a risk based approach. We ensure we have security policies and procedures, training, business continuity and disaster recovery, security incident management, external party engagement.

Security Governance measures:

- The organisation engages an external Information Technology businesses to assist in its IT needs: Qikkids, Wageloch, MYOB. Iauditor, Docusign, Microsoft, Dropbox, Etc. We use Cybernet Evolution to support and guide OUR IT requirements.
- organisation's information security management framework contains and references all legislative and regulatory drivers
- management commits to providing sufficient resources to support the organisation's ongoing information security program(s)
- The organisation monitors, reviews, validates and updates the information security. We use Avast IT Security Monitoring.

### **Information security:**

- protection of information across the information life cycle from when it is created to when it is disposed or destroyed. Please see the Record Management Policy.

Information security measures include:

#### *Information Security Value (Standard 2)*

- The organisation's Information Management Framework incorporates all security areas.
- The organisation continually reviews the security
- The organisation manages the secure disposal (archiving/destruction)

#### *Information Security Risk Management (Standard 3)*

- The organisation considers information security risks in organisational planning
- The organisation records the results of information security risk assessments and treatment plans in its risk register
- The organisation communicates and consults with internal and external stakeholders during the information security risk management process.
- The organisation governs, monitors, reviews and reports on information security risk (e.g., operational, tactical and strategic).

#### *Information Access (Standard 4)*

- The organisation identity and has an access management policy based on the principles of least-privilege and need-to-know.
- The organisation managing identities and issuing secure credentials (registration and de-registration) for physical and logical access.
- The organisation implements physical access controls (e.g., key management, key pad access) based on the principles of least-privilege and need-to-know
- The organisation implements logical access controls (e.g., network account, password, two-factor authentication) based on the principles of least-privilege and need-to-know
- The organisation manages the end-to-end lifecycle of access by following provisioning and de-provisioning processes
- The organisation limits the use of, and actively manages, privileged physical and logical access and separates these from normal access (e.g., office access, server room access, administrator access)

- The organisation regularly reviews and adjusts physical and logical access rights taking into account operational changes.

*Information Security Obligations (Standard 5)*

- The organisation documents its information security obligations and communicates these to all persons with access to public sector information (e.g., policies, position descriptions)
- The organisation's information security training and awareness content covers all security areas
- The organisation delivers information security training and awareness to all persons with access to public sector information, upon engagement and at regular intervals thereafter in accordance with its training
- All persons with access to public sector information acknowledge their information security obligations at least annually (e.g., during performance development discussions, attending security briefings, completing security training).

*Information Security Incident Management (Standard 6)*

- The organisation documents and communicates processes and plan(s) for information security incident management covering all security areas.
- The organisation articulates roles and responsibilities for information security incident management.
- The organisation's information security incident management processes and plan(s) contain the five phases of: Plan and prepare; Detect and report; Assess and decide; Respond (contain, eradicate, recover, notify); and Lessons learnt.

*Information Security Aspects of Business Continuity and Disaster Recovery (Standard 7)*

- The organisation identifies and assigns roles and responsibilities for information security in business continuity and disaster recovery processes and plans
- The organisation regularly tests (at least annually) its business continuity and disaster recovery plan(s).

*Third Party Arrangements (Standard 8)*

- The organisation's information security policies, procedures and controls cover the entire lifecycle of third party arrangements (e.g., contracts, and information sharing agreements).
- The organisation undertakes an information security risk assessment of the third party's service offering and addresses any residual risks prior to finalising the arrangement.
- The organisation identifies and assigns information security roles and responsibilities in third party arrangements.
- The organisation monitors, reviews, validates and updates the information security requirements of third party arrangements and activities
- The organisation manages the delivery of maintenance activities and repairs (on-site and off-site).

*Information Security Reporting to Office of the Victorian Information Commissioner (OVIC) (Standard 9)*

- The organisation notifies OVIC of incidents that have an adverse impact on the confidentiality, integrity or availability of public sector information

### **Personnel security (Standard 10)**

- ongoing management and monitoring to ensure the continued eligibility and suitability of people accessing information. The organisation has robust employment procedures (including completing reference checks) and verification of working with children checks to ensure staff employed have adequate clearance.

Measures include:

- The organisation's personnel security policies and procedures address the personnel lifecycle phases of: Pre-engagement (eligibility and suitability), Engagement (ongoing and re-engagement); an Separating (permanently or temporarily).
- The organisation verifies the identity of personnel, re-validates and manages any changes as required.
- The organisation manages personnel separating from the organisation commensurate with its security and probity obligations and risk profile.
- The organisation develops security clearance policies and procedures to support roles requiring high assurance and/or handling security classified information

### **Information Communications Technology (ICT) security (Standard 11)**

-we have secure communications and technology systems processing or storing information. The organisation uses Microsoft Office and Sharepoint. We use Dropbox has our storage provider. The Dropbox storage is backup to an external hard drive off-site.

Information Access measures:

- The organisation manages security documentation for its ICT systems
- The organisation manages all ICT assets (e.g., on-site and off-site) throughout their lifecycle
- The organisation manages communications security controls (e.g., cabling, telephony, radio, wireless networks).
- The organisation verifies the vendors security claims before implementing security technologies
- The organisation manages security measures for email systems
- The organisation uses secure system administration practices
- The organisation designs and configures the ICT network in a secure manner (e.g., segmentation, segregation, traffic management, default accounts)
- The organisation manages malware prevention and detection software for ICT systems
- The organisation manages backup processes and procedures (e.g., schedule, isolation, storage, testing, retention).
- The organisation manages security measures for enterprise mobility (e.g., mobile device management, working from home).

### **Physical security (Standard 12)**

secure physical environment including facilities, equipment and services and the application of physical security measures to protect information

Measures include:

- The organisation plans and documents physical security measures
- The organisation has scalable physical security measures ready for activation during increased threat situations.
- The organisation implements physical security measures when handling information out of the office.
- The organisation manages physical security measures throughout their lifecycle.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Policy Handbook – P004.7.2024

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/8/2023**

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**Reference:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	168(2)(e)	<i>Policies and procedures in relation to emergency and evacuation</i>
	97	<i>Emergency and evacuation procedures</i>
	98	<i>Telephone or other communication equipment</i>

**Other References:**

*Handbook on Child Care Licensing*

*QIAS Principle 5.1, 5.2, 5.4*

*Standards Australia*

*Public Health and Wellbeing Act 2008*

*<https://ovic.vic.gov.au/data-protection/standards/>*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)*

*Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)*

*Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)*

*Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

*Privacy and Data Protection Act 2014 (Vic).*

## **16 – PRIVACY & CONFIDENTIALITY POLICY**

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### **Position Statement**

Management is committed to the responsible use of information and protects the privacy of children in our care, their parents and guardians. All matters pertaining to our Parent Handbook are governed and interpreted in accordance with relevant Privacy Legislation.

### **Objective**

To assure all stakeholders that this information, which can be of a very delicate nature will be managed in accordance with the relevant legislation. Please see appendix 1: Australian Privacy Principles Compliance.

### **Implementation**

- All enrolment information and personal family records will be kept in a lockable filing system or rooms.
- All child progress records are to be held within the centre and can only be accessed by team members in order to maintain confidentiality.
- No information regarding a parent or child will be given out without the parent's consent. With regard to seeking emergency medical care, or use of debt collectors for unpaid accounts, this permission is given on the enrolment form.
- Information given to team members in confidence will be kept confidential.
- Enquiries by unauthorised persons regarding the attendance or non-attendance of a child at this Centre will be neither confirmed nor denied.
- Team members can provide information such as developmental reports, newsletters, and attendance patterns to estranged parents ONLY where custody arrangements specifically detail that this information is to be shared.
- Where requests are made for information regarding a child's development, behaviour or general well being from estranged parents where **no custody arrangement specifically details dissemination of information about the child**, team members will not hand over any Centre information. The Centre Director will inform the Support Manager/Approved Provider should such a request be made. The parent will be notified that any such request must be made via a solicitor before confidential information can be given out.
- Team members personal details will be kept confidential in accordance with relevant legislation
- Team member's personal details will be kept in a lockable filing cabinet and shall not be released without the team member's permission.
- Team members personal details will NOT be under any circumstances be given out to parents or over the telephone without the team member's written consent.
- Information given to team members in confidence will be kept confidential.
- If a student has a valid training requirement that involves the gathering of certain information pertaining to you or your family, the student MUST have written consent from you and the Centre Director.
- We will take reasonable steps to protect your personal information (and that of your family) from misuse, loss and from unauthorised access or disclosure. Under the Child Care Regulations (specific legislation is listed below) the centre is required to ensure that records relating to a child are made available to; the Licensee; the Nominee; Nominated Supervisor; team member authorised to access records by Licensee; the Director-General; a person otherwise authorised by law to inspect the records; a parent/guardian of the child (as per custody arrangements); any person authorised (in writing) by the parent of the child to inspect the records.
- The organisation complies with the Australian Privacy Principles (APPs) that form part of the privacy framework in the Privacy Act 1988. The policy covers how the organisation covers the Australian Privacy Principles.

### **Collection of Personal Information**

There are occasions when we need to obtain information from centre stakeholders (including; children, families and team members, etc). When we collect information about you and/or your family this may be required to satisfy our legal obligations under child care legislation, and we may use it for research or to improve the services we offer. We may also use it to continue contact with you via email or other means, eg. to send you new information or special offers. If you do not wish to receive this information via a particular means, please let us know.

Where it is possible to do so, we collect information direct from parents and guardians of the children in our care.

Sometimes we may need to collect information from others such as medical professionals, who can assist us in providing the best care for your child. Except to the extent that we are required to collect information and maintain records by law, if you do not wish us to collect particular information about your child, please discuss this with our Centre Director.

Please note that our Centre retains paper based records that are relevant to the day to day care of the children enrolled as required by law.

### **What information do we collect?**

We collect personal information directly from you through our enrolment and application processes and sometimes we collect or confirm this information from a third party such as funding agencies or health practitioners.

The private information we are required to collect includes but is not limited to:

- your name, address, date of birth and full name, date of birth and address of the child
- name, address and contact details for:
  - each known parent
  - any emergency contacts
  - any authorised nominee
  - any person who is authorised to consent to medical treatment or administration of medication
  - any person who is authorised to give permission to an educator to remove the child from the education and care service premises
  - details of any court orders, parenting orders or parenting plans
  - gender of the child
  - language used in the child's home
  - cultural background of the child and parents
  - any special considerations for the child, such as any cultural, religious or dietary requirements or additional needs
  - authorisations for:
    - the approved provider, nominated supervisor or an educator (including family day care educator) to seek medical treatment for the child and/or ambulance transportation
    - the service to take the child on regular outings
    - name, address and telephone number of the child's registered medical practitioner or medical service
    - child's Medicare number (if available)
    - details of any specific healthcare needs of the child, including any medical condition, allergies or a diagnosis that the child is at risk of anaphylaxis
    - any medical management plan, anaphylaxis management plan or risk minimisation plan for the child
    - any dietary requirements of the child

- immunisation status of the child
- if the approved provider or staff member has sighted a health record for that child, a notation of that fact
- certificates of immunisation or exemption as required depending on the applicable state or territory jurisdiction.
- Residential status and proof of identity

You need to also be aware that when you visit our website, apps or other web-based content and services (“Websites”), either we or our service provider may record information (such as your computer’s IP address and top-level domain name, the type of browser you are using, the date, time and pages accessed) in relation to your visit.

### **Sharing Information**

The personal information you provide to us will be retained only for as long as necessary to fulfil the purposes for which the information was collected or as required by law. We do not share personal information with third parties, except as necessary to carry out our business at your request, or as required by law, and we never sell your personal information.

### **Access to Personal Information**

With reference to the protection of personal information guidelines, you may gain access to personal information that we hold about you or your child. You can request to correct any errors about you or your child in our records by contacting the Centre Director, Responsible Person in Charge of Service or access our online systems directly. To protect your privacy and the privacy of others, we may need to gain evidence of your identity and written consent before we can give you access to information or make changes.

Enrolment and other documents kept by the Service can be made available to a parent of the child on request (unless limited by a court order). These documents may include the personal information of a parent, including their address and contact number. There are cases where one parent may not want the other parent to access their personal information, including for security and safety reasons. Laws exist to protect personal information in these documents and privacy.

“Personal information” is defined in the Privacy Act 1988 (Cth) and includes any information about an identified individual such as their home address, email address, telephone number, date of birth, medical records, bank account details, and tax file number.

Protection of “personal information” contained in the following documents:

- The documentation of child assessments or evaluations for delivery of educational programs
- An incident, injury, trauma and illness record
- A medication record
- A children’s attendance record, or
- A child’s enrolment record.

Written consent must be first obtained before any “personal information” of one of the following people is disclosed or shared:

- a parent of a child enrolled at the service, other than the person requesting the documentation
- a person required to be notified of an emergency if a parent cannot be contacted
- an authorised nominee of a child
- a person authorised to consent to medical treatment or the administration of medication to a child
- a person authorised to authorise an educator to take a child outside the service premises
- a person authorised to authorise the service to transport a child or arrange transportation of a child.

Consent must be expressly given in writing. The service will check the consent before each disclosure is made. Consent may be withdrawn at any time after it has been given. Withdrawal of consent must be in writing.

With reference to the protection of personal information guidelines, you may ask to seek access to information held about you or your family, there may be a fee levied to cover the costs associated with processing this request.

Please contact the Centre Director if you have questions or comments about our Privacy and Confidentiality Policy or would like to correct or update information you have provided us.

### **Use and disclosure**

We only collect personal information where it is reasonably necessary for one or more of our functions or activities, such as:

- the administering and management of early childhood education and care
- assessing your eligibility for funding support or other benefits.
- complying with any legal or regulatory obligations imposed on us
- performing our necessary business functions.

To do this, some of your private information will be shared with government agencies or funding organisations as required in order to entitle you to access various support if any.

We may also disclose your personal information to organisations that carry out functions on our behalf. This may include for example education software or information technology service providers, professional advisers, regulators and government authorities. Our agreements with these entities ensure this information is only used to carry out functions on our behalf and use your private information for the purpose it was disclosed.

We may also disclose your personal information to an individual or an organisation (a 'third party') if:

- You direct us to do so;
- You consent to the third party obtaining the information from us; or
- You consent to the third party accessing the information on our systems, and/or do anything which enables the third party to obtain access.

Your consent to a third party obtaining or accessing information may be implied from:

- Your use of any service or application which a third party provides to you, or makes available to you, which involves the third party obtaining or accessing personal information held by us or organisations like us; or
- You doing anything else which enables the third party to obtain access to the information.

### **Anonymity**

There are limited circumstances where you may be able to deal with us anonymously or by using a pseudonym if you request to do so. Examples include where you are seeking only general information about our services or indicative pricing. In most cases it will not be possible for you to deal with us in this way, or to commence or complete an enrolment application due to the information and identifiers required by regulators and government agencies.

### **Access and correction**

You may request access to your personal information that we hold at any time and request a correction of any errors in that information.

We will also take reasonable steps to amend or correct your personal information to keep it accurate and up-to-date.

Please contact us if you would like to access or request a correction of your personal information

#### **Storage and security of your personal information**

We will take reasonable steps to keep the personal information that we hold about you secure to ensure that it is protected from loss, unauthorised access, use, modification or disclosure.

Our employees and authorised agents are obliged to respect the confidentiality of any personal information held by us.

You can also help to keep the personal information that we hold about you secure by taking care before you authorise or otherwise assist any third party to obtain or gain access to that information.

#### **Our websites and the use of cookies**

We use our best efforts to ensure that information received via our Websites remains secured within our systems. We are regularly reviewing developments in online security; however, users should be aware that there are inherent risks in transmitting information across the internet.

We use cookies on our Websites. Cookies can make using our Websites easier by storing information about your preferences and enabling you to take full advantage of our services. Cookies are very small text files that a Website can transfer to your computer's hard drive or portable electronic device's memory for record keeping.

We may also use Cookies so that we can determine which parts of our Websites are visited most often, or whether you visited our site from a banner advertisement for one of our products or services on another party's website, and other sites you may visit from our Websites.

Sometimes Cookies are used by a third-party service provider with whom we have an agreement to monitor the success of our marketing campaigns. The third-party service provider uses the Cookies to collect information such as when you visited our site, your browser type and the server that your computer is logged in to.

The information is used in an aggregate form and generally no personal information is collected by the third-party service provider. Our agreements with these third parties ensure this information is only used to carry out functions on our behalf, and if any personal information is collected the confidentiality of that information is maintained.

We may also use Cookies so that we can see which parts of our Websites you visit when you access those Websites. We may use this information for marketing products and services to you. We keep this information confidential and we do not disclose it to third parties.

Most internet web browsers are pre-set to accept Cookies to enable full use of websites that employ them. However, if you do not wish to receive any Cookies on an internet web browser you may configure your browser to reject them or receive a warning when Cookies are being used. In some instances, this may mean that you will not be able to use some or all of the services provided on our websites. However, you may still be able to access information-only pages.

#### **How we manage a data breach**

A data breach occurs when personal information is lost or subjected to unauthorised access, modification, use or disclosure or other misuse.

Data breaches can be caused or exacerbated by a variety of factors and give rise to a range of actual or potential harms to individuals, agencies and organisations.

In the event of any suspected data breach, the matter will be investigated to determine:

- The nature of the breach
- The number of people impacted
- The nature of the breach and extent to which an individual or group may be harmed by the breach
- Remedial action to minimise or prevent impact
- Review of systems to minimise the possibility of future similar breach

### **Identification and Destruction of Records**

When your child/children leave our service, the following documents and records must be retained by law for the periods of time listed. At the conclusion of that period, the documents and record will be de identified and destroyed. Please see our Record Keeping Policy for more information.

Type of record	Timeframe	Reference
Child Assessments	Until 3 years after child's last attendance	Regulation 74, 183
Incident, injury, trauma and illness records	Until the child is 25 years old	Regulation 87, 183
Medication record	Until 3 years after child's last attendance	Regulation 92, 193
Child's Attendance	Until 3 years after child's last attendance	Regulation 158-159, 183
Child enrolment	Until 3 years after child's last attendance	Regulation 160, 183
Death of a child while being educated and cared for by the service	Until 7 years after child's last attendance	Regulation 12, 183
Staff record	Until 3 years after child's last attendance	Regulation 145
Record of access to early childhood teacher	Until 3 years after child's last attendance	Regulation 152
Record of educators working directly with children	Until 3 years after child's last attendance	Regulation 151
Record of volunteers and students	Until 3 years after child's last attendance	Regulation 149

All other documents and records that are not listed above will be DE identified and destroyed within 30 days of your departure from the service.

### **Complaints**

If you believe we have breached Privacy Laws or our Privacy Policy may lodge a complaint with the Approved Provider by telephone, email or by mail. The Approved Provider or Nominated Supervisor will follow the Service's grievance procedure to investigate the complaint. Individuals who are unhappy with the outcome of the investigation may raise their complaint with the Office Australian Information Commissioner [www.oaic.gov.au](http://www.oaic.gov.au) GPO Box 5218 Sydney NSW 2001 or GPO Box 2999 Canberra ACT 2601, phone 1300 363 992 or email [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)

## **Appendix 1: Australian Privacy Principles Compliance**

The Australian Privacy Principles (or APPs) are the cornerstone of the privacy protection framework in the [Privacy Act 1988](#) (Privacy Act). They apply to any organisation or agency the Privacy Act [covers](#).

There are 13 [Australian Privacy Principles](#) and they govern standards, rights and obligations around:

- the [collection, use and disclosure of personal information](#)
- an organisation or agency's governance and accountability
- integrity and [correction](#) of personal information
- the rights of individuals to [access](#) their personal information

The Australian Privacy Principles are principles-based law. This gives an organisation or agency flexibility to tailor their personal information handling practices to their business models and the diverse needs of individuals. They are also technology neutral, which allows them to adapt to changing technologies.

### ***Who has rights under the Privacy Act?***

The Privacy Act regulates the way individuals' [personal information](#) is handled.

As an individual, the Privacy Act gives you greater control over the way that your personal information is handled. The Privacy Act allows you to:

- know why your personal information is being [collected, how it will be used and who it will be disclosed to](#)
- have the option of not identifying yourself, or of using a pseudonym in certain circumstances
- ask for [access](#) to your personal information (including your [health information](#))
- stop receiving unwanted [direct marketing](#)
- ask for your personal information that is [incorrect to be corrected](#)
- [make a complaint](#) about an organisation or agency the Privacy Act covers, if you think they've mishandled your personal information

### ***Who has responsibilities under the Privacy Act?***

Australian Government agencies (and the Norfolk Island administration) and organisations with an annual turnover more than \$3 million have responsibilities under the Privacy Act, subject to some exceptions.

### ***What small businesses are covered?***

The Privacy Act cover some small business operators (organisations with an annual turnover of \$3 million or less), including:

- a private sector health service provider — an organisation that provides a [health service](#) includes:
- a child care centre, a private school and a private tertiary educational institution

## Australia Privacy Principles – Quick Reference

<b>Principle Title</b>	<b>Purpose</b>
<a href="#">APP 1</a> Open and transparent management of personal information	Ensures that APP entities manage <a href="#">personal information</a> in an open and transparent way. This includes having a clearly expressed and up to date APP <a href="#">privacy policy</a> .
<a href="#">APP 2</a> Anonymity and pseudonymity	Requires APP entities to give individuals the option of not identifying themselves, or of using a pseudonym. Limited exceptions apply.
<a href="#">APP 3</a> Collection of solicited personal information	Outlines when an APP entity can <a href="#">collect</a> personal information that is solicited. It applies higher standards to the collection of <a href="#">sensitive information</a> .
<a href="#">APP 4</a> Dealing with unsolicited personal information	Outlines how APP entities must deal with unsolicited personal information.
<a href="#">APP 5</a> Notification of the collection of personal information	Outlines when and in what circumstances an APP entity that collects personal information must tell an individual about certain matters.
<a href="#">APP 6</a> Use or disclosure of personal information	Outlines the circumstances in which an APP entity may use or disclose personal information that it holds.
<a href="#">APP 7</a> Direct marketing	An organisation may only use or disclose personal information for <a href="#">direct marketing purposes</a> if certain conditions are met.
<a href="#">APP 8</a> Cross-border disclosure of personal information	Outlines the steps an APP entity must take to protect personal information before it is disclosed overseas.
<a href="#">APP 9</a> Adoption, use or disclosure of government related identifiers	Outlines the limited circumstances when an organisation may adopt a government related identifier of an individual as its own identifier, or <a href="#">use or disclose</a> a government related identifier of an individual.
<a href="#">APP 10</a> Quality of personal information	An APP entity must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete. An entity must also take reasonable steps to ensure the personal information it uses or discloses is accurate, up to date, complete and relevant, having regard to the purpose of the use or disclosure.
<a href="#">APP 11</a> Security of personal information	An APP entity must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

<u>APP 12</u>	Access to personal information	Outlines an APP entity's obligations when an individual requests to be given <a href="#">access to personal information</a> held about them by the entity. This includes a requirement to provide access unless a specific exception applies.
<u>APP 13</u>	Correction of personal information	Outlines an APP entity's obligations in relation to <a href="#">correcting the personal information</a> it holds about individuals.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters).

**Policy Reviewed: 11/2/2024**

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### **Reference:**

#### **NQS**

QA4	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>
QA5	5.1.2	<i>The dignity and the rights of every child are maintained at all times</i>
QA6	6.1	<i>Respectful relationships with families are developed and maintained and families are supported in their parenting role.</i>
QA7	7.1	<i>Governance supports the operation of a quality service.</i>

### **National Act and Regulations**

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations*

Regs	181	<i>Confidentiality of records kept by approved provider</i>
	181-184	<i>Confidentiality and storage of records</i>

### **Other References:**

*Privacy Act 1998*

*Australian Privacy Principles (APP)*

*Handbook on Child Care Licensing*

*Privacy Amendment (Private Sector) Act 2000*

*Data Protection – Victorian Protective Data Security Standards – March 2018*

## **17 - OPENING AND CLOSING POLICY**

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### **Position Statement**

It is imperative for the safety of children and team members that opening and closing procedures which ensure centre and personnel safety are outlined.

### **Objective**

To ensure optimum conditions for children and team members at the child care centre by working diligently through the correct procedures for opening and closing.

### **Procedure**

- Team members who are rostered on an early shift are required to open windows and unlock doors throughout the building, and set up an arrivals room with appropriate activities. The outdoor yards need to be set up according to plans from the individual classes. The sandpits **MUST** be raked, and the yard checked for foreign objects and safety.
- Completion of the Opening and Closing Compliance Daily Checklist (in OWNA).
- When the group moves outdoors, the indoor classroom must be tidied, and equipment put away. All children must have sunscreen applied and a hat in accordance with the Sun Smart Policy. Regulation staff – to – child ratios must be observed at **ALL** times.
- Each room is responsible for their own cleaning and washing and this should be concluded before the last team member for each room finishes their shift. Check for washing in other classes before putting on a small load.
- Before closing the centre the yards must be packed up, equipment stored, sandpits raked and covered, paths/paving to be swept and shed locked.
- The late shift team members must ensure the kitchen, the workrooms, bathrooms and classroom last used are tidy before they leave.
- Lock up should be carried out twice, once by the Responsible Person in Charge, then again by the Second Educator In charge when the last child has departed. This double check is essential for the security of the Centre. The Closing Checklist (in OWNA) needs to be checked off against and signed by the team members conducting the close procedure. Team members are prohibited from leaving the Centre whilst any child remains on premises. Team members are to check the entire building and sign in/out sheets to ensure that all children have been duly collected before locking the Centre and leaving for the evening.
- Closing shift educators need to review the OWNA rolls and the Child Daily Information Schedule (Child sign in and out columns). All children need to be accounted for and both the OWNA rolls and Children Information Schedules or Child Wellbeing Books completed.
- Any children collected after closing time must be recorded on the late sheet filed in the late folder at the reception desk. Any children still at the centre at closing time, without a telephone call from parents will be treated in accordance to our Late Children Policy. The Director must be contacted and informed before action is taken.
- Ensure all devices and computer equipment is stored securely (in locked cupboard, room or office.)

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 21/5/2024**

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**Reference:**

**NQF**

QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.2	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</i>
	6.2.3	<i>The service builds relationships and engages with their local community</i>

QA7	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	157	<i>Access For Parents</i>
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## **18 - LATE CHILDREN POLICY**

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### **Position Statement**

In the event a parent or responsible adult has not collected a child by closing time, it is the Service's team member's responsibility to ensure they are safely cared for.

### **Objective**

To ensure that parents and team members are aware of the actions to be taken when a child has not been collected.

### **Implementation**

- It is recommended to review the estimated pickup time and complete courtesy call to parent to clarify pickup time. If parent has advised an earlier time and this passes it is recommended to call parent before closure time to clarify pick-up time. Eg. Noted pick-up time was 4.30pm, recommend educator complete courtesy call 30 minutes before closure.
- Team member(Nominated Supervisor or Responsible Person) will attempt to contact a parent or authorised person to collect the child.
- The Centre Director/Nominated Supervisor/Responsible Person will be contacted if a child remains at the centre after the scheduled closing time without contact from parents, and when the parents, authorised persons, or emergency contacts cannot be reached.
- If the Director or Service Provider/Centre Owner is unable to contact an authorised persons (wait 30 minutes), the Police and the Licensing Department Emergency After Hours Help Line will be called to collect the child.
- A message will be left on the front door of the centre stating the police station where the child can be found.
- The parent/s will be charged as per the Centre Fee Schedule for the time team members must remain at the centre to attain handover of the child to the appropriately authorised person. A receipt will be provided by educators or by Centre Director for late fee paid by parent at the time or next day. Please note the receipt of late fees in diary and Centre Director to record late fee in revenue system and bank money received. Educators will be paid for their time or provided time in leiu in accordance with Award.
- Late Collection Form (OPR024) is to be completed by team members and parents.
- If repeat occurrence by parent/s Centre Director to issue a formal letter to parent advising of enrolment terms and conditions in relation to collection of child (OPR037).

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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#### **Reference:**

Policy Handbook – P004.7.2024

**NQS**

QA2	2.2	<i>Each child is protected.</i>
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**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	85	<i>Incident, injury, trauma and illness policies and procedures</i>
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**Other References:**

*Handbook on Child Care Licensing*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **19 – INCIDENT, INJURY, TRAUMA & ILLNESS POLICY**

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### **Position Statement**

This Service is designed to be a safe, secure environment to foster children's learning and development. When incidents, injuries and trauma's occur team members need to act decisively according to the situation at hand. Team members will follow through by contacting parents, speaking to health care professionals and knowing how to record the incident, injury and trauma as required.

### **Definitions**

*Incident:* an incident is a situation, event or occurrence that impacts the child/ren's, educators or staff members health, safety or wellbeing.

### **Objective**

To ensure team members are aware of safety measures to minimize the risk of incidents, injury and trauma. Also, that the service is able to act appropriately in the event of an incident, injury or trauma.

### **Implementation**

#### **In the event of a mild injury (bumps, bruises):**

- Apply general first aid according to the time, place and injury.
- Keep the child comfortable and as relaxed as possible.
- Make sure team members are aware of and are caring for other children in the group.
- When an incident, injury or trauma has occurred children must be intentionally educated regarding the topic to reduce the likelihood of this occurring again. It is recommended that this is taught in a number of different methods and days of the week to ensure all children are covered. Further, the intentional teaching is recommended to occur over a number of weeks. The duration will depend on the nature of the incident.
- Educators need to communicate with parents and provided resources on incident topic (ie Bitting, Behaviour Guidance Strategies, etc). The method of communication and materials provided to parents need to documented on the OWNA Incident Report or Incident, Injury, Trauma and Illness Record Form (*HEI/007*). Please note on the form: date and time provided resources materials, date and time of further discussion or meetings and the title and source of the resource materials.
- Centre Director or Educational Leader to make a courtesy call to parents to let them know if the minor injury has involved any form of head injury, bite or injury resulting in bleeding (other than grazes). Please notify the parent that part of our procedure there will be an "Incident, Injury or Trauma form" to sign when they arrive to pick up their child and the nature of the minor injury. (Please ensure the form is completed before making call).

The following table provides guidelines for when a courtesy call is to be made by an Educational Leader or Centre Director to parent to notify them of incident or injury or trauma.

<b>Minor Injury, Injury or Trauma Type</b>	<b>Guidelines for Communication</b>
Mild Injury: Graze (surface bleeding only). Please note this does not apply to grazes on the head; this is considered a head injury.	Courtesy Call: Not required

<p>Examples of mild graze injuries:</p>  	<p>Message to be message in QK Kiosk and/or Child Wellbeing Schedule to let collecting parent/guardian know there is an incident form to be signed. (This is also allow all staff to know of incident form).</p>
<p>Mild Injury: Bite</p>	<p>Courtesy Call: Yes (To both parents: child been bitten and biter)</p> <p>Notify Centre Director or Responsible Person on Duty: Yes</p> <p>Message to be message in Child Routine Schedule to let collecting parent/guardian know there is an incident form to be signed. (This is also allowing all educators to know of incident form).</p>
<p>Mild Injury: head injury (bump, graze).</p>	<p>Courtesy Call: Yes</p> <p>(Please refer to appendix 1 for further guidance on medical treatment for head injuries.)</p> <p>Notify Centre Director or Responsible Person on Duty: Yes</p>

	Message to be message in Child Routine Schedule to let collecting parent/guardian know there is an incident form to be signed. (This is also allow all educators to know of incident form).
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- OWNA Incident Report (or a Incident, Injury, Trauma and Illness Record Form (*HEI007*)) and a courtesy call must be completed for ALL children involved in the incident, injury, trauma or illness. (For example: both the child who has been bitten and the biter.)
- Formally notify parents by way of OWNA Incident Report (or a Incident, Injury, Trauma and Illness Record Form (*HEI007*)), please remember that the parent must sign to acknowledge that they have read the form.

***Incident Reports are to be at all times objective and must include only what was observed. No subjective statements based on assumptions as to what a team member believed or thought happened are to be included.***

Serious Incident report and ACECQA form are to be signed by the Director and filed in the Incident File/Folder after notification. Incident reports are to be signed by the Director and filed in the child file/folder.

It is recommended a courtesy call is to be made to parents for all incidents. A courtesy call to parent should be made involving head injury, bites or bleeding (other than grazes), to alert parents to the incident and to remind them that the associated incident report will need to be signed on picking up the child.

#### **In the event of a major injury:**

- Remove any ongoing danger or hazard without endangering yourself
- Ensure the child/adult is comfortable and follow first aid protocols
- One team member must stay with the child while the other is with the group
- First aid is to be administered as soon as possible after the injury
- Parents/emergency contacts are to be notified by phone to collect child/adult
- Call ambulance if necessary
- Please refer to Appendix 1 for “Head Injury – General Advice” The Royal Children’s Hospital Melbourne.
- Child/adult may be taken to the nearest hospital/doctor with a member of team via ambulance, if parent/authorised person cannot be contacted
- All faulty equipment is to be removed immediately and the Director notified. Note what is required to be fixed on the maintenance sheet
- Licensees/Management are to be notified immediately
- The OWNA Incident Report (or a Incident, Injury, Trauma and Illness Record Form (*HEI007*)) is to be properly completed at this time and then must state only what was seen to occur. The form must be filled out as soon as is practical following the team members first aid response to the situation. Normal protocols for filling out the reports are to be followed.
- In addition to completing the internal OWNA Incident Report (Incident, Injury, Trauma and Illness Record Form) the Centre Director, Nominated Supervisor, Certified Supervisor must complete the ACECQA form “Notification of Serious Incident Form -SI01” via the NQS ITS portal and forward to the Approved Provider for review. The reviewed and

completed Notification of Serious Incident Form is forwarded to ACECQA within 24 hours of the incident.

- A call to ACECQA is made after the matter is discussed with the Approved Provider, completion of the Incident, Injury, Trauma and Illness Record Form and Notification of Serious Incident Form – SI01.
- Parents will be charged for all transportation costs/ambulance.

#### **Incident, Injury, Trauma and Illness Reporting Register**

The Centre Director or Responsible person must check that the Incident, Injury, Trauma and Illness Record form (OWNA Incident Reports) and Staff Incident Report has been completed correctly and log the form (completed in OWNA when form is submitted) on the Incident Report Register at the time the incident report is written and reviewed. Types of incident, injury, trauma and illnesses required to be record on the Incident Report Register are:

- any serious incident, injury, trauma and illnesses
- an incident that is required to reported to DET on the NQS ITS.
- a serious incident that required child to be collected from care or child need to sought medical assistance or support.
- Any incidents that related to concerns in relation to child safety and protection.
- Any minor incidents are to be recorded if there is a repeat or multiple reoccurrences of incidents of a similar nature.

In relation to staff incident, if a staff incident occurs the Staff Incident form is required to be prepared and logged on the Incident Report Register when a staff member has injured themselves or been involved in a non-health related incident (ie non-resolved grievance or complaint). Please file a copy of the original incident form is in the Incident Report Register(Held in office) or online in OWNA. A copy of incident form is to be file in the individual child online or staff file. Please inform the Approved Provider of incidents logged in Incident Report Register.

The incident statistics we collect are an integral part of our continuous improvement system and used to identify and address incident trends and anomalies. The data is also collated and benchmarked within the organisation to enable identification of areas requiring improvement in the service, room, and support or training an educator/s may require.

**The following provides guidance on the completion of incident, Injury and Trauma Form. This should be completed with guidance of services' policy and procedures.**

#### **Details of the location of the incident / injury / trauma:**

Indoors:

- Bathroom/nappy change area
- Child toilet
- Eating area
- Entrance/corridor
- Kitchen
- Laundry
- Play space/classroom
- Sleeping/rest area
- Staff room/administrative area
- Storage area
- Indoor other

Outdoors/Away from the Service:

- Play space/classroom
- Storage shed/s
- Toilet block

- Walkways
- Outdoor .....
- Excursion/regular outing (location and place)
- Away from service (other) .....
- Sandpit
- Playground
- Path

**General activity at the time of the incident / injury / trauma:**

- Arrival at the service
- Departure at the service
- Leisure based program
- Meal times
- Organised sport
- Play based program
- Sleep and rest
- Transition
- Playing in ..... (Eg. Sandpit)

**Cause of the incident / injury / trauma:**

- Adult/adult interaction
- Animal
- Chemical Substance
- Child/adult (non-staff) interaction
- Child/child interaction
- Child/staff Interaction
- Electrical Wiring/Power point
- Equipment/furniture/Toys
- Glass
- Hot Water / Steam
- Nail/wire/exposed metal/building material
- Needle stick
- Pre-existing medical condition
- Self-inflicted
- Food
- Sun/heat exposure
- Traffic Car
- Trip/fall

**Question: Circumstances if child appeared to be missing or otherwise accounted.**

If Not applicable: Enter: "N/A"

**Questions: Circumstances if child appeared to have been taken or removed from service or was locked in/out of service.**

If Not applicable Enter: "N/A"

**Notifications**

Field "Parent/guardian"= parent/guardian who educators called regarding incident or parent who is collecting child.

Field "Director/Educator/coordinator" = Name of the responsible person in charge at the time of the incident:

Field "Other agency (If applicable)= to discuss with Centre Director. ie could be ambulance, police, etc. Depending on the nature of incident (ie. child protection matter) police may not be listed based on form. (Police and child protection will advise on this matter).

Field "Regulatory Authority (if applicable)" : DET if a serious incident (must be within 24 hours).

### **Serious Incident / Injury / Trauma Follow-up**

To be completed by the Nominated Supervisor (or Responsible Person):

1. Wellbeing of the child and date of return (or expected return date)
2. Summary of all communication with family (if applicable)
3. Steps that were taken or will be taken to prevent or minimise this type of incident in the future
4. Detail of any outstanding actions for follow up (if any), expected timeframes and responsibilities
5. Documented conversations with the Regulatory Authority or other agencies (if applicable)

### **In the event of an Incident (inappropriate behavioural resulting in injury or child sexual behaviours):**

- Apply general first aid according to the time, place and injury
- Keep the child comfortable and as relaxed as possible
- Make sure team members are aware of and are caring for other children in the group.
- When an incident, injury or trauma has occurred, children must be intentionally educated regarding the topic to reduce the likelihood of the incident, injury or trauma occurring again. It is recommended that this is taught using a number of different methods and days of the week to ensure all children are covered. Further, the intentional teaching is recommended to extend over a number of weeks. The duration will depend on the nature of the incident (i.e. sexual behaviours or inappropriate play).
- Educators need to communicate with parents and provide resources on incident topic (i.e. Sexual Behaviours, Behaviour Guidance Strategies, etc.). The method of communication and materials provided to parents need to be documented on the Incident, Injury, Trauma and Illness Record Form (*HEI007*).
- If the incident is related to child sexual behaviours, for guidance please refer to the Child Protection & Wellbeing Policy for what is 'normal' child/ren sexual behaviours. Further, refer to the services Behaviour Guidance Policy for guidance on managing children's behaviours.
- The Incident, Injury, Trauma and Illness Record Form (*HEI007*) is required to be completed and reviewed by the Centre Director (or responsible person on duty) prior to a telephone call being made.
- Incident, Injury, Trauma and Illness Record Form (*HEI007*) and a courtesy call must be completed for ALL children involved in the incident, injury, trauma or illness.
- Formally notify parents by way of Incident, Injury, Trauma and Illness Record Form (*HEI007*), please remember that the parent must sign to acknowledge that they have read the form.

### **SUGGESTED TELEPHONE CALL TO PARENT:**

#### **Telephone Calls for Inappropriate Behaviour Incidents:**

- Centre Director or Educational Leader to make a courtesy call to parents to advise of incident. Notify the parent that you would like to discuss the incident, provide nature of and information about incident and that there will be an incident report to sign when they arrive at the service. The courtesy call should summarise the incident to provide advance notice of incident/s prior to pick-up. After providing information about the incident by way of the courtesy call, if the parent wishes to discuss the incident in detail they can do so on pick-up or in a pre-arranged meeting.

- Providing an option to the parent to attend the service to further discuss the incident now or before pick up maybe recommended.
- Please note, if parent wishes to discuss the incident in more detail during courtesy call it may be more appropriate to arrange a meeting time to discuss the incident face to face. If this occurs, you may invite the meeting to take place in person rather than going into further detail over the telephone.
- For “not normal” sexual behaviours incidents (i.e. not “Normal” age appropriate behaviours: See extract below from Child Wise fact sheet “Understanding “Normal” Versus “Problem Sexual Behaviour” (0-4 years old children”) it may be established that detailed discussion on the sexual behaviour incident be held face to face with the parent instead of over the telephone. Please note: A courtesy telephone call is still required to arrange a meeting with the parent to discuss the incident face to face prior to pick-up of child on day of incident.

**Telephone Calls for Sexual Behaviours Incidents:**

- For child sexual behaviour incidents the Centre Director (or responsible person on duty) must make a courtesy call to parents to let them know of the incident.
- Suggested: Telephone conversations with Parent to inform them of Sexual Behaviours. Please use these words or words to the effect.

**Please remember: you need to keep the other child/ren's names confidential. If the parent asked who else was involved. You can use the words, "I am sorry, due to privacy, we are only allowed to discuss your child and not another child with you. However, we are having similar discussions with other children's parents involved in the incident" (If applicable).**

- Good morning or good afternoon [Parent Name]
- It is [Centre Director Name] from [service name]
- I am just giving a courtesy call to you as part of our procedures to inform you that [child name] was involved in a behaviour incident of a sexual nature. We understand that this can be a sensitive topic and thought it would be best to let you know and not wait until pick-up time today.
- (If applicable describe current child mood) Eg. I would like to let you know that [child name] is happy/settled [describe mood and what activity is involved in: eg. playing/sleeping] at the moment, etc.
- As it is a sensitive matter, would you prefer to discuss in person rather than over the telephone? (If parent prefers this option please set meeting time. Finish conversation with greeting. Plan for meeting, forms and resources.)

OR: (If parent does not wish to attend the service to meet and would like to discuss over the phone, continue with the following as a guide for conversation to discuss incident.)

- We understand that you would like discuss this over the telephone but our preference would be to discuss this face to face.
- This morning/afternoon [Parent child name] was involved in an incident of sexual nature: [Child name] was [describe observation of sexual behaviour]:  
For example.
  - *Touching/rubbing his/her own genitals (penis or vagina)*
  - *Showing others his/her genitals (penis or vagina)*
  - *Touching or looking at private parts of another child/ren*
  - *Using slang words/dirty language for bathroom and sexual functions.*

(The above are age appropriate sexual behaviours. Source: Child Wise Fact Sheet. Please refer to below for Very Concerning Sexual Behaviours as per Child Wise Fact Sheet.)

- We understand that these behaviours can be confronting.
- (Please refer to the extract below 'Child Wise Fact Sheet': if age appropriate sexual behaviour advise the following.) In accordance with Child Wise organisation these are age appropriate sexual behaviours and some children are interested in [their body parts] /and [other childrens body parts].
- The Educators/I have discussed the behaviour with the children/[child name] and have talked to them about inappropriate behaviour and private body parts. We will be incorporating learnings on private body parts and personal space into our curriculum over the coming weeks to discuss this with the children. We will continue to watch for any further behaviours of this nature.
- When you plan to come into today I am happy to discuss this further and provide you with some further information and reading materials.
- We understand that you will be concerned about the incident but we hope that through discussing and educating the children this will help.
- You may have further questions after we finish our conversation. Please do not hesitate to call. If you wish to discuss further or we can discuss at a meeting now or at pickup today.
- Greeting to end telephone conversation.

**Extract: Understanding "Normal" Versus "Problem Sexual Behaviour" (0-4 years old children)** Source: Child Wise.

Website References: [www.childwise.net](http://www.childwise.net)

Reference 1: <http://www.childwise.net/page/39/fact-sheets>

Reference 2:

[http://childwise.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/Sexual\\_behaviour\\_0to4yearold.pdf](http://childwise.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/Sexual_behaviour_0to4yearold.pdf)

Reference 3: <http://www.nctsn.org/products/sexual-development-and-behavior-children-information-parents-and-caregivers-2009>

**Extract from Fact Sheet: Sexual Behaviour of Children Aged 0 to 4 years Old**

To know what sexual behaviour is problematic, we need to first understand what is normal for each age and stage of child development.

**Considerations**

- Is the observed sexual behaviour age appropriate or concerning?
- What is the context of the sexual play?
- Age difference and relationship between children/young people
- Do not over or under react **Gil (1993)**

**Age appropriate sexual behaviours**

**0 – 4 years; Pre-school**

- Touching/rubbing his/her own genitals
- Likes to be rude
- Showing others his/her genitals
- Playing doctors and nurses
- Playing house; Mummies and Daddies
- Touching or looking at private parts of familiar children or adults

- *Using slang words/dirty language for bathroom and sexual functions*

#### **Very Concerning Sexual Behaviours**

- *Persistently touches or rubs self to the exclusion of normal childhood activities; hurts own genitals by rubbing or touching*
- *Simulating sex with other children with or without clothes on*
- *Oral sex*
- *Sexual play between children involving forceful anal or vaginal penetration with objects.*

#### **Notification of serious incidents and complaints:**

The Approved Provider will notify the regulatory authority within 24 hours of any serious incident at our service (s. 174). This includes any serious injury or trauma to, or illness of a child which a reasonable person would consider required urgent medical attention from a medical practitioner or for which the child attended, or ought reasonably to have attended, a hospital.

Serious injuries, traumas and illnesses include:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• head injuries</li> <li>• broken limbs</li> <li>• burns</li> <li>• removal of fingers</li> <li>• meningococcal infection</li> <li>• anaphylactic reaction requiring urgent medical attention</li> <li>• witnessing violence or a frightening event</li> </ul> | <ul style="list-style-type: none"> <li>• epileptic seizures</li> <li>• bronchiolitis</li> <li>• whooping cough</li> <li>• measles</li> <li>• diarrhoea requiring urgent medical attention</li> <li>• asthma requiring urgent medical attention</li> <li>• sexual assault</li> </ul> |
|---|---|

A serious incident also includes:

- The death of a child at the service or following an incident at the Service
- An incident at the service where the emergency services attended or ought reasonably to have attended
- A child is missing
- A child has been taken from the service without the authorisations required under the regulations
- A child is mistakenly locked in or out of the service.

If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

We will notify the regulator using form SI01 Notification of Serious Incident .

The Approved Provider will also notify the regulatory authority in writing:

- within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service or
- within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.
- within 24 hours of the attendance of any children being educated and care for in an emergency. This includes where the child needs protection under a child protection order or the parent of the child needs urgent health care. The emergency care can be for no more than two consecutive days the service operates.

We will advise the regulatory authority what the emergency is and make a statement that the Approved Provider has taken into account the safety, health and wellbeing of all the children attending the service before deciding to accept the additional child/children.

### **In the Event of a Death:**

Centre team members cannot make the assumption that a death has taken place. Team members should respond to a suspected death as they would to a serious incident and commence whatever first aid is required while other actions as detailed below are put in place. Cardio Pulmonary resuscitation (CPR) once commenced will be continued until ambulance personnel arrive and take over the situation.

In the event of a suspected death, the Director must notify the police and licensees/management immediately. This action is to be followed in order by:

- Notifying the parents that they need to come to the Centre. Team members are not to notify parents of a suspected death. Police will fulfil this role in the event that the child has actually died.
- Remaining staff to remain calm and continue with the care of other children, removing them away from the incident.
- The Director/Supervisor must remain with the child at all times.
- The area (ie cot room) to remain untouched in order for information to be sighted and collected by necessary authorities.
- Enrolment Documents to be kept with the child and taken to the hospital.
- In addition to completing the internal Incident Form the Centre Director, Nominated Supervisor or the Approved Provider must complete a “Notification of Serious Incident Form -SI01” form and forwarded by the Approved Provider to ACECQA within 24 hours of the incident.
- All written documentation is to be totally objective, accurate and cleared by an approved solicitor, before being shown to any other person.
- Under no circumstances are the children’s files or other documentation to be released to any other person without first seeking authorisation from either the licensee, or their solicitors.
- Detailed report of the Incident, Injury, Trauma and Illness Record Form (*HEI007*) and the Centre operations on the day including incident report, team member staffing levels, number and age of children on premises, action taken at the time, team member statements, follow through and any other relevant information to be compiled by both the Centre Director and management and forwarded to Management.
- Report and copy of the incident form to be forwarded by the licensee to ACECQA.
- If the child is declared deceased, appropriate counselling should be offered to all involved

**NB. Centre Director or Responsible to please contact Approved Provider and/or seek legal advice (Eg. From the service’s Guild Insurance Advisor) before discussing any insurance or liability matters.**

### **Work Health and Safety (OHS) requirements**

Services should contact WorkCover to determine requirements under current legislation. Under the laws:

- the death of a person is a “notifiable incident”.
- The approved provider or nominated supervisor must notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the death.

- Records of the incident must be kept for at least 5 years from the date that the incident is notified.
- The approved provider/nominated supervisor must ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

Under the laws serious injury or illness is a “notifiable incident”. Serious injury or illness means a person requires:

- immediate treatment as an in-patient in a hospital, or
- immediate treatment for:
  - the amputation of any part of the body
  - a serious head injury
  - a serious eye injury
  - a serious burn
  - the separation of skin from an underlying tissue (such as degloving or scalping)
  - a spinal injury
  - the loss of a bodily function
  - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness includes any infection to which the carrying out of work is a significant contributing factor, for example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

A dangerous incident is also notifiable under the legislation. Dangerous incidents include:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel

The approved provider or nominated supervisor must notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is

notified. The approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

## **Appendix 1: Head Injury – General Advice**

(Extract from [http://www.rch.org.au/kidsinfo/fact\\_sheets/Head\\_injury/](http://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/)) s

- It is common for children to bang or bump their head and it can sometimes be difficult to tell whether an injury is serious or not. Many head injuries are not serious and simply result in a bump or bruise. Occasionally, head injuries can result in damage to the brain. Any knock to the head that causes lumps, bruises, cuts or more severe injuries is classified as a head injury. If your child has received an injury to the head, they should see a doctor.

**Seek medical help immediately by calling an ambulance on 000 if:**

- your child has had a hard bang to the head, such as falling off something high, or from a car accident
- your child loses consciousness (passes out)
- your child seems unwell and vomits several times after hitting their head.

### **Glossary of Terms**

**Concussion** – traumatic brain injury that alters the way the brain functions. Effects of concussion are usually temporary but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance.

**Acquired Brain Injury (ABI)** – an injury to the brain that has occurred at any time after birth. Causes of ABI can include infection, stroke or injury.

**Traumatic head injury** – an injury caused by an impact to the head.

**Loss of consciousness** – time when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body.

**Convulsion, seizure or fit** – this can occur when there is a momentary imbalance within the electrical and chemical circuits in the brain. The imbalance may create a temporary disturbance in the way the brain controls awareness and responsiveness, and may cause unusual sensations and/or abnormal movements and postures.

### **Signs and symptoms**

The symptoms experienced after a head injury are used to determine how serious the injury is. Head injuries can be classified as mild, moderate or severe. The information below is a guideline. If you see any of these symptoms in your child following an injury to the head, please seek medical assistance.

**A severe head injury is when your child:**

- has lost consciousness for a prolonged period, or has an ongoing decreased conscious state
- experiences visual disturbance
- is drowsy and does not respond to your voice
- has other significant head injury signs, such as unequally sized pupils or arm and leg weakness
- has something stuck in their head
- has a second seizure, convulsion or fit, other than a single brief one when the injury happened
- has confusion or loss of orientation to time, person or place, or memory loss.

**You should call 000 for an ambulance immediately if your child has a severe head injury.**

**A moderate head injury is when your child:**

- has lost consciousness for a brief period of time
- is alert and responds to your voice
- has vomited two or more times
- has a persistent or recurring headache
- experiences visual disturbance
- may have had one brief seizure, convulsion or fit straight after the head injury
- may have a large bruise, lump or cut on their head
- has confusion, loss of orientation to person, place or time, or memory loss.

**You should call 000 for an ambulance immediately if your child has a moderate head injury.**

**A mild head injury/concussion is when your child:**

- may display altered level of consciousness
- is alert or interacts with you
- may have vomited
- may have bruising or cuts on their head
- is otherwise normal.

**You should seek medical advice if any of the above symptoms are concerning you, otherwise continue to observe your child for any of the signs and symptoms listed below.**

**Parents should watch for the following symptoms in the coming weeks in children who have experienced a head injury:**

**NB: Children often become fatigued (i.e. get tired) quickly after a head injury, and this can exaggerate any of these following symptoms.**

**Physical symptoms:**

- **Headache.** Your child may have a headache. Give paracetamol every six hours if needed to relieve pain. If pain is not relieved by paracetamol, please seek medical advice.
- **Vomiting.** Your child may have vomited once, but if vomiting continues go back to your doctor or to your nearest hospital emergency department.
- **Drowsiness or fatigue.** On discharge we would encourage your child to get lots of rest and sleep. If your child's energy levels are not improving go back to your doctor. **If your child is difficult to wake, take them to your nearest hospital emergency department urgently, or call an ambulance on 000.**
- **Bleeding or discharge from the ear or nose.** If your child has clear fluid or blood coming from their ears or nose, go back to your doctor or to your nearest hospital emergency department immediately.
- **Fits/seizures/twitching/convulsions.** If your child experiences any of these go back to your doctor or to your nearest hospital emergency department immediately.
- **Blurred or double vision.** If your child experiences any blurred or double vision go back to your doctor or to your nearest hospital emergency department immediately.

- **Poor coordination or clumsiness.** If you notice that your child is less physically coordinated or more clumsy than usual, go back to your doctor or to your nearest hospital emergency department immediately.
- **Arm or leg weakness.** If any new weakness develops or any existing weakness gets worse and does not improve, go back to your doctor or to your nearest hospital emergency department immediately.
- **Difficulties swallowing, or coughing when eating or drinking.** If these symptoms are happening to your child, go back to your doctor or to your nearest hospital emergency department immediately.
- **Sensitivity to noise.** Go back to your doctor or to your nearest hospital emergency department.
- **Unusual or confused behaviour.** To assess your child, ask some age-appropriate questions such as:  
 Where are you?  
 What is your name?  
 What day is it?  
 Is it day time or night time?  
 How old are you?  
 Do they know familiar people's names?  
 If the answers are out of the ordinary and your child appears more confused or is more forgetful than usual, go back to your doctor or nearest hospital emergency department straight away.

**Remember, if you have any difficulty in waking your child, take them to the nearest emergency department or call an ambulance on 000**

#### **Behavioural and emotional symptoms:**

Your child may:

- be more demanding than usual, and become easily frustrated
- be more fearful and anxious
- have changed sleep patterns
- be irritable
- experience mood swings

#### **Cognitive, thinking and communication symptoms:**

- Your child may experience some or all of the following:
- Slowness with thinking, understanding and responding to questions or commands.
- Problems concentrating.
- Difficulties with memory.
- **Slurred speech.** If your child develops slurred speech, or speech that is unclear, go back to your doctor or nearest hospital emergency department immediately.
- Difficulty thinking of the right words to say.

#### **Cognitive fatigue**

This is a special kind of fatigue or tiredness and is a common problem that can happen after a head injury. When a child has cognitive fatigue, it means their brain has to work harder to concentrate on tasks it used to be able to do easily, for example watching TV, playing computer games, or having a long conversation. Cognitive fatigue is not related to

a child's intellectual capacity or physical energy levels, and can lead to behavioural problems, mood swings and educational difficulties.

If your child experiences cognitive fatigue they may need extra rest periods and a gradual return to activities such as school that require periods of greater concentration or thinking.

### **Returning to school**

Please also refer to the Kids Health Info factsheet: Head Injury - return to sport.

A minimum of one week away from school is recommended for children who have sustained a head injury that requires medical attention. It is important to let the school know about your child's head injury. If your child is tired, allow them to return to school and other activities gradually. An individual plan will be recommended for your child as every head injury is different. Discuss the details with your child's treating team.

We recommend your child be off school for \_\_\_\_\_ weeks.

Your child may return to school for half days on this

date \_\_\_\_\_

### **Returning to sport**

Your child should avoid sports and activities that involve height and speed, and any other activities where they are at risk of another head injury.

Your child may be able to participate in sports listed below after six weeks, however, this will be determined by the treating medical team when your child attends a clinic for a follow up appointment.

Following a head injury your child's reaction times and thinking may be slower, and this can put them at risk of further injury.

At risk sports and activities include:

- tackle football
- soccer and hockey
- basketball and netball
- horse riding
- riding motorbikes or BMX bikes
- skiing, snowboarding and surfing
- riding a bike, scooter, skateboard or skates
- playing on a trampoline
- climbing trees or other high structures.

### **Make sure your child always wears a helmet when bike riding or skateboarding.**

It is important to encourage gradual return to physical activity. Encourage your child's participation in gentle physical activities such as the following:

- swimming
- walking
- using an exercise bike
- practicing ball skills (with a soft ball)
- tennis
- dancing.

If your child's behaviour is very different to their normal behaviour, or the pain does not go away, go back to the doctor or to your nearest hospital emergency department.

#### Disclaimer

This information is intended to support, not replace, discussion with your doctor or healthcare professionals. The authors of these consumer health information handouts have made a considerable effort to ensure the information is accurate, up to date and easy to understand. The Royal Children's Hospital, Melbourne accepts no responsibility for any inaccuracies, information perceived as misleading, or the success of any treatment regimen detailed in these handouts. Information contained in the handouts is updated regularly and therefore you should always check you are referring to the most recent version of the handout. The onus is on you, the user, to ensure that you have downloaded the most up-to-date version of a consumer health information handout.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/04/2024**

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### **Reference:**

#### **NQS**

QA2	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	85	<i>Incident, injury, trauma and illness policies and procedures</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	87	<i>Incident, injury, trauma and illness record</i>
	88	<i>Infectious diseases</i>
	89	<i>First aid kits</i>
	97	<i>Emergency and evacuation procedures</i>
	161	<i>Authorisations to be kept in enrolment record</i>
	162	<i>Health information to be kept in enrolment record</i>

#### **Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 5.1, 5.2, 5.4, 5.5  
Standards Australia – First Aid  
Work Health and Safety Act  
[http://www.rch.org.au/kidsinfo/fact\\_sheets/Head\\_injury/](http://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/)*

#### **Legislation:**

*Work Health and Safety Act  
Occupational Health and Safety Act 2004  
Occupational Health and Safety Regulations 2007*

## 20 - EMERGENCY PROCEDURE POLICY

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### Position Statement

Emergencies can occur despite the best preventative planning. In the event of an emergency happening it is vital that the team members involved are able to act effectively to maintain the safety of all those involved.

### Objective

To put in place the expected course of action for team members facing the emergency.

### Procedure

Regardless of what emergency team members are faced with, the following guidelines must be implemented first:-

- Identify the immediate source of danger.
- Stay in place to safeguard those children who may be at risk of danger.
- Call for help from other team members and make sure that the Centre Director or a senior team member or management is notified immediately.
- Should emergency services be needed the Director or Person in Charge will notify them.

### Specific Incidents:

- **FIRE:** Team members should follow the emergency evacuation plan forthwith. Please refer to **Appendix 1: Safe operation of fire extinguisher**. Please also watch instruction video on how to use a fire extinguisher.
- **SERIOUS INCIDENT:** Involving a child or other adult; team members should follow the Incident, Injury and Trauma Policy set out in the Policy Handbook.
- **UNAUTHORISED PERSON ENTRY INTO THE CENTRE:** eg. custody disputes, etc. Attempt to calmly escort the adult into the office and get another team member to call the custodial parent. (If the team member feels that the situation may become volatile, **CALL THE POLICE**)
- **BURGLARY:** Call the Police, the Centre Director or management on their respective phone numbers.
- **POTENTIAL HOLD-UP OR ABDUCTION:**
  - Remain calm and try to keep the intruder calm
  - Use active listening skills to ascertain the reason, if any for the intrusion
  - Divert the situation from children's areas if possible
  - Observe the height, colouring, and attire of the intruder, especially any notable features of the intruder, eg. Birthmarks, tattoos, etc.
  - Contact police
  - Write down the events as you have recalled them before discussing the incident with anyone else.

### STAY CALM

## **Appendix 1: SAFE OPERATION OF FIRE EXTINGUISHERS**

### **Fact**

Poor maintenance and incorrect usage of fire extinguishers in the home are two key reasons small house fires can spread endangering lives and causing considerable damage to property. Fires can be brought under control within the first few minutes of ignition if attended to correctly with an extinguisher that is well maintained, which can buy valuable time before the Fire Services arrive.

### **How to operate a fire extinguisher**

There are a number of different types of portable fire extinguishers, each can be identified by the colour coding and labelling. Check that the extinguisher you intend to use is suitable for the type of fire encountered Eg. a water extinguisher must never be used on any fire involving electrical equipment.

There are four (4) basic steps for using modern portable fire extinguishers.

The acronym **PASS** is used to describe these four basic steps.

#### **1. Pull (Pin)**

Pull pin at the top of the extinguisher, breaking the seal. When in place, the pin keeps the handle from being pressed and accidentally operating the extinguisher. Immediately test the extinguisher. (Aiming away from the operator) This is to ensure the extinguisher works and also shows the operator how far the stream travels

#### **2. Aim**

Approach the fire standing at a safe distance. Aim the nozzle or outlet towards the base of the fire.

#### **3. Squeeze**

Squeeze the handles together to discharge the extinguishing agent inside. To stop discharge, release the handles.

#### **4. Sweep**

Sweep the nozzle from side to side as you approach the fire, directing the extinguishing agent at the base of the flames. After an A Class fire is extinguished, probe for smouldering hot spots that could reignite the fuel.

### **Extinguisher tips**

- The Australian Standard 2444 (AS 2444) Portable Fire Extinguishers and Fire Blankets selection and location will provide comprehensive information.
- Ensure everyone in the home/office knows the location of all extinguishers and how to use them.
- Only ever operate an extinguisher if safe to do so. If in doubt, get out.
- Remove the safety pin by pulling it sharply (this also breaks the plastic seal). Test to ensure that the extinguisher is operable immediately after removing from the mounting bracket.
- Always try to work in pairs for safety.
- Carry or drag extinguisher to the scene of the fire.

### **In an Emergency Call Triple Zero (000)**

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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**Reference:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
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**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	168(2)(e)	<i>Policies and procedures in relation to emergency and evacuation</i>
Reg	97	<i>Emergency and evacuation procedures</i>
Reg	98	<i>Telephone or other communication equipment</i>

**EYLF**

LO3	<i>Children become strong in their social and emotional wellbeing.</i>
-----	--

**Other References:**

- Handbook on Child Care Licensing  
QIAS Principle 5.1, 5.2, 5.3  
Fire Protection Association Australia (FPAA). (n.d.). Retrieved June 29, 2007, from <http://www.fpaa.com.au>  
Frith, J., Kambouris, N., & O'Grady, O. (2003). *Health & safety in children's centres: Model policies and practices* (2nd ed.). NSW: School of Public Health and Community Medicine, University of New South Wales.<sup>3</sup>  
McLeod, P. (2005). *Health and safety information on the internet. Putting Children First*, 15, 12-13.  
Tansey, S. (2006). *Outside School Hours Care Quality Assurance Factsheet #3: Safety in children's services. NSW: National Childcare Accreditation Council Inc.*  
Tansey, S. (2006). *Quality Improvement and Accreditation System Factsheet #2: Safety in children's services. NSW: National Childcare Accreditation Council Inc.*  
Tarr, K. (2006). *Electrical safety in children's services. Putting Children First*, 18, 7.  
Tarrant, S. (2002). *Managing OHS in children's services: A model for implementing an Occupational Health and Safety (OHS) management system in your children's service. NSW: Lady Gowrie Child Centre.**

**Legislation:**

- Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)  
Occupational Health & Safety Act 1989*
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## **21 - SEVERE WEATHER POLICY**

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### **Position Statement**

Australia is known for severe storms and cyclonic conditions throughout the year. Preparation for a severe storm will lessen the impact of the storm. Suitable emergency equipment needs to be available at the Service.

### **Objective**

To maintain the safety of children, team members and visitors during extreme weather conditions.

### **Related Policies:**

- 42 - SUN PROTECTION AND SAFETY POLICY
- 88 – CHILD SAFE ENVIRONMENTS POLICY

### **Implementation**

Orientation will include information about Workplace Health & Safety responsibilities and emergency procedures.

#### ***When a storm is approaching:***

- Keep the radio on and listen for warnings.
- Turn off all unnecessary electrical appliances and take the plug from the socket.
- Ensure that emergency torches are working and spare batteries available.
- Use phones only for emergency calls.
- Check the outside of the building and secure any loose items.
- Close windows throughout the centre.

#### ***When a cyclone is approaching:***

- Listen to warnings and prepare.
- Wherever possible emergency care requirements should be in place well before there is imminent danger to the centre. The Approved Provider/ Centre Management should be notified when any severe weather warnings are in place. Management will instruct when non-essential care should be cancelled, and parents asked to collect children (when this is safe to do so).
- Follow directions for **a storm**, PLUS:
- Contact families to collect children before the cyclone comes if possible.
- Send visitors and some team members home if possible, keeping correct child/team member ratios.
- Tape all windows and doors with masking tape in a large cross, diagonally across windows.
- Tape the main doors with masking tape and place mattresses against the doors.
- Stay inside, away from windows and shelter in the safest, strongest part of the centre.
- Take first aid kit to the safe area.
- Place mattresses on the floor in the safe area to sit on.
- Take pillows, toys, games, nappy changing requirements, food, water, books, and radio with batteries.
- Ensure all electricity is turned off at main board.

**When a storm arrives:**

- Stay calm. Be responsible for your actions.
- Cover windows with the curtains.
- If windows are damaged, shelter in the corridors.
- If power fails, use emergency torches, keep fridges closed to maintain temperature.
- If the building is damaged, move children, visitors and team members to the safest area and administer first aid if necessary.

**When a cyclone arrives:**

- Follow directions for a *storm*, PLUS:
- Leave windows open on the opposite side of the building to the oncoming wind and rain. Be aware that in the eye of a cyclone, the wind direction can change, and you may need to change the open and closed windows.

**After a storm or cyclone has passed:**

- Administer any first aid required.
- Team members are to check rooms and surroundings before children are allowed out of the safe area.
- Move children into a safe play area if one is available while other team members check the playground and the exterior of building.
- Senior team members are to assess the situation on whether to remain inside or find a safer area outside the building.
- Notify management for assistance and advice. Liaise with the State Emergency Service (SES) for assistance (if required).
- If possible telephone parents to let them know the situation of the children.
- Once all children have left the building, team members will pack away safe areas and ensure all debris is taken care of.

**Bush Fire Planning and Preparations**

As per the Royal Bushfire Commission Report, the service will prepare an Action Plan should a bushfire effect the service's operations.

The aim of this Emergency Management Plan is to outline the activities that educators, children, families and visitors to be undertaken in the following circumstances:

- On days of Total Fire Ban
- When there is a fire in the local district.
- When a bushfire is threatening or impacting the site.
- During a period of recovery if a bushfire impacts the service.

During peak bush fire seasons, such as Spring and Summer, educators will monitor the Fire Danger Rating. Should the Rating by above High, educators will monitor the situation in line with the process in our region, such as via the internet or radio, to keep aware of the situation.

Trees will be trimmed to a distance of 2m from the buildings in risk areas. Educators will inspect the ground at the beginning of Spring and the owner/Nominated Supervisor will arrange for any lopping of branches if necessary. In line with this, gutters and roofs will regularly be clean and kept free of leaves. Also, time and paintwork on buildings will be kept well maintained. Please see Maintenance of Building and Equipment Policy for further details.

A Safe Refuge Kit will be organised and stored somewhere that is easily accessible. Recommended kit items will include:

- A copy of the Emergency Management Plan
- Emergency Contact Details for each child.
- Child attendance registers.
- Emergency telephone numbers.
- Working torch and spare batteries
- First Aid Kit
- Educators/Children Medications and Medical Register
- Mobile Phone and Charger (Or staff mobile will be accessed)
- Drinking Water
- Nappies
- Blankets
- Towels
- Change Mat
- Gloves
- Nappy Wipes

### **Very High, Severe or Extreme Fire Danger Ratings**

On days where the Fire Danger Rating is Very High, Severe or Extreme, the service will inform families by posting a warning in the entrance/noticeboard.

Children will be transitioned throughout the day as per our usual practice.

Any educators who are planned to attend off-site training will stay at the service, and have their training cancelled/rescheduled.

The OHS/WHS Officer or Fire Warden will ensure that all gates have access keys and ensure the locks are in working order.

All educators will monitor conditions when on duty outside. Educators will also ensure that no art and craft works, posters etc are hung outside and that garbage bins are emptied throughout the day.

Family members will be required to provide a reliable contact number for the day and families are required to provide the service with their child's asthma medication for the day.

The Nominated Supervisor/nominated educators will ensure that all outdoor taps are in working order with hoses attached and buckets placed beside each exterior tap.

The Nominated Supervisor/nominated educators will ensure that the outdoor industrial dumpster is closed at all times.

One nominated educators will ensure access to a mobile phone and is in full working order with a fully charged battery, and that the charger is available. This kit will then be moved to the Educators Room for easy access. The Emergency Contact register and Daily Roll will be added to the Kit. The medical register for the day will also be added to the kit.

The Fire Warden will ensure all hazards are removed from passages and walkways and nothing is blocking emergency exits.

### **Fire Reported in Local Area**

The Nominated Supervisor will inform families and educators via a notice posted on the front door/foyer/noticeboard.

All nominated educators will be called together to discuss the situation and perform their duties.

The children will continue to be transitioned through their day with our usual transition method.

Any educators who are planned to attend off-site training will stay at the service, and have their training cancelled/rescheduled.

The OHS/WHS Officer or Fire Warden will ensure that all gates have access keys and ensure the locks are in working order.

All children's activities outside the building will be cancelled.

Educators, families and visitors to the service will be encouraged to reverse park their cars.

Families will be required to provide a reliable contact number for the day and provide asthma medication if their child suffers from asthma.

The Nominated Supervisor/nominated educators will ensure that all outdoor taps are in working order with hoses attached and buckets placed beside each exterior tap.

The Nominated Supervisor/nominated educators will ensure that the outdoor industrial dumpster is closed at all times.

One nominated educators will ensure access to a mobile phone and is in full working order with a fully charged battery, and that the charger is available. This kit will then be moved to the Educators Room for easy access. The Emergency Contact register and Daily Roll will be added to the Kit. The medical register for the day will also be added to the kit.

The Fire Warden will ensure all hazards are removed from passages and walkways and nothing is blocking emergency exits.

The Nominated Supervisor will turn off any gas cylinders

Nominated educators will back up all computer files.

The Fire Warden will ensure that whistles are in place beside each portable fire extinguisher. These are to be used to notify everyone if a fire starts on site.

Educators will be diligent in ensuring children's personal items are placed in their bags when not in use.

### **Fire Reported in Immediate Vicinity or Directly Impacting the Service**

The procedure above will be followed immediately.

Educators will move all hoses inside building

Educators will close all doors and windows

Educators will access the roof space every 10-20 minutes to check for spot fires.

The Nominated Supervisor will inform the owner/licensee of the situation and regularly keep them updated of the situation.

The Licensee/Nominated Supervisor will inform the appropriate service about the situation, advising the Licensing officer of the number of children affected, the educators ratios in place and any issues or injuries that have arise.

### **Recovery after the Front has passed.**

The Nominated Supervisor will ensure that no educators, family member, child or visitor associated with the service leaves the building until the situation as safe by members of the emergency services.

The Service Emergency Response Team (made up of members of educators) will assess the situation and if necessary make arrangements for the care of children for an extended period of time.

Educators at the service will stay on duty until all children have been collected of relief educators arrive.

Only a qualified educator will administer first aid should the situation arise.

The Nominated Supervisor will at all times work to keep the licensee abreast of the situation. The licensee will then advise the Licensing Unit/Officer of the number of children affected, emergency educators ratios in place, any issues that arose and if possible the projected impact to the service.

The Emergency Response Team of nominated educators will continue to check the building and surrounds for 2-4 hours after the front has passed.

Relevant educators will undertake a debrief of the fire emergency situation and the procedures undertaken. Educators will be requested to review their own roles, responsibilities and preparation before and during the crisis. The policy will be reviewed to ascertain it's effectiveness.

Nominated educators will arrange to have fire fighting equipment, warning system and Emergency Kits checked and readied for use again.

If necessary, the owner/Nominated Supervisor will arrange for relevant authorities to check the safety of the site.

### **Fees and Charges**

Attendance fees for the day will still be charged. Should family member be unable to collect, or arrange collection of their children within one hour of the usual operation hours of the service, fees will apply as per our Arrival and Departure Policy.

CCB payments are available for up to 42 days in this circumstance. For further information on this please read:

<http://www.deewr.gov.au/Earlychildhood/Resources/Documents/FactSheets/CCFactSheet.pdf>

### **Evaluation and Review**

Policy Handbook – P004.7.2024

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 16/10/2023**

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**Reference:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
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***National Act and Regulations***

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations*

Reg	168(2)(e)	<i>Policies and procedures in relation to emergency and evacuation</i>
Reg	97	<i>Emergency and evacuation procedures</i>
Reg	98	<i>Telephone or other communication equipment</i>

**EYLF**

LO3	<i>Children become strong in their social and emotional wellbeing.</i>
-----	--

**Other References:**

*Handbook on Child Care Licensing*

*QIAS Principle 5.1, 5.2, 5.3, 5.4*

*Standards Australia*

*Public Health and Wellbeing Act 2008*

*Workplace Health and Safety Regulation 1997*

*The Bushfire Royal Commission Report*

## **22- EMERGENCY EVACUATION POLICY**

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### **Position Statement**

An emergency situation could occur at any time. Team members, adults and children need to be prepared and practiced so that an orderly evacuation can be made. All contingencies need to be considered.

### **Objective**

In the event that the service needs to be evacuated, we aim to conduct this in a rehearsed, timely, calm and safe manner to secure the safety of each person using the service. The safety and wellbeing of each child, educator and person using the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

### **Implementation**

- All exits to be clearly marked
- All fire alarm points to be known to team members
- All fire fighting equipment locations to be known by team members
- Emergency evacuation drills to be carried out regularly (as specified in state regulations but at least once every two months) and each drill is to be documented. Drills should be held on rolling days to ensure that all children (regardless of their attendance pattern) are included in the drill practice
- All rooms and foyer will display the evacuation procedure plus building plan with the closest exit highlighted
- All persons in the building during an evacuation practice must participate in the evacuation
- Once a year the fire department will be asked to supervise an evacuation practice (if available).
- Every six months all fire extinguishers, fire hose reels and emergency exit lights are to be checked by a certified fire extinguisher company.
- Please refer to the Safe Child Environment Policy for fire safety review procedures.

Our service will conduct a risk assessment to identify potential emergencies that could affect our service and use this to prepare emergency and evacuation procedures. An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc.

### **Procedure**

Please note: If the evacuation is a drill the Centre Director must alert the security company to the fact that the Centre is holding a fire drill prior to the drill being carried out (if service has an alarm system).

Regardless of whether the evacuation is for a drill or real the following procedures need to be followed:

- On hearing the fire alarm raised all contact team members will stop the children doing any activity and marshal them in the room.
- Centre Director or responsible person on duty nominate emergency evacuation roles and wear fire warden vests.
- Infants are to be placed into the fire cot and wheeled to the evacuation point.

- Educational Leaders will collect the room rolls/room routines and organise to lead the children calmly through the marked exit from the room.
- The assistant will follow the children in the rear and check that all children have been collected with the group.
- Once the group has exited the room and are assembled at the evacuation assembly point the Educational Leader will mark the roll.
- During the evacuation the Centre Director or responsible person on duty will follow through the Centre to check that all children have exited the centre.
- As each room is checked the doors are to be closed preventing children or team members returning to the building.

The following will be collected from the office by the Director or Responsible Person as they leave and taken to the evacuation assembly point:

- Room Child Routine Schedules (ie showing children attendance information)
- First Aid box
- Emergency evacuation bag (containing gloves, spare nappies, etc)
- Parent details Centre Contact List (entire centre)
- Mobile phone (personal)
- Last Computer back up disk/CD.

Educator's should also gather their evacuation bags from their rooms or shed (as applicable).

- The time, date, time taken to evacuate and number of children and team members involved in the fire drill are to be recorded in the fire drill book. Any comments that may be helpful in future evacuation drills are to be added.
- Team members will ensure that all children remain in the evacuation assembly area until the "all clear" is given by the Director or senior team member in charge to return to the Centre.
- Should the evacuation be a real experience a full report will need to be written and sent to the Support Centre as soon as possible following the incident.
- Should the evacuation be real the parents of all the children will be called as soon as possible to ask that the children be collected, unless the usual day can be resumed in a short time frame with no danger or trauma to children or team members.
- Team members will follow the directions of all emergency personnel while the emergency is being dealt with.

External agencies will be employed to assist the service with this maintenance if no currently employed educators are qualified to complete the maintenance checks (i.e. fire fighting equipment).

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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**Reference:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
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**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	168(2)(e)	<i>Policies and procedures in relation to emergency and evacuation</i>
Reg	97	<i>Emergency and evacuation procedures</i>
Reg	98	<i>Telephone or other communication equipment</i>

**EYLF**

LO3	<i>Children become strong in their social and emotional wellbeing.</i>
-----	--

**Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 5.1, 5.2, 5.3, 5.4  
Standards Australia  
Food Safety Legislation 2001  
Public Health and Wellbeing Act 2008  
Occupational Health and Safety Act 2004*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **23 - TOXIC & POTENTIALLY DANGEROUS PRODUCTS POLICY**

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### **Position Statement**

Toxic and potentially dangerous products may be stored on premises for cleaning and/or the on-going maintenance of the centre. All toxic and potentially dangerous products will be stored in the locked chemical cupboard and clearly marked in their original packaging. Any team members handling potentially dangerous products must be informed of and adhere to all safety precautions.

### **Objective**

To minimise the use of toxic products and other potentially dangerous products without jeopardising hygiene.

### **Implementation**

- Bulk chemicals will be stored in the chemical cupboard, which is locked at all times.
- All cupboards will be marked with a warning "Dangerous Substances Stored here", and if possible, a symbol for "Danger" eg. ☣.
- Material Safety Data Sheets (MSDS) must be supplied with all chemicals used within the centre.
- If a chemical product used within the centre is purchased from a supermarket or other supplier, the manufacturer must be contacted and the MSDS obtained.
- Regular team member training will be conducted in relation to universal precautions and the importance of handling potentially toxic and dangerous products.
- All new team members will work through a thorough induction process in regard to toxic and potentially dangerous products.
- A plan of action will be displayed in the cleaner's cupboard for emergency situations.
- **Poison information number: phone 131 126, anywhere in Australia** will be displayed at front reception.
- Cleaning products including spray bottles will **NOT** be left where they can be accessed by the children.
- When using spray bottles; chemicals will be sprayed onto cleaning cloth and **NOT** directly onto surfaces. This reduce airbourne chemicals from spray bottle.
- All chemicals and dangerous products are to be stored in a secured cupboard or on a nominated shelf inaccessible to children with a label displayed "Chemical and dangerous products stored here" (including those used in playrooms, kitchens and bathroom). The chemicals stored on shelf should be limited and only for spray bottles needed for frequent cleaning requirements.
- Children's activities are not to include the use of any substance that may contain a hazardous material. Expressly there will be no use of Polystyrene foam in the centre for art and craft activities.
- Pest Control, carpet cleaning and any other services requiring the use of chemicals **MUST** be conducted outside of centre operating times when **NO** children are present on premises.
- Should team members suspect that children have accessed any hazardous material they are to follow first aid procedures and take with them a copy of the MSDS to show health authorities.

### **Responsibilities of Centre Director/Authorised Supervisor and all team members**

The Centre Director/Authorised Supervisor and all team members must ensure that the following items are kept in secure storage facilities which are inaccessible to children;

- Poisonous and dangerous cleaning materials and/or substances

- Disinfectants
- Dangerous tools and equipment
- Toiletries and medications
- First Aid equipment
- Team member handbags and personal items
- Sharp or jagged objects which pose a risk to children

### **Use of Hazardous Chemicals or Products**

When using hazardous chemicals or products all team members must;

- Read the MSDS and follow the instructions accordingly
- Ensure all chemicals which are stored or decanted for use are labelled with name, description of content, strength of chemical, hazards, precautions and directions for use
- Wear approved personal attire such as apron and goggles where specified when handling dangerous chemicals
- Spray bottles are to be placed on the coarsest spray possible so as to prevent inhalation of fine mist into the lungs. Spray onto cloth and not directly onto surface.
- Never “top up” chemical bottles/soap dispensers, but let them empty over time, clean and refill with a fresh solution
- All chemicals and dangerous products are to be stored in a secured cupboard or on a nominated shelf inaccessible to children with a label displayed “Chemical and dangerous products stored here” (including those used in playrooms, kitchens and bathroom).
- Chemicals are never to be stored in inappropriate holding containers, such as soft drink bottles, empty formula cans or ice cream containers.
- Any substance (medication) referred to in the above list that requires refrigeration is to be kept in a child resistant contained in the refrigerator.

## **FIRST AID ACTION PLAN FOR DANGEROUS PRODUCTS**

**In the event of an emergency, always remove (yourself or the product) to manage the danger first.**

**It is important to always protect yourself and others when dealing with an emergency.**

**If an emergency occurs that involves a dangerous product please follow the following steps:**

- 1. Remove danger. Ensure all others (staff, children) are safe. Remember that chemicals that have contact with skin can cause burns.**
- 2. Contact “Poisons Hotline” on 131126 and follow advice given.**
- 3. Have MSDS sheets on hand to assist giving information as needed. If these are not available refer to manufacturers directions.**
- 4. Notify Management and relevant family members.**
- 5. Administer First Aid as directed and call an Ambulance if required.**

## **6. Follow all the required steps within the Accident & Emergency Policy, including the completion of all paperwork.**

The Centre Director/Authorised Supervisor will ensure centre procedures are evaluated and changes are made if necessary to ensure the safety of children at all times.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 28/12/2023**

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#### **Reference:**

##### **NQS**

QA2	2.2.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	113	<i>Outdoor space—natural environment</i>
	114	<i>Outdoor space—shade</i>

#### ***EYLF***

<i>Children become socially responsible and show respect for the environment</i>
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#### **Other References:**

*Handbook on child Care Licensing*

*QIAS Principle 5.3*

*Standards Australia*

*Food Safety Legislation 2001*

*Public Health and Wellbeing Act 2008*

*Occupational Health and Safety Act 2004*

#### **Prior Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)*

*Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)*

*Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)*

*Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

**Sources and Further Reading:**

- Managing Health in Childcare (2001)
- Workplace Health and Safety Regulations (1997), Hazardous Substances. <http://hsis.ascc.gov.au/>  
Retrieved 1 October 2008
- Storage and Handling of Workplace Dangerous Goods (2001), National Standards.
- NSW Fire Brigades (2007), Household Chemical Safety Fact Sheet.

## **24 - TOXIC PLANT POLICY**

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### **Position Statement**

It is important to ensure that children and the families are safe at all times.

### **Objective**

To ensure safety, toxic plants will not be planted, or brought onto the Child Care premises.

### **Implementation**

- Provide parents with information about Toxic plants and poisoning. (This information will be available in the centre reception area).
- Provide parents with contact details for information on poisoning and local authorities in the area. Poisons Information number: phone 131126, anywhere in Australia will be displayed at front reception.
- Team members are to conduct daily indoor and outdoor checks to ensure that the environment is safe (*OPRCK008 Opening and Closing Checklist*).
- Should team members suspect that children have accessed poisonous plants they are to follow first aid procedures and notify the poisons information centre immediately and follow all First Aid and Incident procedures.
- Playground Upgrades: When planning playground upgrades team members and landscapers are to be mindful of the toxicity of all plants utilized within the children's play space.

The following fact sheet from Kids Safe (SA, September 2010) provides a list pf poisonous plants.

## Poisonous plants

These plants are considered harmful to children and should be AVOIDED if you have young children

Plant	Toxic part	Symptoms
African Milk Bush <i>Synadenium Grantii</i>	All parts	Irritation of the lining of the mouth (mucous surfaces), diarrhoea, vomiting.
Agapanthus <i>Agapanthus Orientalis</i>	Leaves	Acute skin irritation and ulceration of the mouth.
Angels Trumpet <i>Datura Aborea</i> ( <i>D.Candida</i> )	Fruit, seeds and flowers	Dry throat, increasing thirst. Disturbance of vision, giddiness, flushed face, headache, restlessness and staggering, dilation of pupils, fast heart rate (tachycardia), coma and death.
Arum Lily <i>Santedeschia Aethiopica</i>	All parts	Swelling of tongue and throat. Causes severe illness and acute gastric upset.
Autumn Crocus <i>Colchicum Autumnale</i>	All parts	Gastro-intestinal upset, respiratory paralysis, renal damage, exhaustion and shock.
Azalea or Rhododendron	All parts	Nausea, vomiting, depression, difficulty in breathing, coma.
Bird of Paradise <i>Poinciana Gilliesii</i>	Pods and seeds	Vomiting, diarrhoea, drowsiness and vertigo.
Black Locust <i>Robinia Psuedoacacia</i>	All parts	Gastro-intestinal upset, coldness of extremities, heart irregularities, pupil dilation.
Box <i>Buxus Semperfivens</i>	Leaves and twigs	Gastroenteritis, bloody diarrhoea, respiratory failure and convulsions.
Cape Lilac <i>Melia Azedarach</i>	Fruit	Gastro-intestinal distress, bloody stools, excitement or depression. 6-8 fruit can be fatal to a child.
Castor-oil Plant <i>Ricinus Communis</i>	Seeds	Restlessness, cold clammy skin, thirst, rapid pulse, cramps, drowsiness, stuporous, collapse. 2-8 seeds are lethal dose for adult. Can cause a severe allergic reaction.
Cotoneaster	Fruit (red berries)	Intense nausea and vomiting.



These plants are considered harmful to children and should be AVOIDED if you have young children

Plant	Toxic part	Symptoms
Daffodil and Jonquil <i>Narcissus Pseudonarcissus</i> and <i>Narcissus jonquilla</i>	Bulbs	Nausea, vomiting, diarrhoea, trembling and convulsions.
Dumb-Cane <i>Dieffenbachia spp.</i>	All parts	Intense burning and irritation of mouth and tongue. Swelling and accumulation of fluid causes difficulty in swallowing.
Duranta <i>Idunata Repens</i>	Fruit	Sleepiness, high temperature.
Foxglove <i>Digitalis Purpurea</i>	All parts	Irregular heart beat and pulse. Usually digestive upset and dizziness.
Hemlock <i>Conium Maculatum</i>	All parts	Violent, painful convulsions and a gradual loss of muscle power.
Jessamine <i>Cestrum spp.</i>	All parts	Nausea, pupil dilation, muscular weakness, hallucinations, tachycardia, weak pulse, coma.
Laburnum <i>Laburnum Anagyroides</i>	All parts, especially seeds	Vomiting, purging, contraction of the muscles (tetanic spasms).
Lantana <i>Lantana Camara</i>	Green berries	Not fully documented, but includes muscular weakness and circulatory collapse.
Naked Lady <i>Euphorbia Tirucalli</i>	All parts	Vomiting, purging, delirium, death. Latex sap is an irritant, causes temporary blindness on contact with eyes. Blistering to the skin.
Nightshades	All parts, especially berries	Intense digestive disturbance, affects nervous system.
Oleander <i>Nerium oleander</i> and <i>Thevetia peruviana</i>	All parts	Extremely poisonous! Affects the heart and pulse. Usually causes digestive upset and mental confusion. Ingestion of one leaf or flower can be fatal to a child.
Poinsettia <i>Euphorbia Pulcherrima</i>	Leaves, stalk, sap	Severe nausea if swallowed. Extreme irritation to skin and eyes from latex sap.

These plants are considered harmful to children and should be AVOIDED if you have young children

Plant	Toxic part	Symptoms
Rhubarb <i>Rheum Rhaponticum</i>	Leaf blade	Staggering, abdominal pain, vomiting, diarrhoea, impaired clotting of blood, coma.
Rhus <i>Toxicodendron Succedaneum</i>	All parts	Severe irritation and blistering of the skin. Intense swelling of the face that may spread to other parts.
Toadstool	All parts	Intoxication (in a few minutes to two hours), unusual secretion of saliva, sweating, diarrhoea, vomiting and circulatory failure. Mental disturbance, convulsions and coma.
Thorn Apple <i>Datura Stramonium</i> and Jimson Weed	All parts	Abnormal thirst, distorted sight, delirium, incoherence, coma.
Winter Sweet <i>Carissa Spectabilis</i>	All parts	Severe gastro-intestinal irritation, irregular heart beat and pulse.

This information has been adapted from the Home-Safe Play-Safe Healthy Cities Wanneroo project.

## Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 28/12/2023**

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### References:

#### NQS

QA2	2.1	Each child's health and physical activity is supported and promoted
QA3	3.1.1	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
	3.1.2	Premises, furniture and equipment are safe, clean and well maintained

#### National Act and Regulations

Policy Handbook – P004.7.2024

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

<i>Regs</i>	<i>103</i>	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	<i>104</i>	<i>Fencing and security</i>
	<i>105</i>	<i>Furniture, materials and equipment</i>
	<i>113</i>	<i>Outdoor space—natural environment</i>
	<i>114</i>	<i>Outdoor space—shade</i>

**EYLF**

<i>Children become socially responsible and show respect for the environment</i>
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**Other References:**

**Handbook on Child care Licensing  
Public Health and Wellbeing Act 2008  
Staying Healthy 5<sup>th</sup> Edition  
QIAS 5.1, 5.2, 5.3, 5.5**

**Legislation**

**Child Care Act 2002 and Regulation (2003) Qld  
Children's Services Act (1985) & the Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Regulations (2004) and  
Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009(Vic)  
Occupational Health & Safety Act 2004**

**Sources and Further Reading:**

- **Kidsafe Qld Inc (2006) Poisonous Plants Fact Sheet <http://www.kidsafeqld.com.au/>**
- **Health Insite – An Australian Government Initiative [http://www.healthinsite.gov.au/topics/Poisonous\\_Plants](http://www.healthinsite.gov.au/topics/Poisonous_Plants) (29 September 2008)**
- **Best Practice Guidelines in Early Childhood Physical Environments, 1996, Walsh & DOCS. Plants for Play Spaces**

## **25 - VALUABLES POLICY**

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### **Position Statement**

Team members and children need to feel secure about bringing belongings necessary for their day to the child care centre.

### **Objective**

To manage the security and safety of the personal belongings of families and team members attending the centre.

### **Procedure**

- Every item being brought to childcare will be clearly labelled with the child's name.
- Parents are encouraged to supply inexpensive play clothes and shoes for children attending the centre.
- Wherever possible valuable items will be kept at home as this is the only way their safety can be guaranteed.
- If it should become necessary for a child to bring a valuable item to childcare, then the parent will show the item to the team member in charge upon arrival and explain why it is necessary for the item to be in the centre. The team member and/or the Centre Director will decide if it is appropriate for the item to be in the centre, without accepting any responsibility for the item.
- Management takes no responsibility for any child's or employee's personal belongings that may be lost, stolen or broken while in the Centre.
- Team members will do their utmost to ensure the safe return of any valuable and necessary item that has been left in the centre, however, management and the team members of our centre cannot accept responsibility for valuables brought to child care.
- We advise team members not to bring valuables and money to the service and if do so do at their own risk. Team members are responsible for their own personal belongings. Mobile phones are required to be turned off or kept on silent while the team member is working. Mobile phones are not to be used or kept on oneself while working.
- Parents, team members and visitors are encouraged to lock their car before entering the Centre. Management takes no responsibility for valuables left in cars.
- Parents who may be staying in the Centre as parent helpers etc are advised not to leave or bring valuables to the centre. Management takes no responsibility for any parent valuables lost while in the Centre.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/4/2024**

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**References:**

**NQS**

QA4	4.2	<i>Management, educators and staff are collaborative, respectful and ethical.</i>
	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

## 26 - HIGH CHAIR POLICY

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### Position Statement

High chairs when not used correctly can be dangerous for young children. Mealtimes should provide an enjoyable and safe opportunity to eat in a relaxed small group environment.

### Objective

To provide guidelines for team members to ensure the safety and comfort of children whilst enjoying meals in a small group environment.

### Implementation

- All highchairs will meet the Australian standards and will be easy to clean, preferably with a removable tray. The back and seat areas will provide a comfortable seating position for children.
- Highchair covers are replaced as required.
- The chair will be stable and if on wheels, these will be locked.
- The room will be set up prior to meal times to provide a pleasant eating environment ensuring that chairs are at a safe distance from walls and that areas in direct sunlight are avoided.
- Highchairs will have a 5 way harness to ensure the safety of the child. All harnesses will be fastened correctly as soon as a child is placed in the chair.
- The meal should be unhurried, however the child will not be left in the chair longer than necessary.
- To benefit the wellbeing of children and educators, high chairs can be used in the outdoor environment for morning tea, lunch and afternoon tea to occur.
- Chairs will be washed after each use and at the end of the day.

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters. Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/4/2024**

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**Reference:**  
**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
	2.1.1	<i>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</i>

QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	105	<i>Furniture, materials and equipment</i>

**Other References:**

***Handbook on Child Care Licensing***  
***QIAS Principle 5.1, 5.2, 5.4***  
***Child Accident Prevention Foundation of Aust***  
***Kidsafe Qld (Inc)***  
***Standards Australia***

## 27 - HEALTH AND HYGIENE POLICY

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### Position Statement

Hygiene practices are essential for the effective management of children's health. Young children's immune systems are not fully developed. A group setting environment potentially places additional strain on contagious conditions.

### Objective

To provide a framework that ensures health & hygiene in the Centre is appropriately managed by team members.

**Key Related Policies:** please read this policy in conjunction with other related policies.

- 31 - Illness Policy

### Implementation

- All team members are expected to follow hygiene procedures as detailed in the procedural section of this policy.
- Team members are encouraged not to come to work if they are unwell, as their presence may contribute to the spread of infections to other team members and children.
- Children who are not deemed to be well enough to participate in the daily program will be required to stay away from the Centre until well. Centre team members are required to access Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition) and refer to the section titled 'Responsibilities of Childcare Providers/Team members', to ascertain whether the illness needs to be reported to the state Health authorities. In such an instance the Centre will not receive children back into care without a Doctor's clearance (see Illness Policy for more information). All illnesses registered with the state health authorities will be dealt with according to the guidelines set out by state health departments. This process will be instigated and monitored by the Centre Director and management. All information should be recorded in the Infectious Disease Register (OWNA). In the event of an outbreak of an infectious disease the centre will post a copy of the relevant fact sheet from Staying Healthy in childcare at the front of the centre informing families that a reported case has been identified at the centre. There should be no other identifying details regarding the person afflicted displayed or provided to parents in order to ensure confidentiality.
- Parents will be called to collect children who have arrived at the Centre and become unwell during the course of the day if the child is not well enough to participate in the normal program and activities planned for the day.
- Expectations regarding the collection of sick children from the centre and when children should not attend the centre due to illness are also included in the Parent Handbook.
- Team members are expected to foster and support children to gain an understanding of basic hygiene practices in an age appropriate manner.

### Procedure

- All team members will follow strict hygiene routines while in the centre.
- Hand washing with soap will be carried out by team members and children:-
  - ✓ Upon arrival and departure from the Centre
  - ✓ Before preparing, serving, or eating food
  - ✓ Before preparing a baby bottle and before feeding an infant a bottle
  - ✓ After each nappy change or toilet assistance

- ✓ After wiping anyone's nose
- ✓ After toileting themselves
- ✓ After handling animals

Team members will disinfect nappy change area after each use.

- Team members will use disposable gloves for **all** nappy changes. Team members who have an identified latex allergy will be offered alternative disposable gloves.
- Team members will ensure that toileting and nappy change procedures are a positive experience for all children eg. Smiling, repeating rhymes, positive encouragement, etc.
- Team members will wear disposable gloves for handling of **ALL** potentially infectious or contaminated substances.
- Team members will ensure that children do not eat food which has been handled by another child.
- Team members will ensure that food that has been dropped on the floor is not eaten by anyone.
- Team members will ensure that eating and drinking utensils are not shared by children.
- Team members will use separate cloths or tissues to wipe each child's face and nose.
- Team members will dispose of tissues immediately after use.
- Team members will ensure that bedding is never shared by children and is washed at least once a week and immediately after it has been soiled
- Team members will actively promote children's washing of hands
- Team members will encourage children to flush the toilet after use.
- Team members will approach **ALL** situations involving bodily fluids employing universal precautions. i.e. handle **ALL** bodily fluids with the assumption that they are contaminated and contagious.
- Team members will plan and promote children's understanding of basic personal hygiene practices including dental hygiene through role modelling and active weekly planning.
- Play equipment and resources will be used hygienically and stored in a clean and hygienic manner.
- Team members will regularly disinfect hard surface equipment and wash soft coverings to ensure that bacterial loads on equipment and resources is minimised.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

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**Policy Reviewed: 18/3/2024**

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**Reference:**  
**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

	2.1.3	<i>Healthy eating and physical activity are promoted and appropriate for each child.</i>

QA2	2.2	<i>Each child is protected.</i>
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**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	77	<i>Health, hygiene and safe food practices</i>
	78	<i>Food and beverages</i>
	79	<i>Service providing food and beverages</i>
	80	<i>Weekly menu</i>

**EYLF**

LO3	<i>Actively support children to learn hygiene practices.</i>
	<i>Promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.</i>
	<i>Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.</i>
	<i>Model and reinforce health, nutrition and personal hygiene practices with children.</i>

**Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 6.2, 6.3, 6.4, 6.6  
Standards Australia*

*CCB – Federal Funding Guidelines*

*Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)  
Occupational Health & Safety Act 2004  
Australian and New Zealand Food Standards Code  
Public Health and Wellbeing Act 2008*

## **28 – NUTRITION, FOOD, BEVERAGE, DIETARY AND ORAL HEALTH REQUIREMENTS POLICY**

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### **Position Statement**

Our centres are committed to providing high quality care for the children and the families that access our centres. Sound nutrition is an essential ingredient to healthy development of young children. Some children have severe allergies to a variety of substances including foods and many of these allergies can be so severe as to be life threatening. We are sensitive to children's medical needs, cultural and/or religious requirements and each individual situation will be discussed with the family and a solution will be implemented.

### **Objective**

This policy confirms our commitment to:

- Promote nutritious and healthy eating and drinking habits and oral health through providing a healthy menu, discussion, education and role modelling.
- Provide a climate for eating and oral health that encourages independence.
- Encourage children to be aware of the different food and beverage varieties and food and beverage requirements of various cultures.
- Provide opportunities for children to develop healthy eating, drinking and oral health habits through role modelling, positive food and eating experiences, meaningful communication and a happy environment.
- Promote food storage and handling procedures that reduce the cause of illness and meet state regulations for providing registered food premises where necessary.

### **Implementation:**

#### **Nutrition in centres that provide meals:**

The Centre will design a menu in accordance with best practice guidelines for meeting the nutritional needs and dietary requirements of young children. We will provide children with a variety of tastes, textures, and flavours to encourage their appreciation of food and allow them to experience the diversity of food and beverages.

Families and educators are provided access to resources from "Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood" and the Australian Dietary Guidelines during orientation as guidance on healthy eating and physical activity.

### **Strategies:**

- The service menu promotes the consumption of fruit and vegetables on a daily basis and healthy food options in line with Australian Guidelines (Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009 and Australian Dietary Guidelines. National Health and Medical Research Council, 2013 <http://www.eatforhealth.gov.au>).
- The service menu is assessed by the Healthy Eating Advisory Service and meets the Menu planning guidelines for long day care.
- Menus will be planned to meet the recommended minimum food and beverage requirements and will be reviewed each season to include seasonally appropriate food and ensure variety.
- Milk will be served with meals at least once per day. Calcium sources will be obtained from a variety of foods.
- Only calcium fortified soy and rice beverages will be used as a substitute for milk.

- Children will have access to breads/cereals or fruit/vegetable snacks if they are hungry between meals.
- Water will be the primary drink and will be available at all times.
- Parents of children on special diets will be asked to provide details of any special food needs compiled by a medically qualified doctor.
- As children develop, the texture of the food provided will change to meet their stage of development.
- It is recommended to review food size and textures. For example: Grapes; slice in half to reduce the risk of choking.
- Sometimes foods and sweetened drinks (juices, cordial and soft drinks) are not provided by the service and are discouraged from being brought from home.
- The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service's healthy eating policy. Fundraising activities reflect the healthy eating policy and promote healthy lifestyle messages and discourages discretionary foods.
- Diversity and culture are considered when menu planning.

**In centres that do not provide meals:**

- Clearly marked baskets will be provided for parents to unpack food ready to be stored in the fridge area.
- Food is to be placed into the fridges provided as soon as the lunch box arrives to ensure that food is safely handled.
- Food storage practices are to be well signed so parents understand the expectations for food to be placed in fridge baskets.
- Should team members recognise that food and beverages brought from home has not been refrigerated in accordance with food safety requirements; the child is not to be given the food to eat. Alternative food is to be offered to children in this circumstance. The parent will be notified of the incident and the requirement for appropriate food storage.

**The following policy guidelines will apply to all centres:**

**Food and beverage allergies:**

This centre adopts policies and procedures with a view to ensuring that we are a nut-free zone. Whilst we are unable to guarantee this, all reasonable and possible steps are taken to seek to comply with this mandate. If your child has food allergies, then please notify your Centre Director of their specific requirements. Additional information on Food Allergies can be sourced from Anaphylaxis Australia.

**Environment and Culture:**

Mealtimes atmosphere as well as the attitude and behaviour of team members are important to the development of healthy eating practices. The service aims to provide an eating environment that promotes family and multicultural values.

**Strategies:**

- Each Centre will provide children with flexible eating times which are reflective of the individual developmental and nutritional needs of the children.
- Presentation of each meal to the children is important to support positive healthy eating habits.
- Team members will sit with children and share the same food as often as possible.
- Mealtimes will be pleasant routine times where children use appropriate utensils that

- will encourage the development of eating skills and independence in eating.
- Appropriate seating arrangements that will encourage children's self-help skills and conversation will be used.
- Food will never be used as a form of punishment either by its provision or denial.
- Special occasions, fundraisers and parent events will be celebrated with nutritional culturally appropriate foods and beverages e.g. Birthdays, cultural and religious days.
- Recipes and food awareness activities will be chosen from a variety of cultures.
- Parents will be advised in advance of these days and given the opportunity to withdraw their child as they deem necessary.

#### **Hygiene:**

Careful preparation, storage and reheating of food and drinks and correct food handling techniques are necessary to ensure food safety and the possibility of contamination.

#### **Strategies:**

- Food and beverages will be stored in an appropriate manner and all necessary documentation will be in place to validate correct food storage.
- In states where there is a requirement for a food safety supervisor the appropriate team members will receive training and ensure that all requirements associated with this responsibility are met.
- In states where it is necessary, all relevant team members involved in the preparation and delivery of food to children will hold a food handlers' certificate. In states where this is not a regulatory requirement, team members will receive in-house training from team members with relevant qualifications to ensure that best practice is understood for the handling of food.
- Team members will wash hands thoroughly before handling food (team members should gather all things necessary for food preparation before they begin). Touching the fridge or cupboards or other things in the kitchen in the middle of food handling will require them to re-wash their hands before recommencing food preparation.
- Children need to wash their hands before eating or preparing food; team members are expected to role model good hand washing techniques.
- Team members will discourage children from handling other children's food and utensils.
- Team members will encourage the correct sharing of food at tables (e.g. when fruit platters are shared).
- Waste bins need to be emptied soon after lunchtime or fruit time session has finished to minimise the risk of contamination.

#### **Safety:**

It is important that team members remain vigilant to children's safety when sharing and/or supervising mealtimes.

#### **Strategies:**

- Children will be quietly seated and will be supervised when eating. (Please also refer to the Highchair Policy).
- Food will be served in appropriate portion sizes to allow children to chew and swallow without fear of choking.
- Children will not be force-fed.
- Children will not be given food or drinks (including bottles) whilst they are on mattresses or cots.

## **Education:**

The early learning centres play an important role in the educating children about food, beverage, nutrition and dietary requirements and oral health. 'Being healthy' lifestyle choices include promoting good food and beverage choices, an appreciation of a variety of food (cultural, textural, smell, taste, etc.), inclusion of an appropriate amount of exercise daily and good oral health habits and practices. Families will be offered information on a range of food, nutrition and oral health topics.

### **Strategies:**

- Food, beverage and oral health awareness activities will be included in the program and children will be encouraged to be involved in "hands on" food preparation activities.
- Foods being served to children will be discussed with them.
- The service provides a positive eating environment with relaxed, social and enjoyable experiences by:
  - encouraging independence at meal and snack times
  - educators and staff sitting with the children at meal and snack times to role model healthy eating and for socialisation and learning.
  - educators and staff sharing food with the children, where appropriate
  - children being given plenty of time to eat and socialise.
- Food and drink are not used as an incentive, bribe or reward at any time.
- Educators and families recognise they are role models and are encouraged to bring foods and drinks in line with the service's healthy eating policy. Where possible, healthy- eating options are encouraged at events, professional development and meetings.
- Healthy body image and an enjoyment of eating are encouraged by the service.
- Children will be involved in activities that demonstrate physical growth e.g. Height charts and promote physical activity.
- Children will be involved in activities that demonstrate good oral health practices.
- Information about food, food safety, dietary requirements, nutrition and oral health will be provided to families and team members.
- Menus will be displayed at the service and recipes will be provided to families.
- Families will be encouraged to be a part of the centre's nutritional experience by providing recipes, sharing a meal with the children and providing multicultural experiences and values if they so desire.
- Communication with families about each child's daily intake and enjoyment of food will provide for long term healthy eating patterns.

## **Learning and skills**

- Educators and staff involve children in healthy food experiences through growing, cooking and shopping.
- Opportunities to learn about food, healthy eating and oral health are embedded in the educational program.
- Educators are supported to access a range of resources and professional development to increase their capacity to promote healthy eating and oral health initiatives for children.
- Healthy eating and oral health policy requirements are included in educator and staff orientations / inductions.

## **Engaging children, educators, staff and families**

- Educators, staff, children and families are seen as key partners in promoting and

- supporting healthy eating and oral health initiatives in the service.
- Educators, staff and families are provided with information, ideas and practical strategies on a regular basis to support healthy eating and oral health in the service and at home.
- Families' experiences, expertise and interests are drawn upon to support healthy eating and oral health initiatives.
- Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about food and eating are respected.
- Educators are supported to consume healthy foods and drinks at work
- When food is provided to educators and staff for meetings, celebrations and events, healthy food options are included and discretionary options are discouraged.

### **Community partnerships**

- The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote healthy eating and oral health initiatives.

### **Breastfeeding, Breast Milk and Bottle Warming**

#### *Formula or Breast Milk Food Safety*

Breast milk or formula in feeding bottles is not to be reheated. Families need to provide additional portions of formula or breast milk to cover the babies feeding requirements.

To confirm understanding of this policy the following example is provided. If formula or breast milk is made up and the child only drinks 40ml, this feeding bottle must be discarded. Therefore if the child needs another feeding bottle in 1 hour later, a fresh sterilised feeding bottle needs to be made.

Healthy lifestyles and good nutrition for each child is paramount. As such, we encourage all families to continue breast feeding their child until at least 12 months in line with recommendations for recognised authorities.

We aim to work with families with children who are still being breastfed and provide a supportive environment by feeding children breast milk supplied by their families. We will provide a supportive environment for mothers to breastfeed.

Families will be regularly reminded by educators and the service to update the service in regards to their child's preferences, habits, likes, dislikes, dietary requirements and restrictions.

#### **Breast milk procedure**

- Breast milk that has been expressed should be brought to the service in a clean sterile container labelled with the date of expression and the child's name.
- We encourage families to transport milk to the service in cooler bags and eskies; this should be immediately given to educators, who will put it in the refrigerator.
- We will refrigerate the milk at 4 degree Celsius until it is required.
- Breast milk will be warmed and/or thawed by standing the container/bottle in a container of warm water.
- The milk will then be temperature tested by educators before being given to the child.
- If the service does not have enough breast milk from the family to meet the child's needs that day, individual families will be consulted on what the service should do in these circumstances.
- To avoid any possible confusion, we will not store unused milk at the service.

- Unused milk will be returned to families at the end of the day when they come to collect their child.
- A quiet space with a comfortable chair will be provided for mothers/women to breastfeed or express milk.

### **Safe Storage and Heating of Babies Bottles (Please display)**

Our service will use microwaves or bottle warmers to heat Infant Formula/Cow's Milk

#### **Microwave Instructions (Please display)**

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

#### **For infant formula or cow's milk, the service will always:**

- Use microwave safe bottles.
- Heat a minimum of sufficient levels of formula/cow's milk in the bottle to ensure it does not overheat.
- Only heat formula/cow's milk that has been adequately refrigerated.
- Stand the bottle up straight
- Always take off the teat/bottle top and leave outside the microwave.
- Not use microwave ovens with wattage over 700W (or if ovens with a higher wattage are used, heat for less than the following times and take extra care when checking temperature)
- Follow specific manufacturer instructions provided with the microwave for recommended heating requirements.
- Minimise the risk of uneven heating by adequately rotating and shaking the bottle directly after microwaving. After the teat/bottle top is replaced, Invert the bottle at least 10 times and let the bottle sit for 1-2 minutes before testing the temperature.
- Check the temperature of the formula/milk on the inside of the wrist before giving to the child to ensure contents are at a safe temperature.

#### **Bottle Warmers**

Our service will use bottle warmers that have a thermostat control to heat Infant Formula/Cow's Milk/Breast Milk:

- The service will use the bottle warmer as per the manufacturer's instructions.
- Educators will ensure that bottle warmers are inaccessible to children at all times.
- Bottles will be warmed for less than 10 minutes.

#### **Related Policies:**

- 35 - Anaphylaxis Policy
- 92 - Health and Wellbeing Policy
- 36 - Asthma Policy
- 85 - Diabetes Policy
- 88 - Child Safe Environment Policy
- 94 - Cystic Fibrosis Policy
- 30 - Dental Care Policy
- 91 - Epilepsy Policy
- 29 - Food Safety & Hygiene
- 27 - Health & Hygiene Policy
- 32 - Infectious Diseases and Immunisation Policy
- 87 - Medical Conditions Policy

- 33 - Medication Policy
- 93 - Physical Activity Promotion Policy
- 61 - Fundraising Policy
- 40 - Rest Time/Sleep Policy
- 31 - Illness Policy
- 41 - Smoke, Alcohol & Drug Free Environment Policy
- 42 - Sun Protection and Safety Policy

## **Appendices - Additional information**

### **Appendix 1**

Healthy eating and oral Health: For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the 'Healthy Eating and Oral Health' health priority area focuses on supporting healthy eating, including nutrition, positive food habits and food literacy, and supporting oral health and hygiene practices.

Healthy eating: Eating a wide variety of foods from the five food groups each day. These are:

- Fruit
- vegetables and legumes/beans
- grain (cereal) foods, mostly wholegrain
- milk, yoghurt, cheese and alternatives
- lean meat, poultry, fish, eggs, tofu, nuts and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.

Nutrition: The process of providing or obtaining the food necessary for health and growth.

Discretionary/sometimes food and drink: Discretionary/sometimes food and drink is high in fat, sugar and salt or a combination of these. They typically have very little nutritional value and are often processed and packaged.

Examples of 'sometimes foods' include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips

- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, frankfurts/hot dogs, salami, strasbourg, devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.

Sometimes foods can also referred to as "discretionary" or "extra" foods.

## **Appendix 2**

### **Healthy Eating Guidelines**

- Exclusive breastfeeding is recommended, with positive support, for babies up to six months. Continued breastfeeding is recommended for at least 12 months - and longer if the mother and baby wish.
- If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.
- Introduce suitable solids at around six months.
- Make sure that food offered to children is appropriate to the child's age and development, and includes a wide variety of nutritious foods consistent with the Australian Dietary Guidelines.
- Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.
- Plan mealtimes to be positive, relaxed and social.
- Encourage children to try different food types and textures in a positive eating environment.
- Offer an appropriate amount of food, but allow children to decide themselves how much they will actually eat.
- Offer meals and snacks at regular and predictable intervals.
- Ensure that food is safely prepared for children to eat - from the preparation stages to consumption.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed:** 18/08/2023

**Next review date:** 15/08/2024

**Endorsed by:** Approved Provider, Centre Director and Educators

### **References:**

#### **NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted</i>
	2.1.3	<i>Healthy eating and physical activity are promoted and appropriate for each child</i>

## **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	<i>77 Healthy, hygiene and safe food practices</i>
	<i>78 Food and beverages</i>
	<i>79 Service providing food and beverage</i>
	<i>80 Weekly menu</i>
	<i>90 Medical conditions policy</i>
	<i>91 Medical conditions policy to be provided to parents</i>
	<i>162 Health information to be kept in enrolment record</i>
	<i>168 Education and care service must have policies and procedures</i>

## **EYLF**

LO3	<i>Children recognize and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).</i>
	<i>Children are happy, healthy, and safe and connected to others.</i>
	<i>Children show an increasing awareness of healthy lifestyles and good nutrition.</i>
	<i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</i>
	<i>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.</i>
	<i>Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.</i>
	<i>Educators model and reinforce health, nutrition and personal hygiene practice with children</i>

## **Other References:**

- Handbook on Child Care Licensing
- QIAS Principle 6.1, 6.2, 6.3
- Food Safety Legislation 2001
- Local Council Regulations for Food Premises
- The Food Act 2003.
- Occupational Health & Safety Act 2004

## **Additional Sources and Further Reading:**

- Caring for Children: Food, nutrition & fun activities (3rd ed.) Bunney & Williams (1998)
- Anaphylaxis Australia <http://www.allergyfacts.org.au/> (Sourced 28th July 2008)
- Department of South Australia - Department of Health (2006)Food Safety Resources CD
- Feeding and Nutrition of Infants and Young Children (World Health Organisation, 2000)
- Australian Breast Feeding Association Guidelines
- Infant Feeding Guidelines. National Health and Medical Research Council, 2012
- Get Up and Grow. Healthy Eating \_and Physical Activity for Early Childhood. Australian Government, 2009
- Australian Dietary Guidelines. National Health and Medical Research Council, 2013 <http://www.eatforhealth.gov.au>



## **29 - FOOD SAFETY AND HYGIENE POLICY**

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### **Position Statement**

Team members need to have a thorough understanding of the importance of food safety and their role in ensuring that the food the children consume at the centre is safe and hygienic. Our policy reflects the Food Safety Standards of Australia in relation to safe premises, practices and equipment standards.

### **Objective**

To ensure all team members have a clear understanding of the expectations in regards to safe food handling and safe food storage practices. To share safe food handling and storage information with families to encourage safe practices at home.

### **Implementation**

All childcare centres need to comply with the Food Safety Standards which were developed by Food Standards Australia New Zealand (FSANZ) to protect children from unsafe food. Food safety is achieved when hazards are identified and controlled from point of production through to handling, transporting and serving food and the use of leftovers. In addition to the Food Safety Standards some centres are required to adhere to state specific legislation.

Each centre that provides food at their centre will develop a food safety plan that complies with the Food Act 1984 including Australia and New Zealand Food Authority standards 3.1.1, 3.2.1, 3.2.2 and 3.2.3.

All cooks will be required to have completed an accredited food handling course as specified by their Support Manager in accordance with the state and local government regulations. Informal food handling training will be provided for all centre team members in regards to safe food handling practices upon induction and updated at team meetings in accordance with best practice guidelines.

### **Food Safety Practices**

Whilst an individual food safety plan has been developed for the centre it is essential that plan is implemented consistently to ensure that the centre adheres to safe food practices at all times.

Please refer to the centre job descriptions and Food Safety Plans for roles and responsibilities within the organisation in relation to food safety.

All staff of the centre should be aware of, and sensitive to children with cultural diverse or indigenous backgrounds and culturally practices without deviating from the Hygiene and Food Safety Policy or Food Safety Plan of the centre.

All team members responsible for the handling of food will ensure that they are familiar with the requirements of the food safety plan.

The Cook is responsible for the completion of the schedules and log in the Food Safety Plan and Centre Checklists. The Food Safety Supervisor and Cook are responsible for the completion of the internal food safety audit.

The cook and the food safety supervisor will be point of contacts for hygiene and food safety. The cook and food safety supervisor will work with Management and authorities to resolve any issues associated with hygiene and food safety.

All staff members are involved for monitoring and assessing the risk of food and hygiene practices within the centre. The cook, food safety supervisor and OHS&W officer of the centre are responsible to manage, assess and monitor the risks raised.

### **Purchase of Food Products**

- Food MUST be checked on arrival at the centre prior to storing. Each item is to be visually inspected for packaging integrity and for visible contaminants.
- Food products must meet temperature requirements as per standards. Cold food must be below 5°C and frozen food must be hard frozen. Thermometers are to be cleaned and wiped with an alcohol swab.
- Food is to be checked that it is adequately labelled with the Manufacturer's or Importer's details, a description of the ingredients/food and a use by date or batch code.
- Raw food is to be transported separately from other foods to prevent cross contamination.
- Potentially hazardous foods include; milk and milk products, egg products, meat, poultry, seafood, smallgoods, prepared foods such as pasta or rice dishes, salads, etc. These items must be moved into temperature controlled storage facilities within 15 minutes of arrival at the centre
- Any foods delivered in breach of these guidelines are to be returned to the supplier.

### **Safe Food Storage**

- Food is to be stored in appropriate areas which have been specifically designated as food storage areas. No other items (ie chemicals, cleaning equipment, personal belongings, etc) will be stored in this area. Food is to be stored on shelving, no food is to be placed on the floor.
- Thermometers will be installed on fridges and freezers to ensure appropriate temperatures are maintained and thermometers will be calibrated in accordance with the centre food safety plan
- Stock of the same type is stored in rotation so that the oldest stock (nearest to the use by date) is used first. Different batches of food are not mixed together in storage containers.

### **Hand washing**

Hand washing is a critical element in minimising the spread of food borne illnesses and the cross contamination of foods.

- As per the centre Hygiene policy, hand washing with soap will be carried out by team members and children:-
  - ✓ Upon arrival and departure from the Centre
  - ✓ Before preparing, serving, or eating food
  - ✓ Before preparing a baby bottle and before feeding an infant a bottle
  - ✓ After handling raw food
  - ✓ After handling garbage
  - ✓ After wiping anyone's nose
  - ✓ After touching ears, nose, hair, mouth or other body parts
  - ✓ After toileting themselves
  - ✓ After every break

Hands must be dried with a single use disposable paper towel or under an air drier. Dishwashing or food preparation sinks are NOT used for hand washing.

Food handling gloves, where used, are;

- Changed according to the hand washing requirements listed above
- Discarded and changed when damaged

- Not re-used
- Not worn outside of the food work area

## **Food Preparation**

- Long hair is to be tied back or covered so that it cannot contaminate food. Jewellery is limited to plain banded rings and sleepers for pierced ears.
- Food handlers with open cuts or wounds on their hands or arms must not handle food or food equipment, unless the injury is completely protected by a brightly coloured waterproof bandage. Flesh coloured adhesive dressing or bandages are not used.
- Disposable gloves are worn over bandages on hands. Bandages and gloves are changed regularly.
- Ready to eat foods are not handled with bare hands. Utensils such as tongs, spoons, spatulas as well as clean, gloved hands are used.
- Separate utensils or equipment are used for the preparation of raw food and cooked or ready to eat foods.
- Utensils or equipment which is used for both raw and cooked or ready to eat foods, are cleaned and sanitised between uses.
- All utensils and equipment are maintained in a clean, sanitary condition and are maintained in a good state of repair.
- Raw fruits and vegetables are thoroughly rinsed in water to remove any contaminants.
- Potentially hazardous foods outside of temperature control during preparation are returned to refrigeration as soon as possible, or otherwise cooked or served immediately.
- Frozen food is thawed under refrigeration to maintain the temperature of the food below 5°C.
- Food which is thawing is stored in an area of the refrigerator so that it does not contaminate other food. Thawed food is not to be refrozen.
- All food is cooked to a core temperature of 75°C for 2 minutes.
- Cooking of food follows a standard recipe and procedure to achieve the correct temperature.
- Any tasting of food is done with a separate, clean and sanitised utensil each time. Fingers are not used for tasting food.

## **Food Safety at Mealtimes**

- Team members will ensure that the eating tables and utensils have been cleaned and sanitised prior to use
- Team member will test the temperature of food before serving to children (to ensure not too hot). It is recommended that food offered to children will be less than 65 Degrees Celsius (this may be lower for younger children). Please record the temperature of food served on the “Child Wellbeing Schedule or Book” after the menu item. For example Chicken Curry & Rice (62 degree Celsius).
- Team members will ensure that children wash their hands before meal times
- Team members will ensure that children will not eat food that has been handled by another child
- Team members will ensure that food that has been dropped on the floor is not eaten by anyone
- Team members will ensure that eating and drinking utensils are not shared
- Team members will encourage children’s independence whilst still maintaining hygiene in the serving of food
- Team members will ensure that children are seated whilst eating (to prevent choking) and will reinforce this to children in a positive manner
- Team members will discuss food safety practices with the children

## **Food Safety for Pacifiers and Feeding Bottles**

Policy Handbook – P004.7.2024

### **Formula or Breast Milk Food Safety**

Potential hazard foods include dairy products such as milk. Potentially hazardous food that requires reheating must be reheated rapidly (in under 2 hours) to 60°C or hotter. Potentially hazardous foods should be discarded and never reheated a “second” time. For clarification cooking is the first stage of heating milk/food, once milk/food cools and is reheated (this is the first re-heat). Potential hazardous food should be discarded and not reheated the second time.

Breast milk or formula in feeding bottles is not to be reheated the second time. It is recommended that families provide additional portions of formula or breast milk to cover the babies feeding requirements to avoid the need to reheat.

General guidance is it recommended that a fresh batch of breast milk or formula milk be used at each mealtime. If formula or breast milk is made up and the child only drinks 40ml, this feeding bottle should be discarded. If the child needs another feeding bottle in 2 hour later, a fresh sterilised feeding bottle needs to be made. Please place a time label the bottle to track time bottle was made or use wellbeing chart to document time bottle was made.

For different milk types please follow the relevant procedure.

#### **Breast Milk: Important food safety tips include:**

- use fresh breastmilk whenever possible;
- if mother is expressing breastmilk, hand hygiene procedure needs to be followed. ie. wash and dry hands before handling equipment and milk;
- use sterile equipment and containers;
- store expressed breastmilk in a sterile, food-grade container and label the container with the date it was expressed;
- store expressed breastmilk in:
  - the fridge (in the back where it is coldest) for no more than 72 hours; or
  - the freezer compartment inside a fridge (-15°C) for up to 2 weeks; or
  - in the freezer section of a fridge with a separate door (-18°C) for 3 months;
- thaw frozen milk in the fridge. Thawed breastmilk should be used within 24 hours;
- rewarm expressed milk by standing the container in heated shallow water for no more than 15 minutes;
- Bottles (by themselves) in microwave ovens are not recommended to re-warm milk as they heat unevenly and overheated parts of milk can contain ‘hot spots’ that can burn a baby’s mouth;
- Check temperature of milk before feeding your baby by placing a drop of liquid on the inside of the wrist. It should feel warm;
- do not re-freeze expressed breastmilk;
- discard expressed milk after 2 hours at room or warm temperatures;
- once feeding has begun, any unused breast milk should be discarded after the feed; and
- use extra care with hygiene if parent, guardian and caregivers are suffering illnesses (see Illness Policy).

#### **Powdered formula: Important Safety Tips**

Harmful microorganisms such as Cronobacter sakazakii (previously known as Enterobacter sakazakii) and Salmonella occur naturally in the environment and might be present in many foods, including powdered infant formula. While manufacturers have strict controls in place to minimise contamination, powdered infant formula is not sterile. Take care to prepare and store Formula powder safely, to help reduce any risk of illness.

#### **Before preparing formula**

- Wash thoroughly hands and food contact surfaces (e.g. benchtops) with soap and warmwater and dry thoroughly.
- Wash and sterilise equipment such as bottles, teats and utensils.
- Use sterile tongs to remove bottles and so on, to avoid re-contaminating the equipment

### Preparing formula

- Wash hands thoroughly with soap and warm water and dry with a disposable paper towel.
- Whenever possible, make a fresh batch of infant formula before each feed.
- Prepare infant formula exactly according to manufacturer's instructions.
- Check temperature of infant formula before feeding your baby by placing a drop of liquid on the inside of your wrist. It should feel warm.
- Avoid preparing infant formula if caregivers are suffering illnesses with vomiting or diarrhoea, and take extra care with hygiene.

### After preparation storage

- If not used immediately, when made up infant formula must be stored in a sterilised bottle or
- container at the back of the fridge, in the centre where it is coldest.
- Discard un-used infant formula after 24 hours if refrigerated.

### Re-warming stored, made-up formula

- Remove the prepared formula just before it is needed.
- Re-warm by placing the container in heated, shallow water for no more than 15 minutes or use a commercial bottle warmer.
- Microwaves are not recommended to reheat formula as they heat unevenly and overheated parts of formula can burn the baby's mouth. Discard un-used infant formula after two hours at room temperature.

### **Liquid infant formula: Important food safety tips include:**

Liquid infant formula is sterile before the package is opened. It may be a good alternative when travelling, but consult a health professional to ensure it is appropriate for your baby.

Follow the instructions for the product.

Once opened, if the liquid infant formula is not to feed to your baby immediately:

- Pour into a sterile food-grade container.
- Store immediately in the coldest part of the fridge: at the back, in the centre
- Re-warm by placing the container in heated, shallow water for no more than 15 minutes or
- use a commercial bottle warmer. Eg. Bottle warmer or a microwave bottler warmer device.
- Bottles in microwaves (by themselves) are not recommended to reheat formula as they heat unevenly and overheated parts of formula can burn the baby's mouth. Ie placing bottle in microwave by itself.
- Discard un-used infant formula after two hours out of the fridge.
- Discard after 24 hours in the fridge.

### *Sterilisation of Dummies/Pacifiers*

It is recommended that children have a spare dummy for use.

If a baby uses a dummy it is important to keep it hygienically clean by washing and sterilising it between uses. A dummy that has split or cracked cannot be kept clean because liquid gets trapped inside it and allows germs to breed. Always check the baby's dummy for cracks or splits before giving it to them to suck and throw the dummy away if it is damaged.

Your mouth contains germs which can harm your baby. Never put a dummy in your mouth to clean it. Clean and sterilise the dummy regularly by boiling, steaming or using a chemical sterilising agent.

Please refer to methods below sterilising bottles for dummies/pacifiers.

To clean and sterilise a dummy you should:

- Start by washing your hands with soap and water according to the correct hand washing technique.

- Wash your baby's dummy in soapy water and rinse well in plain water.
- Sterilise the dummy, either by boiling, steaming or using a chemical steriliser. You can sterilise several dummies at the same time, and if the baby feeds from a bottle you can sterilise bottles, their teats and dummies together.

To sterilise a dummy by boiling:

- Place the dummy in a saucepan of tap water and put the lid on.
- Bring to the boil and leave to boil for five minutes.
- Allow the water to cool before removing the dummy.
- Allow the dummy to air dry – do not wipe it dry.

To sterilise a dummy using chemical steriliser:

- Follow the directions on the packaging regarding the quantities of steriliser and water to use.
- Mix the solution in a clean plastic container.
- Always make a fresh sterilising solution each day.
- Ensure that the dummy is completely covered by the sterilising solution. It won't clean properly if the dummy is floating on top.
- Never add metal utensils to the sterilising solutions, for example do not use a metal spoon to remove the dummy.
- Do not rinse the dummy after removing it from the sterilising solution

Where a baby does not have a clean spare dummy educators will sterilise a dirty dummy. Educators will advise parents to discard the dummy if the baby has an infection.

For children over 12 months old dummies can be cleaned by washing with warm, soapy water and rinsing well.

#### *Sterilisation of Bottles*

Educators will sterilise all bottle-feeding equipment for babies up to 12 months old. The bottles, teats etc. will be washed in warm, soapy water using a clean bottlebrush to thoroughly remove all traces of milk. The bottles will be rinsed and then sterilised by one of the following methods.

#### Method 1: Boiling

Educators will:

- Place all equipment in a large pot and cover with tap water (make sure your water meets the Australian Drinking Water Guidelines if you are not using town water).
- Make sure there are no air bubbles trapped inside the bottles.
- Put the saucepan lid on and bring to the boil.
- Allow five minutes of rapid boiling.
- Turn off heat and allow to cool.
- Make sure they wash their hands thoroughly with soap and water before handling the equipment.
- Store the sterilised equipment in a clean container in the fridge and re-boil after 24 hours if it has not been used before then.

#### Method 2: Microwave steam sterilisers

Educators will:

- Read the instructions carefully.
- Check the microwave power needed to sterilise the equipment properly because not all microwave ovens are the same.
- Do not use metal inside these sterilisers.

#### Method 3: Steam steriliser appliances

Educators will use a steam steriliser appliance to the manufacturer's directions and:

- Place the equipment in the steriliser and add the recommended amount of water.
- Put the lid on and steam the equipment for the recommended period of time.
- Keep the lid on until the bottles are needed.
- Wipe and dry the inside of the container once a day to keep it clean.

#### Method 4: Sterilising chemicals

Educators will carefully follow the manufacturer's instructions to ensure correct strength and:

- Mix the chemicals with water in a big plastic or glass bowl
- Place all equipment in the solution ensuring all surfaces are covered– for example, by squirting solution through teats and getting rid of any air bubbles.
- Soak the equipment for at least one hour (or follow directions of chemicals) and change the solution every 24 hours.
- Scrub the container with warm soapy water and rinse thoroughly before refilling with new solution.
- Remove the equipment and shake off excess solution, but do not rinse.
- Use only glass or plastic, as metal will rust when left in the solution.

#### **Food Handlers Health Issues**

- Should a food handler be unwell they will be excluded from all food preparation and food handling duties
- It is the food handler's responsibility to notify their supervisor if they are suffering from vomiting, diarrhoea, sore throat with fever, fever and/or jaundice. If the food handler is suffering from one or more of these symptoms they must not work with food. They will be required to obtain a medical clearance before returning to work

Additional information in regard to our centre practices in the provision of meals at the centre can be obtained from the;

- Nutrition, Food, Beverage & Dietary Requirements Policy
- Anaphylaxis policy
- Dental and Oral Health policy
- Health and Hygiene policy
- Food Safety Plan

#### **Food Safety and Hygiene Documentation, Records, Forms and Checklists**

All documentation associated with Food Safety and Hygiene is required to be completed and filed in the relevant files and folder detailed in the Food Safety Plan.

Please refer to the Food Safety Plan for the following schedules and checklists:

- Internal Audit Record
- Cleaning Procedure Schedule
- Cleaning Record
- Thermometers Calibration Log Schedule
- Customer Complaints Schedule
- Approved Supplier Register
- Product Receipt Log
- Equipment Temperature Log
- Records of Staff Illness Which Prevents Them from Handling Food Log
- Cooking Temperature Verification Log
- Training Record
- Chemical Storage and Record of Chemicals Used in Food Preparation Area Log
- Corrective Action Log

#### **Disease Management**

All childcare services must notify the State Health Authority if an outbreak of an infectious disease that is preventable occurs. The centre will collect and keep up to date records detailed in the Food Safety Plan.

If this occurs, the following should happen:

1. The child's parent/guardian or staff member is to notify the centre of their diagnosed disease.
2. The Centre Director will call the State Health Authority to advise of any disease outbreaks.

### **Preventative Strategies**

Please refer to the following following policies and references:

- Immunisation Policy – 32
- Health & Hygiene Policy – 27
- Food & Nutrition Policy
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)
- Food Safety Plan

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

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#### **Reference:**

##### **NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.3	<i>Healthy eating and physical activity are promoted and appropriate for each child.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	77	<i>Health, hygiene and safe food practices</i>
	78	<i>Food and beverages</i>
	79	<i>Service providing food and beverages</i>
	80	<i>Weekly menu</i>
	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	162	<i>Health information to be kept in enrolment record</i>
	168	<i>Education and care service must have policies and procedures</i>

#### ***EYLF***

LO3	<p><i>Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).</i></p> <p><i>Children are happy, healthy, safe and connected to others.</i></p> <p><i>Children show an increasing awareness of healthy lifestyles and good nutrition.</i></p> <p><i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.</i></p> <p><i>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.</i></p> <p><i>Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.</i></p> <p><i>Educators model and reinforce health, nutrition and personal hygiene practices with children.</i></p>
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**Other References:**

*Handbook on Child Care Licensing*

*QIAS Principle 6.1, 6.2, 6.3*

*Food Safety Legislation 2001*

*Local Council Regulations for Food Premises*

*The Food Act 2003.*

*Fact Sheet: Feeding Babies and Food Safety: Government of SA, Food Safety and Nutrition Branch, SA Health*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)*

*Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)*

*Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)*

*Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

*Occupational Health &Safety Act 2004*

**Additional Sources and Further Reading:**

- *Food Hygiene Australia(2008) 'Food Safety News' Issue 2, May 2008*
- *Food Standards Australia New Zealand (FSANZ) [www.foodstandards.gov.au](http://www.foodstandards.gov.au) (Sourced 13<sup>th</sup> October 2008)*
- *Tansey, S (2006) 'Food Safety' National Childcare Accreditation Council Fact Sheet*
- *Caring for Children: Food, nutrition & fun activities (3<sup>rd</sup> ed.) Bunney & Williams (1998)*
- *Anaphylaxis Australia <http://www.allergyfacts.org.au/> (Sourced 28<sup>th</sup> July 2008)*
- *Department of South Australia – Department of Health (2006) [Food Safety Resources CD](#)*
- *Meat and Livestock Australia – Food Safety [www.safefood.net.au](http://www.safefood.net.au) (Sourced 13<sup>th</sup> October 2008)*
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- *Australian Guide for Healthy Eating, retrieved on 1 march 2010 from [http://www.health.gov.au/internet/main/publishing.nsf/Content/E384CFA588B74377CA256F190004059B/\\$File/fd-cons.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/E384CFA588B74377CA256F190004059B/$File/fd-cons.pdf)*
- *Food Act 1984*
- *Occupational Health and Safety Act 2004*
- *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers Endorsed 10 April 2003*
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)*
- *Food Safety Standards for Australia 2001*
- *Food Standards Australia and New Zealand Act 1991*
- *Food Standards Australia New Zealand Regulations 1994*

## **30 - DENTAL AND ORAL HEALTH POLICY**

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### **Position Statement**

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Early childhood education and care services play an important role in promoting young children's oral health. This is a time when lifelong oral health behaviours are being formed.

Oral health is essential for children's overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, affecting over half of all Australian children, making it five times more prevalent than asthma. Tooth decay is Australia's most prevalent health problem despite being preventable (*Rogers J, Prevention and Population Health Branch, Government of Victoria, Department of Health, 2011, Evidence based oral health promotion resource*).

### **Objective**

The educators, staff and management acknowledge the importance of oral health behaviours that contribute to overall health and wellbeing.

This policy confirms our commitment to:

- create environments that support good oral health and general health
- encourage children and educators to make healthy food and drink choices.

As a health promoting service we will promote the oral health of children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

### **Implementation**

- The Centre will promote healthy eating habits – encouraging fresh fruit, minimal sweet foods, and plenty of water to drink. This will be communicated to the children during group time sessions, throughout the curriculum (ie healthy cooking experiences) and also through general discussions at mealtimes.
- The service menu promotes the consumption of fruit and vegetables on a daily basis and healthy food options in line with Australian Guidelines.
- Sometimes foods and sweetened drinks (juices, cordial and soft drinks) are not provided by the service.
- Safe drinking water (preferably tap water) is available indoors and outdoors at all times and is accessible to children. Children are encouraged to drink water regularly. Only tap water or plain milk is provided.
- Where possible the centre will arrange visits to the centre by a dental hygienist or similar to promote the care of children's teeth.
- The Centre will promote the development of healthy eating habits to families. Information will be available for families through newsletters, centre displays and appropriate literature which supports healthy eating habits and the care of ones teeth. Where possible this information will be provided in the home languages of the centre.
- All children will be encouraged to have a drink of water after eating to rinse their mouth. Water will be swallowed.
- The Centre may choose to introduce a tooth brushing program for children over three years of age (or younger), in consideration with current recommendations in regards to how often each day young children should brush their teeth. Should tooth brushing be implemented at the centre, this would be with written consent from the families and under strict health and hygiene guidelines.
- The centre will liaise with families to establish dental care practices both in the home and centre environment.

## **Learning and skills**

- Children have opportunities to learn about, and develop skills for oral health through the educational program.
- Staff talk to children about age appropriate tooth brushing and why this is important.
- Educators are supported to access a range of resources and professional development opportunities to increase their capacity to promote oral health initiatives for children.

## **Dummies (Pacifiers) in our Centre**

Some parents choose to send their child to the centre with a dummy for comfort. Should a child present at the centre with a dummy the following will be applied in order to promote oral care and sound hygiene practices.

- Dummies are NOT to be “dipped” into any sugary substances.
- Dummies should be checked on a daily basis to ensure that they are in good condition. Dummies that have holes or are showing signs of wear and tear pose safety risks from either choking or spread of infection.
- Dummies that have fallen to the floor must be picked up and sterilised before being used again by the child.
- Dummies are NOT to be shared (even with siblings).

## **Baby Bottles in our Centre**

Every year a large number of Australian children are treated for tooth decay as a result of ‘bottle caries’. This type of decay tends to affect infants and young children whose teeth have been exposed to frequent and prolonged exposure of a decay-causing substance. This usually occurs when children are put to bed with a bottle (which may contain breast or dairy milk or similar, formula, fruit juice, cordial, etc) for comfort.

As per our Rest Time/Sleep policy and in accordance with safe sleeping practices no child is to be put to bed with a bottle. In addition to ensuring the child’s safety this also can limit the prevalence of bottle caries in young children.

## **Managing a Dental Emergency**

- Should a dental emergency occur at the centre due to an accident, team members will follow the centre Incident Policy and procedure.

## **Engaging children, educators, staff and families**

- Educators, staff, children and families are key partners in developing and supporting oral health initiatives.
- Educators, staff and families are provided with information, ideas and practical strategies on a regular basis to support oral health in the service and at home.
- The service will regularly provide families with information on oral hygiene and how and where to access public dental services.
- Families’ experiences, expertise and interests are drawn upon to support oral health initiatives.
- Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about oral health are respected.
- Oral health information is provided as part of orientation of new staff including provision of the oral health policy.

## **Community partnerships**

- The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote oral health initiatives.

### **Related Policies:**

- 92 - Health and Wellbeing Policy
- 29 - Food Safety & Hygiene
- 27 - Health & Hygiene Policy
- 61 - Fundraising Policy
- 28 – Nutrition, Food, Beverage, Dietary and Oral Health Requirements Policy

### **Appendix – Additional Information**

#### ***Oral Health Messages for the Australian Public***

- Breast milk is best for babies and is not associated with an increased risk of dental decay.
- A cup can be introduced at around six months, to teach infants the skill of sipping drinks from a cup.
- Put an infant to bed without a bottle or take the bottle away when the infant has finished feeding. Don't let the infant keep sucking on the bottle.
- Use an appropriate fluoride toothpaste (e.g. child's toothpaste) over the age of 18 months.
- Children should have an oral health assessment by the age of two.
- Brush teeth and along the gum line twice a day with a soft brush.
- Drink plenty of tap water (fluoridated if available).
- Limit sugary foods and drinks.
- Choose healthy snacks – fruits and vegetables.
- Pregnant women should have their oral health assessed and treatment needs addressed.

#### **Definitions:**

Oral health: A standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and that contributes to general wellbeing

Discretionary/sometimes food and drink: Discretionary/sometimes food and drink is high in fat, sugar and salt or a combination of these. They typically have very little nutritional value and are often processed and packaged. Examples of 'sometimes foods' include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips
- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry-based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, frankfurts/hot dogs, salami, Strasbourg, Devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Policy Handbook – P004.7.2024

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed:** 27/9/2023

**Next review date:** 15/9/2024

**Endorsed by:** Approved Provider, Centre Director and Educators

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**Reference:**

**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	2.1.3	<i>Healthy eating and physical activity are promoted and appropriate for each child.</i>
QA2	2.2	<i>Each child is protected.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	77	<i>Health, hygiene and safe food practices</i>
	78	<i>Food and beverages</i>
	79	<i>Service providing food and beverages</i>
	80	<i>Weekly menu</i>

***EYLF***

LO3	<i>Actively support children to learn hygiene practices.</i>
	<i>Promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.</i>
	<i>Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.</i>
	<i>Model and reinforce health, nutrition and personal hygiene practices with children.</i>

**Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 6.1, 6.2, 6.6*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

**Sources and Further Reading:**

- Australian Dental Association – [www.ada.org.au](http://www.ada.org.au) (13 October 2008)
- Dental Health Services Victoria (2008) 'Dental care – dummies' [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
- South Australian Dental Service – [www.sadental.sa.gov.au](http://www.sadental.sa.gov.au) (13 October 2008)
- Raphael, S. 'Bottle Caries and Dental Neglect' Westmead Centre for Oral Health CSIRO Vol.10 No. 4 pp31-32

- *Australian Research Centre for Population Oral Health 2011. Dental caries trends in Australian school children. Australian Dental Journal, Vol 56, pp 227–30*
- *Rogers J, Prevention and Population Health Branch, Government of Victoria, Department of Health, 2011, Evidence based oral health promotion resource*
- *Australian Dietary Guidelines, National Health and Medical Research Council, 2013, <http://www.eatforhealth.gov.au>*
- *Get Up and Grow – Healthy Eating and Physical Activity for Early Childhood. Commonwealth of Australia 2009*

## 31 - ILLNESS POLICY

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### Position Statement

Maintaining a healthy community in early learning services is the shared responsibility of parents and team members. Quality standards require services to put specific strategies into action to minimise the spread of infectious illnesses. Early Learning Services are unable to provide care to contagious and ill children.

### Related Policies

Health & Hygiene Policy  
Health and Wellbeing Policy  
Incident, Injury, Trauma and Illness Policy  
Infectious Diseases and Immunisation Policy  
Medical Conditions Policy  
Interactions with Children Policy  
Rest Time/Sleep Policy  
Occupational Health & Safety Policy  
Anaphylaxis Policy  
Asthma Policy  
Diabetes Policy  
Coronavirus Policy  
Cystic Fibrosis Policy  
Epilepsy Policy  
First Aid Policy  
Medication Policy  
Excursion Policy  
Fees Policy  
Nutrition, Food, Beverage & Dietary Requirements Policy

### Reference Documents

Staying Healthy in Child Care – Preventing Infectious disease in child care Fifth Edition publication: <https://www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf>

### Objective

We aim to maintain the health and wellbeing of all children, staff, and their families, ensuring a healthy environment and minimising cross contamination and the spread of illnesses. This policy sets guidelines for caring for and managing children's illnesses to maintain a safe and healthy enrolment.

### Department of Health (Victoria) Infectious Disease Guidance

(Source: <https://www.health.vic.gov.au/infectious-diseases/exclusion-periods-for-primary-schools-and-childrens-services> ):

- In Victoria, children's services such as childcare centres and kindergartens have a responsibility under the Public Health and Wellbeing Regulations 2019 to help manage infectious diseases in their facilities and exclude certain children for periods as specified in the regulations. There is also a responsibility to follow any direction to exclude a child that is made by the Chief Health Officer. If the service has a sick child, management and educator must:

- ensure that unwell children do not attend the service, as per national guidelines (Staying healthy: preventing infectious diseases in early childhood education and care services, 5th edition);
  - isolate children who become unwell during the day from other children and send the unwell child home as soon as possible;
  - exclude the unwell child from the service; and
  - consider actions such as alerting parents or displaying signage.
- It is noted by the Department of Health that childcare services are at particular risk of transmitting infectious diseases because of:
  - close contact with other children and staff
  - lack of previous exposure to common infections
  - lack of toilet training
  - lack of control of other body secretions
  - mouthing behaviour

## **Implementation**

- Our Service adopts the Staying Healthy in Child Care – Preventing Infectious disease in child care (Fifth Edition) publication, developed by the National Health and Medical Research Council to guide the health and wellbeing of children. We aim to provide families with up-to-date information regarding specific illnesses and ways to minimise the spread of infection within the Service.
- As part of illness prevention and communication protocols, the service will display notices and provide information to inform families of illness occurring at the service.
- We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the Service team.
- Children are more susceptible to picking up illnesses when they first start childcare because they come into contact with more people than they do in their own homes and are exposed to a range of infections they may not yet be immune to.
- The need for exclusion and the length of time a person is excluded depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Service, it is important that children and staff who are ill stay away from the Service for the recommended exclusion period.
- The Approved Provider, Nominated Supervisor, Centre Director and/or the Responsible Person/s in Charge of Service has the ultimate responsibility for deciding if a child is well enough to be at and/or return to the Centre.
- Our Educators and Staff are not medical practitioners and are not able to diagnose whether a child has an infectious illness. However, our team have experience in managing illness in an early childhood setting and if an infectious illness or sickness is suspected, we will ask the family to collect their child from care as soon as possible or to not bring the child to care. The service may request families to seek medical advice and provide a medical certificate or clearance stating the following information:
  - the nature of the illness;
  - that the child is not infectious or no longer infectious;
  - if any medical treatment is required or not;
  - the child is well and able to return to childcare; and
  - any other information of importance.
- On receipt of information, the service will determine the exclusion period applicable and return to care plan.
- A child who has been excluded with an infectious illness will require a doctor's clearance or a medical certificate stating length of time required for infectious illness to clear (before they return to childcare).
- A doctor clearance or medical certificate is not required after 5 days of non-attendance (and child is illness symptoms free and well).
- Please see Staying Healthy in Childcare for specific guidance on infectious disease and recommended exclusion period. General guidance when Doctor prescribed child

- antibiotics; child not to attend care if unwell. Child not to attend care until at least 24 to 48 hours after antibiotics are taken based on infectious disease treatment. (Child able to return when not infectious and child is well.)
- Please refer to the Common Illness Guidelines table below for the service policy on illness management and exclusion periods. The table should be read in conjunction with all policies and procedures of the service and the guide "Staying Healthy in Childcare (5<sup>th</sup> Edition)".
  - Sometimes children have ongoing medical needs that can be taken care of at the service such as asthma, anaphylaxis, etc. In these situations, services and family will document the child's general health and behaviour status at enrolment through completion of Medical Management Plans. Please refer to the specific policy for these medical conditions.
  - For children with a reportable illness, the Centre Director, Nominated Supervisor or Responsible Person in Charge of Service will notify the state Health Authorities as appropriate. To ascertain if an illness is reportable, please refer to Staying Healthy for exclusion periods and responsibilities of childcare providers and team members. <http://www.nhmrc.gov.au/publications>. Service team members are also required to maintain the Infectious Disease register at the centre (HEI005). See below further guidelines on notifications and reporting.

**Symptoms indicating a suspected illness may include (but are not limited to):**

<ul style="list-style-type: none"> <li>• Behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy;</li> <li>• High temperature of above 38 Degrees Celsius</li> <li>• Poor circulation;</li> <li>• Loose bowels;</li> <li>• Discharge from the eye or ear;</li> <li>• Red or purple rash;</li> <li>• Poor urine output;</li> <li>• Headaches;</li> <li>• Sensitivity to light;</li> <li>• Difficulty in breathing;</li> <li>• Green mucus discharge from nose</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in swallowing or complaining of a sore throat;</li> <li>• Persistent, prolonged or severe coughing;</li> <li>• Faeces which is grey, pale or contains blood;</li> <li>• Vomiting;</li> <li>• Loss of appetite / poor feeding;</li> <li>• Skin that displays rashes, blisters, spots, crusty or weeping sores;</li> <li>• Dark urine;</li> <li>• Stiff neck or other muscular and joint pain;</li> <li>• Continuous scratching of scalp or skin;</li> <li>• Drowsiness;</li> <li>• Pain.</li> </ul>
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**Common Illness Guidelines – Quick Reference**

The following table should be read in conjunction with all service policies and procedures and the "Staying Healthy in Childcare (5<sup>th</sup> Edition)" guide.

Symptom	What to Consider	Summary of Illness Actions and Exclusions
COVID	<p>COVID-19 symptoms range in severity. The following symptoms are considered mild symptoms in children:</p> <ul style="list-style-type: none"> <li>• mild upper respiratory tract symptoms such as congested or runny nose, sneezing, or a scratchy or <u>sore throat</u></li> <li>• <u>cough</u> with no difficulty breathing</li> <li>• not drinking their usual amount of fluid (such as water) in the past 24 hours</li> <li>• mild <u>vomiting</u> and <u>diarrhoea</u> (fewer than 4 times in the past 24 hours)</li> <li>• mild <u>headache</u> or body aches</li> </ul>	<p>COVID is an infectious disease.</p> <p>If your child displays symptoms of COVID or is diagnosed with COVID stay home.</p> <p>Where children become symptomatic at the service they should:</p> <ul style="list-style-type: none"> <li>• be collected by their parents or carers.</li> <li>• undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test).</li> </ul>

	<ul style="list-style-type: none"> <li>mild <u>fever</u></li> <li>mild <u>fatigue</u></li> </ul> <p>It's also possible to have COVID-19 but have no symptoms at all.</p>	<ul style="list-style-type: none"> <li>Advise service of COVID test result.</li> </ul> <p><b>Guidance:</b></p> <ul style="list-style-type: none"> <li>Person who test positive to COVID-19 should stay home and isolate for 5 days</li> <li>Person should not attend the service after 5 days if still symptomatic</li> <li>Person who are symptomatic but have not tested positive should not attend ECEC services. (If child is negative and has other illness symptoms please refer to policy for guidance.)</li> <li>Stay at home until well and symptoms have resolved.</li> </ul> <p>(Source: Department of Health, from 11.59pm 12/10/2022)</p> <p>Based this advice, parents and carers should advise the service of COVID-19 positive test result and not attend the service for 5 days. (Day zero is day of positive test result.) This aims to prevent the wide spread of COVID to other children, families and educators.</p> <p><i>Symptomatic is defined as exhibiting or involving medical symptoms.</i></p>
Fever	<p>Children and older infants with a temperature of above 38°C. No other symptoms but not normal wellbeing.</p> <p>Per guidelines of Staying Healthy in Childcare (5<sup>th</sup> Ed), key things to remember about fever:</p> <ul style="list-style-type: none"> <li>The normal temperature for a child is up to 38°C.</li> <li>Fever is common in children.</li> <li>If the child seems well and is happy (no other symptoms), there is no need to treat a fever. Monitor and rest.</li> <li>If the child is less than 3 months old and has a fever above 38 °C, contact the child's parent and recommend they take the child to a doctor.</li> </ul> <p><b>Teething:</b> If guardian or parent believe that regular fever is caused by teething and not another illness, a doctors certificate needs to be obtained and documented on a Long Term Illness Form. If child is ill due to teething, the child is still unable to attend the service and exclusion periods still apply until child is well.</p> <p>First Aid will be applied, and Educators will attempt to lower the child's temperature by:</p> <ul style="list-style-type: none"> <li>Taking off their shoes and socks.</li> <li>Applying a cool washer behind their neck and on their forehead.</li> <li>Removing extra clothing layers (jumpers etc).</li> <li>Place the child in a quiet area where they can rest, whilst being supervised.</li> <li>Continue to document any progressing symptoms.</li> <li>Complete Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact.</li> </ul>	<p>When undertaking temperature checks. If initial temperature check is high; please complete two temperature checks using two different thermometer devices each time. Undertake 2 temperature tests 10 minutes apart. Allow child body to stabilise, remove any excess jackets, etc.</p> <p><b>If COVID symptoms, test for COVID:</b> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p> <p><b>Initial fever / high temperature:</b></p> <ul style="list-style-type: none"> <li>Child's temperature is above 38°C <b>and unwell</b>. Child not to be taken to care or child needs to be collected from service by family. <b>12 hour exclusion period from last high temperature</b>.</li> <li>Child able to return to care provided is well; temperature below 38°C and no illness symptoms. <b>Temperature should be taken without medication</b> such as Panadol / Nurofen as these medications will mask fever and illness symptoms.</li> </ul> <p><b>Next day of care:</b></p> <ul style="list-style-type: none"> <li><i>If child temperature is above 38°C and unwell. Suspected enduring illness. Child not to be taken to care or child need to be collected from service by family. <b>24 hour exclusion period from last high temperature. (Or obtain doctors clearance needed to return earlier than 24 hours if symptom</b></i></li> </ul>

		<p><i>free). Child able to return to care when well and not displaying illness symptoms.</i></p> <ul style="list-style-type: none"> <li><b>If child returns to care after 24 hour exclusion period and temperature is above 38°C and unwell again, a doctor clearance is required before returning to care.</b></li> </ul> <p>Child should not be provided medication such as Panadol / Nurofen before arrival if child has a fever or another illness. If child is provided medication as part of medical management plan before attending or at service by parent, this needs to be documented on a Medication Form and educator team advised upon drop-off.</p>
Common Cold various symptoms	<p>Symptoms may include coughing, runny nose and a temperature.</p> <p>The common cold (Viral upper respiratory tract infections) are common in children during the first 2 years in childcare setting.</p> <p>Following of hygiene and hand washing procedures are essential to be followed to stop the spread of infection between people.</p>	<p><b><i>Child not to attend the Service. Minimum of 24 hour exclusion period or obtain doctors clearance needed to return earlier than 24 hours if symptom free. Child able to return to care when well and not displaying illness / cold symptoms.</i></b></p> <p><b><i>If COVID symptoms, test for COVID:</i></b> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p> <p>The service team will determine if the child is well enough to continue at the service or if the child requires parental care. Our Service aims to support the family's need for childcare, however families should understand that a child who is unwell will need one-on-one attention and cannot attend the service. Also, staying home breaks the chain of infection.</p> <p>A child with a fever - All children will occasionally have an elevated temperature (fever). Having a fever is one of the most common reasons for children to see a doctor.</p> <p>Colds and flu symptoms are very similar to the symptoms of COVID-19. Even if your child's symptoms are mild, they should get tested for COVID-19 immediately and isolate at home until they have received a negative test result.</p>
Diarrhoea	<p>If child has 2 or more consecutive bowel motions that are loose or watery. They may also have stomach cramps.</p> <p>Per Staying Healthy in Childcare; in cases of gastroenteritis, children, educators and other staff who no longer have diarrhoea (loose stools) may still shed diarrhoea-causing germs in their faeces for some time. This means that they are still a potential source of the germ. For this reason, it is important that the infection control process is always followed by all people in the education and care service. This is why exclusion periods are in place.</p>	<p><b><i>Please do not attend the Service for at least 24 hours after loose bowel motion or diarrhoea has stopped and no other illness symptoms. (Staying Healthy in Childcare)</i></b></p> <p><b><i>Diagnosed as Gastroenteritis (gastro) by a doctor:</i></b> To assist in the management and control of gastroenteritis (gastro), medically diagnosed people with this illness will be excluded from the service for <b><i>48 hours</i></b> after symptoms have ceased/disappeared. If diagnosed with Gastroenteritis (gastro) a doctor clearance is needed to be provided before return to care.</p>

		<b>If have loose bowel motion or diarrhoea and is vomiting do not attend the Service for at least 48 hours after symptoms stop. Child to return once well and after exclusion period.</b>
Vomiting	If your child has vomited more than twice in 24 hours. Or if vomit once and displays other illness symptoms (i.e. is unwell)  Watch for signs of dehydration.	<b>Child not to attend the Service for at least 24 hours after vomiting has stopped and no other illness symptoms. (Staying Health in Childcare)</b>  <b>If have loose bowel motion or diarrhoea and is vomiting do not attend the Service for at least 48 hours after symptoms stop. Child to return once well and after exclusion period. (see above)</b>  <b>Parent or guardian to keep the child home until they are feeling well and they have not had any symptoms for at least 24 hours.</b>
Cough	This will depend on the severity of the cough. Trouble breathing, wheezing or a harsh cough can be the sign of something more serious such as bronchitis, pneumonia or whooping cough.  When an infected person sneezes or coughs, tiny droplets are spread into the air and onto surrounding surfaces. A sneeze can spread droplets as far as 2 metres away. The droplets may be breathed in directly by another person, or another person may touch a surface contaminated with the droplets, then touch their mouth, eyes or nose.  Cough and sneeze etiquette should be followed. This is sometimes difficult with young children and an ongoing and persistent cough may require child be sent home or stay at home until cough stops as a strategy to prevent the spread of infection.	<b>Persistent cough and unwell – Child not to attend the Service. Minimum of 24 hour exclusion period or obtain doctors clearance needed to return earlier than 24 hours if symptom free.</b>  <b>Child able to return to care when well and not displaying illness symptoms.</b>  <b>If COVID symptoms test for COVID:</b> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.  If other illness symptoms occur, refer to guidance on these symptoms and the associated exclusion period.
Bronchiolitis	Bronchiolitis is a potentially serious chest infection caused by a virus. The virus infects the small breathing tubes (bronchioles) of the lungs, causing inflammation, mucus production and breathing difficulties.  <b>Respiratory syncytial virus (RSV)</b> is usually responsible for bronchiolitis, although other viruses may cause outbreaks. Infections often occur in infants less than 1 year old, usually in winter. The incubation period for RSV is usually 5 days but can range from 2 to 8 days.	People are infectious just before symptoms begin and during the active stage of the disease—this is usually 1 week in total.  <b>A child with bronchiolitis should stay at home until they are feeling well and display no symptoms. Doctor's clearance needs to be provided for return to care and child is well.</b>  <b>If child diagnosed with bronchiolitis; not to attend care until for 24 hours after antibiotics are taken and present no illness symptoms. If child not taken antibiotics minimum 48 hours exclusion period and no illness symptoms.</b>
Rash	Rashes can be caused by the following ( <i>Staying Health in Childcare</i> ): • Allergic reactions to a variety of things (e.g. food, medication, soap, clothing material, grass or any number of irritants). Examples of allergic reactions include hives or eczema. Watch the child for signs of more serious reactions, including swelling	<b>A Doctor needs to evaluate your child before sending them to care or after being sent home from care.</b> Please provide service with a medical clearance before returning to the service. The exclusion period depends on the cause of the rash. Even if the rash is not

	<p>around the face, tightness in the throat, difficulty breathing or vomiting.</p> <ul style="list-style-type: none"> <li>• Sensitivity to something—examples include nappy rash or dribble rash.</li> <li>• Viruses—examples include varicella, human parvovirus and roseola.</li> <li>• Bacteria—examples include impetigo (school sores).</li> <li>• Fungi—examples include ringworm.</li> <li>• Insect bites—can often appear as several red bumps.</li> </ul>	<p>infectious, the child should stay at home if they are not feeling well. Child can return to care if rash is not infectious and feeling well.</p>
Hand, foot and mouth disease	<p>Per Staying Healthy in Childcare, symptoms of hand, foot and mouth disease include tiny blisters on various parts of the body, including in the mouth, and on the fingers, palms of hands, buttocks, nappy area, soles of the feet, upper arms or upper legs. The blisters last a little longer than a week. Some children may also have a fever, sore throat, runny nose or cough. Vomiting or diarrhoea are uncommon.</p>	<p><b>A Doctor needs to evaluate your child before sending child to care or after being sent home from care.</b> Please provide service with a medical clearance before returning to the service.</p> <p>People are infectious as long as the blisters contain fluid. Faeces can remain infectious for several weeks.</p> <p>Child will be unable to attend care until all blisters have dried.</p> <p>If a service outbreak is identified, children who have been diagnosed may be excluded longer to break the chain of infection.</p>
Runny nose	<p>A runny nose, no other symptoms. Child's wellbeing the same as normal.</p> <p>Nose mucus discharge colour is clear.</p> <p>Green mucus discharge indicator potential infection.</p> <p>If child has other symptoms, such as a high temperature, it is an indication of a greater illness.</p>	<p><b>Able to attend provided clear mucus only, no other symptoms and child's wellbeing is normal.</b></p> <p><b>Runny nose (green mucus), high temperature and child unwell:</b> <i>Child not to attend the Service. Minimum of 24 hour exclusion period or obtain doctors clearance needed to return earlier than 24 hours if symptom free. Child able to return to care when well and not displaying illness symptoms. If ongoing illness symptoms see doctor and obtain clearance.</i></p> <p><b>If COVID symptoms test for COVID:</b> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p> <p>If other illness symptoms occur, refer to guidance on these symptoms and the associated exclusion period.</p>
Red eyes / Conjunctivitis	<p>Is the eye red and watery? The eyelids may also stick together on waking. This could be conjunctivitis which is highly contagious.</p> <p>Red eyes are a symptom of some infectious diseases.</p>	<p><b>Red eyes or conjunctivitis:</b> a Doctor or Registered Pharmacist needs to evaluate your child before sending child to care or after being sent home from care to determine that it is an infectious disease such as conjunctivitis OR not.</p> <p>Children with infectious conjunctivitis will be excluded until the discharge from the eyes has stopped (<i>Staying Health in Childcare</i>).</p> <p>Unless your doctor has diagnosed a non-infectious cause, keep your child home while there is discharge from the eye and speak to your doctor about a suitable product or treatment plan. ie eye drops with pharmacy label is required.</p>

		If it is <b>not</b> an infectious disease and there is discharge from the eye (eg. As result of blocked tear duct) a doctor letter will need to be provided to advise child is non-infectious and fit and well to attend care. If child is unwell, please keep child at home.
Stomach ache	This can often be hard for you to judge as it could be caused by several things including constipation and even anxiety. If there are other symptoms such as vomiting or diarrhoea, please refer to these guidance's.	If child is in pain or distress – child not to attend care until well.
Impetigo (school sores)	<p>Per Staying Healthy in Childcare: Impetigo appears as flat, yellow, crusty or moist patches or blisters on the skin, usually in exposed areas such as the face, arms and legs. The sores can be more than 1 cm in diameter. The disease is very infectious.</p> <p>The sores are filled with bacteria, which spread by contact with the sores or infected fluid. Because the sores are usually itchy, people can scratch them and spread the infection, via their hands, to other parts of the body or to other people. The infection can also be spread by touching contaminated clothing or other items.</p>	<p><b>A Doctor needs to evaluate your child before sending child to care or after being sent home from care.</b></p> <p><b>If impetigo, exclusion period applies while infectious.</b></p> <p>People are infectious for as long as there is fluid weeping from the sores. They are no longer infectious 24 hours after starting antibiotic treatment, or when the sores have healed.</p> <p>If child need to take medication, please complete Medication Records form and discuss with educators.</p>
Itchy scalp	Head lice can cause intense itching. They live and breed on the scalp and are easily passed from child to child.	<p>In the case of head lice, provided that the child has been treated to remove the lice, they will be allowed to return to childcare.</p> <p>If child is distressed or in pain from itchy scalp – child should not attend care.</p> <p>Your local pharmacy will stock special combs as well as shampoos, cream and other products which contain a special insecticide.</p>
Hay Fever	Some of the symptoms can include sneezing, a runny or stuffy nose, itchy ears, nose and throat, red, itchy or watery eyes and headaches.	<p><b>Doctor to diagnose as Hay Fever and not an infectious disease or other illness.</b> Medical Management Plan for Hay Fever to be prepared by parent and doctor; including any medication instructions (if applicable). If child is unwell, they will be excluded from service until well.</p>
Earache	Evaluate along with other symptoms, such as a fever. Common conditions of the ear include infection, inflammation and wax build up and some of these can be quite painful and uncomfortable.	<p><b>Doctor and/or pharmacist to diagnose.</b> If child is unwell, they will be excluded from service until earache is not present and child's wellbeing is normal.</p> <p>If child is well and no other illness symptoms, able to return care.</p> <p>Complete medication forms if prescribed medication. All medication needs to have a pharmacy label to be left at the service.</p>
Sore throat	<p>Sore throats can be caused by either viruses or bacteria.</p> <p>Viral and bacterial throat infections are spread by airborne droplets (coughing and sneezing). They can also spread indirectly by contact with surfaces that have been contaminated by infectious airborne droplets.</p>	<p>Per Staying Health in Childcare:</p> <ul style="list-style-type: none"> <li>- People with a sore throat caused by a virus are infectious for as long as they are coughing or sneezing. This may last several days.</li> <li>- People with a bacterial sore throat can be infectious for 2–3 weeks after becoming ill if they are not treated. If they</li> </ul>

	<p>take antibiotics, they are infectious until 24 hours after starting treatment.</p> <p><b>A Doctor needs to evaluate your child before sending child to care or after being sent home from care.</b> Doctor to diagnose and provide medical clearance advising not infectious.</p> <p><b>Exclusion Period:</b> Children with sore throats should stay at home until they are feeling well and not infectious.</p> <p>Children with sore throats caused by bacteria should stay at home until they are feeling well and have had antibiotic treatment for at least 24 hours. If not taking antibiotics; exclusion required until sore throat is cleared and no other illness symptoms.</p> <p><b>If COVID symptoms test for COVID:</b> undergo testing for COVID-19 using a Rapid Antigen Test(RAT) or PCR test). Provide service test results. If positive, see COVID guidance below.</p>
Please refer to "Staying Healthy in Childcare (5th Edition)" guide for other common infectious diseases information.	

#### **Management and Educators will ensure:**

- The service is following Department of Health (VIC) guidelines, such as:
  - ensure that unwell children do not attend the service, as per national guidelines (Staying healthy: preventing infectious diseases in early childhood education and care services, 5th edition);
  - isolate children who became unwell during the day from other children and send the unwell child home as soon as possible;
  - exclude the unwell child; and
  - considering actions such as alerting parents or displaying signage.
- A healthy and safe environment is provided to all children attending the centre, excluding children who are sick is a requirement to achieve this outcome.
- Effective hygiene policies and procedures are adhered to.
- Effective environmental cleaning policies and procedures are adhered to.
- All families will have access to relevant policies upon enrolment.
- A child who has not been fully immunised will be excluded from the Service if; an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Infectious Diseases and Immunisation Policy – 32.

#### **Parent and Guardian Responsibility**

- To prevent the spread of disease, families are required to monitor and inform the service of their child's illness, medical conditions, any changes to health or wellbeing, in particular:
  - Runny, green nose
  - High temperature
  - Diarrhoea
  - Red, swollen or discharging eyes
  - Vomiting
  - Rashes
  - Irritability, unusually tired or lethargic, etc.
- Child should not be provided medication such as Panadol / Nurofen before arrival if child has a fever or another illness. If child is provided medication as part of medical management plan before attending or at service by parent, this needs to be documented on a Medication Form and advised educator team on drop-off.
- Keep their children at home if they are unwell or have an excludable infectious disease.

- Keep their child at home if there is an infectious disease at the service and their child is not fully immunised against it.
- Inform the service if their child has an infectious disease or has been in contact with a person who has an infectious disease.
- Seek advice from medical practitioners to support their children's health and wellbeing. Share this information with the service to assist in making informed decisions.
- Obtain medical clearance before returning to care if their child has an infectious disease and have been excluded from care.

### **Children arriving at the Service who are unwell**

The service will not accept a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention due to illness.
- Are suspected of having or have an infectious disease or illness.

### **Children who become ill at the Service**

- Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness and enact appropriate first aid and illness and infectious disease management strategies and apply applicable exclusion periods.
- While in care, if child is suspected of being ill, Educators will monitor health and temperature and document the child's symptoms on the Health Record.
- If child is sent home due to illness a 'Incident, Injury, Trauma and Illness Record Form (HEI007)' will be completed by Educator, communicated with family and signed by parent/guardian upon collection.
- Families will be asked to collect their child within 30 minutes (or as soon as practically agreed) of the call or arrange for an authorised nominee to collect. If there is no one able to collect the child within this time the child's condition will be monitored and if worsens an ambulance will be called.
- As part of our Enrolment Terms and Conditions; all families need to have emergency contacts and authorised nominee listed on Enrolment Records to receive calls or collect children (if parent/guardians are unable to be reached or attend the service personally).

### ***Incident, Injury, Trauma and Illness Record Form***

- The Incident, Injury, Trauma and Illness Record Form (HEI007) to be properly completed at this time and then must state only what was seen to occur. The form must be filled out as soon as is practicable following the team members first aid response to the situation. Normal protocols for filling out the reports are to be followed. If the child's illness requires the tracking of symptoms and recording of body temperature please use the Health Record (HEI004).
- The Regulatory Authority must be notified when they believe an illness or emergency meets the definition of serious incident or it poses a significant risk to the health, safety and wellbeing of children. Before reporting, consideration is to be given to the severity and scope of the matter; impact and risk to the health, safety and wellbeing of the child or children and number of children involved. If a serious incident or injury occurs and child needs to seek urgent and immediate medical assistance (i.e. Ambulance or attend hospital), in addition to completing the internal Incident, Injury, Trauma and Illness Record Form, the Centre Director/Nominated Supervisor or Responsible Person in Charge of Service may be required to prepare the ACECQA form on the NQS ITS system "Notification of Serious Incident Form -SI01" and forward to the Approved Provider for review. The reviewed and completed Notification of Serious Incident Form is forwarded to ACECQA within 24 hours of the reportable illness or injury.

### **Managing Illness and Excluding children from the Service**

- In Victoria children's services, such as childcare centres and kindergartens, have a responsibility under the Public Health and Wellbeing Regulations 2019 to help manage infectious diseases in their facilities and exclude certain children for periods as specified in the regulations.

- Services aim to prevent the spread of illness by minimising the transmission of infectious disease from one person to another.
- All children, staff and families at the service benefit from the practice of excluding ill children. Unwell children need additional individual comfort and attention that is difficult to provide in a childcare environment. Ill children can also recover more quickly if they can rest and be cared for at home, ensuring the infection is less likely to spread to other children, families, and staff.
- When a child has been diagnosed with an illness or infectious disease, the Service will refer to Staying Healthy in Childcare (5th Edition) and Service policies to find the recommended action and exclusion period. We will request a medical clearance from a doctor stating that the child is cleared to return to the childcare setting.
- Children who are sent home sick are not allowed to return to the centre within time frame advised by National Health and Medical Research Council (NHMRC) or recommendations advised in Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition). The child can only return to the centre when they do not present signs of sickness and will not spread infectious disease to other children. Exclusion periods are made in accordance with NHMRC guidelines and other medical guidelines such as Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition) or specific guidelines issued by the Department of Health or any other regulatory authority.
- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from Staying Healthy in Child Care 5th Edition)
- Washing hands with soap and water is one of the most effective ways to prevent the spread of infection.

### **Notifying families and Emergency Contact**

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child as quickly as possible.
- In the instance that the ill child is not collected in a timely manner or should parents refuse to collect the child, a warning letter will be sent to the family outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position could be terminated.

### **Returning to care after surgery**

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.

### **Reporting Outbreaks to the Local Public Health Unit**

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks, it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.

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

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

Management is required to notify the Local Public Health Units (LPHU):

- Mildura Services: Loddon Mallee Public Health Unit - Mildura Rural City: Phone: 03 5454 6060, Email: [info@bendigohealth.org.au](mailto:info@bendigohealth.org.au). Website: <https://bendigohealth.org.au/LMPHU/>
- East Malvern: Monash Health's South East Public Health Unit (SEPHU )South East Public Health Unit (led by Monash Health) - (Stonnington City): Phone: 1300 331 981, Website: <https://sephu.org/>

By phone or email as soon as possible (within 24 hours) after they are made aware that a child enrolled at the service is suffering from one of the following vaccine preventable diseases:

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

### ***Gastroenteritis outbreaks***

With reference to the "A guide for the management and control of gastroenteritis outbreaks in children's centres" (Source: <https://www.health.vic.gov.au/publications/a-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres> ):

- Service are recommended to notify of an 'outbreak'. An 'outbreak' may be defined as two or more cases of vomiting and/or diarrhoea occurring among children and or/staff with 48 hours of each other. If this occurs and the symptoms cannot be explained by medication or other medical conditions, the centre may have an outbreak. Please note the gastroenteritis must be diagnosed by a medical practitioner.
- Medical practitioners are legally required to notify the Department of Health and Human Services (VIC) if they become aware of cases who may have "Food or water borne illness (two or more associated cases)" and particularly for children who may attend the same children's services centre. Currently there is no legal requirement for children's services centres to notify the Department of Health and Human Services of an outbreak of gastroenteritis.
- Notification of an outbreak of gastroenteritis by a children's services centre is **strongly recommended** as the department and local government can provide advice and support in managing outbreaks to minimise the severity and duration of illness, particularly in children.
- If you suspect you have a gastro outbreak, the first step is to notify the Department of Health and Human Services, Communicable Disease Prevention and Control on 1300 651 160 within 24 hours. The department officer will collect information on the number of cases, symptoms, duration of illness and other details, and can discuss any issues you may have and provide advice if necessary. Based on the information you provide, the officer will assess the probable cause of the outbreak and the way in which it is likely to spread.
- Once an outbreak of gastroenteritis has been identified, it is essential that cleaning and infection control measures are implemented immediately to reduce the risk of the infection spreading and the number of cases increasing as per the attached document. The centre will use 'A guide for the management and control of gastroenteritis outbreaks in children's centres' as reference and follow the steps detailed in the guide.
- Clean-up and control measures must be implemented for all gastroenteritis outbreaks as soon as possible after an outbreak is suspected and must continue until the outbreak has been confirmed as being over (48 hours after symptoms have ceased in the last case – no further cases of illness occurring).

### ***Outbreak of an Infectious Disease***

Services should notify the Local Public Health Unit if an outbreak of an infectious disease that is preventable by vaccine occurs. The service will collect and keep up to date records of every

child's immunisation status. Records must also be kept of children who have not received any vaccinations. Family members have a responsibility to tell the centre if their child develops a vaccine preventable disease.

If this occurs, the following should happen:

1. The child's parent/guardian notifies the service that their child has been diagnosed with a disease that can be prevented by vaccine.
2. The Centre Director/Responsible Person in Charge of Service will call the Local Public Health Unit (see details above)

The Centre Director may need to provide the following information:

- Child's Full Name
- Date of Birth
- Address
- Contact Details
- A list of children who are unimmunised and their details.

3. The service will follow instructions of the Local Public Health Unit and display information in the service on the infectious disease.

A list of infectious diseases and exclusion periods is available online.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

**Policy Reviewed: 21/5/2024**

**Policy Next Review: 15/5/2025**

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#### **Reference:**

##### **NQS**

QA2	<i>Children's Health and Safety</i>	
	2.1.1	<i>Each child's health needs are supported.</i>
	2.1.4	<i>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</i>
	2.2.1	<i>Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.</i>
	2.3.1	<i>Children are adequately supervised at all times.</i>
	2.3	<i>Each child is protected.</i>
	2.3.2	<i>Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.</i>
	2.3.3	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>

#### ***National Act and Regulations***

Reg	85	<i>Incident, injury, trauma and illness policies and procedures</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	87	<i>Incident, injury, trauma and illness record</i>
	88	<i>Infectious diseases</i>
	89	<i>First aid kits</i>
	90	<i>Medical conditions policy</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	97	<i>Emergency and evacuation procedures</i>
	161	<i>Authorisations to be kept in enrolment record</i>
	162	<i>Health information to be kept in enrolment record</i>

**Other References:**

- *National Health and Medical Research Council: Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)*
- *Australian Government National Health and Medical Research Council (2012)*
- *'A guide for the management and control of gastroenteritis outbreaks in children's centres' – November 2017*
- *Starting Blocks.gov.au "Illness in Early Learning Services" <https://www.startingblocks.gov.au/other-resources/factsheets/illness-in-childrens-education-and-care-services>*
- *ACECQA Policy and Procedure Guidelines "Dealing with Infectious Diseases" August 2021*
- *"Too Sick for Daycare?" Think Pharmacy First - Ask Your Pharmacist Fact Sheet.*
- *Public Health and Wellbeing Regulations 2019 (Vic)*
- *Victorian Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2010, Schedule 7*
- *Handbook on Child Care Licensing*
- *Guide to the National Quality Framework*
- *Standards Australia*
- *Food Safety Legislation 2001*
- *Occupational Health and Safety Act 2004*
- *CCMS – Federal Funding Guidelines*
- *Occupational Health & Safety Act 2004*



## **32 – INFECTIOUS DISEASES AND IMMUNISATION POLICY**

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### **Position Statement**

The occurrence of many infectious diseases has been greatly reduced and general health within the community has been improved due to immunisation. When immunised, the body is more able to resist infection from the disease against which the person has been immunised.

### **Related Policies**

Excursion Policy

Fees Policy

Nutrition, Food, Beverage & Dietary Requirements Policy

Health & Hygiene Policy

Health and Wellbeing Policy

Illness Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases and Immunisation Policy

Medical Conditions Policy

Interactions with Children Policy

Rest Time/Sleep Policy

Occupational Health & Safety Policy

### **Objective**

To provide information about infectious diseases and immunisation to families and team members and to encourage team members and children to follow recommended immunisation schedules. Effective infection control reduces the spread of illness through practices and also notifying of occurrences as soon as possible.

### **Implementation**

**The National Immunisation Program (NIP) Schedule** can be accessed and downloaded from <http://www.immunise.health.gov.au/>

### **Department of Health, Victoria**

Immunisation Program

<http://www.health.vic.gov.au/immunisation/>

Telephone - 1300 882 008

### **Immunisation Records**

- Parents who wish to enrol their child are required to provide a copy of a current Australian Childhood Immunisation Register (ACIR) Immunisation History Statement which shows that the child is fully immunised for their age in line with the National Immunisation Schedule.
- Parents are required to present the child's immunisation record at the time of enrolment and also at each stage of the immunisation schedule. Please upload the ACIR Immunisation History Statements in OWNA and complete/update by ticking the Vaccination period in OWNA. Please re-submit the online enrolment from on completion.
- This information allows children at risk of catching a vaccine preventable disease to be identified if there is a case of that disease at the service. It is the responsibility of parents to consult their doctor and maintain vaccines for their children.
- Acceptable immunisation records are –
  - An Immunisation History Statement provided by the Australian Childhood Immunisation Register (ACIR) is a valid immunisation record.

- The Australian Childhood Immunisation Register (ACIR) maintains immunisation records for children up until their seventh birthday. You can obtain an ACIR Immunisation History Statement for your child by calling 1800 653 809 or email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au) or Medicare (including the App).
- The original immunisation record is usually kept in the personal health record book. These books are usually given to parents at the time of their child's birth.
- Each child's Immunisation Record should stay intact until your child reaches primary school. Do not remove any of the duplicate pages until this time.
- Parents need to provide the childcare service or preschool with a photocopy of their child's original immunisation history statement.
- The service must be able to quickly access immunisation records and determine who has not been immunised. If there is a case of a vaccine preventable disease, and your child has not been fully immunised for that disease, they may be excluded from school or childcare for a period of time.

### **Catering for Children with Overseas Immunisation Records**

- Overseas immunisation schedules often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule.
- Parents are responsible for having their child's overseas immunisation record transcribed onto the Australian Childhood Immunisation Register (ACIR), if your child is less than seven years of age.
- A medical practitioner, registered nurse, registered midwife, enrolled nurse, or an individual authorised by the state/territory Health Officer may transcribe overseas immunisation records.

The service may enrol the following children without proof they are fully immunised under a grace period. The families of these children must take action to fully vaccinate their children, and provide proof of immunisation status within 16 weeks of the child's first attendance at the service:

- children evacuated from their place of residence due to an emergency (eg bushfire)
- children in emergency care within meaning of section 3(1) of the Children, Youth and Families Act 2005
- children in the care of an adult who is not their parent due to exceptional circumstances
- Indigenous children
- children whose parents hold a health care card, pensioner concession card, Veteran's Affairs Gold or White card
- children from multiple births of triplets or more
- other circumstances specified in the guidelines made by the Secretary to the Department of Health and Human Services

If evidence of immunisation status is not provided within 16 weeks of the child's first attendance at the service, the child's enrolment at the service may be cancelled. We will assist families with information about accessing immunisations and obtain required documentation.

### **Exclusion Periods**

- If a child's immunisation record is not provided upon enrolment and if it is not updated by the parents, or if the child has not been immunised against certain diseases, then the child will be recorded as being not fully immunised by the service.

- If there is a case of a vaccine preventable disease at the service, your child may be excluded from school or childcare for a period of time or until the evidence of immunisation in an approved record is provided.
- To be fully immunised your child needs to have received all vaccines recommended for their age as part of the National Immunisation Program (NIP).
- A medical doctor determines if a child has a medical reason for not receiving a specific vaccine. This is known as a medical contraindication.
- Homeopathic immunisation is not recognised.
- If a child is not fully immunised and has been in contact with someone with a vaccine preventable disease outside of the service, they may need to be excluded from the service for a period of time.
- Please note childcare fees are payable for this period of time their child is excluded.
- It is the responsibility of families to inform the service that their child has come into contact with someone with a vaccine preventable or infectious disease.

As outlined in the Public Health and Wellbeing Regulations 2009 (Vic):

- parents must advise family day care educators as soon as possible if a child has an infectious diseases or the child has been in contact with a person infected with an infectious disease. These diseases and the minimum periods of exclusion are listed in Schedule 7 and can be accessed on-line at [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- service to inform the parents and the Secretary of the Department of Health within 24 hours of forming the belief that a child is suffering from pertussis, poliomyelitis, measles, mumps, rubella or meningococcal C.
- Service not allow a child who has been infected or had contact with the diseases outlined in Schedule 7 to the Regulations to attend the service for the exclusion periods outlined in Schedule 7.

### **Infectious Diseases requiring Notification to the local Public Health Unit**

Infectious Diseases only require notification from doctors and laboratories. A list of diseases can be found on following form –

[http://docs.health.vic.gov.au/docs/doc/58118E0B95087FE0CA2578BC0008CCA3/\\$FILE/notifiable\\_conditions\\_form.pdf](http://docs.health.vic.gov.au/docs/doc/58118E0B95087FE0CA2578BC0008CCA3/$FILE/notifiable_conditions_form.pdf)

### **Immunisation for Educators**

- The pandemic orders require all staff of the service to receive a third dose of the COVID-9 vaccine in order to be onsite in an education setting. Getting a third dose will lower the risk of COVID-19 outbreaks and reduce the risk of exposure to COVID-19 in Early Childhood Education and Care (ECEC) services.
- It is important that educators remain up to date with their vaccinations in order to protect themselves as well as children in their care. The National Health and Medical Research Council (NHMRC) recommends that individuals who work with children, including child care and pre-school staff (including child care students) and outside school hours carers, should be vaccinated against pertussis (whooping cough), hepatitis A, measles, mumps and rubella (MMR), varicella (chickenpox), and influenza (required annually).
- The service will take all reasonable steps to strongly encourage non-immune workers to be vaccinated.

- Occupational recommendations apply for the immunisation of educators at the service. As there are no mandatory requirements under the law for educators to be immunised, the service must follow the following requirements that our service has developed:
  - The Exclusion Periods requirements above apply to all educators.
  - Educators who are not immunised maybe excluded from the service until the Nominated Supervisor or Owner provides instructions for the educator to return to education and care duties at the service (this will be based on advice from the educators medical practitioner).
  - Further, Educators who are not immunised may use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease. This decision needs to be supported by a medical practitioner certificate advise the reasons and the risk associated.

The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against -

- Hepatitis A.
- Measles-Mumps-Rubella (MMR).

Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.

- Varicella if they have not previously been infected with chickenpox.
- Pertussis (whooping cough). An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated.
- Influenza (annually)
- Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

Our service will:

- regularly provide educators and staff with information about diseases that can be prevented by immunisation through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication.
- regularly communicate with educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication. These infections include chickenpox, cytomegalovirus and rubella (German measles).
- ask new employees to confirm in writing that we have provided this information during their induction.
- encourage all non-immune staff to be vaccinated (staff to consult their medical practitioner on personal medical treatment).
- encourage female educators / staff who are not fully immunised to consider doing so before getting pregnant.
- communicate with pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service.
- encourage pregnant educators and staff to follow good infection control and hygiene procedures. Educators and staff should consult their medical practitioner regarding this matter and the risk associated.
- allow educators who are not immunised to use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease.

## **Immunisation Related Payments for Parents - Child Care Subsidy**

The benefit applies to children who are fully immunised or have an approved exemption from immunisation. This initiative ensures parents are reminded of the importance of immunising their children at each of the milestones. For parents to receive benefits without their child being fully immunised your healthcare provider needs to certify that:

- is on a catch-up immunisation schedule or
- has an approved exemption from the immunisation requirements. Approved exemptions include medical contraindications and existing natural immunity but do not include conscientious objection.

Parents are responsible for payment of fees while their child is excluded under all circumstances.

Reasonable steps are to be taken to prevent the spread of infectious diseases at the service. Refer to policy 11 - Illness Policy, 43 - Exclusion Policy and Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition) for guidance on notifications and recommendations dealing with infectious diseases. Please note the service may also take into consideration all children and employees health and wellbeing. The service aims to apply best practices and procedures for managing infectious diseases. The service may go beyond the recommendations of 'Staying Healthy' to manage the containment and spreading of the infectious diseases and take into consideration the services' environment, the age of children, nature of disease/s, etc to manage the infectious disease.

Current Immunisation Schedule will be displayed in the service - The National Immunisation Program (NIP) Schedule

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

## **Policy Reviewed: 21/05/2024**

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### **Reference:**

#### **NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	77	<i>Health, hygiene and safe food practices</i>
	88	<i>Infectious diseases</i>
	90	<i>Medical conditions policy</i>

**Other References:**

**Public Health and Wellbeing Act 2008**

**Handbook on Child Care Licensing**

**Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)**

**Anti-Discrimination Act**

**Public Health and Wellbeing Act 2008**

**CCB – Federal Funding Guidelines**

**Services Public Health (Amendment) Act 1992**

**Sources and Further Reading:**

- Australian Government – Department of Health and Ageing. Immunise Australia Program.
- Australian Childhood Immunisation Register. Australian Government, Medicare.
- Department of Health and Aging, National Immunisation Program Schedule NHMRC.
- Medicare Australia

## 33 - MEDICATION POLICY

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### Position Statement

Medicating young children is an enormous responsibility. To safeguard the child, the team members, and the centre, strict guidelines need to be set to preclude any confusion or dosage errors.

### Objective

To have guidelines that will ensure uniform safe handling of the medication of children.

### Definition

**Medicine:** under the Commonwealth Therapeutic Goods Act 1989, means therapeutic goods that will or are likely to achieve a result by pharmacological, chemical, immunological or metabolic means. Therapeutic goods include things that may prevent, cure or alleviate a disease, ailment or injury. Regulations apply to a service for the administration of medication. This includes all over the counter and prescription medications.

### Implementation

- Unless emergency situations arise, children will not be medicated without written directions from parents or legal guardians, accompanied by a medical practitioner's instructions in writing.
- It is the parent's responsibility to keep the centre abridged of changes to medication plans in writing.
- Form HEI001 - Medical Management, Risk Assessment and Communication Plan forms are required to be completed for children with medical conditions (Asthma, Diabetes, Allergy, Anaphylaxis and other long term illnesses and diagnoses). Please refer to relevant specific service policy for procedures managing these medical conditions. Without a current Medical Management, Risk Assessment and Communication Plan for these conditions a child is not allowed to attend or commence at the service.
- Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a 'Medication Record' and an 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.
- Medication Authority Form and Record will be completed for children with other long term medication regimes.
- The provision of Panadol and Nurofen medications will be treated as all other medicines. The purchase of over the counter medicines with a Pharmacist or Chemist label does not constitute a prescribed medication. It is only a prescribed medication when a Doctor or Medical Practitioner has prescribed the medicine and directed the Pharmacist to procure the medicine from a Doctors' prescription. Medicine will only be administered if written instructions are provided by a Doctor.
- Our service does not administer over the counter medication unless it has been prescribed by a registered medical practitioner and on the medication label (prescription or pharmacy) explaining the purpose of the medication or there is a letter from the doctor. Medication may mask the symptoms of other, more serious illnesses and our educators are not qualified medical professionals.
- All prescribed medications will be labelled with the name of child, the frequency and dosage of medicine to administer, the date, period of time the medicine is administered and the Doctor's name who prescribed the medicine.
- We will administer nappy cream, mosquito repellent and sunscreen creams without prescription or pharmacy label if a parent or authorised person authorises this using the OWNA App form "Ongoing/Non-prescribed Medication/Cream Form", (Paper form HEI009 – Authority to Administer of Nappy Cream, Sunscreen Cream and Mosquito Repellent (Medication Form)) or on the Enrolment Form. Please note this only applies

to the nappy creams products named on this form. Authorisation to apply sunscreen and mosquito repellent supplied by the service is completed via the enrolment form. Sunscreen and Mosquito Repellent supplied by parents is authorised using the OWNA App form: 'Ongoing/Non-prescribed Medication/Cream Form' or the 'HEI009 – Authority to Administer of Nappy Cream, Sunscreen Cream and Mosquito Repellent (Medication Form)'.

The 'Ongoing/Non-prescribed Medication/Cream Form' is to give permission for the administration of Nappy Creams, Sunscreen Creams and Mosquito Repellents by the service. This form is not for the use for Prescription Medications.

Only the following creams and repellents are allowed on this form. If you wish to use another cream or spray, please complete the form "Medication Authority Form and Record". See OWNA Parent App: Medication Record.

**Accepted Nappy Rash Creams using this form:** Sudocrem Bay Cream, Am o Lin Baby Cream – Nappy Cream, Lucas Papaw Ointment Nappy Cream, Curash Baby Care Nappy Rash Cream, Destin Nappy Ointment, Bepanthen Nappy Rash Ointment, Johnsons Baby Nappy Cream, Moo Goo Nappy Balm, Danktozin Ointment – Nappy Rash, Vaseline Petroleum Jelly, Skin Basics – Soothing & Protection: Zinc & Castor Oil Cream (ONLY).

**Sunscreen Cream using this form:** Any sun protection product with an approved label for use by children.

**Mosquito Repellent Sprays and Creams using this form:** Product has an approved label for use by children. For example: Aero Guard Odourless Protection – 12 months of age and over. Other products accepted.

(Parent needs to review recommended age of child for use of product and provide permission for service to use).

The cream, spray and repellent is required to be in its original container bearing the original label with your child's full name on it and within the expiry date. Please do not cover product instructions.

## Medications

There are 2 criteria of medications within our service:

1. Nappy Cream, Mosquito Repellent & Sunscreen Cream applied to skin. We only allow the named nappy creams products listed above to be authorised by a Parent. Please note if the nappy cream product is not listed on the form then it is treated as a Medication Cream (please follow procedure below – item 2 or 3). When nappy cream is applied to a child's skin it will be recorded on the nappy change schedule or child daily routine schedule/book. Please note authorisation for sun screen and mosquito repellent supplied by the service is provided by the parent using the child enrolment form or the form. For sunscreen cream and mosquito repellent product supplied by parents for their children the form: HEI009 – Authority to Administer of Nappy Cream, Sunscreen Cream and Mosquito Repellent (Medication Form) must be completed by the parent.
2. All other medication is required to be labelled with a medication prescription or a medication pharmacy label issued by a registered medical practitioner (doctor or pharmacist). The label must have the child's name, name of medication, application method / dosage and the purpose of medication. Medication Authority Form & Record is required to be completed and signed by a parent. The administration of medication of this nature will be recorded on the Medication Authority Form & Record; record section.

The service may require a parent to obtain a letter from a registered medical practitioner providing further information on the medication before being administered to a child.

The above procedure is due to the regulation requirements and also risks associated with all medications. Further, it is widely understood that medications may mask the symptoms of other, more serious illnesses and our educators are not qualified medical professionals. The service policy supports our aim of providing a safe environment for all children, parents and educators.

### **Procedure**

- Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a 'Medication Record' and an 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.
- A Medication Authority Form & Record and Authority to Administer of Nappy Cream, Sunscreen Cream and Mosquito Repellent (Medication Form) will be kept in each room of the centre or stored in OWNA, will be completed and signed by the parent.
- Medication will be handed to a team member by parent and guardian.
- All medication dosages are to be given by Room Leader, Qualified Educator or the Centre Director/Responsible Person who can identify the child with 100% certainty, and witnessed by another team member. Relief team members are NOT permitted to medicate children.
- Non-prescription teething gels, mosquito repellents, sunscreens cream and nappy rash creams can be applied by Educators (Certificate 3, Diploma, Bachelor).
- Before Room Leader or qualified team member provides medication it must be witnessed by another Educator (Qualified or Assistant Educator).

The team member (Administer and Witness) will check that:

- the medication to be given has been prescribed by a Medical Practitioner
  - the medication is labelled for the child it is intended for
  - the medication is in the original container in which it was dispensed
  - the expiry date on the medication is correct.
  - The dose recorded on the Medication Record, and the dosage indicated on the medication must match.
- At no point will medication be given in larger doses than that prescribed on the medication.
  - The service reserves the right to contact a health care professional if team members are unsure about administering medication to a child, even if the parent or legal guardian has requested the medication to be administered.
  - All medication will be locked away in a child-safe manner where it cannot be accessed by children.
  - The medication record will be referred to throughout the day to ensure that medication is given on time.
  - The medication record is to be completed by the team members administering the medication.
  - Room Leader, Qualified educators or Responsible Person will record on the Medication Authority Form & Record the date and time of dosage administered, etc each time medication is administered.
  - Medication will be returned to storage in a child-safe manner where it cannot be accessed by children after administration.
  - Parents are expected to collect medication from the child-safe storage when they pick up their children each day.
  - At the end of the day, educators are required to inform parents to read the medication form and sign it in acknowledgment of reading the form.

***NB. Medication must not be left in children's bags or placed into bottles of milk.***

➤ ***Team members who become aware of parents doing this will advise the Director and the parents will be re-advised of our centre policy regarding this practice.***

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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**Reference:**

**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	94	<i>Exception to authorisation requirement - anaphylaxis or asthma emergency</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

**EYLF**

LO3	<i>Children are happy, healthy, safe and connected to others.</i>
	<i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</i>
	<i>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</i>

**Other References:**

*Handbook on Child Care Licensing*

*QIAS Principle 5.1, 5.2, 5.3*

*Standards Australia*

*Privacy Act 1988*

*Public Health and Wellbeing Act 2008*

*Occupational Health and Safety Act 2004*

*CCB – Federal Funding Guidelines*

*Drug Regulations*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)*

*Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)*

*Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)*

*Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

*Poisons and Therapeutic Goods Act 1996*

*Public Health and Wellbeing Act 2008*

*Occupational Health & Safety Act 2004*

## **34 - FIRST AID POLICY**

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### **Position Statement**

Working with young children will present occasions when First Aid is required. Young children can have allergic reactions to topical applications such as creams or band aids.

### **Objective**

To ensure that the Centre maintains the necessary resources and appropriately skilled team members to ensure that child and team member first aid needs are dealt with.

### **Implementation**

- The Centre will ensure that the regulatory requirements for team members on premises with current first aid certificates are met. Please refer to state regulations for the centre you are working in to verify this requirement.
- The Centre will maintain records of team member first aid certificates to ensure that should first aid be required, team members will have the current knowledge and skills to deal with the situation.
- It is recommended that all Educators refresh their first aid knowledge and devices (Eg. Epi-pens).
- The Centre will maintain a working first aid kit in a clearly labelled child proof container to meet regulatory requirements and best practice.
- The first aid kit will contain sufficient first aid materials to cater for the likely first aid needs of the children or team members at the centre, taking into consideration the licensed capacity of the centre.
- All applications of any form of first aid will be fully documented via Incident, Injury and Trauma report procedures.
- First Aid Qualifications (Regulation 136) the service must at all times when children are being cared for by the service – (a) at least one educator who holds a current approved first aid qualification; (b) at least one educator who has undertaken current approved anaphylaxis management training; (c) at least one educator who has undertaken current approved emergency asthma management training.

Team members are expected to hold a current first aid certificate. Maintaining a current first aid certificate is the responsibility of the employee. Failure to meet this legal requirement for team members may make them ineligible to work within the Centre will mean that employment will be suspended until such time as the certificate can be produced.

### **Procedure**

- Qualified Educational Leader team members will be charged with the responsibility of administering First Aid to children and team members as required. A Child/Team Member Incident report (HEI007 or via OWNA) must also be completed at this time.
- The Director or other authorised person must inspect the first aid kit once a month and record the contents in order to place any necessary first aid orders.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

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**Reference:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	85	<i>Incident, injury, trauma and illness policies and procedures</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	87	<i>Incident, injury, trauma and illness record</i>
	88	<i>Infectious diseases</i>
	89	<i>First aid kits</i>
	97	<i>Emergency and evacuation procedures</i>
	161	<i>Authorisations to be kept in enrolment record</i>
	162	<i>Health information to be kept in enrolment record</i>

**Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 5.3, 5.5, 6.6  
NOHSC – First Aid  
Public Health and Wellbeing Act 2008  
Occupational Health and Safety Act 2004*

## 35 - ANAPHYLAXIS POLICY

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### Position Statement

Anaphylactic reactions can be life threatening. We are committed to providing, as far as practicable, a safe and healthy environment in which individuals at risk of anaphylaxis can participate equally in all aspects of the service program and experiences. We will aim to minimise the risk of an anaphylactic reaction for those attending our service by implementing the following policy and procedures.

### Objective

To ensure that all team members respond appropriately to an anaphylactic reaction.

### Definitions

*Anaphylaxis* is a severe, sudden and potentially fatal allergic reaction. This occurs when an individual has been exposed to an allergen (ie foods, insect bites, etc) and involves the major body systems, (including the breathing and circulatory systems). As Anaphylaxis is potentially life threatening an emergency response is required.

*Anaphylaxis medical management action plan:* a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

ANAPEN® contains the active ingredient adrenaline(epinephrine). ANAPEN® is used for the immediate emergency treatment of a severe allergic reaction (also known as Anaphylaxis).

*EpiPen® kit:* An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices (e.g. EpiPen®) are stored away from direct heat.

*Communication plan:* A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

*Risk minimisation:* The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

*Risk minimisation plan:* A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally\ exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

A sample risk minimisation plan is outlined in Schedule 3 of this document.

## **Implementation**

- All team members are expected to follow anaphylactic/first aid procedures as detailed in the procedural section of this policy.
- The centre will maintain accurate and current records for all children and team members relating to severe allergies which may result in an anaphylactic reaction. These records are to detail all possible triggers and an individual plan of action should a reaction occur.
- The centre will liaise with the individual and their primary caregiver in relation to the provision of appropriate emergency medical requirements (ie Epipen).
- It is the responsibility of the parent to ensure that the child has their Epipen or Anapen at the service during attendance.
- Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a 'Medication Record' and an 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.

## **Communication and Risk Minimisation Plans**

The centre will:

- Once made aware of an individual's severe allergy conduct an assessment of the potential for accidental exposure to allergens at the service. The centre will then develop a risk minimisation plan in consultation with the child's family and centre team members.ensure that a notice is displayed prominently in the main entrance of the services stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service r.90(1)(c)(iv).
- Ensure that primary contact team members for the individual/s at risk of anaphylaxis attend anaphylaxis management training and this is reviewed/updated annually.
- Ensure that all floaters and relief team members are made aware of the symptoms of anaphylaxis, the individual/s concerned and their allergies, their action plan and the location of the Epipen kit.
- Advised parents that no child who has been prescribed an Epipen or Anapen is permitted to attend the service without that Epipen or Anapen.
- Ensure parents/guardians of the child diagnosed at risk of anaphylaxis are provided with a copy of the policy r.90(1)(c)(iii), (iv).
- Encourage ongoing communication between the parents/guardians and team members regarding the current status of the child's allergies, this policy and its implementation.
- Medical Conditions Registers including the child's photo are displayed in each Children's room, in a central folder in the office and also on OWNA App. These registers are updated regularly and as required.
- Display the ASCIA generic poster "*Action Plan for Anaphylaxis*" in a key location in the service.
- Display emergency numbers for Ambulance, centre address and nearest cross roads next to all telephones.
- Ensure that a child's individual anaphylaxis medical management action plan signed by a registered medical practitioner is inserted in the enrolment records for each child r. 90(1)(c)(i). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.
- Ensure that all staff know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device (EpiPen®) kit (Schedule 3 of the Regulations).

- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan in the auto-injection device (EpiPen®) kit r.90(1)(c).

The staff will:

- Ensure a copy of the child's anaphylaxis action plan is visible/available to all staff.
- In the case of a staff member with anaphylaxis, their Epi-Pen (or Anapen) and Anaphylaxis Action Plan need to be stored in the room they work in (with other Epi-Pens / medical management plans to allow staff members to assist with medical management plan and deliver first aid, if needed). If the staff member is a relief staff member (and not working in one room) the epi-pen and medical management plan to be store in office first aid box or cupboard.
- Follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialing 000.
  - Commence first aid measures.
  - Contact the parent/guardian.
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Practice EpiPen (and Anapen) administration procedures using an EpiPen trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a Doctor.
- Ensure that parents/guardians provide an anaphylaxis action plan signed by the child's Doctor and a complete EpiPen kit while the child is present at the service.
- Ensure that the EpiPen kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the auto-injection device (EpiPen®) kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service e.g. on excursions that this child attends (Schedule 3 of the Regulations).
- Regularly check the EpiPen expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen to the end of the nominated expiry month.)
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.
- Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a 'Medication Record' and an 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.

Parents will:

- Inform staff, either on enrolment or on diagnosis, of their child's allergies.
- Provide staff with an anaphylaxis action plan and written consent to use the EpiPen in line with this action plan.
- Provide staff with a complete EpiPen kit.
- Regularly check the EpiPen expiry date.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.

- Comply with the service's policy that no child who has been prescribed an EpiPen is permitted to attend the service or its programs without that EpiPen

**Related Documents to this Policy:**

1. Risk Minimisation Plan (see schedule 1 of this policy)
2. Enrolment checklist for children at risk of anaphylaxis (see schedule 2 of this policy)
3. Sample Risk Minimisation Plan (see schedule 3 of this policy)  
Risk Minimisation Plan Template (see schedule 3 of this policy)
4. Medical Action Plan for Anaphylaxis (Please refer to <http://www.allergy.org.au/> website for current form)
5. Possible Exposure Scenarios and Strategies (see schedule 5)
6. Brochure titled "Anaphylaxis – a life threatening reaction" available through the Royal Childrens Hospital, Department of Allergy

## **Schedule 1 - Risk Minimisation Plan and Procedures**

The following plans procedures have been developed in consultation with parents and information sourced from authorities implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her;
  - Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions.
  - Some parents will choose to provide all food for their child.
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for this child.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the 'at risk' child is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.
- Assess whether possible to eliminate the allergen from the service menu.

In relation to other practices at the centre:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the centre's food purchases and menu planning.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

## Schedule 2 – Enrolment Checklist for Children at Risk of Anaphylaxis

Name of Child: \_\_\_\_\_ Date of Birth: / /  
 Name of Guardian: \_\_\_\_\_ Date of Enrollment: / /

A risk minimisation plan is completed in consultation with parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.

Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy	Yes / No
All parents/guardians are made aware of the Anaphylaxis management policy	Yes / No
Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's autoinjection device (EpiPen®) kit.	Yes / No
Adrenaline auto-injection device such as an EpiPen® (within expiry date) is available for use at any time the child is in the care of the service	Yes / No
Adrenaline auto-injection device is stored in an insulated container (e.g. EpiPen® Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat	Yes / No
All staff, including relief staff, are aware of each EpiPen® kit location and the location of the anaphylaxis medical management action plan	Yes / No
Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an EpiPen® trainer, and is reinforced at quarterly intervals and recorded annually	Yes / No
The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan	Yes / No
A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis	Yes / No
Parent/guardian's current contact details are available	Yes / No
Information regarding any other medications or medical conditions (for example asthma) is available to staff	Yes / No
If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis	Yes / No

Signing of this checklist is acknowledgement that the **Enrolment Checklist for Children at Risk of Anaphylaxis** has been completed.

Name of Parent: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_ Date: / /

Name of Director: \_\_\_\_\_ Signature of Director: \_\_\_\_\_ Date: / /

### Schedule 3 – Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children's service risk minimisation plan.

<b>How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?</b>	
1. Who are the children?	- List names and room locations of each of the at risk children
2. What are they allergic to?	<ul style="list-style-type: none"> <li>-List all of the known allergens for each of the at risk children</li> <li>- List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service</li> </ul>
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none"> <li>-List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children</li> <li>-Confirm where each child's Action Plan (including the child's photograph) will be displayed</li> </ul>
<b>Do families and staff know how the service manages the risk of anaphylaxis?</b>	
<ul style="list-style-type: none"> <li>• Record when each family of an at risk child is provided a copy of the service's Anaphylaxis management policy</li> <li>• Record when each family member provides a complete auto-injector (EpiPen®) kit</li> <li>• Test that all staff, including relief staff, know where the auto-injector (EpiPen®) kit is kept for each at risk child</li> <li>• Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each at risk child</li> <li>• Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service: <ul style="list-style-type: none"> <li>o Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate</li> <li>o Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on</li> </ul> </li> <li>• A new written request is sent to families if the food allergens change</li> <li>• Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service without that device.</li> <li>• The service displays the ASCIA generic poster, <i>Action plan for anaphylaxis</i>, in a key location and locates a completed ambulance card by the telephone/s</li> <li>• The auto-injector (EpiPen®) kit including a copy of the anaphylaxis medical management action plan is carried by a staff, member when a child is removed from the service eg excursions</li> </ul>	
<b>Do relevant people know what action to take if a child has an anaphylactic reaction?</b>	
<ul style="list-style-type: none"> <li>• Know what each child's anaphylaxis medical management action plan says and implement it</li> <li>• Know who will administer the adrenaline auto-injection device (EpiPen®) and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child</li> <li>• All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions for the administration of the adrenaline auto-injection device (EpiPen®).</li> </ul>	
<b>How effective is the service's risk minimisation plan?</b>	
Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.	

### Schedule 3 – Risk Minimisation Plan for Anaphylaxis Examples

Name of Child: \_\_\_\_\_ Date of Birth: / /

How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?														
1. Who are the children?	List names and room locations of each of the at risk Children: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Child</th> <th>Room Name</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>		Name of Child	Room Name										
	Name of Child	Room Name												
2. What are they allergic to?	-List all of the known allergens for each of the at risk children <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Child</th> <th>Allergens of Child</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>		Name of Child	Allergens of Child										
	Name of Child	Allergens of Child												
3. Does everyone recognise the at risk children?	Strategies to minimise the risk of exposure. <ul style="list-style-type: none"> <li>- Please refer to Schedule 1 - Risk Minimisation Plan and Procedures</li> <li>- Please refer to Schedule 2 – Enrolment Checklist for Children at Risk of Anaphylaxis</li> <li>- Nut free centre</li> <li>- Certain foods/items not be brought to the service</li> <li>- All food must be registered and signed into centre</li> </ul>													
<b>Do families and staff know how the service manages the risk of anaphylaxis?</b>														
Recorded when each family of an at risk child is provided a copy of the service's Anaphylaxis management policy?		Yes / No												
Recorded when each family member provides a complete auto-injector (EpiPen®) kit?		Yes / No												
Tested that all staff, including relief staff, know where the auto-injector (EpiPen®) kit is kept for each at risk child?		Yes / No												
Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each at risk child?		Yes / No												
Centre provide information to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen? This may include requesting the following are not sent to the service: <ul style="list-style-type: none"> <li>o Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate</li> <li>o Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on</li> </ul>		Yes / No												
A new written request is sent to families if the food allergens change?		Yes / No												
Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service without that device?		Yes / No												

The service displays the ASCIA generic poster, <i>Action plan for anaphylaxis</i> , in a key location and locates a completed ambulance card by the telephone/s?	Yes / No
The auto-injector (EpiPen®) kit including a copy of the anaphylaxis medical management action plan is carried by a staff, member when a child is removed from the service eg excursions?	Yes / No
<b>Do relevant people know what action to take if a child has an anaphylactic reaction?</b>	
They will know what each child's anaphylaxis medical management action plan says and implement it	Yes / No
Know who will administer the adrenaline auto-injection device (EpiPen®) and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child. This information will be recorded in a medication administration form.	Yes / No
All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions for the administration of the adrenaline auto-injection device (EpiPen®).	Yes / No
<b>How effective is the service's risk minimisation plan?</b>	
Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.	Yes / No Date: / /

**Date Risk Minimisation Plan for Anaphylaxis Completed:** / /

**Name of Centre Director:** \_\_\_\_\_

**Signature of Centre Director:** \_\_\_\_\_

**Date:** / /

## Schedule 5 - Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the children's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of at risk child/children and food is prepared according to parents instructions  Alternatively the parent provides all of the food for the at risk child	Cook, Primary Nominee, Parent
	Ensure separate storage of foods containing allergen Proprietor & Cook	Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers	Cook & Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her	Cook & Staff
	An 'at risk' child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes	Staff
	Children are regularly reminded of the importance of no food sharing with the at risk child	Staff
	Children are supervised during eating	Staff
Party or celebration	Give plenty of notice to families about the event	Proprietor/ Primary Nominee/ Qualified Staff
	Ensure a safe treat box is provided for the at risk child	Parent/ Staff
	Ensure the at risk child only has the food approved by his/her	parent/guardian Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent	Proprietor/ Primary Nominee
Protection from insect sting allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Staff
	Decrease the number of plants that attract bees	Proprietor
	Ensure the at risk child wears shoes at all times outdoors	Staff
	Quickly manage any instance of insect infestation. It may	Proprietor

	be appropriate to request exclusion of the 'at risk' child during the period required to eradicate the insects	
Latex allergies	Avoid the use of party balloons or contact with latex gloves	Staff
Cooking with children	Ensure parents/ guardians of the 'at risk' child are advised well in advance if ingredients need to be bought by the parents	Staff

## Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and staff verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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### Reference:

#### NQS

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	2.1.3	<i>Healthy eating and physical activity are promoted and appropriate for each child.</i>

### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	94	<i>Exception to authorisation requirement—anaphylaxis or asthma emergency</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

### **EYLF**

LO3	<i>Children are happy, healthy, safe and connected to others. Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</i>
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### Other References:

*Handbook on Child Care Licensing  
Health Act*

Policy Handbook – P004.7.2024

**Health Records Act**  
**Department of Human Services (Vic)**  
**Public Health and Wellbeing Act 2008**  
**Workplace Health and Safety Regulation**

**Sources and Further Reading:**

- Anaphylaxis Australia – [www.allergyfacts.org.au](http://www.allergyfacts.org.au) (3 May 2011)
- NSW Health – [Guidelines for Children's Services 2007 – Anaphylaxis](http://www.allergyfacts.org.au/PDF/0562_anaphylaxis.pdf)  
[http://www.allergyfacts.org.au/PDF/0562\\_anaphylaxis.pdf](http://www.allergyfacts.org.au/PDF/0562_anaphylaxis.pdf)
- State of Victoria Dept of Education and Early Childhood (2011) [Anaphylaxis model policy](http://www.office-for-children.vic.gov.au/earlychildhood),  
[www.office-for-children.vic.gov.au/earlychildhood](http://www.office-for-children.vic.gov.au/earlychildhood)

## **36 - ASTHMA POLICY**

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### **Position Statement**

Australia has the highest incidence of asthma in the world. Asthma represents a significant health problem in the Australian community affecting 1 in 6 children. Asthma is one of the most common causes of hospital admissions and visits to the doctor by children under five years of age. There is also evidence that the prevalence and severity of asthma in children is increasing. Dealing with pediatric asthma is a common expectation of team members working in the early childhood setting. While this illness is common it is by no means an insignificant problem. It is a serious complaint and can be life threatening to the sufferer.

As children under the age of six years generally do not have the skills and ability to recognise and manage their own asthma effectively, we place importance on our role in ensuring that a child's asthma symptoms are managed appropriately whilst in our care.

### **Objective**

To provide guidelines for the successful management of individual Asthmatics.

### **Implementation**

- Parents are requested to complete medical details as part of the enrolment process
- If parents identify the child as suffering from Asthma, the parents is required to seek a professional medical practitioner to complete the Asthma Action Management Plan forms (this includes the asthma management plan, risk minimisation plan and communication plan). This form provides details as to the normal drug regime the child is on, as well as outlining the treatment that the child's doctor has detailed in the event of an attack occurring.
- A child is not allowed to attend the service if the child has not provided a Asthma Management Action Plan, Risk Minimisation Plan and Communication Plan. Please note this include the Management Plan being signed by a doctor.
- Asthma management action plans are to be held together in the office so that there is a centralised register for children who are Asthmatic. A copy is also stored in the classroom.
- To ensure that all educators are familiar with the template; it is recommended that all children are to have the Blue Asthma Care Plan for Education and Care Services (Asthma Australia) completed.
- Asthma Management Plans are required to be updated on 12 monthly basis. The date of the 12 months is taken from the date signed by the doctor.
- Parents are required to keep these plans up to date. Should any part of the regime of treatment alter, the records must be adjusted similarly.
- Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a 'Medication Record' and an 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.

### **Medication and First Aid**

- When a child is suffering or recovering from an Asthma attack, the parents will be required to send along any reliever medication and equipment that may be needed should the child have a relapse.
- Any medication that the child is to have/or may need to have is to be stored as per the medication policy and recorded on the medication sheets found in each room.
- Administration of emergency medication must be in accordance with the Medication Policy.
- Our centre will encourage team members to attend yearly education by the Asthma Foundation or First Aid Consultant as required by regulations.

- Centres will display within the centre a Asthma First Aid Poster as provided by the Asthma Foundation.
- If a Parent wants asthma medication at a specific day/time, they must complete a medication record – Asthma Action Plans are for Emergency Administration of Asthma medication.
- Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a ‘Medication Record’ and an ‘Incident, Injury, Trauma and Illness Record’ in OWNA when child’s Medical Management Plan is enacted and medication is given to child.

### **Asthma Emergency Kits/Resources**

Asthma Emergency Kits should contain:

- Reliever medication
- x 2 small volume spacer device
- x 2 compatible children’s face mask
- Record form (Available in form folder)
- Asthma First Aid instruction card (on display in Asthma Management Plan folder)

Please note that it is a recommendation of The Asthma Foundation of Victoria that spacers and face masks are single-person use only (*National Health and Medical Research Council (NHMRC) (2010), “Australian Guidelines for the Prevention and Control of Infection in Healthcare”, Commonwealth of Australia, Canberra, 2010.*) . As precaution the service has at least two spacers and two face masks contained in office asthma first aid kit and that spacers and face masks are replaced each time they are used. Face masks are to be used by children unable to coordinate correct breathing through the mouthpiece of the spacer.

Asthma Emergency Kits should only ever be used as a back-up when a child who is known to have asthma does not have their own spacer available, or in the event of a first asthma attack or if the cause of breathing difficulty is unknown. Parents are responsible for the cost of the spacer if one must be used from the Asthma Emergency Kit.

Children’s Face Mask and Spacer – Parents are to supply appropriate medication, spacer and face mask.

The service provides families with Asthma Australia Brochures when first advised of Asthma as a medical conditions. ‘Asthma and the Under 5’s’ Asthma Basic Facts and Asthma Medications and Devices

### **Asthma and Triggers**

Team Members can try to reduce possible asthma triggers by:

- Minimising the use of chemicals when children are present.
- Regularly vacuuming and damp dusting.
- Ensure that the centre environment is maintained in a hygienic manner, being particularly vigilant to minimise mould growth.

Team members also need to be aware of food allergies and intolerances that may trigger an asthma attack and modify the food we provide accordingly. To achieve this, we shall ensure:

- Chefs/cooks are aware of foods and food additives which are potential triggers for asthma and encourage the use of alternative foods and
- Keep a list of those children who have known food allergies or whose asthma is triggered by food or additives and ensure these children do not consume these foods.

Staff will:

- Ensure that they maintain current Asthma First Aid Training
- Ensure that they are familiar with each child with asthma in the care
- In regular consultation families, optimise the health and safety of each child through supervised management of the child's asthma
- Only administer prescribed and approved medication.
- No medication prescribed for anyone other than a particular child will be given
- All medication must be clearly marked with the child's name and be stored appropriately.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on Child's Asthma Record.
- Medication is to be administered (on a non-emergency basis) and is to be recorded accurately by the parent/guardian, in relation to time and dosage, and will be signed by a staff member on its administration.
- Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a 'Medication Record' and an 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.
- Communicate without undue delay to management and families, if they are concerned about a child's asthma limiting his/her ability to participate fully in all activities.
- Provides families with details of Asthma Foundation
  - <http://www.asthmaact.org.au/>
  - 1800 645 130

Families will:

- Formally inform staff members and the Centre, either upon enrolment of their child with Asthma or on initial diagnosis (without undue delay), that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Record as provided by the child's doctor. Complete and provide a Asthma Management Plan for child signed by a Doctor. Work with the service to completed a Risk Minimisation and Communication Plan for their child. Without these forms completed and signed the child will not be allowed to attend the service.
- Notify the Centre staff members, in writing, of any alterations to the Asthma Record.
- Ensure that their child maintains adequate supply of appropriate medication (reliever) and spacer device clearly labelled with the child's name including expiry dates.
- Communicate all relevant information and concerns to staff as the need arises.
- Parent/guardian must give written authority for medication to be dispensed by filling in a Medication Form. If the medication Form is not filled in, except in the case of an emergency, medication will not be administered on that day.
- Do not leave medications in your child's bag or locker. Give it directly to a staff member upon arrival.
- Where possible and depending on ability, encourage their child to learn about their asthma and communicate to service staff if they are unwell or experiencing asthma symptoms

### **Asthma First Aid**

Follow the written first aid instructions on the child's Asthma Action/Care Plan. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Action/Care Plan, begin the first aid procedure immediately (as authorised by the Education and Care Services National Regulations 2011).

### **Call emergency assistance to attend (000) if:**

- **the child's asthma symptoms are severe**
- **the child suddenly stops breathing**
- **the child's asthma symptoms continue to worsen**
- **there is no Asthma Action/Care Plan for the child**

- blue/grey reliever medication is not available
- you are unsure what is causing the breathing difficulty

#### Recognising an Asthma Attack

Mild	Moderate	Severe
Talk in sentences	Shortened sentences	Few words per breath
Cough	Persistent cough	Persistent cough
Soft wheeze	Loud wheeze	Wheeze may be absent
Minor difficulty breathing	Difficulty breathing	Gasping for breath/distress
Tightness in chest		Pale, sweaty, blue lips
Young children may complain of a "sore tummy"		Muscle exertion

# ASTHMA FIRST AID

## Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma

DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - Repeat until 4 puffs have been taken

If using Bricanyl, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above

Bricanyl: Give 1 more inhalation

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives



ASTHMA  
AUSTRALIA

1800 ASTHMA  
(1800 278 462)  
asthma.org.au

Supported by:  
**WHITE MAGIC**  
whitemagic.biz

Translating and  
Interpreting Service  
131 450

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(Source: <https://asthma.org.au/treatment-diagnosis/asthma-action-plan/> Date:26 04 23)

**In the event of a child having an asthma attack whilst at the Centre:**

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service will:

- ensure a first aid trained educator/educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:

1. Sit the child upright
  - Stay with the child and be calm and reassuring
2. Give 4 puffs of blue reliever puffer medication
  - Use a spacer if there is one
  - Shake puffer
  - Put 1 puff into spacer
  - Take 4 breaths from spacer
  - Repeat until 4 puffs have been taken

Shake, 1 puff, 4 breaths
3. Wait 4 minutes
  - If there is no improvement, give 4 more puffs as above
4. If there is still no improvement call emergency assistance 000
  - Keep giving 4 puffs every 4 minutes until emergency assistance arrives

- contact the child's parent or authorised contact where the parent cannot be reached

The service will ensure that an asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- A spacer device that is compatible with the puffer
- A face mask compatible with the spacer for use by children under 5
- 70% alcohol swabs for cleaning devices. Note puffers, spacers and face masks from the Kit must be thoroughly cleaned after each use to prevent cross contamination. To clean:
  - Remove canister from puffer and wash device (but not canister) in warm water with kitchen detergent
  - Do not rinse or rub dry, allow devices to air dry.
  - When dry, wipe the mouth piece inside and outside with a 70% alcohol swab
  - When completely dry, replace the canister and ensure puffer is working correctly.

**Medical Conditions Risk Minimisation Plan: Asthma Management**

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair

- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Asthma chart called First Aid for Asthma Chart or Asthma First Aid in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

**Next Review: 15/6/2025**

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**Reference:**  
**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	94	<i>Exception to authorisation requirement - anaphylaxis or asthma emergency</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

***EYLF***

LO3	<i>Children are happy, healthy, safe and connected to others.</i>
	<i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</i>

**Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all**

**Other References:**

***Handbook on Child Care Licensing***

***QIAS Principle 5.3***

***Anti-discrimination Act***

***Food Safety Legislation 2001***

***Public Health and Wellbeing Act 2008***

***Workplace Health and Safety Regulation 1997***

***CCB – Federal Funding Guidelines***

**Sources and Further Reading:**

- **Asthma Foundation of Qld (2006) *A Guide to Becoming an Asthma Friendly Childcare Service, Fortitude Valley***
- **Asthma Foundations Australia [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)**
- **Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010), National Health and Medical Research Council,**  
[www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/cd33\\_infection\\_control\\_healthcare\\_0.pdf](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_0.pdf).

## 37 - BITING POLICY

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### Position Statement

Biting incidents are of significant concern for all parties: the parents of the child who was bitten, the child who did the biting, and for team members in general.

Whilst the handling of these incidents will be dealt with in an immediate sense in the general behavioural management policy, it has been seen there is a need to formalise a specific policy relating to the incidence of a child biting another child.

All children should be able to attend the centre and come into a safe and secure environment. Our professional commitment to Duty of Care for all children and team members places an expectation on us to ensure that such an environment is provided.

Children who bite jeopardise the safety and security of this environment for other children. Our Duty of Care towards all enrolled children underpins this policy.

### Objective

To set out guidelines to deal with the serious incidence of children who bite others. These guidelines will address the actions that may need to be taken by the Centre team members in consultation with the children and their families who are involved in a biting incident.

### Implementation

#### *In Relation to Team members:*

- Team members will consider all aspects of the room's operation so as to minimise the possibility of children biting eg. due to frustration caused by having to share with others.
- Team members will support children to learn conflict resolution skills and assertive language skills in preference to physical actions and as a protection against domineering and aggressive children.
- Team members will employ age appropriate behavioural management strategies within the room at all times. This may include time away strategies for children who are unable to control their behaviour. These management strategies will be in line with our behavioural management policy.
- All biting incidents will be documented and signed by the director on an Incident report. An incident report will be completed for both the child who is bitten and the biter.
- Educators will notify the parents of child who is bitten and also the child who has bitten, by phone after the child has been attended to. The reason for making a brief call prior to pick up is to allow the educator to advise of the incident prior to pick-up. If parent would like to discuss in detail educator can arrange a meeting time with parent during call.
- The Centre Director, Assistant Centre Director and/or the Educational Leader will speak to the parents of the biter and work out a collaborative approach to managing the child's behaviour.

#### *In Relation to the Parents:*

- It is an expectation that the parents of the child who is the biter will support the behavioural management strategies that are in place within the centre at home. i.e. they will reinforce that biting someone else is not acceptable, "Use words, not your teeth, say "STOP!"
- The parents of the child who was bitten will have a thorough explanation of the circumstances of the incident including first aid measures implemented and strategies to prevent further incidents.

**NB At no time will the parents of the child who was bitten be privy to the name of the child who is the biter.**

**In Relation to the Centre:**

- Biting is a serious behavioural matter and will be treated accordingly.
- Any bite that draws blood is viewed as extremely serious. Consultation with parents involved in this situation will occur at the earliest convenient time.
- The placement of the child who bites, and therefore places the safety of the other children at risk will be under careful consideration. Aspects of this consideration taken into account will be: – the response of both the family and child to the behavioural management strategies that have been put in place by the team members; the number and severity of the bites that the child has inflicted; and the age of the child involved.
- If, after the above deliberation, it is felt that the situation has become unworkable management has the right to alter the days the child attends or cancel the child's enrolment.

**Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 27/9/2023**

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**Reference:**

**NQS**

QA5	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	5.2.1	<i>Children are supported to collaborate, learn from and help each other.</i>
	5.2.2	<i>Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.</i>
	5.1.2	<i>The dignity and the rights of every child are maintained.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	155	<i>Interactions with children</i>
	156	<i>Relationships in groups</i>

***EYLF***

LO1	<i>Children feel safe, secure, and supported.</i>
	<i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.</i>

	<i>Children develop knowledgeable and confident self identities.</i>
	<i>Children learn to interact in relation to others with care, empathy and respect.</i>
LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.</i>
	<i>Children respond to diversity with respect.</i>
	<i>Children become aware of fairness.</i>
	<i>Children become socially responsible and show respect for the environment.</i>

**Other References:**

***Handbook on Child Care Licensing***

***QIAS Principle 1.2***

**Legislation:**

***Child Care Act 2002 and Regulations 2003 (Qld)***

***Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)***

***Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)***

***Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)***

**Sources and Further Reading:**

- ***Kinnell, G. (2003) No Biting: Policy and Practice for Toddler Programs, Pademelon Press, Castle Hill, New South Wales. (Australian edition)***
- ***Stonehouse, A. (2008) Bitting in Child Care – An NCAC Factsheet, <http://www.ncac.gov.au/factsheets/biting.pdf> (20 October 2008)***

## **38 - CLOTHING POLICY**

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### **Position Statement**

It is important that children are clothed appropriately for their health and for play and activities at the service.

### **Objective**

To provide families and team members with guidelines for appropriately clothing children during the day at the service.

### **Implementation**

- Parents will be provided with an enrolment pack which must be completed before the child can commence childcare. The enrolment pack will include a list of suggested clothing inclusive of nappies and spare clothing for the day's activities. Parents are required to supply own nappies, sunscreen, etc if there are allergies to service supplies. There will be no variation in service fees if this occurs.
- Team members will monitor weather conditions during the day and ensure children are clothed suitably.
- Newsletters, verbal communication, emails and memos will be provided to parents as a reminder to changes in weather conditions and required clothing.
- At times the team members will program special events such as "water play day" and "dress up day". Notices for these days will be provided to the parents.
- Children that are toileting and in nappies require clothing that is easy for them to manage. Parents are encouraged to send their child in clothing that is easy for the child to manage and easy for the team members to access when changing nappies.
- Team members carefully plan and implement a variety of activities to enhance children's learning and development. At times these activities may be "messy" and parents are encouraged to dress their child in "play clothes" so that they can enjoy and participate in all activities.
- Children will be provided with aprons during messy play activities, however should be dressed in clothes that are conducive to play and that they can get "messy" in.
- Team members will encourage families to provide appropriate footwear for children to wear at the centre. Footwear should be suitable for climbing and running and protect the children's feet from the outdoor environment (thongs or ugg boots are not suitable). It is also helpful as the children's self help skills develop that the footwear supplied is easy for the child to remove and put back on with minimal assistance. Infants and babies may require socks – depending on the weather conditions.  
If a child comes to the service in inappropriate footwear and does not have appropriate footwear in their bag to change into, the parents will be required to either take the child home and return with the appropriate footwear or bring in the appropriate footwear within a reasonable time frame (30 minutes) to the service for the child to wear.
- For children who are toilet training, it is important that they are wearing clothes which allow for easy access to the bathroom, overalls and clothing with difficult fasteners may not be appropriate.
- Clothing should be safe; jumpers with cords should be avoided as these can become entangled on climbing equipment.
- Clothing which should not be worn to the centre includes; brief clothing which does not comply with sun safe guidelines (ie singlet tops, sleeveless tops), clothing bearing offensive slogans or logos which may offend a particular group or individual, superhero outfits which may encourage aggressive play. We also discourage children wearing commercialised outfits, hats and clothing (E.g. Disney themes) as these items tend to cause behavioural issues amongst the children. If the children are dressing up for an event in the outfits, positive play will be encouraged.

- Team members will supervise children whilst dressing/undressing and offer support, plenty of time and encouragement (not applicable for school children). Children's privacy and dignity will be respected at all times.
- Team members will promote the clothing policy through discussion about clothing requirements for the various seasons of the year and by the use of appropriate information displays and newsletters.
- The service accepts no responsibility for lost or damaged possessions; including but not limited to clothing, hats, footwear, etc.

Supporting information may also be located in the Sun Protection Policy.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 16/10/2023**

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### **Reference:**

#### **NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted</i>
	2.1.1	<i>Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

#### **EYLF**

LO3	<i>Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).</i>
	<i>Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.</i>
	<i>Educators consider the pace of the day within the context of the community.</i>
	<i>Educators provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding participation.</i>

#### **Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 4.5 5.1 6.4 6.5  
Public Health and Wellbeing Act 2008  
Occupational Health and Safety Act 2004*

## 39 - SOILED CLOTHING POLICY

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### Position statement

It is important to monitor and prevent cross infection within the centre and to ensure that appropriate hygiene is in place at the centre at all times.

### Objective

To manage and deal with soiled clothing hygienically and in accordance with regulations.

### Implementation

- Team members must wear gloves when they come in contact and handle any soiled items.
- Team members will attend to the child's needs in a positive way.
- Soiled items will be rinsed (if time permits) in the centre laundry or sluice and placed securely in a small plastic bag, zip lock bag or wet bags (wet bags provided parent/guardian). (ALL PLASTIC BAGS MUST BE INACCESSIBLE TO CHILDREN).
- The sealed plastic bag will then be placed in an air tight container with the child's name on it. Containers will be stored in the centre laundry or other suitable location.
- Parents will be notified that they have soiled clothing in the laundry to collect either via a tag placed on the child's bag, verbal communication or written communication.
- After the soiled clothing has been collected by the parents, the containers will be disinfected.

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

### Policy Reviewed: 21/5/2024

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#### References:

##### NQS

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	77	<i>Health, hygiene and safe food practices</i>
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#### **EYLF**

Policy Handbook – P004.7.2024

LO3	<p><i>Actively support children to learn hygiene practices.</i></p> <p><i>Promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.</i></p> <p><i>Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.</i></p> <p><i>Model and reinforce health, nutrition and personal hygiene practices with children.</i></p>
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**Other References:**

QIAS Principle 6.4,6.6,7.3  
 Public Health and Wellbeing Act 2008  
 Occupational Health and Safety Act 2004  
 Staying Healthy (5<sup>th</sup> Edition)  
 Handbook on Child Care Licensing

**Legislation:**

Child Care Act 2002 and Regulations (2003) Qld  
 Children's Services Act (1985) & the Children's Services (Child Care Centre) Regulations 1998 (SA)  
 Children's Services Regulations (2004) and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
 Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)

## **40 - REST TIME & SLEEP POLICY**

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### **Position Statement**

The purpose of the Rest Time and Sleep Policy is to ensure the safety, health and wellbeing of children attending our service and appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation. Our policy is based on the recommendations from the recognised national authority Red Nose (formerly known as SIDS & Kids).

### **Background**

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest.

Our Sleep and rest for children policy provides our educators, management, coordinators, other staff, families and the community with the information they need to support children's needs for sleep and rest are met while attending the service.

### **Objective**

To provide each child with the opportunity to rest, sleep and relax by creating an atmosphere that accommodates the individual needs of each child and their family.

### **Procedures and Implementation**

- Our approach to supporting and promoting children's health and physical activity, including safe sleep and nutrition, is informed by current recognised guidelines and up-to-date information.
- Red Nose is considered the recognised national authority on safe sleeping practices for infants and children. For more information on safe sleeping practices please refer to the Red Nose website (<http://www.rednose>) or the Red Nose: Safe Sleeping in Childcare kit available at this centre or online.
- Our team will create a relaxed environment by discussing with the children the routine for each day, outlining the rest time routine to suit the individual age groups and their level of understanding.
- Each room will have a daily routine outlining the times for rest /sleep times for the children. These routines will be flexible according to the ages of the children and their needs.
- No child will be forced to sleep. If a child chooses not to sleep they will be offered quiet activities or a cushion to lay down to relax/rest as an alternative.
- All children have rights and where appropriate, should have choice about sleeping and resting within the day.
- Opportunities will be provided to meet each child's sleep, rest and relaxation needs and ensure children feel secure and safe.
- 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 need to plan for educational experiences and activities for children who do not sleep and also for children who have shorter rest/sleep routines. This allows children to engage in activities while other children are sleeping and resting.
- Taking into consideration the flexible routine rest/sleep times appropriate for the children's age and their needs; educators need to ensure children's needs are monitored and appropriate. It is recommended that children be given 5-10 minutes to stretch and gently wake up from a sleep. Once the child is fully awake, they need to be dressed and/or clothing tidied, hair tidied and face cleaned. Children should also visit

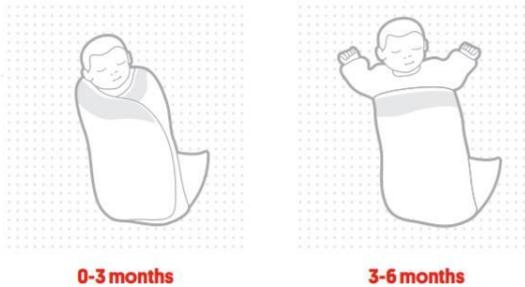
the toilet or have their nappy changed if required. If children are going to the toilet shoes should be worn. Children are then encouraged to participate in an activity.

- Each room will provide an atmosphere that is quiet and peaceful, this will be achieved by playing quiet music (the radio is not appropriate), ensuring that ventilation, cooling and heating are monitored to suit the weather conditions.
- Children Entering Service:
  - If a parent is dropping off or collecting an older child with a child sleeping in a bassinet or pram, they can bring the bassinet or pram into the centre as long as the child **is not enrolled** at the service and is being supervised by the parent/guardian at all times.
  - If a parent is dropping off a baby to a service that is enrolled in the service, parent/guardian cannot leave the child asleep in the pram or bassinet. The child will need to be taken out of the pram/bassinet and placed in a service cot upon arrival.
  - Children who are sleeping and are enrolled in service and signed into care for the day will be transferred to a cot or bed if sleeping upon arrival. The sleeping child's wellbeing and health, needs to be assessed by educator on transfer to cot or bed. ie normal health (not ill or have an infectious disease) and breathing is normal.
- Classroom lighting: The classroom needs to have sufficient light. The level of light present in the classroom is at a level to allow educators and children to see and orientate themselves throughout the room. If the room is too dark children and educators may not be able to see clearly. Further, sufficient light should be present for children engaged in activities. Having adequate light is achieved through opening curtains/blinds and also the use of lights. The classroom should not remain in complete sleep routine set-up for a small number of children still sleeping or resting. The room needs to transition to the next routine to adequately accommodate all childrens needs.
- With reference to age appropriate sleep routines of the classroom; children may need to be encouraged to wake-up if continuing to sleep beyond recommend sleep time. To gently wake-up children, educators may gradually increase the level of light in the classroom and comfort the child to begin to wake-up.
- Rest/sleep routines need to be documented on the Daily Wellbeing Schedule for all children. The Daily Routine Schedule needs to be displayed by 4.00pm on the curriculum notice board or in an area for parents and guardian to view.
- Each child will be provided with a Cot, Mattress (AS/NZ 2172) or Stretcher bed according to the child's age and ability.
- The team member's in each room will adequately and actively monitor and supervise resting children inline with the National Law, State Regulations and best practice standards. This includes recording information the children's sleeping patterns. Babies will be monitored every 10 minutes and the times they are checked will be recorded.
- Parents will be asked to provide feedback and information about their child's sleeping patterns. Parents of children who are used to sleeping with a particular comfort object will be encouraged to bring the comforter to childcare to aid sleep in the new environment.
- Children **will not** be placed in cots, mattresses or beds with bottles as this may pose a safety risk to the child.
- Children are to rest with their face uncovered.
- All head coverings including hats, head bonnets and hooded clothing should be removed before sleep. Items such as necklaces, cultural neck attire, dummy chains, etc must be removed before sleep.
- Staff will report any potential hazards and discontinue use of the cot until hazard has been addressed.
- Supervision planning and the placement of educators across a service should ensure educators are able to adequately supervise sleeping and resting children.
- The care environment, including sleep and rest areas, should be well ventilated, either with fresh air or using mechanical ventilation.
- The sleep environment is free of potential hazards such as cords from hanging blinds, curtains, electrical appliances, and toy mobiles. Do not use hot water bottles, electric blankets or heated wheat bags.

- Children will not be left to sleep in the following: bouncinates, rockers, prams, pushers, sofas, bean-bags, hammocks, car-seat, etc.
- Equipment such as bumpers, infant positioners, inclined sleepers, or additional padding, mattresses, pillows and other soft items should not be used in the sleep and rest environment for children under 2 years of age.
- Educators will assess whether older babies and toddlers have the ability to climb over the side of the cot. Where infants show they may be capable of climbing out of the cot, they should be transitioned to a safe bed or floor bed.
- Children sleeping and resting will always be adequately supervised so that educators can supervise children's safety and wellbeing.
- Educators will be able to visually check the child's sleeping position, breathing and the colour of the child's lips and skin, body temperature, head position, airway and the child's head and face, ensuring they remain uncovered.
- If a family's sleep/rest routine for their child conflicts with the recommendations from Red Nose - Safe Sleeping Practices the service is not to endorse this practice unless a written letter is provided by a medical practitioner.
- We will consult families about their child's routine for sleep and rest at home and carry this out at the service where possible and safe to do so, in line with the prevailing safe sleep practices recommended by Red Nose Australia.

### **Safe Resting Practices for Babies**

- All children are to be placed on their back for all sleep and rest periods.
- Written direction from a medical practitioner (e.g. doctor) must be obtained by the parent/guardian before an educator will place a child in any other position (ie other than on their backs).
- If older babies turn over while sleeping, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.
- To prevent a baby sliding or wriggling under the sheets, place them with their feet closest to the end of the cot.
- Child should not be wrapped after 3 months of age or when child begins rolling. A parent may request for their older child to still be wrapped; the safety hazards should be discussed.
- Wrapped infants must have their arms free from 3 months of age and wrapping must be discontinued when infants shows readiness to roll. Do not introduce wrapping if the infant is not routinely wrapped at home.



- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot.
- 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).
- Infants should be dressed with consideration to the room temperature. The infant should be warm but not hot to touch centrally (i.e. on the chest or abdomen). Bedding

or clothing should be removed if the infant is hot to touch, or is flushed or sweating. Any clothing or jewellery that could pose a strangulation or choking hazard must be removed before the infant or child is placed in the sleep space.

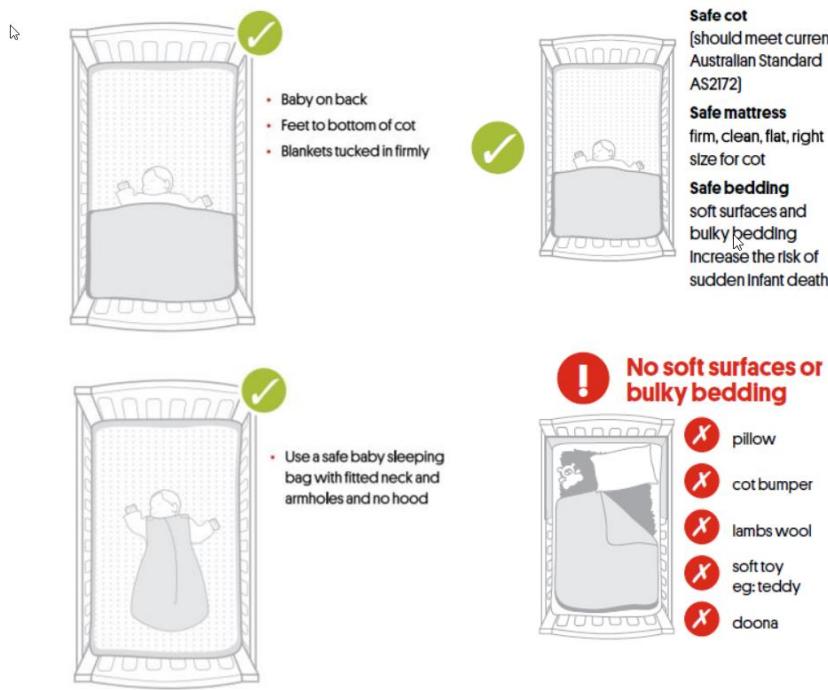
- Pillows, soft toys, lambs wool, cot bumpers, quilts, etc are not to be placed in cots.
- Soft toys or comforters are not to be used in the cot before 7 months of age.

### Dummy Use

- If a dummy is being used by an infant:
  - it maybe be offered for all sleep periods
  - it is recommended to be phased out between 6 -12 months of age
  - if a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
  - dummies should not be coated in anything sweet.
- Dummies and dummy containers should be cleaned regularly and returned to an individual, sealed and labelled container with the child's first and last names.
- Educators should ensure dummies are replaced if it becomes broken, pierced or unhygienic.

### Protective Behaviours and Practices

- All children will be adequately and actively supervised by team members whilst resting and sleeping.
- Students and volunteers are never to be left alone with children.
- Adults will not sleep or rest in the same environment as a child or group of children.
- Children are to be monitored whilst sleeping. Babies (this means any child under 2 years) must be checked every 10 minutes. When monitoring a child team members will observe the following;
  - the position of each child's body on the mattress/bed;
  - each child's breathing rate. If child is not breathing commence with First Aid;
  - the arrangement of bed linen. If a child's face is covered team members will immediately uncover the child's face and;
  - the environment. Team members will be mindful of room temperature ensuring that it is comfortable for children. Check the cot sides are raised and in a locked position and check the safety of the rest of the environment.
  - Educators will check (visually) for signs of stress such as overheating or irregular breathing. If you can't see a child's chest rise or hear their breathing, you may need to gently put your hand on their chest to check.



## Equipment for Rest Time

- All centre cots are to comply with the Australian Standard (AS2172).
- Prior to placing a child in a cot team members will check for any hazards ensuring that there are no loose or broken pieces or sharp edges paying particular attention to the safety latches. Team members will also check that mattresses are firm, in good condition(clean and flat, not elevated or tilted) and that it fits the base with no more a 20mm gap between the mattress and the side of the cot.
- The drop gate must be in the up and locked position whenever the cot is occupied.
- It is not recommended for stroller/prams/pushers be used as a sleep/rest aid for children in a room. When on an excursion and a stroller/pram/pusher is used, children need be restrained at all times when in a pram/stroller/pusher. Children are never to be left unattended in a stroller/pram/pusher. Team members are to be cognisant of not overloading pram handles which could cause prams/strollers/pushers to tip backwards.

### Infant Incline Products & Equipment

- Incline products include rockers, bouncers, recliners, baby swings, car seats or capsules. Sleeping on an incline increases the risk of sudden death for babies from:
  - rolling into a position that blocks the airways; and
  - dropping their head onto their chest, which restricts their breathing.
- If babies are left unsupervised and fall asleep in these products, they risk serious injury or sudden death.
- Red Nose advises that infants spending long periods inclined in car restraints such as car seats, capsules or infant seats can also be at risk.
- Use of rockers and bouncers' guidance in early learning setting: children are only left in the rockers for short period of time and are actively supervised. Rockers are used to assist while attending to another and other children that maybe unsettled. Incline products (Eg. rockers or bouncers) are not to be used for sleeping. If an educator notices that a child is drifting off to sleep in the rocker, the child is to be placed in a cots or bed to sleep.
- Sleep products – such as anti-roll pillows, sleep positioners, baby loungers, cot bumpers, pillows and soft toys. Soft and padded surfaces can stop babies from being able to self-correct if they roll over and babies may not have enough strength to lift

- their heads to breathe. Soft and padded surfaces also move to fit around the shape of a baby's head instead of remaining rigid. This increases the chance of suffocation and carbon dioxide rebreathing. Soft sleep related products can cover a baby's face and cause suffocation. For this reason, placing soft toys, pillows, or loose blankets in a baby's sleeping area is not to be used in cots or sleeping areas.
- Alternative sleeping locations – such as beanbags, sofas/couches, cushions, adult or bunk beds are not safe for infants. They may have dangerous gaps that may trap a child's head, neck or limbs. Read about what is required to meet the [mandatory standard for household cots](#).

## **Supervision**

All educators continuously supervise sleeping children or infants during tummy time. This means:

- Sleeping infants and children must be supervised by sight and sound and continuously monitored by educators every 10 minutes (who must have easy access to them).
- Cot rooms and rooms must always have enough light (natural and/or artificial) to allow for visual supervision of all children. Lights may be turned off provided there is enough light for educators to see all children's faces from the maximum distance in the room.
- Ratio's must be maintained at all times, including during rest and/or sleep times.
- Educators must monitor infants for signs of overheating (e.g. sweating and redness). If these signs are observed, the child should be awakened and dressed in lighter clothing.
- Infants who are engaging in 'tummy time' must do so on a comfortable and firm surface and must never be left unsupervised. If the infant falls asleep on their tummy, educators must place the infant into a cot on their back.

## **Safe Placement**

- Ensure a safety check of sleep and rest environments is undertaken on a regular basis.
- If hazards are identified remove hazard immediately and follow our policies and procedures for the maintenance of a child safe environment.
- Ensure hanging cords or strings from blinds, curtains, mobiles, heaters and electrical devices are away from cots and mattresses.
- Do not use electric blankets, hot water bottles and wheat bags in cots.

## **Hygiene Practices**

- Cot and stretcher beds are to be disinfected after each child's use or at the end of each day (whichever is more frequent).
- Each child is to have their own bed linen. Linen will be washed on a weekly basis. If linen is provided by families it is to be sent home at the end of each week for washing.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- To avoid third hand smoke risks, it should be recommended that any educators who are smokers:
  - Wear a smoking jacket.
  - Practice respiratory etiquette (e.g., covering mouth while coughing).
  - Practice oral hygiene (rinsing mouth)
  - Practice hand hygiene (washing hands)
  - Wear a hat or hair tied back while smoking.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

**Next Policy Review: 15/1/2025**

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## Appendix: Sleep and Rest Risk Assessment

**Plan prepared by:** Approved Provider and Nominated Supervisor in conjunction with Educator Team

**Plan prepared in consultation:** with Parents and Guardians of the Service

**Communicated with all relevant staff:** Yes (Reviewed annual as part of policy and procedure review)

**Sleep and Rest Risk Assessment Date Performed:** 22/08/2023

**Next Risk Assessment Performed:** 15/01/2024

<b>Activity</b>	<b>Hazard Identified</b>	<b>Risk Assessment</b>	<b>Elimination / Control Measure</b>	<b>Who?</b>	<b>When?</b>
<b>Safeguarding and Wellbeing – Selecting sleeping or resting equipment: bed or cot.</b>	Children may climb out or fall out of cot resulting injury.	Moderate	<ul style="list-style-type: none"> <li>-In consultation with family assess age and development stage of children being educated and cared to determine appropriate sleeping area; bed or cot. If child is able to stand in cot; move to bed.</li> <li>- educators understand the safety and suitability of cots, bedding and bedding equipment, having regard to the ages and developmental stages of children who will use them.</li> </ul>	<ul style="list-style-type: none"> <li>-Parent/Guardian</li> <li>-Room Leaders</li> <li>-Educators</li> </ul>	Each sleep time.
<b>Safeguarding and Wellbeing – culture and family requests that are outside Red Nose safe sleep and rest practices.</b>	Potential unsafe cultural preferences and family requests for child's sleep and rest time.	Moderate	<ul style="list-style-type: none"> <li>Service policy and procedures:</li> <li>- service will consult families about their child's routine for sleep and rest at home and carry this out at the service where possible and safe to do so, in line with the prevailing safe sleep practices recommended by Red Nose Australia.</li> <li>- educate and consult families in relation to safe sleep and rest practices.</li> <li>- having respectful conversations with families upon enrolment, during orientation and whilst they remain enrolled in our centre. These conversations build a shared understanding and commitment to safe sleep policies and practices.</li> <li>- communication of the sleep and rest policies and procedures to a parent</li> </ul>	<ul style="list-style-type: none"> <li>-Parent Guardian</li> <li>-Nominated Supervisor</li> <li>-Responsible Person</li> <li>-Room Leaders</li> <li>-Educators</li> </ul>	Review daily
<b>Safeguarding and Wellbeing – children's health and medical needs that may impact safe sleep or rest.</b>	Ensure health care needs of each child is catered for and managed.	Moderate	<ul style="list-style-type: none"> <li>- Parents required to provide medical action/management plans for asthma, anaphylaxis, epilepsy, and diabetes, if diagnosed. Parents also required to complete a Service 'Medical Risk Minimisation and Communication form'</li> <li>-Individual care needs of children are met.</li> </ul>	<ul style="list-style-type: none"> <li>-Parent Guardian</li> <li>-Nominated Supervisor</li> <li>-Responsible Person</li> <li>-Room Leader</li> <li>-Educators</li> </ul>	Review daily
<b>Safeguarding and Wellbeing – ensuring staffing arrangements to adequately supervise and monitor children during sleep and rest periods.</b>	Insufficient supervision resulting in harm to a child.	Low	<ul style="list-style-type: none"> <li>- Service follows required Regulations in relation to child to staff ratio. Correct staffing levels.</li> <li>- Supervision plans discussed and followed by educators to adequately supervise and monitor children.</li> </ul>	<ul style="list-style-type: none"> <li>-Nominated Supervisor</li> <li>- Responsible Person</li> <li>-Room Leaders</li> </ul>	Review daily

			<ul style="list-style-type: none"> <li>- Head counts to ensure all children are present, monitored and care for.</li> <li>- sleep and rest practices are consistent with current health guidelines and best practices to ensure the safety of children during sleep and rest.</li> <li>-Service Policy and Procedure: Supervision planning and the placement of educators across a centre should ensure educators are able to adequately supervise sleeping and resting children.</li> </ul>	-Educators	
<b>Safeguarding and Wellbeing</b> - level of knowledge and training of the staff supervising children during sleep and rest periods	<ul style="list-style-type: none"> <li>- Educator not having knowledge of safe sleep and rest practices.</li> <li>- New or temporary staff unaware of safe sleep and rest procedures.</li> </ul>	Low	<ul style="list-style-type: none"> <li>- Service has a detailed Safe Sleep and Rest Policy</li> <li>- Policy and procedures are reviewed annually as a team.</li> <li>- Educators undertaken training in relation to safe sleep and rest practices.</li> <li>- Educators knowledge of first aid.</li> <li>- the induction, training and knowledge of staff at the service in relation to best practice for children's sleep and rest.</li> </ul>	<ul style="list-style-type: none"> <li>-Approved Provider</li> <li>-Nominated Supervisor</li> <li>- Responsible Person</li> <li>-Room Leaders</li> <li>-Educators</li> </ul>	Review daily
<b>Safeguarding and Wellbeing</b> – Regular checking of children while resting and sleeping.	Due to lack of supervision potential case of SIDS or choking.	Low	<ul style="list-style-type: none"> <li>-adequate supervision and monitoring during sleep and rest periods. Follow sleep safety guidance. Checks will be made every 10 minutes.</li> <li>-Documentation: Sleep check schedule is maintained by educators of sleeping periods and checks performed by educators.</li> <li>-following red nose safe sleep recommendations detailed in service policy and procedure:</li> <ol style="list-style-type: none"> <li>1) Always place baby on their back to sleep</li> <li>2) Keep babys face and head uncovered</li> </ol> </ul>	<ul style="list-style-type: none"> <li>-Nominated Supervisor</li> <li>- Responsible Person</li> <li>-Room Leaders</li> <li>-Educators</li> </ul>	Per policy
<b>Safeguarding and Wellbeing</b> – assessing the cots and beds within the sleep and rest areas.	<p>Sufficient spacing of cots.</p> <p>Issues with cots such as mattresses sag, elevated or tilted) and has 20mm gap or more between the mattress and the side of the cot.</p>	Moderate	<p><b>Service Policy:</b></p> <ul style="list-style-type: none"> <li>- baby to sleep is in their own safe space, with a safe mattress, and safe bedding. Baby placed on their back to sleep, with their feet at the bottom of the bassinet or cot.</li> <li>- Equipment: Safe beds, cot, mattress in accordance with Australian standards</li> <li>- Lightweighted bedding, firmly tucked in and only pulled to the chest.</li> <li>- Service Policy and procedure: Prior to placing a child in a cot team members will check for any hazards ensuring that there are no loose or broken pieces or sharp edges paying particular attention to the safety latches. Team members will also check that mattresses are firm, in good</li> </ul>	<ul style="list-style-type: none"> <li>-Nominated Supervisor</li> <li>- Responsible Person</li> <li>-Room Leaders</li> <li>-Educators</li> </ul>	Review daily

			condition(clean and flat, not elevated or tilted) and that it fits the base with no more a 20mm gap between the mattress and the side of the cot.		
<b>Safeguarding and Wellbeing – assessing the physical safety and suitability of sleep and rest environments.</b>	<ul style="list-style-type: none"> <li>- Potential high temperature in room</li> <li>- Insufficient lighting and ventilation</li> </ul>	Low	<ul style="list-style-type: none"> <li>- the management of physical safety and suitability of sleep and rest environments including temperature, lighting and ventilation. See service policy above on safe sleeping practices.</li> </ul> <p><b>Service Policy:</b> Classroom lighting: The classroom needs to have sufficient light. The level of light present in the classroom is at a level to allow educators and children to see and orientate themselves throughout the room. If the room is too dark children and educators may not be able to see clearly. Further, sufficient light should be present for children engaged in activities.</p> <p><b>Service Policy:</b> The care environment, including sleep and rest areas, should be well ventilated, either with fresh air or using mechanical ventilation.</p> <p><b>Service Policy:</b> Sleep and rest environments and equipment should be safe and free from hazards (e.g. no power points and cords etc accessible to children, mobiles hanging over cots etc)</p>	<ul style="list-style-type: none"> <li>-Nominated Supervisor</li> <li>- Responsible Person</li> <li>-Room Leaders</li> <li>-Educators</li> </ul>	Review daily
<b>Safeguarding and Wellbeing - potential hazards in sleep and rest areas or on a child during sleep and rest periods</b>	<ul style="list-style-type: none"> <li>- items hanging near cots (ie on walls) and able to be reached by children while in cots (remove). No loose item or potential loose item should be hung near cots. Ie to reduce risk of item becoming unattached and falling in hands of children.</li> <li>- item hanging or draped over cots (remove).</li> <li>- Damaged or broken equipment: beds and cots.</li> <li>- Presence of pillows, soft toys, lambs wool, cot bumpers, quilts, etc in cots.</li> <li>- Necklaces</li> <li>- Tight clothing</li> </ul>	Low	<ul style="list-style-type: none"> <li>- See service policy and procedure for guidance on necklaces and clothing. (Removal)</li> <li>- Educators undertake visual checks on beds and cots before placing child for sleep and rest.</li> <li>- Service Policy: Presence of pillows, soft toys, cot bumpers, quilts or comforters are not to be used in the cot.</li> <li>- Safety checks of the equipment and areas are carried out to ensure that the equipment continues to be safe.</li> <li>-Periodic OH&amp;S checklists completed by service OH&amp;S officer.</li> </ul>	<ul style="list-style-type: none"> <li>-Nominated Supervisor</li> <li>- Responsible Person</li> <li>-Room Leaders</li> <li>-Educators</li> </ul>	Review daily
<b>Safeguarding and Wellbeing - Lifting and carrying of children and babies</b>	<ul style="list-style-type: none"> <li>-manual handling causing injury</li> <li>-manual handling resulting in strain/back injury</li> </ul>	Low	<ul style="list-style-type: none"> <li>-Parent and staff to follow manual handling procedures.</li> </ul>	<ul style="list-style-type: none"> <li>- Approved Provider</li> <li>-Nominated Supervisor</li> </ul>	Review daily

				- Responsible Person -Room Leaders -Educators	
<b>Safeguarding and Wellbeing – fire while child is sleeping or resting.</b>	-fire while child is sleeping or resting and needing to evacuate the service	Low	-Service team practices fire drills and have an emergency evacuation procedure in place. -Service has emergency cots to transport children during drills and emergencies. - emergency plans are located in a prominent location	- Approved Provider -Nominated Supervisor - Responsible Person -Room Leaders -Educators	Review daily
<b>Safeguarding and Wellbeing- Children being left unattended in/ on inclined surfaces</b>	Positioning of child could cause/lead to suffocation	Low	- Children will not be left to sleep in inclined sleepers - Children will not be left in inclined sleepers for extended periods of time - Children who are in inclined sleepers will be within reach of an educator at all times. - An educator will be present at all times while a child is drinking a bottle	- Approved Provider -Nominated Supervisor - Responsible Person -Room Leaders -Educators	Review daily
<b>Health and Wellbeing – exposure to smoke after birth.</b>	Exposure to smoke after birth can increase risk of SIDS and SUDI	Low	- Educating parents and educators about smoking and impacts on children they care for. - Smoking during pregnancy and around baby once they are born increases the risk of sudden infant death – this includes second-hand smoke. - Service policy and procedure: To avoid third hand smoke risks, it should be recommended that any educators who are smokers. See detail of policy above.	- Approved Provider -Nominated Supervisor - Responsible Person -Room Leaders -Educators	Review daily
<b>Health &amp; Infection Control - Beds and cots bedding and surfaces.</b>	Spread of infections and diseases.	Low	- Clean bedding will be provided for individual children. Mattress protectors and waterproof sheets to be used on all beds. - Infection prevention/control policy in place - Exclusion policy for staff and children in place. Exclusion period dependent on illness/ disease - Posters displayed on correct hand washing techniques and children supervised and assisted to wash hands if necessary. - Service Policy and Procedure: 1. Cot and stretcher beds are to be disinfected after each child's use or at the end of each day (whichever is more frequent). 2. Each child is to have their own bed linen. Linen will be washed on a weekly basis. If linen is provided by families it is to be sent home at the end of each week for washing.	- Approved Provider -Nominated Supervisor - Responsible Person -Room Leaders -Educators	Review daily

Risks identified from this risk assessment have been addressed within policy and procedure (regulation 84C) as well as other matters required under regulation 84C, including:

- the number, ages and development stages of children being educated and cared for, including at each education and care service
- the sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of the staff supervising children during sleep and rest periods
- the location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- the safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them
- any potential hazards in sleep and rest areas or on a child during sleep and rest periods
- the physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation

Risk Matrix						
	Likelihood					
	Rare	Unlikely	Possible	Likely	Almost certain	
Consequences	Major	Moderate	High	High	Critical	Critical
	Significant	Moderate	Moderate	High	High	Critical
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Very low	Low	Moderate	Moderate	Moderate
	Insignificant	Very low	Very low	Low	Moderate	Moderate

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**Reference:****NQS**

QA2	2.1.1	<i>Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Section 165	<i>Offence to inadequately supervise children</i>
Section 167	<i>Offence related to protection of children from harm and hazards</i>
Regulation 81	<i>Sleep and Rest</i>
Regulation 82	<i>Tobacco, drug and alcohol-free environment</i>
Regulation 84A	<i>Sleep and rest</i>
Regulation 84B	<i>Sleep and rest policies and procedures</i>
Regulation 84C	<i>Risk assessment for purposes of sleep and rest policies and procedures</i>
Regulation 87	<i>Incident, injury, trauma and illness record</i>
Regulation 103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
Regulation 105	<i>Furniture, materials and equipment</i>
Regulation 106	<i>Laundry and hygiene facilities</i>
Regulation 107	<i>Space requirements – indoor space</i>
Regulation 110	<i>Ventilation and natural light</i>
Regulation 115	<i>Premises designed to facilitate supervision</i>
Regulation 116 (FDC only)	<i>Assessments of family day care residences and approved family day care venues</i>
Regulation 168	<i>Education and care service must have policies and procedures</i>
Regulation 169	<i>Additional policies and procedures – family day care</i>
Regulation 170	<i>Policies and procedures to be followed</i>
Regulation 171	<i>Policies and procedures to be kept available</i>
Regulation 172	<i>Notification of change to policies or procedures</i>

**EYLF**

LO3	<i>Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).</i>
	<i>Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.</i>
	<i>Educators consider the pace of the day within the context of the community.</i>
	<i>Educators provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding participation.</i>

**Other References:**

**Public Health and Wellbeing Act 2008**  
**Occupational Health and Safety Act 2007**  
**Australian Standards for Household Cots AS/NZ 2172**

**Sources and Further Reading:**

- [www.rednose.com.au](http://www.rednose.com.au)
- National Childcare Accreditation Council ([http://www.ncac.gov.au/policy\\_development/policy\\_templates.asp](http://www.ncac.gov.au/policy_development/policy_templates.asp)) Retrieved 25 June, 2008
- Red Nose: Safe sleeping in child care kit.
- Australian Competition and Consumer Commission (ACCC) Safety Alert: Cots Retrieved 28 May 2008 from <http://www.accc.gov.au/content/item.phtml?itemId=646262&nodeId=4958ea860a95650a51f16e5fc99c980d&fn=Cot%20safety.pdf>
- Australian Competition and Consumer Commission (ACCC) (2008) Keeping baby safe: A guide to nursery furniture. Retrieved 10 June 2008 from <http://www.accc.gov.au/content/item.phtml?itemId=655340&nodeId=11c2ef3472d6372d2bf9831a56551544&fn=Keeping%20baby%20safe%20%94May%2008.pdf>
- Kidsafe Child Accident Prevention Foundation of Australia Kidsafe QLD (Inc) (2006) Nursery Equipment Fact Sheet. Retrieved 28 May 2008 from <http://www.gtp.com.au/kidsafeqld/inewsfiles/inews.15184.1.pdf>
- ACCC: Infant inclined products and sudden death risks: Website page: <https://www.productsafety.gov.au/products/babies-kids/kids-equipment/infant-inclined-products-and-sudden-death-risks>

## **41 - SMOKE, VAPE, ALCOHOL & DRUG FREE ENVIRONMENT POLICY**

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### **Position Statement**

The key to tobacco, e-cigarettes, alcohol and other drugs in the early years is prevention. Research has shown that any form of environmental tobacco smoking, and e-cigarettes and vaping is a health risk. There is now sufficient evidence to conclude that passive smoking and vaping increases the risk of heart disease and lung cancer as well as being responsible for triggering asthma attacks, causing watery eyes, headaches and sore throats (Cancer Council, 1992). The childcare environment will also be free of recreational (illicit) drugs and alcohol.

We recognise that every member of the service impacts the children's health and can contribute to creating a healthy environment. All members of our service will be supported to meet this policy.

### **Objective**

As a health promoting service, we will provide a smoke-, vape- and drug-free environment for children, parents and team members, and promote low-risk alcohol consumption through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

This policy confirms our commitment to:

- Ensures a smoke-, vape- and drug-free environment for children, families, educators, staff, volunteers and visitors.
- Promote low-risk alcohol consumption to our service community.
- Encourage educators and staff to build on opportunistic learning moments with children.
- Provide information to educators, staff and families about the health benefits of not smoking, vaping or taking drugs, and low-risk alcohol consumption.

### **Definitions:**

**Smoking:** Refers to tobacco, e-cigarette and vaping smoking.

**Tobacco, alcohol and other drugs:** Focusses on creating smoke-, vape-, and drug-free environments and low-risk alcohol consumption. Smoke- and vape-free refers to both traditional and electronic cigarettes (i.e. e-cigarettes)

**Tobacco product:** Any device or product that contains organic matter that is heated or burned to create aerosol or smoke that is inhaled by the user

**E-cigarette product:** Any electronic device that is intended to be used to create an aerosol for inhalation and any liquid, or product containing liquid, intended to be used in or with an electronic device to create an aerosol for inhalation.

**Drug:** Any substance taken to change the way the body and/or mind functions<sup>4</sup>

**Alcohol:** A depressant drug that slows down activity in the central nervous system<sup>5</sup>

### **Related Policies**

- 41- Education, Curriculum and Learning Policy

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<sup>4</sup> Australian Drug Information Network, 2012, Glossary <https://adf.org.au/resources/did-glossary/>

<sup>5</sup> Australian Drug Information Network, 2012, Glossary <https://adf.org.au/resources/did-glossary/>

- 92 - Health and Wellbeing Policy
- 10 - Occupational Health & Safety Policy

## **Implementation**

- The childcare centre and grounds are a smoke, e-cigarette, vaping, alcohol and drug free environment extending to the boundaries of the centre property.
- Smoke-free (tobacco, e-cigarette, vaping) signage is clearly displayed and can be understood by the whole community.
- It is prohibited to smoke or vape within 10 metres (front, rear and side) of the children services premises boundary. Per the Government Regulation, the public are not allowed to smoke or vape near premises within 5 metres.
- Staff are not to congregate near children services premises to smoke or vape.
- Smoking, e-cigarettes and unlawful substances will not be permitted in the building or on the grounds of the centre when the service is being provided to children.
- First, second and third hand smoke and e-cigarette aerosol must not be present on staff while caring and educating for children and working with other educators. It is the responsibility of all people to ensure they do not expose people to first, second and third hand smoke or e-cigarette aerosol. Staff exposed to smoke and e-cigarette aerosol (first, second and third hand) are to implement strategies to ensure that uniform clothing and skin do not retain residual smoke, smoke chemicals or e-cigarette aerosol. These strategies includes but not limited to; washing of hands and wearing non-uniform clothing while smoking to reduce the absorption of smoke and e-cigarette aerosol into uniform clothing and skin.
- The policy applies at all times even when the centre is “child free”.
- Team members who wish to smoke during working hours must leave the premises during their rostered breaks.
- Alcohol will not be permitted in the building or on the grounds of the centre when the service is being provided to children.
- Any persons smoking on any part of the premises when the service is being provided to children will be immediately removed from the centre.
- Any persons under the influence of drugs or alcohol when the service is being provided to children will be immediately removed from the centre.
- Parents will be advised of this policy on enrolment and will be expected to comply.
- Tobacco, e-cigarette, alcohol and other drugs policy requirements are included in educator and staff induction/orientation.

In order to keep children and staff free from the dangers of tobacco, e-cigarette and vaping smoke, the following rules apply.

Smoking and vaping is prohibited in all areas of the centre including:

- Inside
- Outside in the playground.
- Outside in the car-park.

Smoking and vaping is also prohibited:

- On excursions.
- While travelling with a child.
- At staff meetings.
- At parent meetings.

#### *Healthy Policies*

- Educators, staff, families and children are active participants in the development and implementation of the whole service tobacco policy.
- Educators, staff and families are provided with information about policy requirements.

#### *Healthy Physical Environment*

- The service provides a totally smoke-, vape- and drug-free environment.
- All service sanctioned events (both on and off premises), including excursions, fetes and celebrations are totally free from tobacco smoke, e-cigarettes and vapes and drugs.
- If there is alcohol at a staff or family event, management ensures legal requirements related to the sale and supply of alcohol are met. Responsible consumption of alcohol is promoted.
- If external organisations use the premises, a formal agreement ensures the service premises are smoke-, vape-, and drug-free and promotes low-risk alcohol consumption.

#### *Healthy Social Environment*

- Staff who want to quit smoking or vaping, drinking or using other drugs are supported and referred to appropriate agencies
- As role models, educators, staff and families present smoke-, vape- and drug-free behaviour in line with this policy.
- Service contractors and visitors model smoke-, vape- and drug-free behaviour and refrain from smoking or vaping whilst in view of children.
- The service avoids encouraging the consumption of alcohol as part of awards, gifts and fundraising.
- Staff, educators and families are encouraged to engage in low-risk alcohol behaviours and abstain from taking drugs, particularly around children.

#### *Learning and Skills*

- Tobacco, e-cigarettes, vaping, alcohol and drug education and related health messages are reinforced in opportunistic learning moments.
- Educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to provide opportunistic learning about health and wellbeing initiatives.

#### *Engaging Children, Educators, Staff and Families*

- Families, children, educators and staff are key partners in developing and supporting initiatives.
- Information, ideas and practical strategies are provided to families, educators and staff on a regular basis to promote a good wellbeing at the service and home.
- Resources and information about the health risks related to smoking, vaping, high-risk drinking and taking other drugs are available to educators, staff and families, including information about accessing support services.
- The service engages families in health and wellbeing initiatives.
- The service engages with families and children from culturally diverse backgrounds to ensure cultural values and expectations about tobacco, e-cigarette, alcohol and other drugs are considered.

#### *Community and Partnerships*

- The service will engage local health professionals, services and other organisations to increase educator's capacity to deliver and promote tobacco, alcohol and drug prevention, and seek support in harm reduction initiatives where appropriate .

- The service has no partnerships with organisations that market or supply alcohol or tobacco.
- Information is provided to educators, staff and families about local support, as required.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 21/5/2024**

**Next Policy Reviewed: 15/5/2025**

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### Reference:

#### **NQS**

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
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### **National Act and Regulations**

*Education and Care Services National Law Act 2010*

*Education and Care Services National  
Regulations*

Reg	82	Tobacco, drug and alcohol free environment
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### Other References:

**Handbook on Child Care Licensing**

**Healthy Achievement Program – Tobacco Control is one of the Achievement Areas**

**QIAS Principle 7.2**

**Anti-discrimination Act**

**Privacy Act 1988**

**Cancer Council 1992**

**<http://www.melbourne.vic.gov.au/COMMUNITYSERVICES/HEALTH/Pages/Smokingtobacco.aspx>**

### Legislation:

**Occupational Health & Safety Act 2004**

**Tobacco Act 1987**

**Child Wellbeing and Safety Act 2005 (VIC) (Part 2: Principles for Children)**

## 42 - SUN PROTECTION AND SAFETY POLICY

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### **Position Statement**

Too much of the sun's UV can cause sunburn, skin and eye damage and skin cancer. Exposure to the sun's UV during childhood and adolescence is associated with an increased risk of skin cancer in later life. Vitamin D is essential for healthy bones and muscles, and for general health.

Centre team members will support the "Hat's on, Fun's on" policy. The service holds a SunSmart Membership. Educators and children are encouraged to access the daily local sun protection times at [sunsmart.com.au](http://sunsmart.com.au) or on the free SunSmart app to assist with the implementation of this policy. A combination of sun protection measures are used for all outdoor activities from mid-August to the end of April and whenever UV levels reach 3 and above which may extend beyond these months.

Where possible, active, outdoor sun safe play is encouraged throughout the day. SunSmart practices consider the special needs of infants. All babies under 12 months are kept out of direct sun when UV levels are three and above.

### **Objective**

To protect children and team members from the damaging effects of overexposure to UV rays.

### **Implementation**

All staff should follow the Sun Smart principles; including applying sunscreen, wearing suitable clothing and hat per the Sun Smart and Cancer Council recommendations. Sun Protection and Safety forms part of staff member induction and annually the policy will be reviewed for ongoing education. Educators need to role model sun protection and safety.

When enrolling their child, families are informed of the service's SunSmart policy.

### **Shade**

- Provision of shady areas will be a priority for the centre, and will at least meet the minimum regulatory requirements. Management makes sure there is a sufficient number of shelters and trees providing shade in the outdoor area.
- Team members will initiate discussions with children about sun safety and encourage independent efforts to engage in sun safe behaviour.
- Team members when planning their programmes will give thoughtful consideration to the location of outdoor activities, planning (where possible) for these experiences to occur in shaded areas.
- Children are encouraged to choose and use available areas of shade when outside.
- Children who do not have appropriate hats or outdoor clothing are asked to choose a shady play space or a suitable area protected from the sun.

### **Suitable clothing**

Parents will be encouraged to provide clothing that will protect children from the sun. Loose fitting clothing that protects as much of the child's skin as possible during outdoor play. Shirts that cover the shoulders and have collars and sleeves that are at least elbow length and longer style shorts or skirts are most suitable. If a child is not wearing sun-safe clothing (e.g. a singlet top or shoestring dress) they will be required to choose a t-shirt/shirt to wear over the top before going outdoors.

If a child comes to the service in inappropriate clothing and does not have appropriate clothing their bag for parent to change child into before commencing, the parents will be required to either take the child home and return with the appropriate clothing or bring in the appropriate clothing within a reasonable time frame (30 minutes) to the service for the child to wear.

### **The use of Sunscreen**

- SPF 30 or higher Broad-Spectrum Water-Resistant Sunscreen will be supplied for the use of all children by the Centre.
- Team members, with parental permission, will thoroughly apply SPF 30 or higher Broad-spectrum water-resistant sunscreen to children 20 minutes before outdoor activity time and reapply every two hours.
- To help develop independent skills ready for school, children from three years of age are given opportunities to apply their own sunscreen under supervision of staff, and are encouraged to do so.
- Sunscreen will be reapplied every two hours when outdoors.
- Parents are requested to apply SPF 30 or higher broad-spectrum water-resistant sunscreen to children before coming to the Centre for the day, or to apply sunscreen to children upon arrival.
- Parents who wish to supply their own sunscreen should leave personal sunscreens with a team member, in order to limit access by other children. Please complete the HEI009\_Authority to Administer Nappy Cream Sun Cream Mosquito Repellent(Medication Form)
- Sunglasses - The use of wrap-around sunglasses that meet Australian Standard 1067 (sunglasses – category 2, 3 or 4) is encouraged.
- Written consent is required to be provided by parents to instruct the staff to follow their instructions if do not wish for sun screen to be applied to their child's skin.

### **Hats on, Fun's On**

- Children will be encouraged to wear hats when playing outside – “Hat’s On – Fun’s On”. Hats should be worn by children and educators when playing outdoors to reduce expose to UV.
- Team members will at all times endeavour to be role models by wearing appropriate hats, sun protective clothing and sunscreen and seek shade when outdoors.
- Hats for children should not fall off easily, offer protection to face, ears and neck, and be acceptable to the child. All children and team members wear a broad brimmed, legionnaire or bucket hat. Please note that bucket hats must have a deep crown and a minimum 5cm brim for children under 5 years of age and 6cms for older children and adults. Baseball caps are not recommended for protection against the sun and children wearing caps will need to play in shaded areas.
- Parents will be encouraged to follow procedures (e.g. wearing broad brimmed hats and or the legionnaire style hat) particularly when involved in centre activities.
- Staff and families are provided with educational materials on sun protection, vitamin D, the centres Sun Smart policy and ways they can support it.
- The Sun Protection and Safety policy is reinforced by educators and through children’s activities and displays

### **Sun Protection and Infants**

Babies under 12 months of age have particularly sensitive skin and children of this age will be protected from direct sunlight and are to remain in dense shade when outside. If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, then sunscreen need only be used occasionally on very small areas of a baby's skin. The widespread use of sunscreen on babies under 6 months old is not recommended. SunSmart does not ask that you keep children inside during the middle of the day but advised to make sure children are well protected for all outdoor play during the sun protection times.

### **Hot Weather Guidance**

A ‘heatwave’ is generally defined as a period of abnormally and uncomfortably hot weather that could impact on human health, community infrastructure and services. Once forecast average temperatures are predicted to reach or exceed the heat health temperature threshold for a specific weather forecast district, the Department of Education (or another Government agency) will issue a heat health alert for that district.

The following guidance will be followed during a heatwave and primarily during Terms 1 and 4 as temperatures can reach above 35C.

1. When the ambient temperature at the service is over 28C children will be encouraged to play in cooler and shaded areas (educators will move play spaces and equipment into cooler and shaded area) as the concrete, artificial turf and surfaces of equipment I.e. metal A-frames / outdoor furniture may be hotter to the touch when in direct sunlight. Also children playing in full sun are more likely to be effected by the heat.
2. On days where the forecast temperature exceeds 28C, before children play in areas with rubber play safe, artificial turf and metal climbing equipment staff will conduct a touch test to ensure surfaces are safe for children to use. (If an adult can hold their hand on a surface for a slow count to 10 the surface is safe for use.)
3. When temperatures exceed 38C at site location children will remain inside. If outdoor cooling equipment is available at service (Eg misting systems) to reduce outside temperature to below 38C. Service playground temperature will be conducted by a temperature device. Children will only be able to play near misting system areas where space is cooled. Experiences and activities will be restricted so children are in cooler and shaded areas and do not become too hot.
4. Educator will assess routine and type of outside activities being offered (in particular during the heat of the day: generally between 11 am and 3 pm) and also when temperature is above 35C. Eg. Activities conducted in periods of hot weather are to be undertaken in the shaded areas. Running games and bikes are restricted. Cool down-time activities are provided to allow children to cool down after play.
5. On days where temperatures exceed 28C children and educators will be encouraged to drink water at regular intervals.
6. Educators will discuss physical signs with children to support children's understanding of their own body's responses to heat, for example "Your cheeks look red", "You're hot, it's time to go inside and get a drink of water, slowdown and rest".
7. Humidity levels will influence the period of time children spend outside during times of high humidity.
8. Families may exercise their right to pick their children up early in periods of extreme weather conditions such as heat waves. This is not mandated and will purely be based on parent preference. The service operates regardless of the temperature.

### **Avoiding Heat-Related Stress**

Young children and babies are more vulnerable to heat-related stress than adults because their bodies do not adapt as well to changes in temperature. Very young children are at particular risk as they may not be able to communicate their needs. The following are simple precautions parents and childcare workers can take to avoid heat-related stress in young children:

*Parent and Guardians:*

- Make sure your child has a full bottle of water at the service.
- Make sure your child is wearing appropriate clothing for hot weather (e.g. lightweight, light-coloured, loose-fitting clothing).
- Ensure your child has appropriate sun protective equipment (e.g. widebrimmed or bucket hats, UV-protection rated clothing, sunscreen). Remove potentially hazardous cords from hats for very young children.
- Parents may choose to keep children home or pick them up early on excessively hot days. Fees are charged normally.
- If you have any concerns, discuss your childcare centre's hot-weather policy with Responsible Person in Charge of Service.

*Educators:*

- Monitor children for signs of heat-related stress (tiredness, irritability, fewer wet nappies, nausea, headaches, vomiting, dizziness or faintness).
- If a child does present with signs of heat-related stress, give them water and allow them to rest in a cool, shaded area. If their condition does not improve, or they show any signs of worsening, apply first aid and seek medical help. The child could have heat-stroke, which is a very serious condition.

- Offer children a drink of water frequently – before, during and after play. Babies can be offered cooled boiled water in addition to normal feeds.
- Check water bottles and re-fill as needed.
- Assess routine and type of outside activities being offered based on the weather conditions.
- Check on babies regularly and monitor nappy changes (well hydrated babies should regularly wet their nappies). Babies can be offered cooled boiled water in addition to normal feeds.

### **Evaluation and Review**

This policy will be reviewed at least annually. Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered. Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters).

**Policy Reviewed: 27/10/2023**

**Next Policy Review: 15/10/2024**

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### **References:**

#### **NQS**

- QA 2.1.3 *Healthy eating and physical activity are promoted and appropriate for each child.*
- QA 3.3.1.1: *Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.*
- QA 3.1.2: *Premises, furniture and equipment are safe, clean and well maintained*
- QA 3.2.1: *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.*
- QA 6.1.3: *Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.*
- QA 6.2.1: *Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.*

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

#### **Regulations**

- 103 Premises, furniture and equipment to be safe, clean and in good repair
- 105 Furniture, materials and equipment
- 110 Ventilation and natural light
- 113 Outdoor space—natural environment
- 114 Outdoor space—shade

#### **EYLF**

LO4

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity
- Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating
- Children transfer and adapt what they have learned from one context to another
- Children resource their own learning through connecting with people, place, technologies and natural and processed materials

#### **Relevant documents / links**

- Heat Health (DET Website): <https://www2.education.vic.gov.au/pal/heat-health/policy>
- Hot weather and child safety: <https://www.betterhealth.vic.gov.au/health/healthyliving/hot-weather-and-child-safety>
- Belonging, Being and Becoming – The Early Years Learning Framework (July 2009)
- Victorian Early Years Learning and Development Framework (VEYLDF) (May 2016)
- DET Building Quality Standards Handbook (BQSH): Section 8.5.5 Shade Areas
- Get Up & Grow: Healthy eating and physical activity for early childhood (Section 2) 2009
- Victorian Institute of Teaching (VIT) The Victorian Teaching Profession Code of Conduct - Principle 3.2
- Australian Professional Standards for Teachers (APST) – Standard 4.4 and 7.2
- ARPANSA Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation (2006)
- Safe Work Australia: Guidance Note – Sun protection for outdoor workers (2016)
- AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles
- AS/NZS 4399:2017, Sun protective clothing - Evaluation and classification

- AS/NZS 2604:2012 *Sunscreen products - Evaluation and classification*
- Australian Government Therapeutics Goods Administration (TGA) – Australian regulatory guidelines for sunscreens: 4. Labelling and advertising – directions for use of the product
- AS/NZS 4685.0:2017, *Playground equipment and surfacing - Development, installation, inspection, maintenance and operation*.6.2.1 General considerations, 6.3.9 Shade and sun protection, Appendix A Shade and sun protection
- Public Health and Wellbeing Act 2008 Occupational Health and Safety Act 2004
- SunSmart, Cancer Council Victoria: SunSmart
- Qld Cancer Council (2006) Early Childhood Settings: Sun Smart Policy Guidelines
- The Cancer Council NSW (2008) SunSmart Childcare: A guide for service providers  
[www.cancercouncil.com.au/sunsmart](http://www.cancercouncil.com.au/sunsmart)

## 43 - EXCLUSION POLICY

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### **Position Statement**

There are some circumstances that require children and families to be excluded from the Centre. This is not a position taken lightly and careful consideration of all the factors involved is required.

### **Objective**

To produce guidelines for team members to work through to determine whether excluding the child and/or family from the service is warranted.

#### Related Policies:

Non-Compliance Policy - 95  
Adult Behaviour Policy – 8  
Behaviour Guidance Policy – 9  
Child Protection & Wellbeing Policy – 12  
Child Safe Environment Policy – 88  
Complaints and Grievance Policy – 7  
Ethical Conduct and Code of Ethics Policy – 70  
Fee Policy – 66  
Health & Hygiene Policy – 27  
Inclusion Policy - 4  
Incident, Injury and Trauma Policy – 19  
Infectious Diseases and Immunisation Policy - 32  
Medical Conditions Policy – 87  
Occupational Health & Safety Policy – 10  
Parent Involvement Policy – 6  
Parent/Team Member Communication Policy – 5  
Team Member Grievances – 54  
Team Member Self Protective Behaviour Policy – 56  
Internet, Email and Social Networking Policy - 62

### **Implementation**

A child/children and/or parents will be excluded from the centre under these conditions:

- The child has an infectious illness, injury, or illness. The child can return with a clearance from a doctor.
- The health departments have enforced regulations that improve the timeliness of vaccine coverage in children and prevent outbreaks of serious vaccine-preventable diseases. Services are prevented from enrolling the child or the child attending unless immunisation certificates proving that they are fully immunised as provided to the service, or have a specified medical exemption. Parents are required to provide this documented evidence that children are up to date with their vaccinations or they are on a recognised catch schedule, or they have a medical contraindication to vaccinations. With this information the child will be excluded from the service until documentation evidence is provided or immunisation is completed.
- By Law(Public Health and Wellbeing Act 2008, to finalise enrolment for your child you must provide the service with an immunisation status certificate that shows your child is:
  - Up to date with vaccinations for their age; or
  - On a vaccine catch-up schedule; or
  - Has a medical condition preventing them from being fully vaccinated.
- Unvaccinated children will be excluded from the service in an event of an outbreak of a vaccine preventable disease for their own protection.
- Unacceptable Challenging behaviour by the child and/or a parent which endangers or negatively impacts the health, well-being and safety of other children and/or team

members and/or themselves. Please refer to Behavioural Guidance Policy for guidance and procedures.

- The centre reserves the right to limit the number of children attending the centre requiring additional support and resources. This is due to the financial hardship and stress placed upon the centre to provide the additional support and resources required to care for children with high support needs. We are also required to limit the number of children with high support needs at the centre at one time to ensure we are providing quality care to all children.
- Failure to pay outstanding fees after three weeks or outside our fee policy and fee schedule terms.

***Please note childcare fees will be charged for exclusion periods.***

#### **Procedure**

- Conduct open discussions with the parents as to the Centre's concerns (fee payment, behaviour, illness etc). Please refer to relevant policy for specific procedure.
- Refer parents to the Centre policy in relation to the area of concern.
- Please refer to the Non-compliance Policy for policy and procedure for managing non-compliance of policy and procedures.
- Devise an action plan with the parent if applicable (fee payment plan, behaviour management plan etc). The plan must identify the expectations that the Centre has for remedying the situation, and the consequences for non-compliance to the plan. A specific time line is to be stipulated eg. the fees are to brought up to date by 10/11/XXXX. Failure to do so will mean that your child's enrolment will be cancelled as of 11/11/XXXX.
- Document or file note the plan and any progress made during the short term period. Please refer to the Child Individual Learning Plan Documentation Kit for guidance on documenting Behaviour Management Plan.
- Ensure that the Support Manager and Approved Provider has a copy of the plan or file notes and is aware of any progress or lack of progress being made.
- Notify parent of the exclusion or termination of the child's enrolment as of the termination date. If the child is being temporarily excluded the letter of exclusion must stipulate the terms under which the child will be allowed to return and if applicable on what date.

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters).

**Policy Reviewed: 11/2/2024**

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#### **Reference:**

##### **NQS**

QA6	6.2.1	<i>Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.</i>
QA4	4.1.2	<i>Every effort is made for children to experience continuity of educators at the service</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*



## **44 - CURRICULUM & PLANNING POLICY**

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### **Position Statement**

Curriculum plan needs to promote the physical, social, emotional, language, and cognitive development of all children in a safe, nurturing environment that meets the individual needs of the children. The curriculum achieves the following outcomes:

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

### **Objective**

To encourage children to be actively involved in the learning process, to experience and participate in a variety of developmentally appropriate activities that are aligned to the National (EYLF) and Victorian Early Years Learning and Development Frameworks (EYLDf).

### **Implementation**

#### ***The curriculum plan is to provide:***

- Take into account individuals, interests, age and development stages to provide appropriate curriculum for individuals and groups; to celebrate children's achievements and achieved learning outcomes
- Consideration of the needs and interests of individuals and groups through Child, Children, Family, and Educators perspectives
- A variety of developmentally appropriate materials, resources and equipment
- For gender equity – an inclusive, unbiased, non-stereotypical approach
- A multicultural perspective which embraces and respects all cultures, including an understanding of Aboriginal and Torres Strait Islander culture within the program
- A balance of daily activities, indoor/outdoor, quiet/active, small and large groups, individual and child/team member initiated activity
- Large blocks of time for the completion of projects, particularly in over three age groups
- Flexible transitions and routines to accommodate changing needs and interests of children and spontaneous occurrences
- Flexible transitions and routines that provide learning experiences
- Activities and learning experiences aimed at fostering and challenging children's development and skills across all developmental and curriculum areas
- Our curriculum will showcase the children's learning on a daily basis through daily reflections/news, learning stories and emails to families.

#### ***The curriculum planning is to:***

- Be prepared in line with the National Early Years Learning Frameworks (EYLF) and Victorian Early Years Learning and Development Framework (VEYLDF).
- Take into consideration the use of Child, Children, Family, Educators perspectives, Planned and Intentional Teaching Experiences, and Spontaneous Teaching experiences to provide a learning environment for children to achieve their learning outcomes. The curriculum is to be child-centred, however, the inclusion of Intentional Teaching experiences will be incorporated into the plan to ensure children's core skills and knowledge is developed. Please refer to the service Curriculum Summary Guide.
- Promotion sustainability and community learning outcomes
- Encourage the extension of children's learning by building on experiences to enrich the children's knowledge and skills
- Be based on observations of individuals and groups plus long-term group learning outcomes

- Use a variety of observation types
- Foster a positive self concept
- Develop social skills
- Encourage children to think, reason, question and experiment
- Encourage language development; both expressive and receptive
- Enhance gross motor, fine motor and perceptual motor skills
- Encourage sound health, safety and nutritional practices
- Encourage creative expression
- Embrace cultural diversity of team members and children and use this diversity to enhance the program
- Acknowledge Australian Culture; including Aboriginal and Torres Strait Island culture and its place as an integral element of Australian culture.
- Develop self help skills
- Show linkages back to planned goals and outcomes as well as individual child planning objectives
- Respect the child's right to choose his/her own activity or to choose not to participate as they wish
- Be evaluated and the performance of daily, weekly, monthly and yearly reflections. Parents may participate in the evaluation process
- Be sensitive and responsive to individual children's needs
- Be displayed for parents to view and pass comment on
- Show team members as positive role models
- Be available for parents to participate in and add to as necessary

***Children with Additional Needs:***

- Team members are to be familiar with all community resources in order to use them as a referral for parents.
- Team members are to liaise with other organisations involved in the caring and programming for the child.
- Minor modifications may need to be made to the environment to accommodate special needs children.
- Curriculum planning is based on children's individual strengths, needs and interests and as such the inclusion of special needs children fits well with the ethos of early childhood program planning.

**Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

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**Reference:**

**NQS**

QA1	1.1.1	<i>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.</i>
	1.1.2	<i>Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.</i>
	1.1.3	<i>All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.</i>

	1.3.3	<i>Families are informed about the program and their child's progress.</i>
	1.1.5	<i>Every child is supported to participate in the program.</i>
	1.2.3	<i>Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.</i>
	1.3.1	<i>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.</i>
	1.2.2	<i>Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback</i>
	1.3.2	<i>Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	73	<i>Educational programs</i>
	74	<i>Information about the educational program to be kept available</i>
	75	<i>Information about educational program to be given to parents</i>
	76	<i>Documenting of child assessments or evaluations for delivery of educational program</i>

#### **EYLF**

LO1 – LO5	<i>All Learning Outcomes under the Early Years Learning Framework will be addressed through our Policy and practices.</i>
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#### **Other References:**

*National Early Years Learning Framework  
Victorian Early Years Learning Framework  
Centre Support EYLF Guide  
Handbook on Child Care Licensing  
QIAS Principle 3.1, 3.2, 3.3  
CCB – Federal Funding Guidelines  
Occupational Health and Safety Act 2004*

#### **Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

#### **Sources and Further Reading:**

- *Greenman, J. (1998) Caring Space, Learning Places: Children's Environments that Work, Exchange Press, Redmond, WA.*
- *Pitamic, M. (2004) Teach me to do it myself Hardie Grant Books, South Yarra, Vic.*

## **45 - TRANSITIONS AND ROUTINES POLICY**

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### **Position Statement**

All children need predictability in their day, while the program needs to have the flexibility to accommodate each individual's needs.

### **Objective**

To ensure we are able to balance children's needs and provide genuine learning experiences through transitions and routines.

### **Implementation**

- The daily routine will be displayed for parents and visitors and discussed in relation to each child upon enrolment.
- Daily routines will be displayed pictorially for children so that the routine has meaning for the children involved. This strategy links with the behaviour management model in use in the Centre and is an important aspect of the day's routine. (Nursery room is not required to have a pictorial daily routine as the display will not be able to be interpreted by children of this age. A written routine will be displayed for educator and parents to view and follow.)
- The routine will be flexible to allow for individual needs, yet give security and predictability to children as they learn to know what will occur next in the day.
- Within the daily routine there are many subsets of routines. In line with the behaviour management model, routines will have with them expectations of behaviour and skills. These aspects of the routine are to be actively taught to children to ensure that there is a shared understanding between children and team members as to the order of the day as it unfolds, as such routines should be treated as learning experiences to foster children's self help and independence.
- Transitions will be planned on a daily basis, and children should be moved in small groups. Transitions will form an integral aspect of the program and link to goals and objectives for children.
- Educators will verbally communicate in small groups giving children warning when moving through routine or experiences.
- Each room will have a written and visual routine. Educators will also have a collaborative written routine to guide smooth routines and transitions.
- The pictorial daily routine aims to assist children with building an understanding of time progression for the day and a sense of being able to predict what is coming next in their day.
- Waiting time will be kept to a minimum and should be filled with simple finger plays, stories, songs, etc.
- Written and verbal communication needs to be made with parents regarding child transition to other rooms; including transition date, planned orientation and any other information regarding transition.
- Routines will be critical reflected each term; gathering educator, family and children perspectives and also how to maximise the learning opportunities and also wellbeing of all children.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

**Policy Reviewed: 15/11/2023**

**Reference:**

**NQS**

QA6	6.2.1	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
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QA4	4.1.2	Every effort is made for children to experience continuity of educators at the service..
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**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*Handbook on Child Care Licensing*

*QIAS Principle 1.2, 1.3, 3.3, 4.1*

*Public Health and Wellbeing Act 2008*

*Occupational Health and Safety Act 2004*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)*

*Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)*

*Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)*

*Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **46 - FAMILY GROUPING POLICY**

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### **Position Statement**

Children are to have the opportunity to spend time with their siblings during their day at childcare. Family grouping times during the day offer children the opportunity to mix with siblings.

### **Objective**

Family grouping brings with it special considerations as to supervision, appropriateness of activities, and duty of care and regulatory requirements and therefore it is important to clearly outline expectations.

### **Procedure**

- During family grouping times the team members at the centre are to observe all regulatory requirements.
- Team members will manage the environment so that team member – to – child ratios are observed.
- Whilst family grouping times are generally held during times of the day that other routine duties are conducted such as set up in the morning and cleaning in the afternoon, these duties are not to impede core responsibilities of supervision and interactions with children.
- A suitable curriculum needs to be planned to the family grouping times. The rooms will be set with activities that are engaging and age appropriate for all the children. All small items will be removed prior to the commencement of family grouping.
- Behaviour management practices are to continue as with all other times of the day.
- The room must be suitable to care for young infants with access to nappy changing facilities and a phone as well as providing for older children's requirements.
- Food and drinks are to be available to children as required.
- Team member – to – child ratios and interactions with the children need to be maintained throughout this time.
- The licensed room capacity must be adhered to as with all other times of the day.
- Where practicable, team members will move the children's bags from their allocated room to the family grouping room when the children commence family grouping times.
- QK Kiosk will be located in the foyer to ensure all parents are signing as required and to assist in an emergency evacuation should that become necessary. In addition, child wellbeing schedules, incident & medication forms and parent correspondence is to be available during this time.
- Family grouping rooms will have up to date allergy listings for all children.
- Team members rostered on at these times need to recognise the authorised person collecting the child on sight, or take the appropriate actions to identify them, to ensure that all children are collected by the legal guardians.
- Relief team members are not to be placed in charge during family grouping times. The roster is to be changed to facilitate for regular team members to be on hand for opening and closing times of the day.
- The nominated "in charge" team member is to make themselves aware of any incident reports or medication requirements for the children so as to be in an informed position to relay information to parents in the afternoon, and to rostered room team members in the morning.
- A Certified Supervisor must be present and on duty for opening and closing shifts and all operating hours of the service.

- Children can only be released into the care of persons over 18 years unless that person is the child's parent. ***Team members who fail to comply with this aspect of duty of care may be subject to instant dismissal.***
- Authorised persons collecting children who are not known to team members will need to provide photo identification before a child is released. The Driver's License No. of this person should be recorded on the sign out sheet. Team members who are unsure as to the validity of the authorised person picking up a child are expected to make a phone call to the guardian or parent to confirm the person's identity to be authorised to pick up a child.
- A senior team member must be nominated as 'In charge – Responsible Person' and noted on the roster and display notice and team members are to follow their directives. The nominated "In charge – Responsible Person" team member is expected to monitor all team members interactions and other duties during family groupings to ensure that all expectations and regulatory requirements are met at all times.
- Should there be any incident or issue that arises during family grouping times, the team member deemed to be "In charge – Responsible Person" is to contact the Centre Director and/or the Approved Provider before leaving the centre.
- The nominated person in charge during family groupings is to monitor the group sizing and age break downs of the children on premises. The decision to combine children or to keep them separated must take into account the team members – to – child ratio requirements, rostering, and the suitability of combining children on the day.
- At no time during family grouping time is child supervision or duty of care to be compromised.

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 28/12/2023**

**Reference:**

**NQS**

QA3	3.2.2	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.
QA6	6.2.1	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	156	Relationships in groups
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***EYLF***

LO2	
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	<p><i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i></p> <p><i>Children respond to diversity with respect</i></p> <p><i>Children become socially responsible and show respect for the environment</i></p>
LO4	<p><i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i></p> <p><i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i></p> <p><i>Children transfer and adapt what they have learned from one context to another</i></p> <p><i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i></p>

## **47 - INDIGENOUS & MULTICULTURAL POLICY**

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### **Position Statement**

Australia is a multicultural society. Children and adults need to be conscious of the variety and diversity of ethnic backgrounds and learn to understand, accept and respect the richness of many cultures including Aboriginal and Torres Strait Islander culture.

### **Objective**

To recognise the diverse cultures that make up Australia and provide opportunities for all children and adults to learn about other cultures including Aboriginal and Torres Strait Island cultures and to give and receive respect.

### **Implementation**

- Service will implement a Reconciliation Action Plan (RAP). <https://www.reconciliation.org.au/reconciliation-action-plans/>
- Cultural awareness is to be an integral element of the centre's program and philosophy.
- Multicultural resources will be provided. Books, music, instruments, crafts, clothing, food, posters and other resources are required.
- All parents will be encouraged to contribute information about their own culture to the program.
- Parent information will be translated into other languages and available for parents when necessary.
- Multicultural workers and/or interpreters will be used, where there is a need, to communicate with parents and to help settle new children.
- Where possible, team members will broadly reflect Australian society.
- All team members will be encouraged to attend in-service training on multicultural programming and inclusion.
- All children and adults are to be treated respectfully, without bias in regard to cultural background.
- Adult interactions that do not reflect respect for others' culture will not be tolerated.
- Adults engaged in racial or cultural vilification will be dealt with as per the adult behaviour policy. Team members found to be engaged in racial and/or cultural vilification will be disciplined under industrial protocols.

#### Staff

- Staff – the most critical element in cross cultural education.
- The staff will be involved at Centre meetings and will attend in-services as his or her attitudes will impact on the service, policy and implementation.

#### Staff will:

- become aware of their own beliefs, attitudes, cultural backgrounds, their relationship with the larger society and their attitudes to people;
- acknowledge that they too have been influenced by their own background prejudices and their points of view;
- accept that all children can learn and that differences in lifestyles and languages does not mean ignorance;
- broaden their own cultural and ethnic group awareness and help children to understand themselves in relationship to their family, community and other cultures;
- be actively involved in the development of appropriate resources, support and implement an anti bias, cross cultural program throughout the Centre environment which is reflective of all families/children and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;

- be actively involved with children, showing respect, sharing ideas, experiences and ask questions.

#### Curriculum – Children

- The Centre will provide a cross cultural perspective in all areas of the program.
- The children will:
  - listen to records and practice signing songs in different languages;
  - learn words and phrases in a language not native to children in their group;
  - talk to other children using the words from their culture;
  - be encouraged to become independent wherever possible and be actively involved with their peers.
- Children's self concepts grow when they feel an important part of the Centre and therefore:
  - children will explore with foods from other cultures (eg. have different home cultures come in and cook, to have "food tasting" parties);
  - we will have children bring in real objects and artefacts used by their families that may be historical or typical of that child's/family's cultural group including food;
  - collect ways the families and children recognise special days, events, holidays or rituals and have parents decorate the entry with displays of cultural days, their heritage etc;
  - through discussion and displays, food, books, interactions with families and the individual children, families and staff will bring with them specific knowledge, skills, attitudes, values and language specific to that cultural group;
  - be provided with opportunities for families to be involved in the curriculum process (not only to the above) but also:
    - sharing of cultures with others
    - sharing expectations of the service
  - provision of feedback/evaluation as to how the service implements and meets the needs of all concerned ie. children, parents, staff and the Centre.

Additional information can be sourced in the Inclusion policy.

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters).

**Policy Reviewed: 28/12/2023**

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#### Reference:

##### **NQS**

QA5	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	5.2.1	<i>Children are supported to collaborate, learn from and help each other.</i>
	5.2.2	<i>Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.</i>
	5.1.2	<i>The dignity and the rights of every child are maintained.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Policy Handbook – P004.7.2024*

*Education and Care Services National Regulations*

<b>Regs</b>	<b>155</b>	<i>Interactions with children</i>
	<b>156</b>	<i>Relationships in groups</i>
<b>EYLF</b>		
LO1		<p><i>Children feel safe, secure, and supported.</i></p> <p><i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.</i></p> <p><i>Children develop knowledgeable and confident self identities.</i></p> <p><i>Children learn to interact in relation to others with care, empathy and respect.</i></p>
LO2		<p><i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.</i></p> <p><i>Children respond to diversity with respect.</i></p> <p><i>Children become aware of fairness.</i></p> <p><i>Children become socially responsible and show respect for the environment.</i></p>

**Other References:**

***Handbook on Child Care Licensing***

***QIAS Principle 1.4, 1.5, 3.3***

***CCB – Federal Funding Guidelines***

***Workplace Health and Safety Regulation 1997***

**Legislation:**

***Child Care Act 2002 and Regulations 2003 (Qld)***

***Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)***

***Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)***

***Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)***

***Racial and Religious Tolerance Act 2001***

## **48 - EXCURSION POLICY**

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### **Position Statement**

Excursions can be an important adjunct to learning in an early childhood setting. When organising an excursion, parent/friend involvement can be essential to supplement child/adult ratios. For this reason clear guidelines need to be set in place so that uniformity of procedures and actions applies to all adults involved in the excursion.

### **Objective**

To provide a clear set of guidelines for team members and adults to follow during the planning and implementation of an excursion.

### **Implementation**

Our educators recognise that excursions offer are a fun way of connecting children with their community and provide endless opportunities to extend children's learning. Information gained during excursions can be used to plan ongoing activities and experiences that may last days or weeks as learning about one thing leads to new and exciting discoveries about related or different topics.

Excursions also allow educators to demonstrate how their practice is shaped by meaningful engagement with the community which is one of the themes which must be demonstrated to achieve an Exceeding NQS Rating.

### **Risk Assessments**

Safety during excursions is a priority. The Nominated Supervisor or educators will always complete a risk assessment to identify, assess and remove or reduce risks the excursion may pose to the safety, health and wellbeing of and each child before children are transported unless the arrangement is a 'regular outing (ie a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances and risks are substantially same on each outing) and a risk assessment has been completed within the last 12 months. The risk assessment will cover:

- Any risk that the excursion may pose to the safety, health and wellbeing of any child and identify how these risks will be managed and minimised
- Proposed route and destination
- Any water hazards and associated risks
- Means of transport and child restraint/seat belt requirements
- The process for entering and exiting the service premises or destination, and procedures for embarking and disembarking transport, including how each child will be accounted for
- Number of educators and children (and ratio)
- Whether extra adults are required for supervision/safety -educator to child ratios are minimum requirements. You may discuss supervision strategies at a staff meeting eg sourcing high viz vests and ropes which children can hold on to
- Any special skills required
- Proposed activities
- Proposed duration
- Any specific health care needs or medical conditions that need to be managed
- Items that should be taken

The Nominated Supervisor will update risk assessments for regular outings and obtain new authorisations from parents/guardians when circumstances that may affect the arrangements change, including for example:

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- weather conditions (summer versus winter, extreme weather events like heatwaves, floods and bushfires)
- changes in routes for example because of road works
- the numbers and vulnerabilities of children.

### **Authorisations for Excursions**

Authorisation for a child to be taken on an excursion must be given by a parent or other person named in the child's enrolment record as having authority to authorise the excursion unless the arrangement is a 'regular outing and there's an authorisation which is less than 12 months old. The authorisation will include:

- Child's name
- If it's a regular outing, a description of when the child is to be taken on the regular outings
- If it's not a regular outing, the date of the excursion
- Destination and proposed activities
- if transport involved, the means of transport, and any requirements for seatbelts or safety restraints under the relevant state/territory law
- How long the child will be away from the centre
- Expected number of children attending
- Expected ratio of educators to children
- Expected number of additional adults who will be attending
- Items child required to bring from home for excursion
- Advice risk assessment available at service.

### **Other practices and procedures:**

- The service must ensure a risk assessment is carried out in accordance with regulation 101 before authorisation is sought under regulation 102 for an excursion.
- The approved provider and nominated supervisor must review the risk assessment carried out in accordance with regulation 101 before authorisation is sought for the excursion.
- A risk assessment is not required under this regulation if (a) the excursion is a regular outing and (b) a risk assessment has been conducted for the excursion.
- A risk assessment for an excursion must (101 (1)(a) identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion and (b) specify how the identified risks will be managed and minimised.
- Without limiting subregulation (1) a risk assessment must consider
  - The proposed route and destination for the excursion; and
  - Any water hazards; and
  - Any associated risks with water based activities; and
  - the transport to and from the proposed destination for the excursion; and
  - the number of adults and children involved in the excursion; and
  - given the risks posed by the excursion, the number of educators or the other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required; and
  - the proposed activities; and
  - the proposed duration of the excursion; and
  - the item that should be taken on the excursion.
- All plans and risk assessments for excursions need to be authorised by the Centre Director & Support Manager. Consideration needs to be given to group management, location of excursion, method of transport, staff member holding current first aid qualifications, criteria for selection of volunteers, management of nappy change and toileting whilst away from the centre, etc.

- Planning for excursions needs to include all costs (transport, admission, refreshments, etc).
- Families will be given sufficient detail about the excursion and reasonable prior notice, in order to consider whether their child will participate. This information is to include; the date of the excursion, the proposed destination, method of transport or walking itinerary, activities to be carried out during the excursion, the number of adults to accompany and supervise the children, the name of the person with first aid qualifications who will accompany the children on the excursion, the proposed time during which the excursion is to take place, and if practicable an emergency contact number for the excursion.
- All permission forms will be kept together and handed to the Director before the excursion. Permission form may be signed using an electronic signature software.
- All excursions will be undertaken subject to having sufficient adult help to adhere to regulatory requirements regarding adult/child ratios. Should insufficient adults be available the excursion will be cancelled.
- All excursions are to meet state requirements for child/adult ratios. No excursion is to leave the Centre if team member – to – child ratios are compromised.
- All families need to authorise their child's participation in the excursion in writing (per the Acceptance and Refusal Authorisation Policy).
- Comprehensive rolls will be compiled of the lists of adults and the children that will be assigned to each adult during the excursion.
- Each adult will have their own roll, and the children will be marked off against this roll at specified times during the excursion.
- The Educational Leader in charge of the excursion will carry a mobile phone with them during the time they are away from the centre.
- The Educational Leader in charge of the excursion will carry a First Aid kit at all times when away from the centre.
- During the excursion the group will stay together. Educational Leaders are to take the overall responsibility for ensuring that no one is left behind.
- A total head count is to be carried out by the Educational Leader in charge of the excursion at departure times and specified times throughout the day.
- Thank you notes will be written out for all parent helpers and given to them the following day.
- The location of an excursion should be considered carefully. It is not appropriate for an excursion to be held in a busy area (ie theme park) which makes it difficult to manage and monitor the group of children.
- Excursions should not be held in high risk areas particularly not near water. Additional assistance and further clarification on suitable locations can be sought from the Approved Provider / Licensee.

## **Transport**

***The refer to the Centre Vehicle & Transport Policy for policy and procedure associated with use of transportation while excursions; including what to include in risk assessment.***

The means of transport must be stated on the permission note.

Buses – ensure that the seating capacity as displayed on the compliance plate is not exceeded. All children must sit on seats, preferably with, or close to, an adult. Seat belt guidelines must be followed depending on the bus. If the bus has seat belts, they must be worn at all times.

Trains – contact the station prior to the excursion to inform them of the time you will be travelling, the destination and the number of children and adults who will be travelling. Arrangements should be made to arrive at the station an adequate amount of time to allow for safe boarding. This will allow the station to inform the train guard so that he / she can hold the train for the period of time for safe boarding and alighting. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage, if possible.

Cars – Any motor vehicle that is used to transport children on excursion ( other than a motor vehicle with seating more than nine persons) is fitted child restraints and/or seatbelts that are appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter. Permission must be maintained from Approved Provider before this mode of transport is selected.

### **Insurance**

Any excursion planned must be consistent with the requirements / exclusions of the Public Liability Cover held by the service.

### **Related Policies**

Acceptance and Refusal of Authorisations Policy  
Physical Environment Policy  
Staffing Arrangements Policy  
Centre Vehicle & Transport Policy

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

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#### **Reference:**

##### **NQS**

QA2	2.2.1	<i>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	100	<i>Risk assessment must be conducted before excursion.</i>
	101	<i>Conduct of risk assessment for excursion.</i>
	102	<i>Authorisation for excursion.</i>

#### **Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 4.5, 5.2  
CCB – Federal Funding Guidelines  
Public Health and Wellbeing Act 2008  
Roads and Traffic Authority  
Australian Standards*

#### **Legislation:**

Policy Handbook – P004.7.2024

***Bus Safety Act 2009***  
***Transport Act 1983***

## **49 - TRANSITION TO SCHOOL AND OTHER ORGANISATIONS POLICY**

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### **Position Statement**

As each child moves closer to the time they leave the child care centre, they can become apprehensive regarding what lays ahead of them. This policy has been developed to ensure that the transition from childcare to the next organisation is a smooth transition for each child and their family. School readiness will be a focus of programs in older groups; especially from September to December each year.

### **Objective**

To prepare each child and their family for the transition from child care into school or other organisations.

### **Implementation**

- Team members will make adjustments to the daily program and activities to expose each child to similar experiences as they will experience in their next environment.
- Children may be encouraged to participate in quiet activities during rest time where it is evident that they need less sleep in preparation for the longer days at school.
- Children may be asked to bring a lunch box on certain days so that their meals will resemble the expectation in the coming year.
- Team members will liaise with parents and devise a list of schools or organisations that their children will attend.
- Team members will make contact with the schools or organisations mentioned above to discuss the preparation required for each child and the information that can be provided by the child care centre to that organisation to assist with transition. School also contact service to provided school enrolment information.
- Team members will consult with parents about their child's needs and areas of development to determine their readiness for the transition.
- Team members will be aware of individual children's development and ensure that these children are given opportunities to participate in experiences that prepare them for the new organisation.
- Parents information sessions are held for Pre-Kindergarten children families for their kindergarten year.
- Request families to advise when they expect to send their child to school to help the service with planning.
- Wherever possible, team members will organise visits to local schools or organisations to assist to familiarise children with their new environment.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

**Policy Reviewed: 28/12/2023**

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#### **Reference:**

##### **NQS**

QA6	6.2.1	<i>Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.</i>
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QA7

4.1.2

*Every effort is made for children to experience continuity of educators at the service..*

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*Handbook on Child Care Licensing*

*QIAS Principle 1.2, 1.3, 3.3, 4.1*

*Public Health and Wellbeing Act 2008*

*Occupational Health and Safety Act 2004*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)*

*Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)*

*Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)*

*Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **50 - AFTER SCHOOL CARE COLLECTION POLICY**

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### **Position Statement**

The collection of school age children from schools and delivery of them to their enrolled centre is a responsibility that is taken very seriously. For this reason clear guidelines need to be set in place so that uniformity of procedures and actions ensures children arrive safely.

### **Objective**

To provide a clear set of guidelines for team members to follow during the planning and pick up of school age children from school and their delivery to their respective After School Care service.

### **Preparation**

- Permission forms specifying the mode of travel will be signed by parents or guardians for collection of children from school (OPR006).
- The Responsible Person in Charge for After School Care will ensure that all collections comply with requirements for child-to-team member ratios in relation to the mode of travel.
- The person in charge of collections will carry the Centre's mobile phone with them during the time they are away from the centre.
- It will be the responsibility of the Responsible Person in Charge for After School Care to ensure that the mobile phone has been powered and contains credit for phone calls.
- It is preferred practice that team members who are driving pull over to make/receive phone calls as soon as safely possible, however in emergency, it is legal to drive whilst using a Responsible Person in Charge for After School Care will ensure attendance rolls are correct at the beginning of each week and report any discrepancies to the Centre Director immediately.
- The Responsible Person in Charge for After School Care will familiarise themselves with the name, age and classroom of the children to be collected as well as any meeting points.
- To promote safe travel, the Responsible Person in Charge for After School Care will ensure that all children are aware of the expected behaviours for the trip. The centre's travel rules will be displayed in the After School Care area at the service, and where applicable, in the Centre Bus.
- The Responsible Person in Charge for After School Care will ensure that all children are aware of what to do in the case of not being collected ie. they will be instructed to go straight to school administration to advise teachers of non collection. This will form part of weekly discussions in order to reinforce the procedure.
- In the case of one of our neighbouring centres collecting children that are enrolled in your service, the following procedures will apply:-
  - Liaise with Educational Leader who is collecting child/children no later than 1.00pm daily by phone to confirm name of child/children or any cancellations.
  - The collecting Educational Leader will write the names of children and their days of collection on their own weekly attendance roll at the beginning of each week.

### **Implementation**

- The Responsible Person in Charge for After School Care will check that each child on the roll has joined them. The Educational Leader will count the number of children picked up.
- If a child has been confirmed to be collected and is not at the designated meeting point, the Responsible Person in Charge for After School Care will immediately phone the Policy Handbook – P004.7.2024

relevant Centre Director to reconfirm that collection was required. The Centre Director will phone the family contact to ascertain if collection was required. The Educational Leader will also confirm with the school's administration of the child's attendance that day.

- **Under NO circumstances** will an Responsible Person in Charge for After School Care leave the school until confirmation has been received, or the Centre Director directs the Responsible Person in Charge for After School Care to do otherwise.
- The Responsible Person in Charge for After School Care will ensure that all children travelling in a vehicle are safely secured with seatbelts or harnesses by checking each child once seated. When walking to and from school or to the transporting vehicle, the Responsible Person in Charge for After School Care will ensure that children are partnered/grouped appropriately.
- In the case of a neighbouring centre collecting children that are enrolled in your service, the following procedures will apply:-
  - The Responsible Person in Charge for After School Care will meet at a pre-designated safe place, preferably one of the centres. Children will be reallocated to the Responsible Person in Charge for After School Care for their enrolled centre at which time they will be checked on the roll. Procedures for safe travel will be rechecked before the groups disperse.
  - Any children on the enrolled service roll who have not arrived will be queried by the Responsible Person in Charge for After School Care for their enrolled centre to ensure that no children have been left uncollected.

### **Arrival at Centre**

- The Responsible Person in Charge for After School Care will sign in each child at the service upon arrival, checking that they have signed in the same number of children they picked up.
- All children will be offered afternoon tea.

### **Evaluation and Review:**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

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#### **Reference:**

##### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	99	Children leaving the education and care service premises
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#### **Other References:**

*OSHCQA Quality Areas 1-8  
Handbook on Child Care Licensing*

**Legislation:**

***Child Care Act 2002 and Regulations 2003 (Qld)***

***Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)***

***Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)***

***Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)***

## **51 - VACATION CARE POLICY**

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### **Position Statement**

Vacation Care allows young school age children to spend time with friends and to make new friends in a safe, supervised environment. Simple, clear guidelines that can be easily understood by all participants will ensure the safety and success of the Vacation Care program.

### **Objective**

To provide a clear set of guidelines for team members planning vacation care programs.  
To detail expectations of team members, parents and children during participation in the Vacation Care Program.

### **Implementation**

- All plans for excursions need to be authorised by the Centre Director, Support Manager or Approved Provider (OPR008). Planning for excursions need to include all costs (transport, admission, refreshments, etc).
- No more than five excursions per fortnight will be planned except in exceptional circumstances with authorisation from the Support Manager.
- A Vacation Care Program will be available for parents to view at least 2 weeks prior to every Vacation outlining excursion details and costs.
- All Vacation Care will be pre-booked and paid for in full prior to commencement of the Vacation.
- No refunds will be made for absences in accordance with our centre fee schedule. All activities are staffed and paid for in advance according to the number of children booked and therefore refunds will not apply.
- All permission forms will be kept together and handed to the Director before the excursion.
- All excursions will be undertaken subject to having sufficient children booked. Where an excursion does not go ahead due to insufficient numbers, the excursion cost will be refunded to parents in full.
- All excursions will be subject to appropriate weather conditions. Where poor weather is responsible for cancellation of an excursion, and the excursion costs can be recovered from the venue, these costs will be refunded to families.
- All excursions will meet state requirements for child/adult ratios. No excursion is to leave the Centre if team member-to-child ratios are compromised.
- All parents need to authorise their child's participation in the excursion in writing.
- Each team member will have a roll with details for the children they are responsible for on the day and the children will be marked off against this roll at specified times during the excursion.
- The Educational Leader (person responsible for the excursion) in charge of the excursion will carry a mobile phone with them during the time they are away from the centre. The mobile phone must be charged and call access available. Also the location of an alternate telephone should be known. Eg. at excursion premises.
- The Educational Leader in charge of the excursion will carry a First Aid kit with them during the time they are away from the centre.
- Educational Leaders are to take the overall responsibility for ensuring that no one is left behind.
- A total head count is to be carried out by the Educational Leader in charge of the excursion at departure times and specified times throughout the day.
- The location of an excursion should be considered carefully. It is not appropriate for an excursion to be held in a busy area (ie theme park) which makes it difficult to manage and monitor the group of children.
- Excursions should not be held in high risk areas particularly not near water. Additional assistance and further clarification on suitable locations can be sought from the Support Manager.

### **Behavioural expectations:**

Simple, clear guidelines for behaviour will be written for and discussed with children participating in the Vacation Care program. We encourage self discipline and respect for others. It is expected that all participants will be aware of the expectations and will respect the rules and each other. Vacation Care is intended to be a fun environment and to achieve this; guidelines for behaviour will be explained to all program participants.

- It is expected that all children will comply with the guidelines for excursions and that parents will support this policy.
- Consequences will apply for unacceptable behaviour while on excursions. Consequences may include being left in care at the child care service, or possible exclusion from the Vacation care program.
- Where consequences for unacceptable behaviour need to be implemented, the child will have the reasons explained to them, and the parents will be advised in writing of the reasons for exclusion.

### **Evaluation and Review:**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/04/2024**

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### **Reference:**

#### **NQS**

QA1	1.1.1	<i>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.</i>
	1.1.2	<i>Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.</i>
	1.1.3	<i>All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.</i>
	1.3.3	<i>Families are informed about the program and their child's progress.</i>
	1.2.3	<i>Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.</i>
	1.3.1	<i>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.</i>
	1.2.2	<i>Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.</i>
	1.3.2	<i>Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.</i>

### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	73	<i>Educational programs</i>
	74	<i>Information about the educational program to be kept available</i>

	<b>75</b>	<i>Information about educational program to be given to parents</i>
	<b>76</b>	<i>Documenting of child assessments or evaluations for delivery of educational program</i>

**EYLF**

<b>LO1 – LO5</b>	<i>All Learning Outcomes under the Early Years Learning Framework will be addressed through our Policy and practices.</i>
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**Other References:**

***Handbook on Child Care Licensing  
OSHCQA Quality Areas 1-8***

**Legislation:**

***Child Care Act 2002 and Regulations 2003 (Qld)***

***Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)***

***Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)***

***Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)***

## **52 - EMPLOYMENT POLICY**

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### **Position Statement**

All team members need to know what the company's expectations of them are and where they can find the relevant information relating to their employment.

### **Objective**

To set down clear guidelines so that prospective and existing team members know what is expected of all parties in regard to employment.

### **Implementation**

- Employment of all team members will meet regulatory and industrial requirements for their role.
- Team members will work according to all conditions as set out in the Staff Handbook. Rostered hours will be in accordance with the relevant award. Should overtime be required by any team member or the Director, management must approve the overtime prior to it being worked.
- All new employees have a Probationary period of six months. During or on completion of the probation period the team member's performance will be evaluated and a decision made with regard to any further requirements for additional training and/or their ongoing employment with the company.
- All employees will read and familiarise themselves with the Staff Handbook, centre policies and procedures, orientation email, the orientation checklist will be signed and returned to the team members immediate supervisor. This checklist will be kept with the team member's personnel file.
- Team members employed under casual conditions will be offered shifts according to the requirements of their specific area. Should the situation arise whereby insufficient work is available to sustain the employment of a casual team member, said team member's employment will be terminated as per award requirements.
- As per award conditions permanent employment status can be altered should management decide on restructuring of individual rooms, to cater for fluctuating attendance patterns; or centre wide, to cater for economic and/or child attendance trends; or for administrative team members, where changing workloads or infrastructural changes dictate. Should this happen all permanent entitlements will be paid out up to the date of the change, with restructured employment conditions taking effect from this date forward. Any such changes will be done in accordance with the relevant awards.
- Leave requests will be accommodated wherever possible, however final approval will be dependent upon the operational requirements of the company. Staff will plan to take Annual leave during school term holiday periods and low occupancy periods. (See employment conditions in Staff Handbook). Staff leave requests forms should be submitted to the Centre Director as early as possible and greater than 2 weeks prior. Please note submitting a staff leave form does not result in automatic approval and is subject to service requirements and needs. Further, leave requests are **NOT** approved on a first applied basis, other factors are taken into consideration for the smooth operation of the service.
- Team members are expected to present a positive reflection of the centre and the company to the community as a whole. Any concerns that team members have regarding their area is to be dealt with according to the grievance procedure included in the staff handbook.
- Team members are expected to handle any sensitive information regarding families, children, colleagues and the organisation confidentiality. Any breaches of confidentiality will result in mediation and/or disciplinary processes being instigated.
- Formal team member evaluations will take place 6 monthly or as required by management.

- If whenever returning late from leave, absent or unable to fulfil rostered hours; staff member is required to contact the Centre Director or person on duty to advise that they are unable to attend work and provide reason for non-attendance. Advance notice needs to be provided to ensure the Centre can accommodate the children education and care requirements. The absent employee must contact Centre Director or person on duty via telephone and not by email or text. Failure to do the above will be a serious breach of employment terms by the employee.
- **Mobile Phones and Smart Watches Used by Team Member, Students and Volunteers**

Mobile phones are required to be turned off or kept on silent while the team member is working. Mobile phones are not to be used or kept on oneself while working. (Centre Directors and/or Responsible Person in Charge of Service are permitted to keep mobile phone on themselves to perform their management and responsible person in charge duties.)

Permission for use of mobile phone will be obtained from Centre Director or Responsible Person in Charge of Service to use phone for excursion or special event or purpose.

If you use a smart watch please turn the device to airplane mode and silent mode. If your smart watch device does not have this function please turn off or remove while working. The smart watches are an unnecessary distraction for active supervision and engagement. Feel free to turn on while you are on your non-contact break or lunch.

To clarify if you are not on a scheduled break or lunch break you should not use your mobile phone or smart watch. Your mobile phone should be left in your bag outside scheduled break and lunch times.

If you need to receive an urgent call that cannot be attended during your break or lunch; please provide the services telephone number and the service team will do their best to accommodate by taking a message or providing you time to take the call in private. If you are expecting this is needed please discuss with you room leader, Centre Director / responsible person in charge of service.

There is no objection to team members use of mobile phones or smart watch while on a lunch break and before or after work.

Failure to do so may mean that children are not adequately supervised which may result in disciplinary action as per the Grounds for Instant Dismissal.

- **Stand Down**

**1.1** Ongoing work at our service is determined by our operational needs and like all businesses, we are influenced by many known, seasonal and operational factors including public holidays, competition and the reputation of our service however, our service could at any time, be impacted by unforeseen circumstances, outside our control, that result in a significant impact to our financial viability and/or our capacity to provide approved education and care. If such a situation occurs were, we are unable to:

- (a) continue to usefully employ you in your usual classification of work, or
- (b) redeploy you to some other position or activities within our service for which you have the necessary skills and training, or
- (c) redeploy you to another service or location.

we reserve the right to stand you down from your employment without pay until further notice.

**1.2** During any stand down period:

- (a) You will be treated for all purposes (other than payment of wages) as having continuity of service and will continue to accumulate entitlements based on the hours you worked before your stand down came into effect.
- (b) Subject to your available credit and approval, you may take paid annual leave during your stand down period.
- (c) Any national or regionally applicable public holiday that falls on a day that you would usually have worked but for the stand down will be paid.
- (d) You may take on other temporary work if you wish or resign from your employment.
- (e) Subject to operational needs, we may recall you to some or all of the hours of work you performed prior to the stand down. Refusal of any such shifts without a valid reason may lead to the termination of your employment.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies. Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

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**Reference:**  
**NQS**

QA4	4.2	Management, educators and staff are collaborative, respectful and ethical.
	4.2.2	Professional standards guide practice, interactions and relationships.
	4.2.1	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

QA7	7.2.3	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*Handbook on Child Care Licensing  
QIAS Principle 7.2, 7.4  
Anti-discrimination Act  
Equal Employment Opportunity Act  
Immigration Law  
Privacy Act 1988  
Sexual Harassment Act  
Workplace Relations Act  
Industrial Relations Regulation 1990*

**Other Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **53 - TEAM MEMBER MATERNITY POLICY**

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### **Position Statement**

In an industry employing a majority of female employees, it is not unusual to have team members become pregnant during the course of their employment. Pregnancy may place additional strain on the team member's energy reserves as they continue to perform duties as per their job description. Having a clear written policy that sets down management expectations of pregnant team members is important to ensure that no confusion exists between management and team members. A Maternity Information Pack will be provided to staff members who advise they are pregnant.

### **Objective**

To put in place guidelines for management and team members to manage pregnancy and employment conditions during pregnancy and following confinement.

### **Eligibility**

Employees who have had at least 12 months' continuous service with the Company prior to the date upon which they proceed upon Maternity leave are entitled to up to 52 weeks unpaid maternity leave upon production of certification as specified in the Children Services Award. Maternity leave of up to 52 weeks may be taken provided that such leave shall not extend beyond the child's 1<sup>st</sup> birthday.

As specified in the Award, this entitlement shall be reduced by any period of parental leave taken by the employee's spouse, apart from parental leave of up to one week at the time of confinement.

An employee may, in conjunction with maternity leave, take any annual leave or long service leave to which she is entitled and must not exceed 52 weeks in aggregate.

### **Requirements for leave**

The employee shall produce the certification not less than 10 weeks prior to the presumed date of confinement.

The employee shall give not less than 4 weeks' notice in writing of the date upon which she proposes to commence maternity leave and state the period of leave to be taken.

The employee is also required to produce a statutory declaration stating particulars of any parental leave sought by her spouse as per the Award, and that for the period of maternity leave, she will not engage in any conduct inconsistent with her contract of employment.

Should the employee wish to continue to work within the 6 week period immediately prior to the expected date of confinement, she will be required to provide a medical certificate stating she is fit to work her normal duties on a weekly basis.

### **Requirements for return to work**

The employee shall confirm her intention to return to work in writing not less than 4 weeks prior to the expiration of her maternity leave.

Should an employee wish to return to work after the birth of the child prior to the period stipulated in the relevant Award, she will be required to provide a medical certificate stating she is fit to work her normal duties. Due to rostering and backfilling employee plans the service requires notice before early return to work can be reviewed and we may reserve the right to maintain original date to return to work.

Should the position the employee held before the leave no longer exist, she shall be entitled to a position as nearly comparable in status and pay to that of her former position, as per the Award.

### **Infectious Disease Transmission**

Whilst working at a childcare facility pregnant team members are at risk of acquiring infectious diseases that may cause foetal infection.

Pregnant team members will be provided with an information pack containing information about each of the relevant diseases and disease-specific strategies to manage the risks. Team members will be required to sign a declaration that they have been advised of these risks and strategies.

Pregnant team members are encouraged to seek advice from a medical practitioner with regard to the risk of acquiring infectious diseases that may impact on pregnancy.

In the case of a risk to the health or safety of the employee or her unborn child, where possible, the employee's working conditions or hours of work will be adjusted to avoid exposure to the risk, or the employee may be transferred to a 'safe' job. If this is not practicable, the employee may be required to take leave for such period as is certified necessary by a registered medical practitioner.

Such leave shall be treated as maternity leave or available paid sick leave, for as long as a doctor certifies it is necessary to avoid exposure to risk.

### **Conclusion**

This policy by no means fully encompasses all the Awards. Employees should read the relevant Award for further clarification of situations, terms and conditions not mentioned in this policy.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters).

### **Policy Reviewed: 28/12/2023**

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#### **Reference:**

#### **NQS**

QA4	4.2	Management, educators and staff are collaborative, respectful and ethical.
	4.2.2	Professional standards guide practice, interactions and relationships.
	4.2.1	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

***Other References:***

*Handbook on Child Care Licensing  
QIAS Principle 5.5, 6.6, 7.2  
Anti-discrimination Act  
Equal Employment Opportunity Act  
Industrial Relations Regulation 1990  
Sexual Harassment Act  
Workplace Relations Act  
Public Health and Wellbeing Act 2008  
NSW Industrial Relations Act 1996*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## 54 - TEAM MEMBER GRIEVANCES

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### Position Statement

A team member Grievance Policy helps to ensure that all team members are treated fairly and equally. The policy below will be used in an effort to settle disputes, before formal procedures for resolving industrial disputation are implemented. In the event of a workplace dispute arising, the procedures detailed below will be followed.

### Objective

To enhance communication and cooperation between parties with compromise and mutually satisfactory solutions the desired outcome.

### Procedure

Where a dispute arises with respect to work related matters there is an expectation that the team members involved will work towards a mutual resolution. It is expected that the parties involved, at a minimum, follow communication protocols, attempt to resolve the issue with the team member/s directly involved, and/or feedback from their supervisor.

Team members should follow communication protocols and review periodically to ensure everyone has common agreement on how to have professional and effective communication with one another.

Educational leaders / team leaders must give educators consistent clear feedback on a regular basis to minimise grievances arising. Educators need to acknowledge issues raised and address the issue in a professional and timely manner.

### Grievance Process: The Two Working Day Rule

The process is based on the values of trust, responsibility and respect. The idea is that whenever someone has an issue with another's behaviour, the **TWO WORKING DAY RULE** applies. This rule requires every member of staff to either confront the behaviour or make mention of an intention to discuss the issue within two working days. If this does not occur, the understanding is that the individual has chosen not to address the issue and **MUST** let it go. This does not imply that the matter will be fully resolved within two days, only that the matter has been raised and all parties are aware of the requirement to further address a issue.

Feedback to another may occur with the support of a Director who may be used as a coach, support person and witness, but who must not speak for the person with the issue. This person may provide documentation for the meetings if this is deemed necessary.

This strategy would be used when a person felt tentative about raising the issue. In healthy cultures it would rarely be necessary.

Should a behaviour affect more than one, those affected should take responsibility for addressing the issue.

It is recommended that feedback be planned and a script developed to prevent criticism, blame or judgement in the feedback process. Professional development may be required to support this.

Implementation of this process requires a careful introduction and small group conversation. The key to success is that people understand they have permission from one another to take such action because it is in the interest of workplace harmony and sound relationships.

\* \* \*

The employee and his/her supervisor will meet and attempt to resolve the grievance using non adversarial techniques in the following order:-

- Mediation
- Negotiated agreements
- Partnering with stakeholders

At the first meeting the parties will sit down and state their concerns in an attempt at resolution. The issues need to be recorded and worked through to ensure each party is clear. If possible a plan of action will be mapped out and a review date set down at the time.

Should the matter not be resolved through the initial process, the parties shall arrange discussions between the employee and a trained member of the management team in an attempt to mediate the issue. This is not a legal proceeding but a structured discussion to help both parties explain, clarify and narrow their differences through informal, confidential conference in the hope that a resolution will be reached. The mediation will be documented to protect the rights of all parties.

If the matter is still not resolved, a discussion will be held between employer representatives and the employee representative in a continued effort to reach a mutually satisfying resolution.

Educators understanding our communication plans and strategies will proactively assist in managing team member grievances.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

### **Policy Reviewed: 18/3/2024**

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#### **Reference:**

##### **NQS**

QA4	4.2	<i>Management, educators and staff are collaborative, respectful and ethical.</i>
	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>

QA7	7.2.3	<i>Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.</i>
	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

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**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*CCB – Federal Funding Guidelines  
Handbook on Child Care Licensing  
Centre Support Policy Reference Guide*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## 55 - STUDENT AND VOLUNTEER POLICY

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### Position Statement

We recognize that students and volunteers are our future childcare professionals. As part of our commitment to the development of qualified team members in the childcare sector, Management welcomes the involvement of students and volunteers in our services. We believe in the importance of supporting and mentoring students and volunteers to develop the high standards we expect of our centre team.

### Objective

To support students and volunteers as they develop appropriate practices and gain the necessary experience required to work within the childcare industry.

### Implementation

- Students and volunteers are to be organised with and approved by the Centre Director.
- Each Student and Volunteer will complete a “Student & Volunteer Orientation Checklist”.
- Students and volunteers are not team members under the service approval (‘licence’) requirements and as such are not permitted to supervise children alone.
- Students may be required, as part of their study, to observe and plan activities for children during their time at our centre. Written parental permission is required for any such involvement. No personal or identifying information regarding a child or their family is to be recorded by a student or volunteer.
- Students and Volunteers will be accountable to the Centre Director and/or Responsible Person. Should the performance of any student or volunteer prove to be unsatisfactory, the Director will contact the student’s supervisor or speak to the volunteer personally, to discuss whether the placement should continue.
- Students are required to provide written notice from their RTO or university if they require planning time as part of their placement time at the service.
- As a condition of their participation at the service, students and volunteers agree to abide by centre policies and procedures and by the directions of their supervising Room Leader.
- It is a requirement for placement in our service that all volunteers and students meet the necessary eligibility requirements as per state regulations to work within a child care environment (ie: Qld – current suitability card, NSW & VIC – working with children check, SA, & WA – current police check).
- Volunteers and students are required to abide by the Child Safe Standards and the service policies and procedures; 12A – Child Safe Standards Policy and 12B – Child Protection & Wellbeing Policy.
- Students should be encouraged to share their ideas and any new developments within the early childhood industry with centre team members.
- Students have a thorough orientation to ensure understanding of the service’s policies and procedures, supervision and their roles within our service. The completion of the orientation checklist should be completed and signed by student and Centre Director.
- It is recommended that students and volunteers not be provided security codes to buildings and gates as the codes can not be easily changed upon finishing at the service.
- Students are to complete their welcome sign in accordance with centre guidelines. The welcome sign is to be placed at the entrance of the door (not on windows). Also it is recommended that an email be sent by Educational Leader or Centre Director to parents to introduce student to the room.
- **Mobile Phones and Smart Watches Used by Educators, Staff, Student and Volunteers**  
Mobile phones are required to be turned off or kept on silent while the team member is working. Mobile phones are not to be used or kept on oneself while working.

(Centre Directors and/or Responsible Person in Charge of Service are permitted to keep mobile phone on themselves to perform their management and responsible person in charge duties.)

If you use a smart watch please turn the device to airplane mode and silent mode. If your smart watch device does not have this function please turn off or remove while working. The smart watches are an unnecessary distraction for active supervision and engagement. Feel free to turn on while you are on your non-contact break or lunch.

To clarify if you are not on a scheduled break or lunch break you should not use your mobile phone or smart watch. Your mobile phone should be left in your bag outside scheduled break and lunch times.

If you need to receive an urgent call that cannot be attended during your break or lunch; please provide the services telephone number and the service team will do their best to accommodate by taking a message or providing you time to take the call in private. If you are expecting this is needed please discuss with your room leader, Centre Director / responsible person in charge of service.

There is no objection to team members use of mobile phones or smart watch while on a lunch break and before or after work.

Failure to do so may mean that children are not adequately supervised which may result in disciplinary action as per the Grounds for Instant Dismissal from placement or employment.

## Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

**Policy Reviewed: 28/12/2023**

**Next Policy Review: 15/12/2024**

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### Reference:

#### **NQS**

QA4	4.2	<i>Management, educators and staff are collaborative, respectful and ethical.</i>
	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>

QA7	7.2.3	<i>Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.</i>
	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

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**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*Public Health and Wellbeing Act 2008  
Occupational Health and Safety Act 2004  
2003 Volunteering Australia*

**Legislation (Prior):**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)*

## **56 - TEAM MEMBER SELF PROTECTIVE BEHAVIOUR POLICY**

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### **Position Statement**

During the normal working day, situations can arise where a team member's actions towards children or other team members may be misconstrued as inappropriate. It is important that team members have an understanding of self protective behaviours and company expectations for behaviour that will reduce the possibility of any opportunity for misinterpretation of team member interactions between colleagues and/or children in their care.

### **Objective**

This policy intends to step out to team members appropriate self protective behaviours and company expectations of interactions and has been developed to assist team members to avoid wherever possible, allegations of inappropriate behaviour which could lead to litigation, suspension, or dismissal.

### **Implementation**

Team members will, wherever practicable, not place themselves into a situation where they are alone with a child, especially where other team members are not able to verify the details of any interaction.

Team members should be aware of their colleague's movements and bring to the notice of the Centre Director or Management any team members who either show a lack of understanding or a wilful disregard of this policy.

Team members working alone with a group of children should do so within sight of team members, wherever practicable, and where not possible, team members should not be alone with only one child at any time.

Should team members be required to take a child on their own they must inform other team members of what they are doing. This practice is strongly discouraged unless there is an urgent requirement for the child to be taken to another part of the centre on their own. Children should be moved in small groups wherever practicable.

### **Specific Procedures**

- Team members will not take any photos of children without express written permission of parents or guardians. Your Centre Director will advise if there is no permission.
- Team members will not take photos of other team members without the permission of the team members. Team member are to advise if permission is not granted for photos to be taken of them.
- Team members will not undress or touch any genital areas of children in isolation from other team members. It is satisfactory to conduct nappy changes and toileting of children where bathroom areas are viewable by other team members.
- Team members will not bathe children in isolation from team members. It is satisfactory to conduct bathing where bathroom areas are viewable by other team members.
- Team members will not change any underwear of children without gloves.
- Team members will notify other team members should they be required to move a child to another part of the centre on their own as the situation permits. This practice is only to be used when other strategies are not appropriate. It is expected that, wherever possible, team members will take a small group of children with them in an instance such as this.
- Team members are expressly forbidden to interact with children behind closed doors away from other team members.
- Team members will be mindful of appropriate touch with children. This includes not touching or fondling children on their chests, bottoms, genitals, or any other culturally inappropriate body parts.

- Team members will not kiss children, however, should a child wish to kiss a team member the team member is encouraged to use their own judgment in receiving a kiss. Any child giving a team member a kiss should be directed to kissing on the cheeks not mouth.
- Team members should be mindful that children sitting on adult laps can create a situation that is easily misinterpreted. It is preferable to have children stand beside or sit next to the team member when comforting or closeness is required.
- Team members may be required to defend themselves against aggressive behaviour from children. In this situation, Educators are encouraged to move themselves and other children away. If this is not practical, Educators may need to restrain a child from harming others or self. Educators should call for assistance during incident. Refer to Behaviour Guidance Policy and Exclusion Policy for further direction.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/8/2023**

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**Reference:**  
**NQS**

QA5	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	5.2.1	<i>Children are supported to collaborate, learn from and help each other.</i>
	5.2.2	<i>Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.</i>
	5.1.2	<i>The dignity and the rights of every child are maintained.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	155	<i>Interactions with children</i>
	156	<i>Relationships in groups</i>

***EYLF***

LO1	<i>Children feel safe, secure, and supported.</i>
	<i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.</i>
	<i>Children develop knowledgeable and confident self identities.</i>
	<i>Children learn to interact in relation to others with care, empathy and respect.</i>
LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.</i>
	<i>Children respond to diversity with respect.</i>

	<i>Children become aware of fairness.</i>
	<i>Children become socially responsible and show respect for the environment.</i>

## **57 - EXPENSE AND TRAVEL POLICY**

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### **Position Statement**

The company employs a cluster strategy to minimize overhead costs. The broad geographic coverage of centres and logistical isolation from the Support team means that prudent management of these facilities requires team member travel.

### **Objective**

To ensure efficient business practices, this policy seeks to provide criteria for the appropriate use of expenditure and travel. It also provides approval mechanisms to authorise such expenditure and travel, in addition to outlining guidelines to minimise expenses.

### **Implementation**

All expenditure claims must be accompanied by a receipt/tax invoice. Failure to present appropriate documentation may result in non-reimbursement.

#### **Operational Expenditure**

Operational expenditure refers to the day-to-day expenses on items like consumables, which are essential for the ongoing operation of the centres.

All consumables in excess of the operational budget are to be approved by Management.

#### **Capital Expenditure**

All capital expenditure will require initial approval from Management and will be assessed with regards to legislative constraints, best practice guidelines and priority of need. Management will provide final approval for any such expenses.

Detailed guidelines are as follows:

- Centre Directors will be required to complete the Capital Expenditure Request Form.
- The form will be forwarded to Management for approval.
- Once final approval has been received, Management will determine timelines for implementation in consultation with Centre Directors.

#### **Employment of Team members**

Prior to the employment of any team member, written approval from Management must be obtained. Casual team members employed at short notice on a casual basis to meet regulatory requirements at a childcare centre in the absence of a suitably qualified person will be the only exception.

It is recognised that team member's wages are the single biggest and most critical expense within the child-care industry. Prior to the employment of any centre based or administrative team members, the following procedure will be followed:

Detailed guidelines are as follows:

- Prior to any action, Management must approve the need for additional team members.
- All positions must be advertised in an appropriate publication and approved by Management.
- All suitable applicants are to be interviewed; original qualifications, police checks, WWCC, first aid certificates, etc. to be sighted, and referee checks to be completed.
- Upon selection of a suitable applicant, the Employee Information Form is to be completed and forwarded to Management for approval.

- Once approval has been received, Management will arrange a letter of offer for the applicant.

## **Travel**

It is recognised that due to the geographical location of childcare centres, essential travel will be required for the successful operation of the company.

All travel and accommodation expenses must be pre-approved in advance by Management.

### **Air Travel**

- Air travel should only be used where it makes economic sense.
- The lowest cost airline should be used in all cases.
- Air travel is by economy class for all domestic flights.
- If a lower cost flight is available within one hour of the preferred departure time, this flight should be taken.
- Frequent flyer points gained from work travel may be used for personal use, however the cost of membership of such programs is at the individual's cost.
- As most flight changes incur additional charges and sometimes total loss of fares, all efforts should be made to adhere to the original booking. Should a new fare be required, a new Travel Booking Request is required to be approved.
- If air travel is required, a Travel Booking Request Form should be completed and forwarded to Management.

### **Accommodation**

- Where possible, travel should be organised to minimise the need for overnight and weekend accommodation.
- Incidental "living" costs such as meals should be maintained within reasonable limits (\$50 per night) whilst ancillary expenses (such as in-house movies, mini bars, etc) are at your own expense.
- If accommodation is required, a Travel Booking Request Form should be completed and forwarded to Management for approval.

### **Daily Travel Allowance Claims**

- The company will only reimburse incidental expenses that are incurred in the course of business travel requiring you to be away overnight (such as meals, telephone, internet, etc) in accordance with the other terms of this policy.

### **Taxi and Car Hire**

- It is expected that Taxis or Hire cars will be required only when travelling outside the usual work environment.
- Rental cars will only be used where it is more economical than using taxis.
- A small to medium car should be hired where possible.
- In consideration of the significant premium charged for petrol by rental companies, the car should be re-filled before returning it to the depot.
- Travel between an employee's normal place of work and home will not be reimbursed.
- All travel bookings must be accompanied by a Travel Booking Request Form and forwarded to Management for approval.

### **Club and Professional Memberships**

- Club and professional memberships are a personal expense and are not reimbursed by the company.

## **Phones**

- Home telephones, fax and internet are a personal expense. Rental and personal call costs are an individual responsibility, however business calls (with appropriate documentation) will be reimbursed.
- Any mobile phones issued to company team members are for business use only.

## **Team Member Entertainment**

- It is recognised that certain team social functions, to recognise achievements or milestones, are important to create a positive environment, and these will be reimbursed, provided they have been pre-approved and are reasonable and not excessive.
- All events will be assessed on an individual basis and will require specific justification.
- Casual lunches and dinners between members of team members will not be reimbursed.
- All team member entertainment requests must be sent to Management for approval.

## **Marketing and Promotional Events**

Marketing forms a crucial element to the success of our company and should form part of a comprehensive marketing plan either for development centres or ongoing for operational centres.

Prior to undertaking any marketing initiative, a detailed marketing plan and budget should be prepared and submitted to Management for approval.

All marketing programs and promotional events must be:

- reviewed to ensure that costs are minimised whilst outcomes are maximised and all programs should be comprehensive and clearly identify the rationale for the program, budgets and anticipated outcomes.
- should be developed in consultation with the Support Manager.
- must be pre-approved by Management.

## **General Expenditure**

- All expenditure must be forwarded to Management for approval.
- Specialist publications, which are fundamental to industry analysis, may be exempted however generalist publications (eg The Age, Herald Sun, Financial Review, Business Review Weekly) are considered personal expenditure.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy reviewed: 21/5/2024**

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### **Reference:**

NQS

Policy Handbook – P004.7.2024

	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

## **58 - TEAM MEMBER TRAINING POLICY**

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### **Position Statement**

The company has a commitment to life-long learning and professionalism within the early learning and education field. All team members are expected as part of their employment to complete ongoing professional development, including on the job training and personal development as well as attendance at professional development seminars, courses and team member meetings etc outside of work hours. The company promotes both on the job and external training, however, believes it is the responsibility of the team member and the company to maintain professional competency.

### **Objective**

To set guidelines for the delivery of team member training.

### **Implementation**

Training for new team members commences immediately upon being offered a position within our centre. Team members MUST participate in the centre induction process which details their responsibilities with regards to the state Regulations and Act, Child Protection, ACECQ requirements, food safety requirements as well as company policies and procedures. Team members are required to be familiar with the abovementioned legislation and company policies, procedures and job descriptions. Team members will be assigned a mentor to assist them through the induction process.

The company will fund nominated and specified training opportunities for permanent and permanent part time team members, who have completed their 6 month probation period and have signed their full employment letter of appointment. This condition excludes team members who have tendered their resignation and are working out any termination periods.

#### *Training Costs Agreement and Authorisation for Wages Deduction*

Completion of training courses is an enduring benefit of life-long learning provided to employees. Training Costs Agreement and Authorisation for Wages Deduction Form will be required to be signed by employee undertaking of professional development course stipulated in the training cost agreement. This agreement is between the employee and employer to establish a contractual commitment, define the clawback provisions and provide employer authorisation to deduct training costs incurred. The repayment agreement is necessary as it is a pre-estimate of loss due to the costs incurred for fees, resources, travel expenses and employee wages to attend the training course. Further, employee attendance to a training course is an employer investment to benefit the organisation; if the employee leaves before the clawback period a financial loss has been incurred and also the lost opportunity to other employees as also been incurred as another person was not able to attend.

Various training models will be available:

- Group training, where the entire team is encouraged to attend. This will be held after opening hours at an agreed upon location and may cater for team members from more than one centre.
- Planning days specifically for identified team members, eg. Directors or Team Leaders.
- Individual outsourced training eg. Gowrie training sessions. This may involve 1 specified team member/s who will attend the training and then be required to share their knowledge with the rest of the team at a team members meeting.  
Funding for outsourced training organisations will require authorisation from management before booking. Please note training is very expensive and costs need to be managed in this regard.

All team members are reminded that the information, handouts and any other professional training resources that are given to team members during training remains the intellectual property of the company.

Training opportunities will be offered in 2 categories. Team members will be notified under which category the training will be held.

- Compulsory
- Voluntary

### **External Study through a Registered Training Organisation**

Team members who are enrolled with an RTO in further study to advance their qualifications will provide to their centre Director a copy of their confirmation of enrolment which will be maintained within their personnel file at the centre.

At the beginning of each month the centre Director/Support Manager will hold discussions with team members as to their progress with their studies and offer support as required. At this time team members will provide to their centre Director confirmation via a Statement of Attainment as each unit of study is completed. *{In Qld this will be recorded on the Progression of Study Record (SP012) to meet with state regulatory requirements. Any team member who doesn't continue to progress through their studies as required for the position for which they are currently employed may place their continued employment in said position in jeopardy.}*

Once team members have attained a qualification level it is their responsibility to provide confirmation via two (2) certified copies of their qualification to the centre Director. One copy will be maintained on file in the team member's personnel file and the second copy is to be forwarded to the Payroll department.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

### **Policy reviewed: 18/4/2024**

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#### **Reference:**

#### **NQS**

QA4	4.2	Management, educators and staff are collaborative, respectful and ethical.
	4.2.2	Professional standards guide practice, interactions and relationships.
	4.2.1	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

QA7	7.2.3	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.
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	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

## **59 - BABYSITTING POLICY**

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### **Position Statement**

In a profession where the public perception of child care workers is that they are experts in the field of child care, it is necessary to safeguard the health and reputation of our team members and the organisation by making clear to team members and parents the risks associated with employment of child care centre personnel for babysitting duties.

### **Objective**

To make clear to our centre team members and parents the company's position of strongly discouraging babysitting by our team for our parents and the reasons for that position.

### **Implementation**

As an organisation we strongly discourage our team members from Babysitting for parents for a number of reasons which include:-

- Most team members are already working up to 38 hours at the centre with children and many team members are also studying part-time. For the sake of physical and mental health it is recommended that our team have time for relaxation
- Centre team members may be seen as experts in their field, but are trained to work in the child care environment where there are always two team members on duty. Team members who choose to babysit do not have the luxury of always having someone to assist if things go wrong. Furthermore, in the case of any allegations which may be made against the babysitter, there are no adult witnesses.
- The familiarity of a babysitting arrangement can lead to conflict of interest in relation to centre confidentiality.

For these reasons, our organisation will not sanction or support babysitting and do not recommend any of our centre team as babysitters.

If team members choose to work in their own time outside centre hours, our organisation cannot stop them, however this will be a personal arrangement between parents and team member.

No arrangements will be made with team members during centre hours. Should a parent require a team member to babysit, they will be required to obtain the relevant details directly from the team member and contact them outside centre hours to make any arrangements.

We regret that messages relating to babysitting cannot be taken or passed on through your centre.

### **Evaluation and Review:**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters).

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**Policy reviewed: 27/9/2023**

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**Reference:**

**NQS**

QA4	4.2.1	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>
QA5	5.1.2	<i>The dignity and the rights of every child are maintained at all times</i>
QA6	6.1	<i>Respectful relationships with families are developed and maintained and families are supported in their parenting role.</i>
QA7	7.1	<i>Governance supports the operation of a quality service.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

## 60 - MEDIA/PRESS POLICY

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### Position Statement

Increasingly, private and public companies attract scrutiny. Team members need to seek authorisation to discuss Centre or organisation matters.

### Objective

To prevent unknowing leaks being made by centre team members in regard to Company business, and/or the possibility of inflammatory, or potentially litigious comments in regard to the Centre or families or team members involved.

### Implementation

- When team members talk about their work to friends and relatives in relation to the centre/management, they need to keep confidentiality in mind.
- Team members will seek authorisation from Management, before discussing any matters with the press or media in relation to the Centre or their employment with the Licensee.
- Should a member of the press contact team members at our centre for comment, the standard response is to be “no comment” and notify the Support team of the call and the caller’s identity and contact details as soon as practically possible.
- If team members are unsure of anything in relation to this policy, they should contact their Support Manager.
- Any press releases must be vetted and approved in writing by Management.

Copies of any print media articles are to be kept on file at Head Office.

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters).

**Policy Reviewed: 17/6/2024**

**Next Policy Review: 15/6/2025**

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### Reference:

#### **NQS**

QA4	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>
QA5	5.1.2	<i>The dignity and the rights of every child are maintained at all times</i>
QA6	6.1	<i>Respectful relationships with families are developed and maintained and families are supported in their parenting role.</i>
QA7	7.1	<i>Governance supports the operation of a quality service.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

<i>Reg</i>	<i>181</i>	<i>Confidentiality of records kept by approved provider</i>
	<i>181-184</i>	<i>Confidentiality and storage of records</i>

## **61 - FUNDRAISING POLICY**

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### **Position Statement**

Should a Parent Committee wish to engage in Fundraising activities for the centre there should be guidelines in place to facilitate the appropriateness of these activities.

### **Objective**

To ensure that any fundraising activities conducted in relation to the centre be in keeping with Government legislation and guidelines.

### **Implementation**

- Centre fundraising will not be conducted by the company. Please note, incentive and promotional funds is not classified as fundraising unless the incentive and/or promotional activity performed is to raise funds for a charitable purpose.
- Should any parent and services committee at the centre wish to conduct fundraising activities they must follow these guidelines.
- Any money raised by a parent and service committee cannot be used to enhance the financial profitability or assets of the company. All money raised must be used for a charitable purpose, advancement of education for the children attending the service or for the benefit of the community. Some ideas for which fundraising money could be used include: gift funds to a registered charity, shows, incursions or excursions for the children, in-house educational programs such as an egg hatching program, disco or BBQ which all the children and families could attend, sponsorship of a child through a recognized charity which the children in the centre could correspond with to learn about another culture, etc.
- Dependant upon the regulations in each state in some instances a parent committee may be required to obtain an 'Authority to Fundraise' from the relevant government department. Further information on the requirements can be obtained by contacting the relevant government department as listed below.
- Detailed records must be kept for all fundraising activities including the amount of money raised, the date it was raised, in what form the money is held and how and when it was used.
- Prior to commencing fundraising the Parent & Service Committee should decide on what they are fundraising for and make the purpose known whilst conducting the fundraising activity.
- If service does not have a Parent Committee service bank account cash should not be kept at the service due to the security risk. The cash should be banked in to the service bank account and advise Account Department of the nature of money. The Account Department will account for this funds as separate Fundraising moneys. When the Parent and Service Committee wishes to spend funds in accordance with the policy guidelines, request for transfer of funds needs to be made with associated tax invoice.
- No cash should be left at the service or keep by parent or staff member due to security risks associated with holding cash. Please bank funds immediately.
- Any money raised by a parent and service committee needs to be banked into a separate parent committee account with a minimum of two signatories. Should this not be practical due to parents not wishing to accept this responsibility, then it is acceptable for the money to be transferred to Australia Post money orders in the name of the centre who will in turn cash the money orders as requested.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

**Policy reviewed: 17/11/2023**

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**Reference:**

**NQF**

QA7	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*Dept of Equity and Fair Trading (Qld)  
Office of Fair Trading (Qld)  
Dept of Justice (Vic)*

*Consumer & Business Affairs Victoria  
Ministry of Fair Trading (WA)  
Office of Fair Trading (NSW)*

## **62 – INTERNET, EMAIL & SOCIAL NETWORKING POLICY**

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### **Position Statement**

Internet, email, and social Networking correspondence is a permanent written record which may be read by persons other than the addressee and which could result in personal or Management liability. This policy sets out the security, administration and rules which will be observed when communicating electronically or using IT facilities.

### **Objective**

To minimise potential damage to you, your colleagues, families or the company which may arise as a result of the misuse of Information Technology. Information Technology includes but limited to: phones, smartphones, computers, laptops, tablets, handheld devices, etc.

### **Who is affected by this policy?**

Child

Staff

Educators

Family Members, Family Members Associates, Parents and Guardians

Responsible Persons, Authorised Nominees

Management

### **Related Policies**

- Employment Policy

### **Implementation**

The company holding the centre license is the owner of copyright in all email and social network messages created by authorised users of the IT facilities.

### **Security:**

- From time to time, the contents and usage of email may be examined by management or by a third party.

### **Monitoring:**

- Our computer network is a business and educational tool to be used primarily for business or educational purposes. You therefore have a responsibility to use these resources in an appropriate, professional and lawful manner.
- All messages on the centre's system will be treated as business or educational messages, which may be monitored. Accordingly, you should not expect that any information or document transmitted or stored on the centre computer network will be private.
- You should also be aware that management may monitor your use of the Internet both during work hours and outside of those hours. This includes the sites and content that you visit and the length of time you spend using the Internet.
- Emails may be archived by management as it considers appropriate.

### **Personal Use:**

- Outside work hours, you are permitted to use the Internet to send and receive personal messages, provided that such use is kept to a minimum and does not interfere with centre business. Any such use of the internet or email for personal purposes outside work times is still subject to the same terms and conditions as otherwise described in this Policy.

- In the case of shared IT facilities, you are expected to respect the needs of your colleagues and use the Internet and email in a timely and efficient manner.
- Excessive or inappropriate use of IT facilities for personal reasons during work hours may lead to restrictions of usage rights being placed upon you.
- In addition, use of the technology system; and any information documents, files or other intellectual property on the technology system; for personal commercial or personal business is prohibited unless the written consent of the Managing Director (or equivalent) is first obtained for that specific purpose and use.

**Content:**

- Staff, Educators, Families, Associates of Families and/or the licensee may be liable for what you say in an email or social network message. **Email and social network messages is neither private nor secret. It may be easily copied, forwarded, saved, intercepted, archived and may be subject to discovery in litigation. The audience of an inappropriate comment in an email or message may be unexpected and extremely widespread.**
- Employees, Families, Associates of Families must not use the information technology devices for the following purposes:
  - post materials that is offensive, defamatory, threatening, harassing, bullying, discriminatory or otherwise unlawful;
  - hold out to be a representative of the organisation or express views on behalf of the organisation;
  - use the organisation email or logo without permission;
  - list the organisation names (including abbreviation) on internet websites without permission from licensee;
  - post employee names or families (parent or children) names to discuss private and confidential matters, abuse, vilify, harass, or discriminate;
  - disclose confidential, private or sensitive information;
  - publicise workplace disputes, conflicts, grievances;
  - damage the employment or enrolment relationship, the organisation reputation or commercial interests, or brings the organisation into disrepute;
  - to abuse, vilify, defame, harass or discriminate (by virtue of sex, race, religion, national origin or other);
  - to send or receive obscene or pornographic material;
  - to injure the reputation of the centre or in a manner that may cause embarrassment to the organisation;
  - to spam or mass mail or to send or receive a chain email;
  - to infringe on the copyright or other intellectual property rights of another person; or
  - to perform any unlawful or inappropriate act.

***The above actions are considered to be serious breaches of the organisations policies.***

**Social Networking and Websites:**

Social media activity include:

- Interacting with social networking sites, e. g. OWN, Facebook, Twitter, LinkedIn, Yammer
- Interacting with video and photo sharing websites, e. g. Flickr, You Tube, Instagram, Pinterest
- Interacting with blogs, including corporate blogs and personal blogs
- Interacting with blogs hosted by media outlets, e. g. “comments” or “your say” feature on the age.com.au
- Micro-blogging, e.g. Twitter
- Interacting with wikis and online collaborations, e. g. Wikipedia
- Interacting with forums, discussion boards and groups, e.g. Facebook, Google groups, Whirlpool

Social media activity has risks for the organisation include:

- Posting or sharing information on social media and online generally is not like having a verbal conversation with a person or group of people. This equally applies to any posts you make regarding your work.
- “Conversations” or posts online are in electronic form and have potentially wider circulation than a personal discussion. The nature of social media platforms means that comments might easily be forwarded on to others, widening the audience for their publication. Even if you limit the

privacy settings on your social media platform to your “friends” or “contacts”, your “friends” or “contacts” might include individual stakeholders.

- Further, social media platforms leave an often-permanent written record of statements and comments made by people. These can be read at any time in the future until they are taken down and because of the nature of the Internet, it can be difficult (if not impossible) to remove information.
- Considerable care should be used in using social networking sites and an awareness that making comments or conducting conversations that relate to the organisation can affect the reputation of the business.

A social networking website can be defined as a website used to socialise or communicate. Our stance on social networking policies is that they are for personal use only and should not be accessed while the staff member is at work. Those staff members who can access a social networking site via their mobile phones or smart watches are not to do so during their shifts at the centre and are not to use their camera or video phones to take photos/pictures while at the centre. Permission may be obtained from management to take photos/pictures to communicate.

### **Unacceptable use of social media**

When using social media, you must not:

- Disclose or use information that is confidential to the organisation
- Engage in non-work-related use of social media during work hours
- Post anything in which this organisation or any other person has intellectual property rights
- Convey information that would allow a reasonable person to ascertain the work being performed for this organisation or the identity of a stakeholder and their relationship with the organisation.
- When using IT systems, use any other person's ID or logon details or otherwise impersonate any other person
- Disparage, criticise or show disrespect for any stakeholder or person (Stakeholder examples: Organisation, parent, children, suppliers, agencies, departments, etc)
- Discriminate, harass, bully or victimise any stakeholder or person

Other unacceptable use of social media:

- No communication with anyone (i.e. parents, educators, other people, etc) via messenger or private chat groups in relation to children enrolled in the service or the centre (ie use of their name, experiences, or any other general information). All communication between educator and family member should be undertaken via services email or curriculum system or the services social media accounts (ie not the personal accounts).
- It is recommended that friend requests not be issued or accepted by parents or family member of children without discussion and consent with each other. If a friend request is accepted by parent or family member (or vice versa) the employee (or ex-employee) should not mention the children who is enrolled in the service in anyway. This aims to protect the parent and child's privacy and also assist in maintaining professional relationships between employee and parents.
- In relation to the Service Social Media Pages (E.g. Facebook): Only authorised personal of the service can share information about what happens at the centre, share photos taken at the centre, or on an excursion. Permission of parent's children must be sought before posting on social media. Content of the Facebook page will only include – children's learning, centre events, professional development, VDELYF, community events, reminders, government information.

If you become aware of unacceptable use of social media as described above, you must notify the Centre Director or Approved Provider.

No information about what happens at the centre, should be posted on a social networking website, nor should any photos taken at the centre, or on an excursion, be put on a social networking website. Posting to the official organisation social networking websites will be completed by authorised personnel only. If a staff member, family or parent does put photos of a child or children enrolled at the centre on a social networking website, families will immediately be contacted. If possible, the social networking website will be contacted to delete the photos. **The person who placed information will face an**

**inquiry into their actions and possibly face termination of employment or termination of enrolment and/or face legal action.**

Please be aware that social networking websites are not a private means of communication but can be accessed by the public, therefore, it is important not to share private information about centre families or other staff members on social networking websites. Should you do so, the person will face an inquiry into the situation by the Director/Authorised Supervisor and any involved party and depending on the severity of the situation face possible termination of employment or termination of child enrolment.

Should harassment of any kind take place on a social networking site, such as, but not limited to, sexual or verbal harassment, the person will face an inquiry into their actions and depending on the severity of the situation face possible termination of employment or termination of enrolment.

Should a family member related to the centre harass a staff member via a social networking website, the Director/Authorised Supervisor will conduct an inquiry into their actions and depending on the severity of the situation face possible termination of enrolment.

Family grievance policy, team member grievance policy and adult behaviour policy should be followed at all times.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 17/6/2024**

**Next Policy Review: 15/6/2025**

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**Reference:**  
**NQS**

QA4	4.2.2	Professional standards guide practice, interactions and relationships.
	4.1.2	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

QA5	5.1.2	The dignity and the rights of every child are maintained at all times
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QA6	6.1	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
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QA7	7.1	Governance supports the operation of a quality service.
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	181	Confidentiality of records kept by approved provider
	181-184	Confidentiality and storage of records

## **63 - CENTRE VEHICLE & TRANSPORTATION POLICY**

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### **Position Statement**

Procedures and policies for transporting children and adults are essential to keep everyone safe.

### **Objective**

To ensure the safety of all children and adults while using public or private transport, including any vehicles owned by the service.

### **Implementation**

The safety of each child and all employees is paramount. Transportation can pose additional risks for children depending on the mode of transport involved, how it's used and the way children move between the transport and service or other environment. The service we provide includes times when we transport children, or arrange transportation, between the service and another location, including their home, school or excursion destination. The Nominated Supervisor and educators will always follow service procedures to minimise this risk including those which follow.

The Nominated Supervisor will include the Transport Policy and Procedures in staff inductions and ensure all relevant staff receive practical training in relation to the requirements. Where children are regularly transported they will also diarise to rehearse the procedures at least once every 3 months, and maintain written records of the rehearsals and staff training.

### **Risk Assessments**

Please refer to the Excursion Policy for further policies and procedures on completing risk assessment involving transportation of children.

The Nominated Supervisor or educators will always complete a risk assessment to identify, assess and remove or reduce risks the transport may pose to the safety, health and wellbeing of and each child before children are transported unless the arrangement is 'regular transportation' (ie transportation where the circumstances are substantially the same on each occasion) and a risk assessment has been completed within the last 12 months. The risk assessment will cover:

- 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 the relevant state/territory law (for regular transportation consider whether this needs to be assessed more often than every 12 months if child grows etc)
- any water hazards
- the number of adults and children involved in the transportation
- the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required, given the risks involved
  - consider children's ages, whether or not they are mobile, and whether any have additional needs
- whether any items should be readily available during transportation (eg 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
- procedures for embarking and disembarking the transport, including how each child will be accounted for and also the conducting the vehicle check after children have disembarked.

The Nominated Supervisor will nominate, as part of the risk assessment control measures:

- the driver (if using vehicle owned or operated by service)
- the lead educator/supervisor responsible for ensuring an excursion runs smoothly and children are adequately supervised, or for supervising children during trips that are not excursions
- the checker responsible for checking vehicle at end of trip (may be same as lead educator/supervisor – a second person needs to perform this duty).

The Nominated Supervisor will update risk assessments for regular transportation obtain new authorisations from parents/guardians when circumstances that may affect transport arrangements change, including for example:

- weather conditions (summer versus winter, extreme weather events like heatwaves, floods and bushfires)
- changes in routes for example because of road works
- the numbers and vulnerabilities of children.

### **Authorisations for Transportation**

**This section of the Policy does not include transport of children on excursions as authorisation requirements for excursions are covered in the Excursion Policy.**

Authorisation for a child to be transported must be given by a parent or other person named in the child's enrolment record as having authority to authorise transportation of a child unless the arrangement is 'regular transportation' and there's an authorisation which is less than 12 months old. The authorisation will include:

- the child's name
- the reason the child is to be transported
- if it's regular transportation, a description of when the child is to be transported
- if it's not regular transportation, the date the child will be transported
- a description of the proposed pick-up location and destination
- the means of transport
- the period of time during which the child is to be transported
- the anticipated number of children likely to be transported
- the anticipated number of staff members and any other adults who will accompany and supervise the children
- any requirements for seatbelts or safety restraints under the relevant state/territory law
- advice a risk assessment has been prepared and is available at the service
- advice written policies and procedures for transporting children are available at the service.

### **Transport Guidelines**

**This section and the rest of the Policy covers all situations where we transport or arrange transportation of children, including excursions.** Where relevant, the guidelines and procedures in this Policy will also be used to educate children, families and the community about safely transporting children and related issues like road and pedestrian safety.

### **Drivers**

The Nominated Supervisor will ensure persons are safe, responsible drivers before allowing them to transport children. The Nominated Supervisor will nominate the driver (if not using a commercial transport company) and ensure they are not included in ratios or responsible for supervising children

as they cannot provide adequate supervision while operating the vehicle. In addition (if not using a commercial transport company) they will:

- make sure there are relief drivers available to fill in for any regular drivers
- keep copies of licenses and driving records which are less than 12 months old for drivers they approve to transport children and make sure drivers:
  - are at least 18 years old and fully licensed (no L or P plate drivers)
  - have a suitable driving history eg statement of demerit points
  - have proof of valid insurance and registration
  - are familiar with the first aid kit contents
  - can operate the fire extinguisher if required
  - have a clear working with children check if required
  - understand they must always comply with the road rules (eg no speeding or touching mobile phones)
  - understand they are responsible for paying any fines they incur
  - understand they must have a zero blood alcohol level when driving children
  - understand they must report any driving convictions incurred since the Nominated Supervisor reviewed their driving record
  - understand in relation to a vehicle operated by the service they must:
    - report any damage or maintenance needs to the Nominated Supervisor
    - ensure there's enough fuel to complete the trip (eg refuel when the tank moves below half full) and never refuel when children are in the vehicle.

Where bus companies are hired to transport children the Nominated Supervisor will discuss the company's policy on driver qualifications, driving history and maintenance procedures etc. to make sure they have reliable and consistent safety processes in place.

## **Safety Restraints**

Seatbelts and restraints systems will be used as outlined in this policy which is based on the National Road Rules. We note the Australian Design Rules set out vehicle safety requirements including requirements for seatbelts and child restraint anchorage points.

Educators will assist motor vehicle drivers and bus drivers to ensure each child is transported safely at all times. The service understands that drivers of small vehicles carrying up to 12 people are responsible for road safety and ensuring each child under 16 is properly seated and restrained. All educators, however, have an equal responsibility to assist the driver and check that each child is seated and restrained appropriately using the following guidelines.

### **Vehicles built to carry up to 12 people including the driver**

Generally educators and volunteers will follow the restraint arrangements which follow to ensure the safety of children. However, if a child is too small for a restraint specified for their age, they will be kept in their current restraint for as long as necessary. Likewise, if a child is too large for a restraint specified for their age, they may move to the next level of restraint.

Educators and volunteers will also comply with any current medical plans or certificates signed by a registered medical practitioner that states the child should not be restrained as outlined below while travelling in a vehicle (or bus) for medical reasons. Educators and volunteers will comply with the conditions in the medical certificate, and where possible, ensure the child travels in a rear seat. Medical certificates must have an expiry date.

The Approved Provider or Nominated Supervisor will ensure all safety restraints are safe, labelled with Australian Standard (AS/NZS1754) (restraints purchased overseas do not comply with Australian Standards and are not compatible with Australian vehicles), and have been professionally installed or checked by authorised fitter. They will also ensure there are sufficient restraints to meet the safety restraints requirements under the national Road Rules as detailed below.

Educators and volunteers will ensure:

- Each child under seven is secured in a child restraint or booster seat with seat belt or safety harness when travelling
- Babies up to six months of age are restrained in a rearward facing restraint with a built in 5 or 6 point harness
- Children from six months to under four years are restrained in a rearward restraint, or forward facing restraint with a built-in 6 point harness. Rear facing restraints offer better protection as long as the child fits in it
- Children from four years to under seven use a forward facing restraint or booster seat. A forward-facing child restraint offers better protection as long as the child fits in it
- Children under four years are not in the front row of a vehicle with two or more rows
- Children from four to under seven years only sit in the front row of a vehicle with two or more rows if all other seats are occupied by children the same age or younger in an approved restraint
- The number of children transported does not exceed vehicle rated seating capacities
- Children do not share a seat belt or child restraint
- All adults use available safety belts.

## Buses

Buses are defined as vehicles built to carry over 12 people including the driver. The Nominated Supervisor, educators and volunteers will:

- ensure seatbelts/restraints are used if they're required to be fitted
- ensure seating capacity displayed on the compliance plate is not exceeded
- consider whether an alternative mode of transport should be used to ensure children's safety where restraints are not available.

## Transport Procedures

To ensure children's safety all employees and volunteers will implement the **Transport Procedure** or **Transport Procedure Excursions** when transporting children to and from destinations. Under no circumstances will any child be transported if all of the guidelines and procedures in this Policy are not met.

From 1 March 2023, staff responsibilities for regular transportation conducted by centre-based services include:

- A nominated supervisor or a staff member (other than the driver) must:

- be present when children embark and disembark a vehicle at the service premises
- account for each child when they embark and disembark a vehicle at the service premises
- complete a check of the interior of the vehicle after all children have disembarked at the service premises to ensure there are no children left on the vehicle.

Updated record keeping and accounting for children during regular transportation includes:

a) The approved provider and nominated supervisor must ensure that records are kept for regular transportation that:

- confirm each child was accounted for when embarking and disembarking the vehicle at the service premises
- state how each child was accounted for at the service premises
- state that the interior of vehicle was checked after all children have disembarked at the service premises.

b) The records must be completed at the time of entry (ie not after or before). On the record that documents the child entering and exiting the bus; include the time, date, full name and signature of the person/s responsible for:

- accounting for the children during embarking and disembarking of the vehicle
- conducting the vehicle check after children have disembarked.

## **Maintenance**

To ensure vehicles owned or operated by the service are safe and hygienic, where relevant the Nominated Supervisor will:

- follow the recognised service schedule and organise an annual mechanical inspection, or sight evidence vehicle has had mechanical inspection within the last 12 months
- look for obvious maintenance issues eg bald tyres
- pay insurance, registration etc or sight evidence vehicle is registered and insured
- ensure check oil, water and tyres every month
- ensure vehicle is regularly cleaned
- ensure children can't access vehicles when they're not being used.

## **Car Park and Driveway Safety**

Young children are at risk from moving vehicles in low speed 'off road' locations such as driveways and car parks. Studies have shown for example, there are large 'blind zones' behind many vehicles where drivers cannot see what's happening. The Approved Provider, Nominated Supervisor and staff will implement measures to remove or control the risks posed by any car park on the premises. They will complete a risk assessment to identify and control risks and may implement measures such as:

- speed signs with maximum car park speed limits
- parking signs advising parking limited to eg 5 minutes or reverse parking required
- one way signs so all vehicles drive through car park in the same direction
- witches hats to control/block access in particular areas
- supervising area during drop offs and pick ups
- encouraging people collecting children to walk around vehicle before they leave.

## **Road Safety**

Educators understand that children are vulnerable road users. They may think they can handle crossing a road by themselves but:

- are easily distracted and focus on only one aspect of what is happening
- are smaller and harder for drivers to see
- are less predictable than other pedestrians
- cannot accurately judge the speed and distance of moving vehicles
- cannot accurately predict the direction sounds are coming from
- are unable to cope with sudden changes in traffic conditions
- do not understand abstract ideas like road safety
- are unable to identify safe places to cross the road
- tend to act inconsistently in and around traffic.

Educators will closely supervise all children when outside the service near roads. They will hold children's hands, or if not practical to do this for all children, implement measures which keep children safe eg ensure children hold on to a rope at all times and wear high visibility vests.

Educators will regularly integrate learning about road safety into the curriculum. They will also provide information to families about children and road safety including:

- the key role families have in educating their children about road safety and the close supervision children require in and around traffic to keep them safe
- opportunities in day-to-day routines to discuss road safety with children eg on the way to the shops, service or school, while crossing roads (when and why it is safe to cross)
- danger areas like car-parks, traffic lights, pedestrian crossings and driveways. In relation to driveways, it's vital to:
  - *always supervise children whenever moving a vehicle ie hold their hands. Put children securely in the vehicle with you if you're the only adult around, even if moving just a small distance*
  - *Encourage children to play in safer areas away from the driveway & cars.* The driveway is like a small road and should not be used as a play area
  - *Make child access to the driveway difficult* eg use security doors, fencing or gates.

## **Related Policies**

Excursion Policy

## **Appendix: Transport Procedure**

See Transport Procedure Excursions if transport involved in excursion or regular transportation of children

Staff must not consume tobacco, drugs or alcohol during trip.

### **Before transport starts and at the end of use of transportation vehicle**

The Nominated Supervisor will:

- nominate the driver (if using vehicle owned or operated by service)
- nominate the supervisor responsible for supervising children on vehicle
- nominate the checker responsible for checking vehicle at end of trip (may be same person as supervisor)
- ensure transportation meets the requirements/exclusions in service public liability insurance.
- must ensure a staff member or nominated supervisor (other than the driver) accounts for children as they get in or out of a vehicle at an education and care service.
- must ensure records are made showing children are accounted for as they get in or out of a vehicle at the education and care service.
- must ensure records are made confirming a check of the inside of a vehicle was completed at the service after all children have left to ensure no children remain.
- Approved provider must notify the regulatory authority when they start providing or arranging regular transport, and again when they finish. This can be done through the NQA ITS

### **The Nominated Supervisor and staff will also make sure:**

- a risk assessment has been completed. Complete before each transport event, or if regular transportation, make sure there's a risk assessment less than 12 months old
- In risk assessment (see also policy above):
  - a) confirm how each child is planned to be accounted for when embarking and disembarking the vehicle at the service premises (see procedure below)
  - b) state how each child was accounted for at the service premises
  - c) state that the interior of vehicle will be checked after all children have disembarked at the service premises.
- they have written authorisation for every child to leave service. Obtain before each transport event, or for regular transportation, obtain annually
- required educator/child ratios will be maintained and there'll be adequate supervision (driver cannot supervise children). Include educator/volunteer familiar with children's special needs if relevant
- seat belts/booster seat arrangements meet legal requirements and the number of occupants will not exceed the legal capacity of the vehicle (eg displayed on bus compliance plate)
- at least one educator/supervisor attending has current first aid/asthma/anaphylaxis qualifications
- they have first aid kit and charged mobile phone
- they have current list of children travelling and their current emergency contacts
- there are no loose or heavy objects where passengers sit which could dislodge during sudden braking.

### **Drivers must**

- park vehicle at the curb or in a protected parking area/driveway and turn off engine at each stop
- only start driving when told it's safe to leave
- always follow road rules
- not talk on mobile phone, including hands free
- not play loud, distracting music
- not be impaired by alcohol or legal/illegal drugs.

### **As each child enters transport (eg bus)**

- escort children to transport or ensure children escorted by eg educator/teacher etc
- as children embark look at each child, check name off roll (educator is to tick next to each child names on entry to bus as indication they have sighted child on entry of bus) and do a head count at the end (as a check). A second educator to complete the check also. On the record that documents the child entering and exiting the bus (ie the roll); include the time, date, full name and signature of the person/s responsible for the account for children
- (see below more requirements for records)
  - get parent/guardian to sign child onto bus if collecting from home
  - if a child is present but not named on the roll or vice versa, confirm arrangements for the day with service/parent before leaving and update roll
- fasten children's seat belt/safety restraint. Make sure car seats, booster seats and seat belts are properly secured, including those where parents have secured their child and for older children who have fastened their own. Do not let children share restraints.
- If extra adults are attending (eg parent helpers)
  - give adult list of any specific children they are supervising
  - clearly outline their responsibilities

### **During Trip**

#### **Supervise children**

- ensure they're comfortable at all times eg adjust ventilation and heating/cooling before it becomes stuffy or too hot/cold.
- never leave children unattended
- stop children doing anything dangerous during the trip eg drinking, eating, standing and any other dangerous activities while in the vehicle
- ensure at least one person (eg supervisor) sits at back of vehicle for optimal vision
- if child gets sick or hurts themselves during trip
  - if medical emergency ring ambulance on 000, follow all instructions and park vehicle in safe location until ambulance arrives, otherwise apply appropriate first aid
  - ring parents/guardians and advise they will need to collect child from destination (eg service) or they may need to take child to the doctor when they collect them. Provide as much information about illness/injury as possible
  - complete incident, injury form
  - notify regulatory authority if required.
- complete medication record if medication administered to child during trip.

### **As each child leaves transport (eg bus)**

- **as children exit transport** look at each child, check name off roll (educator is to tick next to each child names on exit of bus as indication they have sighted child on exit of bus) and do a head count at the end. A second educator to complete the check also. On the record that documents the child entering and exiting the bus (ie the roll); include the time, date, full name and signature of the person/s responsible for the account for children
- The above provide should ensure an educator accounts for each child when they embark and disembark a vehicle at the service premises
- get parent/guardian to sign child off transport if dropping at home
- escort children into service/destination or hand them into the care and supervision of a staff member, parent/guardian or person nominated by parent/guardian
- if destination is the service, ensure children are signed in. Do not prefill sign in records

- never leave child alone on transport for any reason eg they have fallen asleep
- complete a check of the interior of the vehicle after all children have disembarked at the service premises to ensure there are no children left on the vehicle. This must be signed off by person responsible for excursion and checked by a second person (ie educator or teacher).
- make sure no child is left on transport eg look carefully on and under seats and in storage areas
  - make a note in writing that transport clear (or ensure checker does this)
  - ask driver to also check bus is empty before leaving vehicle and to make a note in writing
- if there is no authorised person present to collect child (eg parent/guardian), ring parent/guardian. Consider appropriate options:
  - can you wait (if they're running late)?
  - can parents/guardian authorise someone else to collect child? Note you must be able to adequately identify this person by appearance or photo identification
  - will you keep child on bus and continue trip?

**Never leave child if there is no authorised person present to collect them.**

if a child is missing immediately conduct search for child on transport, at destination and any places visited or stopped at during the trip. If child can't be located immediately call parents/guardians, and police on 000 and follow any instructions.

## **Ways to Minimise the Risks of Children being Left Behind in Vehicles**

(Source ACECQ Fact Sheet: *Minimising the Risk of Children Being Left Behind in Vehicles*. January 2023)

### **WAYS TO MINIMISE THE RISK OF CHILDREN BEING LEFT BEHIND IN VEHICLES:**



- ensuring the number of educators or other responsible adults is appropriate to provide supervision ensuring active and effective supervision at all times – with a particular focus on the seating of children and positioning of educator/s.



- actively engaging with the children over the course of the journey.



- establishing effective signing in and out procedures which may include having a second person to check the record.



- conducting regular headcounts and attendance checks of children including but not limited to before each departure, after each child embarks and disembarks the vehicle and after all children have disembarked.



- ensuring procedures for managing unexpected risks, such as if a child is absent from a collection point, are established and understood by all staff.



- ensuring procedures for embarking and disembarking the vehicle and processes for entering and exiting each location are documented and understood by all staff.



- embedding safety procedures for every trip including trips as part of an excursion or single trips. This may include having two people to conduct physical inspections of the vehicle at all destinations to ensure no children remain on the vehicle every time children disembark.



- ensuring relevant policies and procedures are up-to-date, provided to staff and families and that all staff are trained so that they understand their roles and responsibilities.



- embedding clear and effective procedures to ensure each educator/staff member is aware of their responsibilities for each trip and so do not assume someone else has completed a check.



- staff training on safe transportation of children is included in induction processes and refresher training is held annually.



- embedding risk assessment and management procedures such as the use of safety checklists for each trip. See ACECQA's [Safe transportation of children safety checklist template](#).



- Embedding effective communication plans/procedures with families to ensure that parents/carers inform the service that children will not be attending the service and do not need to be collected from another location.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy reviewed: 16/10/2023**

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**Reference:**

**NQS**

QA2	2.1.1	<i>Supervision - Supervision At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</i>
QA6	6.2.1	<i>Transitions - Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	4	<i>Definitions</i>
	99	<i>Children leaving the education and care premises</i>
	102B	<i>Transport risk assessment must be conducted before service transports child</i>
	102C	<i>Conduct of risk assessment for transporting of children by the education and care service</i>
	102D	<i>Authorisation for service to transport children</i>
	168	<i>Education and care service must have policies and procedures (transportation)</i>

**Other References:**

*National Road Rules Model  
National Guidelines for Safe Restraint of Children Travelling in Motor Vehicles – Kidsafe  
Motor Vehicle Standards Act 1989 and Australian Design Rules Cwth  
Road Safety Road Rules 2017*

## 64 - COMPANY VEHICLE POLICY

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### Position Statement

Company vehicles are a valuable resource and must be kept in good working order at all times. People form opinions about a Company based on appearances, and therefore the company vehicle should be well presented at all times.

### Objective

To ensure that team members understand and are able to fulfil the responsibilities that derive from having the use of a company vehicle.

### Implementation

- Team members issued with a vehicle will familiarise themselves with the policy and agree to abide by it at all times.
- Team members who are issued with an infringement notice whilst using the vehicle agree that their license details, if requested, will be supplied to the Transport Department.
- Team members who do not comply with the terms and conditions of this policy shall accept full responsibility for any fines or penalties incurred.

#### ***Use of the vehicle:***

- Company vehicles are to be driven by company employees only. In a case of emergency, authorisation for anyone else to drive the car must be obtained from the Operations Manager.
- Company vehicles are a 'SMOKE FREE ZONE'. No smoking will be permitted in vehicles.
- Team members will use the vehicle in accordance with all relevant legislation and the local road rules, including, but not limited to, speed limits, traffic lights, road signs.
- Team members will only use 'hands free' phones when making phone calls in the vehicle, and will always comply with the local legislation in regard to phone calls.
- Team members will not risk their safety or that of other people by making or receiving phone calls. If there are any doubts in this regard, the team member should safely pull off the road first before using the phone.
- Team members will not drive the vehicle whilst holding a phone, this includes the prohibition of texting whilst driving the vehicle.
- Team members will ensure that E-tags are appropriately placed in the vehicle, and will not use toll roads without ensuring this. Drivers will advise the Support team when E-tolls need topping up ie. Audible beeps are heard when passing the toll booth, indicating less than \$10 credit.
- Team members will ensure before leaving a vehicle that it is parked in accordance with the local traffic rules, and that it is locked, with no valuables in view of the passing public.
- Should a team member be required to transport an enrolled child, they will ensure that the child's seat belts are fastened, their hands and heads are inside the vehicle at all times, and that all loose objects are adequately secured, before departing, and during their journey.
- Vehicles must be driven safely and in accordance with the traffic act. All parking fines and infringement notices are the responsibility of the driver.

#### ***Care of the vehicle:***

Team members provided with the use of a company vehicle will agree to take responsibility for the vehicle as follows:-

- Ensuring the vehicle is garaged in a safe place.
- Recording when registration is due and ensuring the correct sticker is applied to the vehicle when received.
- Recording when the vehicle inspections are due and keeping the appropriate records.
- Keeping an appropriate level of fuel in the vehicle at all times, in case of an emergency trip required.
- Cleaning the vehicle inside and out as needed, but at least once per week at the team member's expense.
- Check tyre pressure, engine oil level, and radiator water level weekly.

- A monthly vehicle condition report will be completed and sent to the Support team. Any urgent action required to maintain the vehicle should be forwarded as required after phoning the Support team to advise.

***In the event of an accident:***

Team members agree to follow all procedures as outlined in the Vehicle Incident Pack in the event of an accident, or incident such as vandalism, etc. This is absolutely essential as negligence may negate any insurance claim. Should it prove to be the case that team members did not follow the procedure outlined in the Vehicle Incident Pack, the team member involved shall accept responsibility for any losses incurred by the Company. Team members are encouraged to contact the Support team to seek clarification of any matters.

In the event that an accident is due to a team member's non-compliance with the Company's policy, the team member will be expected to pay the excess up to a maximum of \$500.

**Evaluation and Review**

This policy will be reviewed at least annually.

Team member feedback will be considered in the review process. Any changes to this policy will be communicated to team members verbally and in writing. Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy reviewed: 16/10/2023**

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**Reference:**

**NQS**

QA2	3.1.2	Premises, furniture and equipment are safe, clean and well maintained.

QA6	6.2.1	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	100	Risk assessment must be conducted before excursion.
	101	Conduct of risk assessment for excursion.
	102	Authorisation for excursion.
	99	Children leaving the education and care premises

## 65- DELIVERY AND COLLECTION POLICY

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### Position Statement

It is the responsibility of the Centre staff to ensure the following guidelines are followed during the delivery and collection of children from the Centre.

### Objective

To ensure and encourage the safety of children, families, visitors and staff members during delivery and collection experiences at the Centre and to educate such persons of appropriate procedures.

### Implementation

The following guidelines must be adhered to at all times to ensure the safety of the children

#### Arrival:

- Wash or sanitize hands on entry to service.
- All children must be signed **IN** by their parent or by a responsible adult above the age of eighteen in order for parents to be eligible for Childcare Subsidy. This also assists staff in the event of evacuation of the Centre. **This is the parent/caregivers responsibility.**
- To ensure each child is cared for at all times, a staff member will greet and receive the child at all times.
- To support safe sleeping practices and procedures, educators will not accept sleeping children upon arrival and they will need to be woken up before being handed over to educator.
- A locker, cubby space, hook or other such storage device should be made available to children and their families. The child's name maybe labelled on or near the storage device. Or the child will select a locker or storage device.

#### Departure:

- Wash or sanitize hands on entry to service.
- Parents are to ensure that the authorised pick-up list for each child is kept up to date. It is responsibility of the parent to advise and update the authorised people on the enrolment form who are able to collect the child. (See below procedure for recording ID check to enrolment form for authorised nominee who have permission to collect children from service).
- No child will be released into the care of any persons not known to staff. If staff do not know the person by appearance, the person must be able to produce some form of photo identification to prove that they are a person authorised to collect the child on the child's enrolment form / OWNA authorised nominee – pickup list.
- Parents must give prior notice where the person collecting the child is someone other than those mentioned on the enrolment form, e.g. in an emergency situation. The person nominated by the parent must be able to produce some form of photo identification.
- If there is a variation of collection person from what the parent has indicated on sign in, the parent must contact the centre to advise of the changed person even if this is an authorised person.
- Children are not to be released into the care of persons not authorised to collect the child, e.g. court orders concerning custody and access.
- Parents must give prior notice of any variation in the persons picking up the child. If notice is not given, and staff cannot contact the parent, the child must not be released into the care of that person.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take responsibility for the child, the staff members are to bring the matter to the person's attention before releasing the child into their care. Wherever possible, such discussion is to take place without the child being present. Staff are to suggest that they

contact the other parent or emergency numbers from the enrolment form, inform them of the situation and request they collect the child as soon as possible. If the person refuses to allow the child to be collected by another authorised person, staff members are to inform the police of the circumstances, the person's name and vehicle registration number. Staff cannot prevent a parent from collecting a child, but do have a moral obligation to persuade a parent to seek alternative arrangements if they feel the parent is in an unfit state to accept responsibility for the child.

- All children must be signed **OUT** by a parent or responsible adult in order for parents to be eligible for Childcare Benefit. This also assists staff in knowing who has left the centre
- At the end of each day 2 staff members check all beds and the premises including outdoors and indoors to ensure that no child remains on the premises after the centre closes.

### **Delivery and Collection of Children**

In the event a parent/responsible person has not signed a child in or out, a staff member will do so and the parent will be required to confirm the information on their next OWNA Kiosk Access.

Children are to be collected before the closing time to allow time to sign out and communicate with staff in the centre. Staff on duty must, under their Award, finish at the closing time of the centre. Parents should ensure that they arrive in time to communicate with staff before closing time, as staff will not be available after this time.

Staff who are kept waiting after closing time should consult the Late Children Policy for the appropriate procedures.

### **OWNA ID Checks – Collected of Children by Unknown Parent or Guardian**

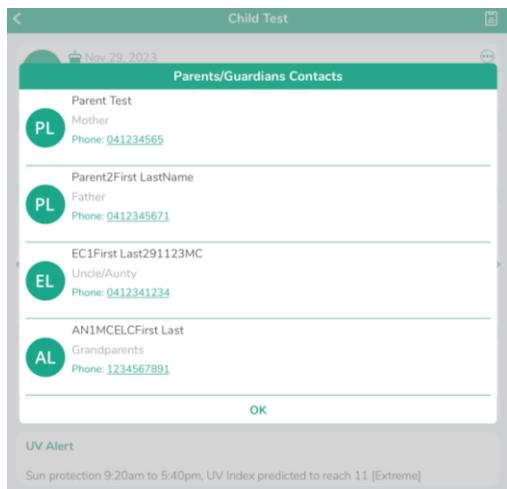
The parent or guardian should inform the service if an emergency contact or authorised nominee will be collecting a child. If there is uncertainty if authority has been given, a call needs to be made to parent to confirm collection plans. Verify the name of the person and time the child is being collected.

On enrolment form, there are 3 authorised nominee types (all of these people have authority to collect children from care):

- 1. Parents 1 and 2
- 2. Emergency Contact
- 3. Authorised Nominee – Permission to Only Collect Children (no other authority)

(These people will shown on the parent / guardian contact screen in app – see example below)

Any changes to enrolment forms need to be manually changes in OWNA database. Ie if a parent removes an emergency contact or person who can collect. The Centre Director needs to remove this person from the “Relationship/Permission” tab for children – OWNA Contacts. Enrolment form should match this record. Check enrolment form if need to confirm.



### Procedure: OWNA ID Check Form – Filed in Learning Documents for Child

The OWNA ID Check – Authorised Nominee Collecting Child, is required to be completed by an educator to verify that a person is an authorised nominee to collect a child from the service.

“ID Check - Record of ID for Authorised Nominee Collecting Child” form allows educators and responsible persons to make a record of the Photo ID of an unknown person who has authority to collect children. Authorised nominees are listed on child’s enrolment form and in OWNA Child Contacts. On submission of the OWNA learning document form, this will save a copy of the ID check and photo of ID in child folder and send a copy to parent via the OWNA timeline.

ID Check - Authorised Nominee Collecting Child

MCELC: Record of ID for Authorised Person Collecting Children. The form allows educators to make a record or verifying authorised person to collect children. Review enrolment if authorised, review ID, take photo of ID for record.

ID Check - Record of ID for Authorised Person Collecting Children

Record Date: \*  
e.g. 2016-10-31

Rooms Children are in: \*  
Please select

Children collected from service: \*

Name of Authorised Person Collecting Children (First & Last Name): \*

Upload Photo of ID (Eg Drivers Licence) \*

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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**Reference:**

**NQS**

QA2	2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA3	3.1.1	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
	3.1.2	Premises, furniture and equipment are safe, clean and well maintained

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	103	Premises, furniture and equipment to be safe, clean and in good repair
	104	Fencing and security
	115	Premises designed to facilitate supervision
	99	Children leaving the education and care service premises
	102	Authorisation for excursions

**Other References:**

*CCB – Federal Funding Guidelines  
Handbook on Child Care Licensing  
Centre Support Policy Reference Guide*

**Legislation:**

*Child Care Act 2002 and Regulations 2003 (Qld)  
Children's Services Regulation 2004 and Children and Young Persons (Care and Protection) Act 1998 (NSW)  
Children's Services Act 1985 & Children's Services (Child Care Centre) Regulations 1998 (SA)  
Children's Services Act 1996 (Vic) & Children's Services Regulations 2009 (Vic)  
Occupational Health & Safety Act 2004*

## 66 - FEES POLICY

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### Position Statement

To outline the requirements for the payment of fees for children attending the service.

### Objective

For parents to pay their child care fees on time and in accordance with enrolment terms and conditions.

### Implementation

Please refer to the services Fee Schedule for current fees and fee information and also the Great Start Early Learning Centres Terms and Conditions.

The following policy outlines how fees can be paid. Fees must be paid prior to the first morning your child attends the centre.

- An initial booking fee is required to be paid when lodging an enrolment form (this fee is calculated at the greater of two weeks attendance fees or \$100). **This is non-refundable if your child does not take a place or attend our service.**
- On commencement of your child attending, the booking fee payments will be applied against fees due and outstanding.
- Booking fees are calculated using the attendance fee calculation tool prior to commencement.
- Unless booking fee and advance attendance fees are paid, enrolments will not be held.
- Booking fees will be lost if enrolment offer is not accepted or child does not commence as planned or agreed.
- Upon enrolment, families must pay two weeks fees (current week fees plus two weeks fees in advance).
- Fees must be paid in advance (current week plus two weeks in advance) and in accordance with fee schedule.
- If the policies and procedures of the service are not adhered to, the service reserves the right to suspend the attendance of the enrolled child/ren and/or cancel enrolment/s. During the period of suspension of care, fees will be charged as normal equivalent to the daily fee even if the child does not attend or care is suspended. For example, if account is not paid per fee policy (current week plus 2 weeks in advance) the service reserves the right to suspend attendance until fees are paid. Notice is required to be provided by enrolling party if wishing to end care arrangements.
- Fees must be paid weekly in advance (current week plus 2 weeks in advance) using the service's nominated payment method system; Fat Zebra Merchant. For additional payments other manual payments method is EFTPOS or Once-off Payment (Fat Zebra) using OWNA Parent App. Please note manual payments will only be used for additional payment under instructions of service and are not allowed to be used as a regular or routine payment method. Please note per the Regulations the service does not accept cash.
- It is a requirement to use the service's nominated direct debit system (ie. Fat Zebra Merchant) for payment of all fees, not using the service may terminate your child's enrolment.
- Direct Debit Authority forms may be signed using an electronic signature software via the Enrolment Form and OWNA Parent App. The service has a right to use the bank account and credit card information provided to collect payment of fees and outstanding account balances.
- The enrolling parent must complete and sign a new Direct Debit Authority form when their details change.

- The service does not accept any responsibility for errors or issues with Centrelink system or families personal Child Care Subsidy (CCS) entitlement issues of any nature. Fees will be charged on a weekly basis (current week plus 2 weeks in advance) using the information our CCS system has been provided by Centrelink at the time of processing this information. The set day is Wednesday each week.
- Fees are payable in advance for every day that your child is enrolled at the centre. This includes public holidays, sick days and family holidays.
- Child Care Subsidies (CCS) are available to all families who are Australian Residents. To find out their eligibility, families must contact Centrelink or use MyGov.
- Under Family Assistance Law, families are entitled to Child Care Subsidy (CCS) to the last attended day of their child's attendance at a service, not the last booked date. If your child does not attend the last booked date the government requires full fees without CCS to be charged between your child's last attended date and the last booked date. We recommend attending the centre as planned to avoid any additional out of pocket costs resulting from this government regulation.
- *Kindergarten Per Capita State Government Funding:* By way of background information our Service receives Per Capita Kindergarten State Government Funding. The kindergarten per capita funding is paid directly to the service and our fees take into account receiving this funding. Kindergarten per capita funding is not received by parents. The per capita funding helps the service deliver a comprehensive kindergarten program. (Please note our service does not receive kindergarten program subsidy funding.)
- ***Victorian Government Free Kinder Offset (Introduced by Victorian Government 2023)***

***Who does the “Free Kinder” funding apply to?***

Families with a child enrolled in a funded kindergarten program are eligible for additional Kinder funding – ‘Free’ Kinder Offset. This includes all children attending funded kindergarten programs in the year before school (Four-Year-Old Kindergarten) and Three-Year-Old Kindergarten program. Please refer to 1 – Enrolment Policy for further information.

- If your child attends our **4-year-old funded kindergarten program** for 2024, a \$2,050 ‘Free’ Kinder Offset (paid direct to the service) for a 15-hour program will offset your out-of-pocket fees.
- If your child attends our **3-year-old funded kindergarten program** for 2024, a ‘Free’ Kinder Offset is pro-rata based on the child’s kindergarten program attendance hours/days. I.e. between 5 and 15 hours per week. Please see Government website for thresholds and payments.
- Most families will still pay gap fees for their child’s attendance across the week, depending on the number of days attending and their personal Commonwealth Childcare Subsidy(CCS) entitlement. The gap fees payment will be continued to be made via weekly direct debit.
- The service receives the “Free Kinder” subsidy directly from the Victorian Government and the service on receipt of funds will apply the fee offset on a monthly basis in arrear to the family account once payment and approval has been received for the child via the KIM system. The paperwork you are required to complete is the kindergarten program declaration form. You are not required to do any additional paperwork to receive the ‘Free’ Kinder Offset. Please refer to the information on the government website for your eligibility.

***How much and how do you receive the credit?***

- The \$2050 (or prorata amount for 3 year old kinder) is designed to contribute towards the 600 hours/15 hours per week for 40 weeks of a funded kindergarten program.
- The credit per month will be applied to your account on a monthly basis (Starting February). These dates are subject to finalising policy and receiving funds from Government.

- If your gap / out of pocket is less than Free Kinder Subsidy after CCS is applied, the credit will only be applied to the outstanding out of pocket for that month. The Free Kinder Subsidy is non-refundable.
- We will narrate the credit on your Account Statement as “Victorian Government Free Kinder Offset”.

**Key Criteria Points:**

- Our service is classified as a “Long Day Care Service with a funded kindergarten program”. To be an approved kindergarten program and receive government funding
  - a) the service must employ an Early Childhood Teacher to deliver the kindergarten program hours
  - b) deliver the kindergarten program in accordance with the National Quality Standards
  - c) child must attend the days and hours of the funded kindergarten program
- Your child can only be funded for a kindergarten place at one service at any one time (for one year in a 3-Year-Old Kindergarten program and one year in a 4-Year-Old Kindergarten program). Unless your child is assessed as being eligible for a second year of Four-Year-Old Kindergarten by your child’s kindergarten teacher. The child can attend two kindergarten services but only one service is eligible to receive the ‘free’ kinder subsidy and per capita funding support. We wish for you to provide this nomination to our service to assist us in delivering a high-quality program.
- We offer enrolments and bookings on a priority access basis and priority will be given to children who nominate the service as their 3 and 4-year-old Kindergarten Program to ensure we can offer all families kindergarten enrolments. Children who are not eligible or parents do not nominate the service for their kindergarten program are still able to attend Kindergarten and Prekindergarten rooms if we offer a position in these rooms. As per prior years, part of the kindergarten program the family needs to nominate in writing the service to be the child funded kindergarten program – this form has already been provided to all families.
- It is our understanding that Free Kinder Offset is on top of all normal kindergarten funding streams **excluding the Kindergarten Fee Subsidy (KFS), the KFS Ratio Supplement (these 2 not relevant to our service) and the Early Start Kindergarten (ESK) Extension Grant, as these rates have been incorporated into the Free Kinder Offset.** Ie If child receives ESK grant they will not receive the additional \$2000 kinder funding. Families are still required to nominate children who are eligible for ESK.
- Per the funding policy any surplus of any additional kindergarten funding will be used to support the broader service and the additional funding is not refunded to parent.

The fee policy should be read in conjunction with Fee Schedule and Great Start Early Learning Centres Enrolment Terms and Conditions.

Please refer to the OWNA Parent App for invoices and account transaction reports/statements. This will include the child/children’s full name/s, date of care, date of payment, amount, etc. If the incorrect amount is paid, a refund will not be given but will be credited/adjusted to the families account.

Our **terminating policy** requires that two weeks written notice must be given otherwise **2 WEEKS FEES** will be billed to you. Please note (per the Government CCS rules)– CCS is not claimable if there is no attendance during 2 week notice period and therefore full fees will be charged for this period. To receive your CCS entitlement please attend up to and including your child/ren’s last day.

## **Direct Debit Merchants**

From the 29 January 2024, our Service uses Fat Zebra for merchant services. The transactional fees charged to parents and guardians are as follows: (1) Direct Debit: 75 cents (2) Credit Card: 1.75% (3) AmEx: 2.65% (4) Dishonour Fees: \$2.50. For further information please see:  
<https://www.fatzebra.com/>

If a direct debit is returned by customer Financial Institution as unpaid, the Dishonour/Default Fee may apply the next direct debit payment, in addition to any Financial Institution charges.

## **Dishonoured Payments**

Fail Payments and Dishonours; if this happens, we regret to inform you a charge of **\$2.50** (*this amount is changed periodically by our Fat Zebra Direct Debit Merchant*) will be billed to your account and require to be paid. This charge will vary depending on the charge incurred by the Direct Debit Merchant and is subject to change without notice. Please note the customers bank may also charge a dishonour fee / fail payment fee. In all circumstances these charges are payable by the enrolling parent, guardian, organisation or agency (not the service).

- Before 29 January 2024, our Direct Debit Merchant was Debit Success Pty Ltd. Default / Dishonour fees are charged by Debit Success Pty Ltd. The default charge as at 28 March 2022 is \$19.95 and is subject to change. This default charge is paid to Debit Success as a dishonour fee and not to the Centre. Please see [www.debitsuccess.com.au](http://www.debitsuccess.com.au) for further information.

## **Overdue Fees**

Any family who is one or more weeks late with their fees will receive an Overdue Fee Reminder; overdue letter/email and/or receive telephone call to verbally advise. Families can make appointments to speak with the Director regarding payments if there is a need to do so. Continually not paying fees will put your child/ren's place/s in the centre in jeopardy.

If an account continues to be overdue, the matter will be referred to Management and debt recovery procedures will commence. A debt recovery cost of 25% of the outstanding account balance will be added to your account if the account is sent to debt collection.

## **Important Note:**

As stated above, please refer to the services Fee Schedule for current fees and charges.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

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### **Reference:**

Policy Handbook – P004.7.2024

**NQF**

QA7

7.1.2

*Systems are in place to manage risk and enable the effective management and operation of a quality service.*

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

*Handbook on Child Care Licensing  
Centre Support Policy Reference Guide*

## 67 - BACK CARE AND MANUAL HANDLING POLICY

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### Position Statement

To have a healthy and safe work environment for staff and children.

### Objective

To ensure a healthy and safe work environment and prevent or minimize manual handling injuries to staff by using mechanical aids, team lifts and safer handling methods.

### Implementation

#### Remember:

- Manual handling means any activity requiring the use of force exerted by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.
- Manual handling injuries may be caused by the above activities. Injuries can include back strains and similar strains and sprains in parts of the body such as the neck, arm, shoulder and knee.
- Manual handling injuries also encompass overuse injuries or, as a result of falling during manual handling, bruising or laceration.

#### Guidance:

##### IMPORTANCE OF KEEPING FIT

As working with children is physically demanding, it is wise to do warm-up exercises for three to five minutes before starting work. Muscles and tendons are more likely to be damaged when cold.

Simple exercises to warm and stretch all the major muscle groups will help prevent injury. In addition, regular exercise such as walking, tennis, golf or aerobics will help build up muscles but anyone with neck, back or muscular problems should see a doctor before exercising.

##### PRINCIPLES OF PREVENTING MANUAL HANDLING INJURIES:

1. Eliminate or reduce the amount of manual handling.
2. Reduce the amount of bending, forward reaching, and twisting, in all tasks.
3. Reduce worker fatigue.
4. Keep all equipment in good working order.
5. Keep the workplace environment safe.

To help prevent manual handling injuries:

- **Kneel down rather than bend down.**

For example, helping a child to do up a shoelace.

- **Sit down rather than bend.**

For example, if a child needs comforting sit on a chair and encourage child to sit or stand next to you.

- **Sit in an appropriate sized chair or on the floor.**

A suitable chair allows an adult to sit with upper legs horizontal to hips and feet flat on the floor.

- **Carry children only when necessary.**

The correct way to carry a child is with one arm under the child's buttocks and the other arm supporting the child's back. At the same time, hold the child facing you, as close to your body as possible.

*Adults should try to avoid carrying a child on their hip because this can strain the back.*

- When lifting awkward loads, be careful to **lift with a balanced and comfortable posture**.
- **Minimise the need to reach above shoulder level.**  
If necessary use a step ladder.
- **Avoid extended reaching forward,**  
For example, leaning into low equipment boxes.
- **Share the load** if the equipment is heavy, long or awkward. Using of trolleys or baskets to carry items or rubbish bags do not lift heavy or awkward items.
- To lift a child out of a cot, **lean against the cot and raise the child** as close as possible to your body. Do not stretch over and lift.
- When sliding, pulling or pushing equipment that is not easy to move, e.g. trestles or gym mats, **ask for help and organise a team lift**.
- Where possible, **rearrange surroundings to meet the needs of both children and adults**. Remember these needs when buying furniture and equipment or upgrading facilities.
- **Use equipment and furniture that can be moved around as safely and easily as possible**.
- To complete lengthy writing tasks, e.g. program planning, **sit at an appropriate adult sized chair at an adult sized table**.
- **Larger children to climb up steps/ladder provided to change table.**

#### **AVOID TWISTING WHILE LIFTING**

Many injuries result from twisting while lifting. To avoid this:

- Move equipment when children are not around.
- Rearrange storage so that it is easier and safer to replace and remove items.
- Lift only within the limits of your strength.
- Use beds and equipment that are easy to move.
- Make sure you can see where you are going when carrying equipment or children.
- Be especially careful when lifting a child with special needs.

#### **AVOID ACCIDENTS WITH CAREFUL HOUSEKEEPING**

Good housekeeping means fewer accidents. Check that:

- The floors and other walking surfaces are uncluttered, even and non-slippery.
- The workplace is tidy.
- There is adequate space to perform each task.
- Equipment is maintained regularly.
- Lighting is adequate.

#### **HOW TO LIFT SAFELY**

1. Place your feet in a stride position.
2. Keep your breastbone as elevated as possible.

3. Bend your knees.
4. Brace your stomach muscles.
5. Hold the object close to your centre of gravity, i.e. around your navel.
6. Move your feet not your spine.
7. Prepare to move in a forward-facing direction
8. Ask for help when it is not possible to lift on your own.

### **HOW TO ORGANISE A TEAM LIFT**

1. Ask a colleague who is willing and able to help.  
*Ideally the colleague should be fairly well matched with you in size and strength.*

2. Agree on a plan of action.

A coordinated movement during a lift is important.

3. Timing is important for co-ordination.

One person should act as a team leader and 'call' the lift.

### **HOW TO ASSESS THE CORRECT STORAGE AND SHELVING HEIGHT**

Correct storage and shelving height is important to prevent slips, falls and strains:

To check the height at which it is safest for each individual to work, stand with feet together and hands by sides:

- **the best height** range for handling loads is around waist level
- **the acceptable height** for lifting is any point between the individual's knuckle and shoulder.

**Seldom-used objects** can be stored at the shoulder-to-raised arm height (use ladders to avoid stretching).

**Avoid storing objects** at a level between an individual's knuckles and the floor.

**Mechanical aids such as ladders and trolleys should be used where possible** to avoid lifting.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/8/2023**

**References:**  
**NQS**

QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>
	3.2.1	

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

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

**Other Reference:**

**Baudet, Catherine (2003) 'Good Design Prevents Staff Injury', Gowrie RAP Reflections, no.11, May, pp11-12.**

**Maher, Lea (2001) 'You and Your Workplace', Gowrie RAP Reflections, no.3, May, pp16-17.  
Australian Safety and Compensation Council. (2007). Index of national standards codes of practice and related guidance notes. Retrieved April 28, 2010, from <http://www.ascc.gov.au/ascc/AboutUs/Publications/NationalStandards/IndexofNationalStandardsCodesofPracticeandrelatedGuidanceNotes.htm>**

**Tansey, S. (2005). Supervision in children's services. Putting Children First, 15, 8-11.**

**Tarrant, S. (2002). Managing OHS in children's services: A model for implementing an Occupational Health and Safety (OHS) management system in your children's service. NSW: Lady Gowrie Child Centre.**

**Federal**

**National Childcare Accreditation Council**

**Australian Workplace Safety Standards Act 2005**

**Australian Workplace Safety Standards Regulations 2005**

**State- Vic**

**Children's Services Regulations 2009**

**Occupational Health and Safety Act 2004**

## **68 – BULLYING POLICY**

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### **Position Statement**

Young children are learning to become active members of society. As a natural part of their learning; children will explore the limits placed upon them. Guiding children's behaviour is an essential part of early childhood education. Consistent approaches by team members in relation to management strategies are paramount to the overall success of a positive behaviour guidance policy; including bullying.

### **Objective**

To provide an environment where the safety and wellbeing of everyone on the premises is ensured. Bullying can be on many levels such as verbal, physical, exclusion, online, extortion and through gestures. It is crucial that staff respond to bullying either amongst children or other staff members as quickly and effectively as possibly.

### **Implementation**

Some characteristics of a child that bullies include:

- Preconceived notions of why children bully should be avoided.
- Children from all cultural backgrounds can bully.
- Many children who bully may be the victim of bullying.
- Research shows that bullying tendencies can begin as young as 2 years of age. This shows how important the role of child-care professionals in effectively dealing with bullying.
- The child who bullies will often think they are innocent of any bad behaviour, and that the child being bullied is deserving of this treatment.

Some characteristics of children who have been bullied include:

- Children of all cultural backgrounds can be victims of bullying.
- Preconceived notions of children who are bullying victims should be avoided.
- Victims may suffer from low self-esteem, low-confidence, lacked social views and be seen to be unpopular.
- Bully victims are often sensitive and easily hurt. They often feel incapable of preventing or stopping the negative experience.

Strategies to overcome bullying include:

- The centre will practice socially-inclusive care.
- Daily programs will recognise and value Australia's multicultural community.
- Staff will model and encourage appropriate behaviours.
- Staff will form close relationships with centre families in order to work together to overcome any bullying problems if they arise.
- Empowering children by giving them responsibilities so they will feel valued in the centre.
- Helping children to deal with their anger. This includes offering conflict-resolution methods.
- Seeking support of professional children's services if necessary.

### **Related Policies**

Please refer to Policy 10 - Occupational Health & Safety Policy for employee Bully Policy and Procedures.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/11/2023**

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**Reference:**

**NQS**

QA5	2.1.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	5.2.1	<i>Children are supported to collaborate, learn from and help each other.</i>
	5.2.2	<i>Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.</i>
	5.1.2	<i>The dignity and the rights of every child are maintained.</i>

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	155	<i>Interactions with children</i>
	156	<i>Relationships in groups</i>

**EYLF**

LO1	<i>Children feel safe, secure, and supported.</i>
	<i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.</i>
	<i>Children develop knowledgeable and confident self identities.</i>
	<i>Children learn to interact in relation to others with care, empathy and respect.</i>
LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.</i>
	<i>Children respond to diversity with respect.</i>
	<i>Children become aware of fairness.</i>
	<i>Children become socially responsible and show respect for the environment.</i>

**Other References:**

*National Childcare Accreditation Council  
Children and Young People (ACT Childcare Services) Standards 2009 (No 1).*

**Sources**

*Managing a Child Care Service: A hands on guide for service providers  
Slee, J. (2003). Managing difficult behaviour in young children. NSW: ECA.*

## **69 – CHILD SELF RELIANCE AND SELF ESTEEM IN CHILDREN POLICY**

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### **Position Statement**

To have a healthy and safe work environment for staff and children.

### **Objective**

To develop children's enthusiasm for learning, impart self management skills, facilitate the development of high order thinking and problem solving skills, help children establish satisfying and successful relationships and develop in children a healthy self esteem and feeling of self worth.

### **Implementation**

WHEN CHILDREN HAVE A HEALTHY SELF ESTEEM THEY:

- Make transitions easily
- Approach new and challenging tasks easily
- Set goals independently
- Have a strong sense of self-control
- Assert their own point of view when opposed
- Trust their own ideas
- Initiate activities confidently
- Show pride in their work and accomplishments
- Cope with (occasional) criticism and teasing
- Describe themselves positively
- Make friends easily
- Lead others spontaneously
- Accept the opinions of others
- Cooperate and follow rules, remaining largely in control of their own behaviour
- Make good eye contact (although this will vary across cultures).

Sources: Adler et al 2001; Clark 1997 and Curry & Johnson 1990

"Resilience does not come about by avoiding adversity but by receiving the necessary support to overcome it in a way that enhances children's self-esteem, confidence and faith in their own ability to master challenges". Therefore, the Centre has strategies in place for developing acceptance of and support for all children.

Educators will:

- Share in children's positive emotions and appreciate the pleasure the child derives from independence and competence.
- Actively encourage all children to show empathy and self confidence irrespective of gender and other differences.
- Encourage healthy food choices.
- Monitor children's play and learning to prevent the development of inequity in all areas of children's development.
- Ensure that all children at the centre have equal opportunities to participate in all activities.
- Make sure the environment actively encourages all children to have a positive attitude to diversity including different abilities and backgrounds of others.
- Use effective individualised teaching and wellbeing strategies to foster self reliance and self esteem of all children.
- Communicate with all children in ways that convey patience, genuine interest and respect.
- Show respect for all home and cultural customs.
- Interact in such a way that the child feels like an individual.
- Show interest in what the child is saying and is doing.
- Acknowledge children's efforts to solve problems and behave positively.
- Involve the children in setting the rules.

- Recognise and respond to children's feelings e.g. Signs of sadness, boredom, interest, curiosity, pleasure, wariness, and frustration and help them to recognise, label and manage these feelings.
- Respond to children's attempts at independence with encouragement and offer children choices when appropriate and assist when necessary to avoid frustration and a feeling of inadequacy, ie. given children sufficient confidence and resilience to persevere in the face of obstacles and not be devastated by the lack of success.

Children with other children will:

- Be encouraged to empathise with and support each other, especially children with special needs.
- Listen to each other's point of view.
- Be encouraged to develop problem solving skills and resolve conflicts.
- Be encouraged to think about how their peers may be feeling.
- Listen to one another and show interest, and ask questions in positive ways.
- Become involved in small interest groups which allow them to cooperate, collaborate, feel a worthwhile contributor to an end project/interest.

The centres uses programs such as Kimochi's, PALS and Box full of feelings to encourage children's development in this area.

To further support child reliance and self esteem the service will:

- Engage with a number of community agencies and health professional to support mental health and wellbeing initiatives, provide information and support referrals.
- Encourage educators and families to role model respectful relationships and a positive approach to mental health and wellbeing.
- acknowledge that families are key partners in developing and supporting mental health and wellbeing initiatives and promote their involvement.
- Encourage educators to access resources and professional development to enhance their knowledge and capacity to promote mental health and wellbeing.
- Build relationships and have positive transitions between early childhood services and local schools.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/8/2023**

**Reference:**  
**NQS**

QA5	2.1.1	<i>Each child's health and physical activity is supported and promoted.</i>
	5.2.1	<i>Children are supported to collaborate, learn from and help each other.</i>
	5.2.2	<i>Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.</i>
	5.1.2	<i>The dignity and the rights of every child are maintained.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	155	<i>Interactions with children</i>
	156	<i>Relationships in groups</i>

**EYLF**

LO1	<i>Children feel safe, secure, and supported.</i>
	<i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.</i>
	<i>Children develop knowledgeable and confident self identities.</i>
	<i>Children learn to interact in relation to others with care, empathy and respect.</i>
LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.</i>
	<i>Children respond to diversity with respect.</i>
	<i>Children become aware of fairness.</i>
	<i>Children become socially responsible and show respect for the environment.</i>

**Other References:**

*Children's Services Regulations 2009.*

*Young Children's Behaviour. Practical Approaches for Caregivers and Teachers, Louise Porter 2003*

*Challenging Behaviour in Young Children, Barbara Kaiser & Judy Raminsky 2003*

## **70 – ETHICAL CONDUCT AND CODE OF ETHICS POLICY**

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### **Position Statement**

The Centre, parents and employee to acts ethical and with a level of professionalism. We support and uphold the Early Childhood Australia Code of Ethics while also having a service Code of Conduct.

### **Objective**

Our Centre has adopted the Moral Code of Conduct which establishes the expected behavioural requirements for staff members and parents whilst at the Centre. The Code guides everyone to act appropriately and assist them in fulfilling their statutory duty and social obligations to act honestly and professional in their interactions with other staff members, children, families and visitors.

The code of ethics provides a framework for reflection about ethical responsibilities.

### **Early Childhood Australia – Code of Ethics**

Please refer to the Early Childhood Australia Code of Ethic displayed with the centre notice boards. Also can be found at the website: .

## VISION

Professionals who adhere to this Code of Ethics act in the best interests of all children and work collectively to ensure that every child is thriving and learning.



## PREAMBLE

Early Childhood Australia recognises that Aboriginal and Torres Strait Islander people have been nurturing and teaching children on this land for thousands of years. The Code of Ethics acknowledges Aboriginal and Torres Strait Islander traditional ways of being and caring for children.

This Code of Ethics is informed by the principles in the United Nations Convention on the Rights of the Child (1991) and the Declaration on the Rights of Indigenous Peoples (2007). A Code of Ethics is an aspirational framework for reflection about the ethical responsibilities of childhood professionals who work with, or on behalf, of children and their families. In this Code of Ethics the protection and wellbeing of children is paramount and therefore speaking out or taking action in the presence of unethical practice is an essential professional responsibility.

Being ethical involves thinking about everyday actions and decision making, either individually or collectively, and responding with respect to all concerned. The Code of Ethics recognises that childhood professionals are in a unique position of trust and influence in their relationships with children, families, colleagues and the community, therefore professional accountability is vital.

## CORE PRINCIPLES

The core principles in this Code of Ethics are based on the fundamental and prized values of the profession. They act to guide decision making in relation to ethical responsibilities. These core principles require a commitment to respect and maintain the rights and dignity of children, families, colleagues and communities.

- Each child has unique interests and strengths and the capacity to contribute to their communities.
- Children are citizens from birth with civil, cultural, linguistic, social and economic rights.
- Effective learning and teaching is characterised by professional decisions that draw on specialised knowledge and multiple perspectives.
- Partnerships with families and communities support shared responsibility for children's learning, development and wellbeing.
- Democratic, fair and inclusive practices promote equity and a strong sense of belonging.
- Respectful, responsive and reciprocal relationships are central to children's education and care.
- Play and leisure are essential for children's learning, development and wellbeing.
- Research, inquiry and practice-based evidence inform quality education and care.



## ACKNOWLEDGEMENT

The first Code of Ethics for the Australian early childhood profession was developed in 1988; it was widely cited and used for 19 years. The first review of the Code of Ethics began in 2003 with the second version launched in 2007. The second review of the Code of Ethics began in 2014 with the third (current) version approved by the ECA National Board in February 2016.

ECA is grateful to everyone who has contributed to the development and ongoing review of the Code of Ethics including those who have participated in consultation surveys, forums and workshops over the years as well as those who have provided advice and oversight through their service on reference and advisory groups. We would particularly like to acknowledge those engaged in writing each version of the Code.



## DEFINITIONS OF TERMS IN ECA'S CODE OF ETHICS

**A CODE OF ETHICS**—defines the core aspirational values of the profession and provides guidance for professional decision making especially when there are conflicting obligations or responsibilities.

**CORE PRINCIPLES**—fundamental and prized values of the profession.

**FAMILIES**—the people who have significant care responsibilities for and/or kinship relationships with a child.

**CHILDHOOD PROFESSIONAL**—a person who works with or on behalf of children and families in education and care settings.

**COMMUNITIES**—a group of people living in the same place or having a particular characteristic in common.

**COLLEAGUES**—includes employers and those with whom you work directly or more broadly.

**STUDENT**—a person undertaking study at a secondary or tertiary institution.

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A voice for young children



# COMMITMENTS TO ACTION

## IN RELATION TO CHILDREN, I WILL:

- act in the best interests of all children
- create and maintain safe, healthy, inclusive environments that support children's agency and enhance their learning
- provide a meaningful curriculum to enrich children's learning, balancing child and educator initiated experiences
- understand and be able to explain to others how play and leisure enhance children's learning, development and wellbeing
- ensure childhood is a time for being in the here and now and not solely about preparation for the future
- collaborate with children as global citizens in learning about our shared responsibilities to the environment and humanity
- value the relationship between children and their families and enhance these relationships through my practice
- ensure that children are not discriminated against on the basis of gender, sexuality, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin
- negotiate children's participation in research, by taking into account their safety, privacy, levels of fatigue and interest
- respect children as capable learners by including their perspectives in teaching, learning and assessment
- safeguard the security of information and documentation about children, particularly when shared on digital platforms.



## IN RELATION TO THE PROFESSION, I WILL:

- base my work on research, theories, content knowledge, practice evidence and my understanding of the children and families with whom I work
- take responsibility for articulating my professional values, knowledge and practice and the positive contribution our profession makes to society
- engage in critical reflection, ongoing professional learning and support research that builds my knowledge and that of the profession
- work within the scope of my professional role and avoid misrepresentation of my professional competence and qualifications
- encourage qualities and practices of ethical leadership within the profession
- model quality practice and provide constructive feedback and assessment for students as aspiring professionals
- mentor new graduates by supporting their induction into the profession
- advocate for my profession and the provision of quality education and care.



## IN RELATION TO COLLEAGUES, I WILL:

- encourage others to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours
- build a spirit of collegiality and professionalism through collaborative relationships based on trust, respect and honesty
- acknowledge and support the diverse strengths and experiences of colleagues in order to build shared professional knowledge, understanding and skills
- use constructive processes to address differences of opinion in order to negotiate shared perspectives and actions
- participate in a 'lively culture of professional inquiry' to support continuous improvement
- implement strategies that support and mentor colleagues to make positive contributions to the profession
- maintain ethical relationships in my online interactions.



## IN RELATION TO COMMUNITY AND SOCIETY, I WILL:

- learn about local community contexts and aspirations in order to create responsive programs to enhance children's learning, development and wellbeing
- collaborate with people, services and agencies to develop shared understandings and actions that support children and families
- use research and practice-based evidence to advocate for a society where all children have access to quality education and care
- promote the value of children's contribution as citizens to the development of strong communities
- work to promote increased appreciation of the importance of childhood including how children learn and develop, in order to inform programs and systems of assessment that benefit children
- advocate for the development and implementation of laws and policies that promote the rights and best interests of children and families.



## **Services Codes of Conduct Key Principles:**

The Model Code of Conduct for our service is based on the following key principles:

**Integrity**  
**Selflessness**  
**Respect**  
**Honesty**  
**Leadership**  
**Accountability**  
**Objectivity**  
**Openness**

## **Implementation**

### ***GENERAL OBLIGATIONS – See below our Code of Conduct***

You must avoid conduct that:

- Is detrimental to the pursuit of the charter of the centre.
- Is improper or unethical.
- Is an abuse of power.
- Causes or involves intimidation, harassment or verbal abuse.
- Causes or involves discrimination, disadvantage or adverse treatment in relation to employment.

You must act lawfully, honestly and exercise diligence.

You must treat others with respect at all times.

### ***Fairness and Equity***

You have an obligation to consider issues fairly and consistently. That being, you must take all relevant facts into consideration and you must not take irrelevant matters into consideration when making decisions.

### ***Harassment and Discrimination***

You must not harass or discriminate against others, or support those who do the same.

### ***Development Decisions***

It is your duty to ensure that decisions are properly made and that parties involved are dealt with fairly.

If there is any uncertainty about the ethical issues around an action or decision you are about to take, you should consider these five points:

- Is the decision or conduct lawful?
- Is the decision or conduct consistent with centre policy and objectives?
- What will the outcome be for management, work colleagues, parents, children and any other parties?
- Do these outcomes raise a conflict of interest?

You have the right to question any instruction or direction given to you which you consider to be unethical. If you are uncertain you can seek advice from your manager or Authorised Supervisor or from the following organisations:

*Independent Commission Against Corruption 02 8281 5999*

*Vic Ombudsman 1300 655 082*

### ***Gifts or benefits***

You must not:

- Never accept an offer of money, regardless of the amount
- Seek or accept a bribe
- By virtue of your position acquire personal profit
- You may accept gifts or benefits of a nominal or token value that do not create a sense of obligation on your part.
- If you receive a gift of more than token value in circumstances where it cannot reasonably be refused or returned, you should accept the gift and disclose this promptly to your supervisor.

## **RELATIONSHIPS**

### ***Obligations of staff***

The Manager is responsible for the efficient and effective operation of the centre  
Employees have an obligation to

- Give their attention to business of the centre while on duty.
- Ensure that their work is carried out efficiently, economically and effectively.
- Carry out lawful directions given by any person having authority.

### ***Obligations during meetings***

You must respect management, other staff, parents or visitors present during meetings.

### ***Inappropriate interactions***

The following interactions are inappropriate:

- Employees approaching other employees directly on individual staff matters that doesn't concern them.
- Use centre information for personal purpose or benefit.
- Disclose any information discussed during a confidential meeting
- Use confidential information with the intention to improperly cause harm to another person.
- Convert any property of the centre to your own use unless properly authorised
- Use the centre's computer resources to search for, download, access or communicate any material of an offensive, obscene, pornographic, threatening or abusive nature.

You must:

- Protect confidential information,
- Only access information needed for centre business.
- Not use confidential information for any non-official purpose
- Only release confidential information if you have authority to do so.
- Only use confidential information for the purpose it is intended.
- Only release other information in accordance with established Centre policies and procedures and in compliance with relevant legislation.
- Be scrupulous in your use of Centre property and should not permit misuse by any other person or body.

## **REPORTING BREACHES, COMPLAINT HANDLING PROCEDURES:**

### ***Corrupt conduct, maladministration and waste of centre resources***

You should report any instances of the above in accordance with Centre reporting policy

### ***Reporting breaches of the code of conduct***

You should report suspected breaches of the code of conduct to the Manager, preferably in writing. Where you believe that the Manager has failed to comply with this code, you should report the matter to the Authorised Supervisor or next in charge, preferably in writing. We ask for the breach to be in writing to allow us to clarify the facts of the breach.

### ***Complaint handling procedures- staff conduct (excluding the Manager)***

Where appropriate the Manager will make enquiries into breaches of the code of conduct regarding members of staff. Where the Manager has determined not to enquire into the matter, the Manager will give the complainant the reason/s in writing.

Enquiries made into all staff conduct which might give rise to disciplinary action must occur in accordance with the relevant local government award and make provision for procedural fairness.

## **OUR CODE OF CONDUCT**

### **Rationale**

The purpose of the Code of Conduct is to guide and enhance the conduct of our team in performing their duties. The Code applies to all team members, whether full time, part time, casual, students or volunteers. Members having concerns regarding the application or contravention of the Code in a particular situation should raise their concerns with the Approved Provider.

There are fundamental ethical principles from which the ethical obligations contained in the Code of Conduct are derived. The ethical obligations are summarised in this section.

### **Respect for the law**

Team members should observe the laws of the State and the Commonwealth. This obligation is not intended to detract from the concept and practice of academic freedom, which is essential to the proper conduct of teaching.

### **UN Convention on the Rights of the Child**

As a service and team of educator we support and abide by the UN Convention on the Rights of the Child. The Convention recognises that children have the same basic human rights as adults, while also needing special protection due to their vulnerability as children.

In 1989, the United Nations established the first legally binding document to protect the rights of children. The United Nations Convention on the Rights of the Child is a collectively agreed set of nonnegotiable standards and obligations to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. So far, 194 countries have ratified the convention and brought their legislation, policy and practice to reflect the universally recognised standards. Having ratified the Convention, the Australian Government has committed to making sure every child in Australia has every right under each of the 54 Articles in the Convention.

The advocacy of children's dignity and rights is the foundation from which we operate as early years practitioners. It forms the foundation of both the Early Childhood Australia (ECA) Code of Ethics and the Early Years Learning Framework (EYLF) which guide both best practice and understanding of quality education and care for children.

### **Respect for persons**

Team members should treat students, colleagues and members of the community equitably and with respect. This involves:

- Courtesy and responsiveness in dealing with others
  - A responsibility of fairness in supervising other team members
  - Making decisions that are procedurally fair to people
  - Avoiding discrimination, for example, on grounds such as gender, race, religion
  - Avoiding behaviour which might reasonably be perceived as harassing, bullying or intimidating
  - A responsibility for fairness and the encouragement of independent scholarly learning in the teaching role
- We seek to create an environment where all persons are treated equitably and with respect, where persons' rights are respected and where staff and child, and student efforts are encouraged and their achievements given due recognition.

### **Integrity**

Team members should be honest in carrying out their duties, and avoid conflicts between their private interests and their responsibilities with respect to:

- Personal relationships
- Sexual relationships
- Financial relationships
- Receipt of gifts
- Outside work
- Use of confidential information obtained in the course of their duties

- External activities and public comment

### **Diligence**

Team members should carry out their duties in a professional and conscientious manner. This involves:

- Carrying out official decisions and policies faithfully and impartially
- Seeking to attain the highest possible standards of performance
- Exercising care for others in employment related activities
- Ensuring that personal use of alcohol and other drugs does not interfere with performance in the workplace, or work related activities
- Adhering to professional codes of conduct where applicable

We aim to achieve the highest standards of excellence in education and administration. All team members contribute to the achievement of this aim when they carry out their duties honestly and to the best of their ability.

All team members are expected to carry out their duties in a professional, responsible and conscientious manner, and to be accountable for their official conduct and decisions.

### **Economy and Efficiency**

Team members should use centre/company material and resources only for legitimate educational purposes:

- Team members should avoid waste
- Team members should maintain adequate security over our property, facilities and resources

Team members should familiarise themselves with the Code of Conduct and endeavour to ensure that its principles are observed at all times. Significant departures from the standards of conduct outlined in the Code of Conduct may amount to misconduct on the part of the individual team member.

While the Code of Conduct expresses the professional commitment of staff in their service to our centre, our organisation encourages our team to aspire to the highest standards of conduct. The focus is therefore supportive and educative.

However, the Code of Conduct does regulate staff behaviour and where conduct falls below the standards outlined in the Code of Conduct, team members may be counselled in accordance with normal performance management strategies. Significant departures from outlined behavioural expectations may amount to misconduct on the part of the individual team member and may result in dismissal.

### **Making Fair Decisions**

When making a decision, taking action of a discretionary nature or resolving a grievance which may adversely affect a person's rights, liberties, interests or legitimate expectations, the principles of procedural fairness should be applied. This means that persons affected should have the opportunity to respond to allegations or assertions made and to have a decision made without bias.

Decisions should be based on considerations relevant to the matter at hand. Decisions may be accepted more readily if reasons are given. For example, where an adverse report is received concerning a team member's performance or conduct, that team member should be given the opportunity to respond.

### **Team members must not discriminate**

Team members should treat other persons equitably, irrespective of gender, sexual orientation, race, disability or medical condition, cultural background, religion, marital status, age or political conviction.

### **Respect for the Opinions of Others**

Rational debate presupposes open communication and the freedom to voice alternative points of view. Team members should not cut off rational debate by verbal or physical violence or intimidation. For example, criticism of ideas should be distinguished from personal criticism; and team members should not verbally abuse, vilify or belittle children or other staff (including their supervisors) either personally or to others. Defamatory or inflammatory comments against the Company will result in disciplinary action.

## **Avoiding Conflicts of Interest**

The trust that is placed in our team requires that you conduct yourself with honesty, fairness and propriety. This means that team members should avoid conflicts between their private interests and work responsibilities and should avoid situations where there is a reasonable basis for the perception of such a conflict. The obligations outlined in the following paragraphs detail specific occasions when conflicts of interest might occur.

### **Personal Relationships**

A conflict of interest can arise where a team member makes or participates in decisions affecting another person with whom the team member has a personal relationship (such as near relative, spouse, close friend or personal associate). There are a number of situations in the course of a team member's duties in which a conflict may arise.

Where such a conflict arises in a clear case, a team member should withdraw himself or herself from the situation. Where the relationship is not so close, the team member should discuss the issue with someone in authority.

### **Sexual Relationships**

While it is recognised that team members may sometimes form consensual sexual relationships with other staff, such relationships should not intrude or be seen to intrude on the workplace generally, since workplace practices may be compromised. Such relationships may also create difficulties in maintaining the boundaries between professional and personal life and may compromise the professional or personal standing of either one or both of the persons involved. Difficulties may also arise from the unequal power of the persons concerned. Staff in supervisory positions, in particular, must be alert to the conflicts which such a relationship may create in the workplace, and to the need to handle such situations in a sensitive manner.

### **Financial Relationships**

Financial relationships (for instance, where a team member has a pecuniary interest in a company from which equipment is purchased or services obtained) can also give rise to a conflict of interest. Such a relationship must be disclosed before any question of purchasing or other financial or contractual decisions or dealings may arise. In general, team members should avoid involvement in such transactions.

### **Acceptance of Outside Work**

Our centre permits team members to undertake paid outside work, but it must be recognised that they have a primary commitment to the duties of their appointment and position with the centre. Any use of centre/organisation resources in connection with outside work may only occur where prior approval has been obtained.

In the case of academic work, prior approval must be sought and obtained from the Operations Manager if outside work is undertaken. It is recognised that such work can be beneficial in forging links between our centre and the community.

### **Appropriate use of company and centre information**

Our team members will gain access to information while engaged in caring, teaching, administrative, and technical and support activities. Some information may be unavailable to the community generally or the public. Team members should respect the privacy of others and ensure that information of a personal nature, for instance, is accessed and used only for the intended purposes and is not disclosed except where company policy expressly permits this.

Information of a commercial or strategic nature should also be handled with the utmost sensitivity, and should not be used for personal gain. For example, team members having computerised access to personal information about others should not access or use that information for private purposes, and where a student, child, or parent confides in a team member, the information should not be discussed with or revealed to others, except where this is necessary to take action or decisions concerning the person who has provided the information.

### **Public Comment**

Public comment by team members in their capacity as private citizens is certainly permitted. In making private comment (including via electronic means such as electronic mail and the Internet), every effort must be made to ensure that the opinions expressed are presented as a private view of an individual and not represented as

an official view of the centre/company. *Comment made by a team member in a private capacity should not compromise or be perceived to compromise the team member's ability to carry out his or her duties or implement duly approved Company policy.*

Public comment by a team member representing the company and pertaining to the operations of our centre/company will only be made when approval has been given by the Operations Manager.

#### **Public Comment – internet & social networking sites**

As more people are going “online” there has been an increase in the use of social networking sites. Please be aware of the content of your communications on these social networking sites (ie facebook, twitter, etc.).

Remember that these sites can be accessed by numerous people and are therefore NOT confidential. Photos from your workplace and comments relating to specific individuals (colleagues, children and/or families) within your workplace are a breach of confidentiality.

Please also consider the consequences of asking junior team members or team members of the opposite sex to become an online “friend” – could they feel obligated to accept? Could this be construed as harassment, depending upon the information shared on your profile?

All internet usage at the centre may be monitored.

#### **Duty to carry out official policies and decisions**

Generally, team members have an obligation to carry out official decisions and policies faithfully and impartially. This obligation applies even though team members have the right to institute grievance procedures where they believe a decision is improper or they seek to have decisions or policy changed through appropriate channels.

#### **Standards of Performance**

Team members should endeavour to maintain and enhance their skills and expertise and keep up to date the knowledge associated with their particular field or area of work. High standards of performance and a focus on client service (whether clients are children, parents, students, other staff, and members of the academic or wider community) are expected. Team members should not allow outside work to interfere with the performance of their normal centre/company duties.

#### **Duty to take Care**

Team members should exercise due care in undertaking their activities, particularly where others will rely on advice or information offered. Team members have a duty to take reasonable care to avoid causing harm (including physical harm) to anyone. Thus, team members should actively promote safe working practices and environments for everyone using centre/company facilities.

## Appendix 1: Conflict of Interest Declaration Form

# Conflict of Interest Disclosure Form

Please complete this form if you believe that you may be involved in a conflict of interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest. Please read the Ethical Conduct and Code to Ethics Policy.

### SECTION 1: PERSONAL DETAILS

NAME: Click here to enter text.

JOB TITLE: Click here to enter text.

PHONE: Click here to enter text. EMAIL: Click here to enter text.

### SECTION 2: DISCLOSURE DETAILS

**The actual, potential or perceived conflict of interest relates to:** (tick all appropriate box/s)

- |  |   |
|--|---|
| <input type="checkbox"/> Relationship with family or friends   | <input type="checkbox"/> Staff recruitment                                    |
| <input type="checkbox"/> Outside work activities (paid/unpaid) | <input type="checkbox"/> Relationship with external parties                   |
| <input type="checkbox"/> Financial interest                    | <input type="checkbox"/> Disposal of assets                                   |
| <input type="checkbox"/> Gifts/benefits                        | <input type="checkbox"/> Provision of external consultancy services           |
| <input type="checkbox"/> Procurement of goods and services     | <input type="checkbox"/> Other (if you selected other please provide details) |

The following actual, potential or perceived conflict of interest has been identified. (please insert all relevant details)

Click here to enter text.

**The (actual, potential or perceived) conflict is expected to last:** (tick appropriate box)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 0–12 months | <input type="checkbox"/> >12 months or ongoing |
|--------------------------------------|--|

### SECTION 3: TO BE COMPLETED BY THE EMPLOYER

**In my opinion the details provided:** (tick appropriate box)

- |  |
|--|
| <input type="checkbox"/> do not constitute a conflict of interest, and I authorise the employee to continue the activity (go to Section 4).  |
| <input type="checkbox"/> do constitute an actual, potential or perceived conflict of interest (please provide a detailed action plan below). |

**If the situation does constitute a conflict of interest, please ensure that the following actions have been considered:**

- ensure all information surrounding the conflict has been disclosed and documented

- inform likely affected persons of the conflict, seeking their views where relevant as to whether they object
- reformulate the scope of work or restricting access to certain information
- recruit a third party to oversee part or all of the process
- recommend to relinquish the interest that is causing the conflict
- temporarily remove the person from the process or responsibilities
- monitor the person's activities closely in relation to the conflict of interest
- take no further action because the conflict is minimal.

**I have reviewed the above considerations and request that the Employee takes the following action to eliminate/manage the conflict:**

Click here to enter text.

**I will ensure this action plan is reviewed:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Within 1 month   | <input type="checkbox"/> Within 3 months | <input type="checkbox"/> Within 6 months                                |
| <input type="checkbox"/> Within 12 months | <input type="checkbox"/> Other – specify | <input type="checkbox"/> N/A: the conflict is one-off or short duration |

#### **SECTION 4: EMPLOYEE'S DECLARATION**

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Conflict of Interest Policy.

I acknowledge, and agree to comply with, any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

SIGNATURE:

DATE:

#### **SECTION 5: EMPLOYER**

The actions described in the approach outlined in Section 3 have been put in place to effectively manage any actual, potential or perceived conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that the organisation's public interests and reputation is adequately protected.

NAME: Click here to enter text.

SIGNATURE:

DATE:

## Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

**Next Policy Review: 15/2/2025**

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### Reference:

#### NQS

QA4	4.2	Management, educators and staff are collaborative, respectful and ethical.
	4.2.2	Professional standards guide practice, interactions and relationships.
	4.2.1	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
	4.2.1	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

QA7	7.2.3	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

### ***Other References:***

*Early Childhood Australia Code of Ethics  
Children, Youth and Families Act 2005  
Managing a Child Care Service – a hands-on guide for managers  
Handle with Care – A guide to Early Childhood Administration  
Children's Services Regulations 2009*

## 71 – FAMILY LAW AND ACCESS POLICY

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### **Position Statement**

To assist with the compliance with family law and access advised on the enrolment form.

### **Objective**

To be knowledgeable about parent and guardian legal guardianship and custody rights and obligations effecting the enrolled child. To conduct a comprehensive orientation for new families and children and collate of information.

### **Definitions**

**Parental Responsibility** – means that each parent/guardian has equal responsibility for their children's welfare, either in the long-term or on a day to day basis and includes matters such as where the children will live and with whom they will have contact. It is not affected by any change in the parents' relationship, for example if they separate or remarry.

**Parenting Orders** – are orders that the court will make when parents cannot decide on matters themselves. They change parenting responsibilities and stipulate which parent has what responsibilities. There are 4 types of parenting orders:

- Residence – an order to say with whom the child lives, including any shared arrangements
- Contact – an order to say the times that a child may have contact with a parent with whom they are not living, or anyone else who plays an important part in their life, such as a grandparent (contact can either be face to face, or by phone, letters)
- Child Maintenance – an order that provides for financial support of a child
- Specific Issues – an order about any other aspect of parental responsibility (this may include the day-to-day care, welfare and development of a child, issues relating to religion, education, sport, or other specific issue)

### **Residency**

The parent with whom the child lives is responsible for day-to-day decisions like:

- Discipline
- Going out
- Clothes
- Accommodation
- Pocket money

Residency can be a shared arrangement.

### **Implementation**

Parents/guardians, regardless of their marital status, have joint and equal legal responsibilities for their children unless there is a Court Order determining otherwise. Centre staff members need to be knowledgeable of which parent/guardian has specific legal rights and responsibilities. Thus, the Centre will need to access any relevant Court Orders issued. Services are not legally able to allow children to leave the Centre without permission of the custodial parent/guardian.

In the case where guardianship and custody is legally defined, Centre policy must be followed as stated on the enrolment form. When situations change a copy of the Custody Order must be provided to the Centre. Where confrontation situations arise over custody the child will be kept at the Centre, the custodial parent must be contacted without undue delay and if necessary the Police and/or the Regulatory Department (DHS Child Protection).

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 28/12/2023**

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**Reference:**

**NQF**

QA2	2.3.4	<i>Educators, co-ordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect</i>
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	84	Awareness of child protection law
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**Other References:**

*Family Law (Shared Parental Responsibility) Act 2006  
National Childcare Accreditation Council  
Children's Services Regulations 2009.*

*The above information has been adapted from the Family Court of Australia website 2002 [www.familycourt.gov.au](http://www.familycourt.gov.au)*

## **72 – INTERACTIONS WITH CHILDREN POLICY**

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### **Position Statement**

Children are required to be supervised and interacted with to ensure that they are stimulated, moving and playing in the environment in a safe manner. Interaction of children is a cornerstone of educating young children in an Early Childhood Setting.

### **Objective**

Our centre aims to ensure that all educators interact with the children in a positive way that makes them feel safe and supported in the centre. Educators will encourage children to interact with their peers in a positive way including interaction amongst the age groups.

### **Implementation**

In order to provide an environment where children feel safe and supported and families are happy to leave their children we will:

- Frequently have educators talk with families to get an idea of the non-verbal forms of communication used by their children in order to convey messages such as hunger, needing the toilet, tiredness and emotions.
- Work with a child when he/she has a tantrum. Tantrums can occur as a way of releasing frustration. When this happens educators will work with the child to calm him/her down and then reassure the child. The educator will then if possible offer the child a solution to his/her problem.
- Reassure a child that he/she is safe in the centre. Most toddlers suffer a form of separation anxiety when away from their families. The educator need to reassure the toddler and work with the toddler's family in order to make the child feel safe and happy at the centre.
- Our routines allow for regular opportunities for children to engage in social play and collaborative experiences independently and safely.
- Collaborative conversations with children, that encourage children to have their own opinions, ideas and comments. The educator should support each child's agency and let them know that their ideas are valued and plan further collaborative learning opportunities.
- Build a rapport with the children and their families. This can be achieved with the children by offering them information from your own life that they can relate to. For example, if a child tells you he got a new dog on the weekend, tell them a little about your own pet.
- Allow time to talk to parents about their children. This allows the educator to gain insight into their home life.
- Use positive guidance. When a child is doing the wrong thing, let them know that what they are doing is wrong by telling them the right thing to do "We walk on the pavement" rather than "No running on the pavement."
- Give the children something to look forward to. This enables the children to feel proud of their learning.
- Be attentive to children at all times. In an attempt to prevent attention seeking behaviour the educator will at all times acknowledge each child to the best of their ability.
- In regards to children interacting with each other the educator will encourage children to:
  - Verbalise their feelings and ideas.
  - Listen to each other.
  - Respect each other.
  - Develop strong social skills.
  - Be accepting of other children's race, religion, values and culture.
  - Co-operate with educators and other children.
  - Have good relationships.
  - Share their experiences.
  - Accept routine.
  - Seek help from other children or educators when they're frustrated.
  - Be relaxed and happy.
  - Contribute to group activities.
  - Respond to positive discipline.

- Have self confidence.
- Respect other children's space and privacy.

Refer to Supervision Policy for further reference and guidance.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

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#### **Reference:**

##### **NQS**

QA5	2.1.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	5.2.1	<i>Children are supported to collaborate, learn from and help each other.</i>
	5.2.2	<i>Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.</i>
	5.1.2	<i>The dignity and the rights of every child are maintained.</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	155	<i>Interactions with children</i>
	156	<i>Relationships in groups</i>

#### ***EYLF***

LO1	<i>Children feel safe, secure, and supported.</i>
	<i>Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.</i>
	<i>Children develop knowledgeable and confident self identities.</i>
	<i>Children learn to interact in relation to others with care, empathy and respect.</i>
LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.</i>
	<i>Children respond to diversity with respect.</i>
	<i>Children become aware of fairness.</i>
	<i>Children become socially responsible and show respect for the environment.</i>

#### **Other References:**

*Children's Services Regulations 2009*<http://www.community.nsw.gov.au/>

## **73 – LOST CHILD POLICY**

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### **Position Statement**

Children are required to be supervised at all times to ensure that they are moving and playing in the environment in a safe manner. Supervision of children is the cornerstone of duty of care for team members working with young children in an Early Childhood Setting.

### **Objective**

In the unlikely event that a child becomes lost while at the centre or on an excursion, we endeavour to find the child as quickly as possible as well as follow the procedure as outlined below.

### **Implementation**

To the best of our abilities, staff will act to prevent children becoming lost or going missing. On an excursion, staff will:

- Frequently do head-counts.
- Use a buddy system. Each child will be assigned a buddy and will pair off at frequent times on the excursion. This will involve the children in keeping track of each other.
- Look around any area before moving on to make sure all children are present.
- Instruct older children about what to do if separated from the group.
- Not make the child's name visible to a stranger.
- Take note of any identifying factors of each child. For example, a brightly coloured t-shirt, hair colour etc.

If a child becomes lost while at the centre staff will:

- Conduct a search of the premises including all areas a child could fit into eg. Cupboards etc.
- Check to see if gates were secure.
- Ask children if they have seen the missing child.

If in either situation a child is determined to be lost the following will occur:

- Staff will immediately notify the Director of the Centre and the missing child's family.
- Staff will immediately notify the local police
- If on an excursion, staff will notify the facilities management to assist with locating the child.
- If lost child incident occurs this will be a reportable incident to Regulatory Authority – complete form on the NQS ITS within 24 hours.

Refer to Supervision Policy for further reference and guidance.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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**Reference:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
	2.2.1	<i>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	168(2)(e)	<i>Policies and procedures in relation to emergency and evacuation</i>
	97	<i>Emergency and evacuation procedures</i>
	98	<i>Telephone or other communication equipment</i>

**Other References:**

**Children's Services Regulations 2009**<http://www.community.nsw.gov.au/>  
**Childcare and Children's Health Vol 9 – March 2006, sourced 19/05/2009**

## **74 – STAFF TO STAFF INTERACTION POLICY**

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### **Position Statement**

Staff to Staff Interaction Policy helps to ensure that all team members are interacting effectively. The policy below will be used in an effort to provide strategies for creating a positive environment for all staff.

### **Objective**

A major influence of the atmosphere in a centre is created by the way which staff relate to each other. A major factor in the centre environment is that both children and parents/guardians have a feeling of security and trust coming not only from good Centre communication but most importantly from positive and communicative staff.

### **Implementation**

- All staff will maintain positive, trustworthy and co-operative relationships with their co-workers
- Show respect for all staff and it will be returned.
- Accept differences in staff members, we are a diverse country.
- Show appreciation of each staff's member's background, any unusual skills and unique contributions to the centre will promote the Centre in a positive manner.
- Always look for and support the strengths in staff members and try not to focus on weakness.
- Resources and information will be shared amongst staff members.
- Staff members will offer each other support in meeting their professional development and needs.
- Co-workers will be given due recognition for professional achievements by all staff.
- Policies and working conditions will encourage competence, well being and self esteem for all staff.
- Where possible all staff will provide professional support, thoughtful input and resources for other staff members as they may be required through critical reflection and mentoring.
- Respect will be shown for all members of the team and consideration given to their feelings: values and opinions no matter how they may differ from your own.
- Information and observations regarding all of the Centres' children will be shared.
- Information relative to the families of the Centres' children which affects individual children will be shared.
- Staff will treat each other with empathy, respect and courtesy
- Staff will endeavour to develop positive working relationships, which will provide a positive role model of social skills to the children.

- Regular staff meetings and room meetings will provide a forum to collaborate and have group discussions on all matters. Any staff member unable to attend will be updated upon their return and be able to read the meeting minutes and notes.
- The Staff Diary and Room Diary will be used to communicate messages where shifts make it difficult to convey information face-to-face. These means will ensure all staff are informed on important matters. It is the staff member's responsibility to check the Diaries.
- Staff will consider each other and work as a team in order to share the workload. Decisions concerning children and programs shall utilise the appropriate training, experiences and expertise of each other.
- Staff will be honest and open when resolving differences of opinion or personal conflicts amongst themselves. These will be resolved quickly and always away from the children.
- Staff will approach the staff member directly involved about any grievances you may have with them. Don't complain or gossip to other staff members or parents/guardians – see Grievance Policy.
- Staff are encouraged to give positive feedback and praise to other educator's to acknowledge their performance in their role and duties, completion of curriculum documentation, quality interaction with a child, dealing with a parent issue, discussions with parents, etc.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 27/9/2023**

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#### **Reference:**

##### **NQS**

QA4	4.2	<i>Management, educators and staff are collaborative, respectful and ethical.</i>
	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>

QA7	7.2.3	<i>Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.</i>
	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

#### ***National Act and Regulations***

*Education and Care Services National Law Act 2010*

Policy Handbook – P004.7.2024

*Education and Care Services National Regulations*

**Other References:**

***Children's Services Regulations 2009***[http://www.community.nsw.gov.au/  
Handle with Care: A Guide to Early Childhood Administration](http://www.community.nsw.gov.au/Handle with Care: A Guide to Early Childhood Administration)

## **75 – LOCKDOWN POLICY**

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### **Position Statement**

In the event of a lockdown event happening it is vital that the team members involved are able to act effectively to maintain the safety of all those involved.

### **Objective**

The Lockdown Policy aims to ensure the safety of all staff, children, families and other visitors to the Centre in the event of a threat. Also, the Centre aims to minimise the risk of harm or the exposure to danger to anyone on the premises through the implementation of this procedure.

### **Implementation**

Examples of such critical incidents are:

- Death of a child on centre property.
- Children/staff being taken hostage.
- A siege of centre property.
- A disaster in the local community.
- Unusual amounts of media attention.
- Aggressive trespassers.

### **Initial Notification**

If an event takes place that requires a "Lock Down", The following should occur:

- Any staff member who witnesses the event must try to raise an alarm.
- 000 must be called immediately.
- The Director or person in charge will determine the need for a "Lock Down" and raise the appropriate alarm.

### **Alarm Procedure**

- The Centre bell, whistle or horn will sound every 5 seconds for a one minute period.
- The Director or person in charge will sound the bell, whistle or horn and make the following announcement
  - **"This is a LOCK DOWN"**
  - **"This is not a fire drill"**
  - **"Everyone is to stay in the room, remain seated and to keep calm and quiet."**

### **Movement of Children and Staff**

- Students and Staff will remain in their rooms.
- If possible, staff will make efforts to seal and lock classroom doors and windows.
- Children should remain under the desks (babies placed in evacuation cots) or down low and out of sight during the lockdown period. Preferably away from windows and exit doors.
- If children are outside staff should move children straight into their rooms.

### **Staff Responsibilities:**

- Person in charge to contact Police and follow their instructions.
- Staff not involved in the lockdown or without children to supervise are to go to the front of the Centre to liaise with emergency services if it is safe to do so.
- Head Count: Staff must ensure all children are present and complete a head count using the OWNA Head Count Tool (and Wellbeing chart is used). Any absences must be reported to the Director as soon as it is safe.

- Staff are to close and lock all doors and windows, turn the lights off and ensure children are kept below the window level. (The Director/Person in Charge will need to move from room to room around the centre to lock the doors (that require keys) with the Centre Keys. Any Educational Leaders rostered on with a key must use their keys to lock as many doors as possible.)
- All staff, children and anyone else present will remain in the locked room until the All Clear is given by the Director or person in charge.

### All Clear Signal

The All Clear Signal is as follows:

- The Director or person in charge will sound the Centre's bell (if applicable) or blow a whistle for 5 seconds.
- The Director or person in charge will then say "The Lock Down has now ended, everyone follow me and the staff in an orderly manner."
- Head Count: After the "All Clear Signal" Staff must ensure all children are present and complete a head count using the OWNA Head Count Tool (and Wellbeing chart is used). Any absences must be reported to the Director as soon as it is safe.
- Emergency Evacuation Record form (OWNA form) will be completed by each room leader to document the Lock down.

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

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**Reference:**

**NQS**

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</i>
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	168(2)(e)	<i>Policies and procedures in relation to emergency and evacuation</i>
	97	<i>Emergency and evacuation procedures</i>
	98	<i>Telephone or other communication equipment</i>

<http://www.community.nsw.gov.au/>

## 76 – OPEN DOOR POLICY

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### **Position Statement**

To enable the Centre to provide the highest quality of care, it is imperative that parents and team members are able to communicate openly and with respect. Parents should feel comfortable in discussing any concerns they may have.

### **Objective**

To provide open communication links between team members and parents, and to encourage parents to actively use these links.

### **Implementation**

- O** Our Centre can be accessed at any time for parental inspection.
- P** Please come and see how we help your child develop and grow.
- E** Entry by you any time shows that we are happy for you to see our practices at any time of the day.
- N** Never leave your child in a centre unless you feel 100% competent in our ability to provide for your child.
- D** Don't hesitate to ask us any questions about your child, their development or our centre philosophy.
- O** Our Centre is proud of the quality of care we provide.
- O** Our staff are qualified, trained, experienced and talented.
- R** Rather than take our word for this
- S** See for yourselves; feel free to call or attend the centre anytime

Families are welcome any time to attend the service. However, if parents wish to have an indepth discussion or meeting with educators to discuss a matter, a meeting time needs to be scheduled. Providing advanced notice for the meeting allows the Centre Director and educator to coordinate a meeting time and may allow the educator to be absence from the classroom.

Please refer to Parent involvement Policy for further guidance.

### **Related Policies**

- 6 – Parent Involvement Policy

### **Evaluation and Review**

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/02/2024**

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**Reference:**

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

## 77 - BUSINESS DEBIT CARDS AND BANKING POLICY

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### Position Statement

To ensure efficient business practices, this policy provides criteria for the appropriate use of Business Debit Cards and banking practices. It also provides guidelines and approval mechanisms for the use of the debit cards and authorisation requirements.

### Objective

The objective of this policy is to:

1. ensure that organisational transactions are carried out as efficiently as possible through the use of debit transaction cards as appropriate.
2. provide guidelines, approval mechanisms and authorisation requirements for the purchase of goods and services.
3. guard against any possible abuse of organisational cards.
4. Provide direction of banking of cash, limits of cash held at service.

### Implementation: Debit MasterCard:

#### 1. Card Issue

The Organisational Debit Card may only be issued by a staff member where their functions and duties would be enhanced by the use of an Organisational Debit Cards ('Cards'). Eg MasterCard, Weel, Etc. Cards are only to be issued and used by people who are approved Organisational Cardholders.

Each Organisational Debit Card will be issued to a specific person, who will remain personally accountable for the use of the card.

**For the Mastercard:** Each centre has a Petty Cash Centre account in QKids to record and reconcile the Debit Cards transactions. Each Debit Cardholder is linked to the same Petty Cash Centre Bank Account. Each Debit Cardholder has a unique identification number for when purchasing goods and services on the debit card. Cardholders need to sign the attached declaration (Appendix A) before using the Card.

Only the authorised signatory may use the card. No more than one card shall be issued per cardholder. Debit cash limits as appropriate shall be set for each account by the Managing Director. The Debit cash limit will be provided each month.

#### 2. Cardholder's Responsibilities

The Cardholder shall:

- **For MasterCards:** Enter and reconcile the expenses in Qikkids Petty Cash on a weekly basis. Ensuring that all transactions are recorded in Qikkids on the last business day of the week.

**For Weel Debit Cards:** In the Weel App, enter tax invoice information and upload a copy of tax invoice after you purchase an item. Reconcile the expenses using the Weel App as you incur the expense and at the latest at the end of each week. Ensuring that all transactions are recorded in the Weel App.

## **Instructions on how to use Weel Debit Cards**

Access the Weel Help Centre on their website: <https://help.letsweel.com/hc/en-us>

- [How to add your card to Apple Wallet](#)
- [How to add your card to Apple Wallet and Google Pay](#)
- [How to download the Weel App from the Apple App Store](#)
- [How do I edit my expense report in the Weel app?](#)
- [How to complete an expense report](#)

- In all cases obtain and retain sufficient supporting documentation to validate the expense (e.g. tax invoice). All expenses must have an original tax invoice to support the purchase.
- Attach tax invoices to the statement for Mastercard
- Review the statement for inaccuracies
- Verify that the goods and services listed were received
- Sign the statement/Petty Cash Report to verify that transactions have been made for official purposes
- Forward the papers to the Support Office. Scan both the petty cash report and the corresponding receipts and email to accounts@mychildec.com.au.
- Notify the bank and the Managing Director immediately if:
  - The card is lost or stolen.
  - Any unauthorised transaction is detected or suspected
- Notify the Managing Director of any change in name or contact details
- Take adequate measures to ensure the security of the card.
- Return the card to the Managing Director if:
  - the Cardholder resigns
  - the Managing Director determines that there is no longer a need for the cardholder to retain his or her card
  - the Organisational Debit Card has been cancelled by the bank.
- Be personally liable for any unauthorised transaction unless the card is lost, stolen or subject to fraud on some part of a third party.

The Cardholder shall not:

- exceed any maximum limits set for the Organisational Debit Card
- obtain unapproved cash advances through the Organisational Debit Card
- use the card for any proscribed purchases
- authorise their own expenditure. Authorisation for use of card should be obtained from the Managing Director.
- claim double allowances or double pay invoices (i.e. request reimbursement for an expense already paid by the card or issue invoice to Support Office for payment when already paid).

### 3. Debit Card Expenditure

The Card will only be used for those activities that are a direct consequence of the cardholders' function within the organisation. The purpose of the Card is to purchase minor and adhoc items of a Petty Cash nature. The Cardholders monthly debit limit is set by the Managing Director and this amount equals the monthly Petty Cash amount for the centre. Confirmation will be provided by the Support Office when the monthly Petty Cash amount has been transferred into the Centre Bank Account (it is expected that this will be transferred during week 1 of each month).

At times, the Managing Director may authorise the Cardholder to use the card to purchase authorised good or services in addition to the monthly debit limit. The Managing Director will confirm when additional funds have been transferred into the account.

Where coincident and/or private expenditure occurs on the same transaction (where, for example, a person incurs a debt for personal telephone calls during a hotel stay) the cardholder must settle the private expense prior to charging the balance on the Organisational Debit Card.

Where doubt exists as to whether or not an item is function-related, prior authorisation should be obtained from the Managing Director.

The use of the Organisational Debit Card for "services of a dubious nature" is expressly prohibited. "Services of a dubious nature" are defined as any goods or services that might bring the name of the organisation into disrepute.

#### Implementation: Banking and Cash Receipts

- Examples of cash receipts sources:
  - a) Childcare fees
  - b) Promotional Incentives: When the service receives incentive money for selling photos, books, cakes, etc. Please deposit into centre bank account.
  - c) Excursions: If collecting money from parents for excursion, please also deposit funds into the centre bank account. You need to track who has paid and what you have deposited into bank account.
  - d) Uniforms and Badges: We should not be collecting cash for Uniform and badges as we take payment from payroll deduction authority. If you do for some reason.see procedure below.
  - e) Other: All other money received of any nature please deposited into centre bank account.
- All cash needs to be banked into centre bank account when greater than \$100 and if less than \$100 banked by the end of the week. Cash received for a centre related activities should only be handed by Centre Director or Assistant Centre Director.
- Service cash receipts should be issued for all cash received (using service receipt book).
- In accordance with our centre when the centre is performing fund raising for charities; it needs to be disclosed to everyone that the service is raising funds for charity and who the money is going to be donated to. It is preferred that before funds are raised that the charity is selected and advised to everyone where the donation is going. Please note we are not allowed to provide individual donation receipts. The fund raised will be donated by the centres. See centre policy for further information.

#### Banking Procedures:

- Per our policy we are not to keep any cash on premises. All cash needs to be banked when greater than \$100 and if less than \$100 bank by the end of the week.
- Suppliers should only make cheques or make direct deposits to the centres bank account and name only. Not other bank account or name.
- When banking money into centre bank account email Accounts Department at accounts@mychildec.com.au the bank deposit slip. On receipt of this information, reason for deposit and deposit of funds into centre bank account; Accounts Department will allocate funds in the MYOB financial account for the relevant centre ie Centre fund raising account. This allows Accounts Department to keep track of the money

- deposited from fund raising for each centre. The organisation does not classify this money as the business money but for tax purposes we need to account for all money in and out of the centres.
- Please deposit parent fees separate from fund raising money, promotional incentives or excursions money collected.
  - If you need to do the following:
  - Paid for excursion: Send account department a reconciliation to quote of funds deposited for what excursion (ie if a number of separate deposits have been made). Accounts Dept will make payment directly via bank deposit or cheque to supplier (for example: bus company, shows, etc.). A receipt will be obtain by Accounts Department for payment made to supplier.
    - a) **Payments to Charity:** Send Accounts Department a reconciliation of funds deposited from charity fund raising. Advise Accounts Department what charity the service is wishing to donate to. Accounts Department will make payment directly via bank and cheque for donation to register charity. A receipt will be obtained for donation made to charity.
    - b) **Promotional incentive payments from suppliers:** Send Accounts Department an email advising of funds deposited for promotional incentive payments. When the service decides what they want to spent money received from supplier for promotional incentive payment. Generally, money received for this nature should be applied or benefit the service as a whole or promote learning, wellbeing or care. Or it can be donated to a charity. Obtain a tax invoice for purchase or quote, reconcile to money collected, provide to Accounts Department and he/she can make payment. Please note you do not need to spend all at once, if you spend part the balance will remain.
    - c) Uniforms & Badges: Provide uniform and badge order form and indicate on the form payment is made in cash. Attached bank depsit and scan/email to accounts@mychildelc.com.au . Advise Accounts Department of payment and nature (breakdown).

#### Debit Card and Banking Misconduct

Wherever a breach in this policy occurs, the Managing Director must assess the nature of the breach and if significant report the breach to the police for criminal investigation or if lesser in nature, institute an appropriate disciplinary process. Misconduct associated with the inappropriate use of Organisation Debit MasterCard is considered to be serious in nature.

#### **Related Policies:**

- 61 – Fundraising Policy

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/8/2023**

**Reference:**  
*National Act and Regulations*

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

***Bizmanualz – Human Resources: Policies, Procedures & Forms***

## **APPENDIX A**

### **DEBIT MASTERCARD ISSUE FORM**

**Organisation Name** Great Start Early Learning Centres Pty Ltd

**Centre Name** .....

**Cardholder Name** .....

**Position** .....

I understand and agree that the Organisational Debit Card is issued to me on the express understanding that I will, at all times, comply with the following conditions.

#### **USE**

1. The Organisational Debit Card ('the Card') is the property of Great Start Early Learning Centres and is in my possession and under my strict control.
2. I will not permit the Card to be used by any person other than myself.
3. I will only use the Card for official and approved purposes in accordance with the organisations' policies.
4. I will immediately report any unauthorised use of the Card to the bank and the Managing Director.
5. I will not use the Card to pay for expenses that have already been claimed (or will be claimed or pay for on account).

#### **TRANSACTION RECONCILIATION**

I will be issued with a periodic statement by the Support Office. I will:

- Reconcile the Debit MasterCard using Qikkids Petty Cash module; entering reimbursements and receipts.
- Cash withdrawn from Debit MasterCard will appear Reimbursement in Qikkids Petty Cash. Named: "Reimbursement – MasterCard". This is different from Reimbursements entered from Parent Fees Cash Payments. Named: "Reimburse". This needs to be entered on the day the withdrawal or reimbursement occurred. Receipts from purchases need to be entered on the day and date you incur the expense.
- Reimbursement from Parent Fees Cash Payments should NOT be completed without prior authorisation from the Managing Director. Our reimbursement preference is the use of the Debit MasterCard.
- All transaction (Reimbursements and Receipts) need to be reconciled by the last business day of each week.
- Ensure that all transactions that appear on the Qikkids Petty Cash Reports and bank statement are verified by me.
- Ensure that sufficient supporting documentation is attached to the petty cash report and statement when it is submitted for approval.
- Certify that goods or services paid for using the Card have been actually delivered or provided.
- Sign the Petty Cash Report and statement provided to indicate that the transactions appearing on the statement have been made only for official purposes.

## **CHANGE IN CARDHOLDER DETAILS**

1. I will immediately advise the Managing Director of any change in my name or contact details.
2. I will not request any account changes with the Commonwealth Bank of Australia without prior authorisation from the Managing Director.

## **UPON RESIGNATION OR TRANSFER**

I will immediately return my Card to the Managing Director if I resign or retire, or if my services as an employee of the organisation are otherwise terminated, or if I am instructed to do so by the Managing Director.

## **LOST OR STOLEN CARDS**

I will immediately report the loss or theft of my Card to the bank and the Managing Director.

## **DECLARATION**

I confirm that I have access to only one Card.

I acknowledge that I have been briefed on all aspects of the operation and use of the Card. Please refer to the instruction manual and letter provided by CBA.

**Cardholder Signature** .....

**Signature of Authorised Card Issuer** .....

**Date** ..... / ..... / .....

## **78 – GOVERNANCE OF SERVICE, MANAGEMENT AND EDUCATOR POLICY**

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### **Position Statement**

To enable the Centre to provide the highest quality of care, it is imperative that team member are able to communicate openly and with respect. All team members need to know what the company's expectations of them are and where they can find the relevant information relating to their employment.

### **Objective**

Our Service aims to ensure that positive working relationships are formed between all educators and management. Educators and management will at all times conduct themselves in an ethical manner and strive to make all interactions positive and compliant with the Service's philosophy.

### **Implementation**

## **ORGANISATION STRUCTURE & STAKEHOLDERS**

This Service is privately owned and caters for children 0-6 years of age and is governed by the Australian Children's Education & Care Quality Authority (ACECQA).

Please refer Service Approval notice issued by the Department of Education Training to authorise and advise of the service information including; the name of the education and care services, the location, the service approval number, name of the approved provider the maximum number of children the service is approved to provide education and care to, and service waivers. We are open 52 weeks per year and are only closed on gazetted public holidays.

**Quality Assessment and Regulation Division(QARD) regulates education and care services**  
Quality Assessment and Regulation Division of Department of Education and Training regulates education and care services and is responsible for ensuring the safety, health and wellbeing of children in Early Childhood Services.

The Quality Assessment and Regulation Division (QARD) is responsible for the regulation of over 4500 early childhood education and care services, as required by the Education and Care Services National Law Act 2010 and Children's Services Act 1996 and the respective regulations.

Through regulatory and quality assessment functions, QARD aims to improve the quality of education and care services in Victoria.

QARD takes a risk-based approach to regulation to ensure most effort is directed toward those services with poor levels of compliance.

QARD is also responsible for the assessment of early childhood education and care services against the National Quality Standard and ensuring information is made available to families and communities about the quality of service provided. In its regulatory role, QARD responds to notifications and complaints, monitors compliance, grants approvals, determines administrative and statutory sanctions and publishes appropriate public advice.

QARD is comprised of staff in both central office and regional area locations.

Please refer to the foyer notice providing organisation structure information for the service. The following provide a summary of the organisational stakeholders for governance framework:

**Approved Provider - Great Start Early Learning Centres Pty Ltd ATF Great Start Unit Trust**  
The approved provider has a range of responsibilities prescribed in the Education and Care Services National Law and Regulations, including keeping accurate records and retaining them for specified timeframes.

Our approved provider is also responsible for:

- ensuring the financial viability of the service;
- overseeing control and accountability systems; and
- supporting the Nominated Supervisor / responsible person in their role and providing resources as appropriate for the effective running of the service.

Responsible Persons include:

- The Approved Provider or a person with management or control.
- A nominated supervisor
- A person in day-to-day charge of the service.

*Scott Zannes - Managing Director and Approved Provider Director*

As Managing Director of the Approved Provider company he is responsible for supporting the service team in order to provide exceptional care in our Service, set strategic direction and ensure efficiency within our Service operations. The managing director is responsible for the duties of the Approved Provider including the duties of compliance and governance of the organisation. The Managing Director also liaises with parents and the community as a representative of our business.

The Approved Provider must ensure that a responsible person is present at all times the service is educating and caring for children.

*Centre Director – Nominated Supervisor (and Responsible Person)*

As Service Director she is to work directly with the staff and families ensuring quality care is being provided by the staff as well as supporting staff in their daily operations. The Director is also available at all times to the families in our service for both formal and informal discussions on the Service's operations and their children. The nominated supervisor will undertake child protection training and hold a current WWCC at all times. The name of each nominated supervisor must be displayed so that it is visible from the service's main entrance. Due to the experience and knowledge held by the service Director they also are the Head Educational Leader - REMOVED. The nominated supervisor provides consent to be in this role.

A nominated supervisor must:

- Be 18 years or older.
- Comply with all the Responsible Person requirements.
- Nominated Supervisors and people in day-to-day charge have successfully completed child protection training.
- Have adequate knowledge and understanding of the provisions of education and care to children.
- Have an ability to effectively supervise and manage an education and care service.
- Assist in the appointment a Responsible Person – Person in Day-to-Day Charge in their absence. At all times a Responsible Person needs to be assigned to this role.

Nominated Supervisor Responsibilities

As the persons responsible for the day-to-day management of an approved service, nominated supervisors have a range of responsibilities under the National Law and National Regulations including:

**Educational programs**

- ensuring educational programs are:
- based on and delivered in accordance with an approved learning framework • based on the developmental needs, interests and experiences of each child
- designed to take into account the individual differences of each child (section 168)

**Supervision and safety of children**

- ensuring children are adequately supervised, are not subject to inappropriate discipline, and are protected from harms and hazards (sections 165-167)

### **Entry to and exit from the premises**

- ensuring children do not leave the education and care service premises except in accordance with the National Regulations (for example, with a parent, on an authorised excursion, or for emergency medical treatment)
- ensuring that a parent of a child being educated and cared for by the service may enter the service premises at any time when the child is being educated and cared for by the service—except when:
  - permitting entry would pose a risk to the safety of the children and staff or conflict with the duty of the supervisor under the National Regulations, or
  - the supervisor is aware the parent is prohibited by a court order from having contact with the child (regulation 99)
- ensuring an unauthorised person (as defined in the National Law) is not at the service while children are present unless the person is under direct supervision (section 170)

### **Food and beverages**

- ensuring adequate health and hygiene practices and safe practices for handling, preparing and storing food are implemented at the service to minimise risks to children (regulation 77)
- ensuring children being cared for by the service have access to safe drinking water at all times and are offered food and beverages on a regular basis throughout the day (regulation 78)
- ensuring that, where food and beverages are supplied by the service, they are:
  - nutritious and adequate in quantity
  - chosen with regard to the dietary requirements of individual children (regulation 79)
- ensuring that, where food and beverages are provided by the service, a weekly menu that accurately describes the food and beverages to be provided is displayed at the premises in a location accessible to parents (regulation 80)

### **Administration of medication**

- ensuring that medication is not administered to a child being cared for by the service unless the administration is authorised (except in the case of anaphylaxis or asthma emergency) and is administered in accordance with the National Regulations (regulations 93-96)
- where medication is administered to a child without authorisation in a case of an anaphylaxis or asthma emergency, ensuring that a parent of the child and emergency services are notified as soon as practicable (regulation 94) Prescription and non-prescription drugs and alcohol
- that while educating and caring for children at the service, all staff must not consume alcohol or be affected by alcohol or drugs (including prescription medication) so as to impair their capacity to supervise or provide education and care to children (regulation 83) Sleep and rest
- taking reasonable steps to ensure that the needs for sleep and rest of children are met, having regard to the ages, development stages and individual needs of children (regulation 81)

### **Excursions**

- ensuring that a risk assessment is conducted before an excursion in accordance with the National Regulations (regulations 100-101), and specifically that the risk assessment is conducted before authorisation is sought to take a child on the excursion (regulation 102)

### **Staffing**

- ensuring the prescribed educator to child ratios are met and each educator at the service meets the qualification requirements relevant to the educator's role (regulations 123 - 128)

### ***Responsible Persons – Person in Day-to-Day Charge***

The Approved Provider and Nominated Supervisor are able to appoint a responsible person - person in day to day charge of the service. The person holding this role must provide written consent. Educators appointed to this role and are fit and proper to hold a position of responsible person in the absence of the nominated supervisor. The person in day-to-day charge is the point of contact for parents and staff in the absence of the nominated supervisor. If the Nominate Supervisor is absence a Responsible Person will be appointed for the "Responsible Person – Person in Day-to-Day Charge". This will be represented on the staffing roster and also displayed in the main entrance of the service.

### **Minimum Requirement of a person in day-to-day charge:**

- Must be 18 years of older.

- Nominated Supervisors and people in day-to-day charge have successfully completed child protection training.
- Provide written consent of accepting the role of responsible person – person in day-to-day charge.
- As an Approved Provider or the as Nominated Supervisor reasonable steps must be undertaken to ensure the person:
  - a) Has adequate knowledge and understanding of the provision of education and care to children
  - b) Has an ability to effectively supervise and manage an education and care service.

Approved Provider and Nominated Supervisor in relation to the Responsible Person must have regard to:

- the person's history of compliance with the National Law and other relevant laws
- any decision under the Law to refuse, suspend, refuse to renew, or cancel a licence, approval, registration, certification or other authorisation granted to the person under the National Law and other relevant laws
- Approved providers can ask the nominated person to complete and sign a Compliance History Statement template and then keep it on file.

#### *Designed Educational Leader*

The role of the educational leader is primarily to:

- collaborate with educators and provide curriculum direction and guidance
- support educators to effectively implement the cycle of planning to enhance programs and practices
- lead the development and implementation of an effective educational program in the service
- ensure that children's learning and development are guided by the learning outcomes of the approved learning frameworks.

The educational leader also has a significant role in:

- guiding and developing educators and families' understandings about play and leisure-based learning, and the significance of the early years in the education continuum for children
- building the knowledge, skills and professionalism of educators
- building a culture of professional inquiry with educators, coordinators and staff members to develop professional knowledge, reflect on practice and generate new ideas.

#### Educational Leader Strategies

Pedagogical leadership – leading the development and implementation of the educational program and assessment, and the planning cycle – requires a unique set of professional skills. The most effective educational leader views their role as a collegial, joint endeavour, enacting their role through mentoring, guiding and supporting educators.

Strategies might include:

- mentoring and supporting educators' understanding of educational program and practice, e.g. building relationships and interactions with children to assist their learning through play and leisure-based programs; developing documentation that is meaningful, relevant and promotes reflection on educators' pedagogy and practice
- drawing on educators' strengths to develop professional skills and confidence
- mentoring and supporting educators to assess learning
- ensuring the assessment and planning cycle is applied to each child and the program as a whole (Note: Some jurisdictions have different requirements for the program in school age services)
- assisting educators to understand and implement reflective practice and leading critical reflection discussions to examine policies, programs and practice
- talking to families about the educational program.

See Job Description for more details of role and responsibilities.

#### Legislative Requirements

Education and Care Services National Regulations Regulation 118: requires the approved provider to designate, in writing, a suitably qualified and experienced educator, coordinator or other individual as Policy Handbook – P004.7.2024

educational leader at the service to lead the development and implementation of educational programs in the service.

Regulation 148: requires the staff record includes the name of the person designated as the educational leader in accordance with Regulation 118.

*Educational Room Leader & Educational Room Leader Committee*

Within the service we have a committee of Educational Room Leaders. The Educational Room Leaders are room leaders within the service. Our Educational Leaders mentor, supervise and direct and engage both team members and children in relation the educational programs and care routines.

See Job Description for more details of role and responsibilities.

*Team Members*

Other team members include Assistant Centre Director, Kindergarten Teachers, Qualified Educators, Assistant Educators, Cooks, Cleaners and Maintenance staff.

See Job Description for more details of role and responsibilities.

*Parent & Community Consultative Group*

The parent and community consultative group are a volunteers parents who's children attend the service. The parent consultative group provide the service access to a group of key stakeholders to seek their opinion in relation to specific operational matters.

**Responsible Person Register**

Nominated Supervisors and Responsible Persons staff members are required to record service attendance times and listed prescribed staff information on the Responsible Person Register Schedule. The completion of the schedule is required to be completed upon commencement and end of shifts, breaks and all absences from the service. On absence from the service the leaving Responsible notifies the Responsible Person taking over duties. The Responsible Person Register Schedule is required to be completed to record the change of responsible person at the time of change occurred. The responsible person register is require to scanned and email to support office.

External Regulatory Authorities are:

*Australian Children's Education & Care Quality Authority (ACECQA)*

Their primary role is to guide the administration of the National Quality Framework to ensure consistent implementation across all states and territories. The National Quality Framework creates a jointly governed uniform national system aimed at improving quality and reducing administrative burden for education and care services.

*Department of Education and Training (DET)*

The Department provides services to children and young people both directly through government schools and indirectly through regulation and funding of early childhood services and non-government schools. The Department has four main responsibilities:

- provide policy advice to our Ministers about education, early childhood development and children's services in general
- implement Victorian Government policy on early childhood services
- implement Victorian Government policy on school education for all school age students
- manage and drive continuous improvement in the delivery of primary and secondary education in Victorian government schools.

**COMMITMENT TO GOOD GOVERNANCE**

Our service has adopted the following eight Governance Principles and Recommendations, which we recognise as suitable for our business -

1. Lay solid foundations for management and oversight.

### *Management Principles*

To ensure our working relationships are characterised by open and respectful communication, accountability and trust our service adheres to the following management principles.

#### A. Management by Agreement

Nominated Supervisors and educators agree to produce outcomes together. Educators agree on their accountabilities and to work according to existing procedures and policies. Nominated Supervisors agree to provide educators with training, resources and support.

#### B. Management by Exception

Once a system is in place or the Nominated Supervisor and educators have agreed upon a course of action, the educator is accountable for identifying and reporting whenever something significant occurs that isn't part of the plan.

#### C. Clearly Defined Reporting Relationships

Everyone in the Service has only one primary manager. This reduces confusion and increase accountability and transparency.

Information, requests, or delegations that would cause our educators/staff to take action or change the course of their actions will only come from the person to whom they report.

Our reporting relationships are:

- Owners who work in the Service will act according to the reporting relationships applicable to those positions.
- The Nominated Supervisor reports to the Approved Provider.
- The responsible person in day to day charge of the service reports to the Nominated Supervisor.
- Each Educational Room Leader reports to the Nominated Supervisor, Assistant Centre Director and the Designed Educational Leader.
  - The Nominated Supervisor has the authority to communicate information about the work and to direct the activities of the Room Leader.
- Educators in the room(s) report to the Educational Room Leader.
- The Parent Consultative Group will have direct relationship with the Nominated Supervisor.

#### D. Guidelines for Effective Delegation

Our service will:

- identify the work/result to delegate and to whom  
Educators/staff will not delegate responsibilities for which they are accountable or work/results that have been delegated to them with their agreement or work/results attached to someone else's position (unless that person has agreed).
- put the delegation in writing with a clear due date
- discuss the delegation with the educator/staff member whenever possible
- get the educator/staff member's agreement (for example through signed job descriptions)

The person who delegates remains accountable for making sure the right result is achieved.

#### E. Guidelines for Effective Regulation

Regulating work means monitoring, reviewing, and adjusting it to get the right result.

Our service will:

- regularly review the work process

- give quick, clear, and direct feedback and instruction that is timely and specific
- communicate in writing
- avoid under-regulating, over-regulating and unnecessary meetings.

## 2. Structure the management team to add value

To comply with these principles to the best of our ability and to ensure we can discuss issues and (potential) changes to policies, procedures or the regulatory environment, we will schedule regular communication between all members of our management team through meetings, phone communication including a communication book, written communication such as letters, notices, and electronic communication including email.

## 3. Promote ethical and responsible decision-making

Our service will make decisions which are consistent with our policies, our obligations and requirements under the national education and care law and regulations, our approved learning framework (EYLF) and the ethical standards in our code of conduct.

## 4. Safeguard integrity in financial reporting

Our financial records will be reviewed by an independent accountant.

## 5. Make timely and balanced disclosure

Unless there is a risk to the health, safety or wellbeing of a child enrolled at the service, our service will provide at least 14 days notice before making any change to a policy/procedure that may have a significant impact on our provision of education and care or a family's ability to utilise our service, including making any change that will affect the fees charged or the way fees are collected.

Our service will also:

- advise the regulatory authority of any required notifications including any change to the person designated as the Nominated Supervisor no later than 14 days after the change
- develop a Quality Improvement Plan that is completed regularly, available on request and ready for submission to the Regulatory Authority when requested.

## 6. Respect the rights of shareholders, parents, children

Our service will support and encourage the involvement of parents and families by:

- developing and implementing plans to ensure regular communication with families including advice about events, activities and policy updates
- enabling them to have access and provide input to reviews of policies and procedures
- providing space for private consultations
- providing and displaying a range of information about relevant issues
- ensuring we follow all policies and procedures including the Parental interaction and Involvement Policy and Privacy and Confidentiality Policy.

Our service will respect the rights of children by ensuring:

- the Nominated Supervisor complies with their responsibilities under the national law and regulations
- we follow our policies and procedures including the Relationships with Children Policy, Child Protection & Wellbeing Policy and Privacy and Confidentiality Policy.
- our children are provided with the experiences and learning which allows them to develop their identities, wellbeing and social connection.

## 7. Recognise and manage risk

Our service will take every reasonable precaution to protect children from harm and any hazard likely to cause injury. We will follow service policies including those covering Workplace Health and Safety, Child Protection, Excursions and the Delivery and Collection of Children and complete regular risk assessments and safety checks.

## 8. Remunerate fairly and responsibly

### **ETHICAL CODE OF CONDUCT**

Each educator, committee member, educator, volunteer and student at the service will uphold the following core ethical conduct principles to positively promote interactions within the service and the local community. The service upholds and supports the following:

- Early Childhood Australia – Code of Ethics (2016)
- Our Service's Code of Conduct - Statement of Values and Beliefs

Please refer to policy "Ethical Conduct and Code of Ethics Policy – 70".

### **EDUCATOR INTERACTIONS**

- All educators will maintain positive, trustworthy and co-operative relationships with their co-workers
- Show respect for all educators and it will be returned.
- Accept differences in educators, we are a diverse country.
- Show appreciation of each educator's background, any unusual skills and unique contributions to the service will promote the service in a positive manner.
- Always look for and support the strengths in educators and try not to focus on weakness.
- Resources and information will be shared amongst educators.
- Educators will offer each other support in meeting their professional development and needs.
- Co-workers will be given due recognition for professional achievements by all educators.
- Policies and working conditions will encourage competence, well being and self esteem for all educators.
- Where possible all educators will provide professional support, thoughtful input and resources for other educators as they may be required.
- Respect will be shown for all members of the team and consideration given to their feelings, values and opinions no matter how they may differ from your own.
- Information and observations regarding all of the Services' children will be shared.
- Information relative to the families of the Services' children which affects individual children will be shared.
- Educators will treat each other with empathy, respect and courtesy
- Educators will endeavour to develop positive working relationships, which will provide a positive role model of social skills to the children.
- Regular educators meetings will provide a forum for group discussions on all matters relating to educators problems. Any educator unable to attend will be updated upon their return.
- The Educators Diary and Room Diary will be used to communicate messages where shifts make it difficult to convey information face-to-face. These means will ensure all educators are informed on important matters. It is the educator's responsibility to check the Diaries.
- Educators will consider each other and work as a team in order to share the workload. Decisions concerning children and programs shall utilise the appropriate training, experiences and expertise of each other.
- Educators will be honest and open when resolving differences of opinion or personal conflicts amongst themselves. These will be resolved quickly and always away from the children.
- Educators will approach the educator directly involved about any grievances you may have with them. Don't complain or gossip to other educators or parents/guardians – see Grievance Policy.

## **MANAGEMENT INTERACTIONS AND RESPONSIBILITIES**

### **In our service, Management holds responsibility for:**

- Ensuring the service runs smoothly.
- Supporting the Nominated Supervisor in their role.
- Keeping all service families up to date with issues in the service.
- Selecting new educators and assisting all educators.
- Following policies and making sure all educators are following policies and procedures.
- Developing the service policies with the Nominated Supervisor.
- Ensuring educator ratio and qualification requirements are met.
- Financially running the service and reporting any financial problems to the Nominated Supervisor.

**To allow effective communication to take place between educators and the management, different methods of communication must be made available. These include:**

- Verbal communication in person.
- Phone Communication including SMS messaging if appropriate.
- Via a communication book.
- Educator meetings.
- Via other forms of written word such as letters, notices, emails etc.
- Educator appraisals and reviews.
- Online communication: Email, zoom, messenger.

## **PROFESSIONAL DEVELOPMENT GUIDELINES**

We endeavour to employ caring, loyal and capable educators who bring a high skill level, appropriate qualifications and a wide and varying amount of experiences to help implement our service's philosophy.

### **Management and the Nominated Supervisor will ensure that all educators have:**

- The correct qualifications to care for children as per the service's Educator Arrangements Policy.
- An understanding of their responsibilities under the law.
- The appropriate personality to care for children.

New educators will undergo an appraisal process, as will all educators. They will be introduced to this process during orientation. After 3 months at the service, the educator will undergo appraisal to ensure they are aware of their duties and responsibilities and from then on every 12 months a formal review and mid year appraisals.

### **The appraisal meeting will be linked to the educator's job description and will include the following:**

- Appraisal for the employee's job description.
- Clarification of the educator member's job role and its expectations.
- Self assessment.
- Two way feedback.
- A discussion of future opportunities within the position.
- A discussion on an action plan for further training.

- Feedback about how the appraisal process could be improved.

The appraisal process will be used as a tool for identifying any need for further professional development and training. Also, the appraisal process is the best way to show evidence of continued poor work performance and allows formal written warning to occur if necessary.

Training will be provided in one of the following formats:

- Shared experiences by all educators.
- An outside presenter runs a workshop.
- Educators attend external workshops, seminars etc.
- Educators complete short TAFE, college or University courses.
- Educators learn through changes in their position at the service.
- Educator and management exchanges between services.
- Appropriate resources (books, movies, documentaries etc).

Educators need to respect the knowledge, experiences and skills of all educators. It is important not to criticise each other but rather work together so the service runs to the best of each educators' combined abilities.

### **Specific Course Requirements**

- All educators must hold a current first aid certificate which is renewed when it becomes necessary.
- Educators must attend Child Protection Training and Development.

### **Recognising the Diverse Skills of Educators**

- The service will actively celebrate the diverse skills and achievements of our educators using the following methods
  - The Nominated Supervisor will use Educator Meetings as an opportunity to provide verbal feedback to all educators.
  - Regular verbal communication and appraisal will occur from the Nominated Supervisor and Room Leaders with all educators.
  - Positive reinforcement of the achievements of educators will be shared with families and the service community through notices and newsletters.
  - The service will inform the service community about the professional development, training and qualifications of educators throughout their time at the service.

## **EDUCATOR STRESS MANAGEMENT GUIDELINES**

### **If an educator feels stressed in any way they should firstly -**

- Approach the Nominated Supervisor and talk together to see if the situation can be remedied in any way.
- If the educator feels they are unable to approach the Nominated Supervisor then the educator can approach their team leader or the owner.
- Accept opportunities to have stress alleviated.

- Accept opportunities for counselling if recommended.

**In relation to educator stress management, management should -**

- Monitor and review the effectiveness of educator stress management policies.
- Monitor workloads to ensure educator are not overloaded or overwhelmed.
- Monitor overtime hours and regular working hours to ensure educator are not overworked.
- Monitor holidays to ensure educators are taking, or at least aware of, their entitlements.
- Ensure that bullying and harassment is not taking place.
- Be vigilant for educators suffering personal stress, e.g. a death in the family or separation and offer additional support.
- Raise any issues in a sensitive manner if management suspects a educator is suffering stress.
- Refer educator to counselling as required.

**In relation to stress leave management the following should occur -**

- When a member of educator takes stress leave, management will identify the cause of this stress and discuss viable options with the educator.
- Management will work with the educator to set up a return to work plan.
- After the educator returns to work, management will continue to monitor and discuss with the educator their recovery and happiness in the workplace.

## **EDUCATOR MEETINGS**

The service will hold periodic educator meetings. This will take place after hours so all educators can attend and that adult/child care ratio needed during hours is not jeopardised. We appreciate educators and staff giving their time to attend meeting outside work hours. There are number of Educator Meetings agendas; Centre Educator Meeting, Team Leader Educator Meetings and Classroom Educator Meetings. Each of the meetings have different agenda to communicate and discuss items relating to the operations of the Service.

Meetings will follow this structure:

- They will run for the agenda items to be discussed.
- The Nominated Supervisor (or other person) will chair the meeting and give a report. At times the Nominated Supervisor may delegate the chair to another member.
- The format of the meeting will be made available in the educator diary and any educator who wishes to speak can add their name.
- In the meeting, educators are able to:
  - Raise concerns
  - Negotiate solutions for any grievances.
  - Receive, share and discuss new information.

(Please note Greivenance Policy should be followed)

- In regards to the decision making process the following will occur:
  - If a decision cannot be reached about an issue the Nominated Supervisor will step in and make an informed decision.
  - If there is not sufficient information a educator will be nominated to do some research by the Nominated Supervisor.

- At times, the discussion may need to be “taken off line” to be discussed at a different time. This may occur if there is insufficient information or the issue only relate to a number of individuals and can be resolved directly.
  - All decisions made will be made on a trial basis and their effectiveness will be discussed at the next meeting.
- Minutes are to be taken of all educator meetings.

## **EDUCATION ORIENTATION**

### **Before a new educator commences their job, management will:**

- Completion of the Employee Orientation Checklist (including the Buddy Checklist).
- Show the new educator the service and introduce them to other educators, children and families.
- Give the new educator a copy of the Educators Handbook.
- Highlight relevant policies including the philosophy.
- Highlight relevant legislation including OHS, Equal Opportunity, Confidentiality, Records, and Anti-Discrimination.
- Show new educators where the Policy and Procedures Manual is along with a copy of the Award/Industrial agreement and advise that they are available at all times.
- Induct and show the new educator techniques and relevant legislation in regards to Occupational Health and Safety.
- Provide new educator with necessary forms in regards to taxation, superannuation and payment of salary.
- Advise the new educator about the Service’s management structure.
- Provide the new educator with a copy of their Job Description and go through it with them.
- Clarify any questions the new educator has.
- Allow the educator to spend some time in their designated room so they can be introduced to other educators, children and families.
- At the end of the new educator’s first week the Nominated Supervisor will meet with the new educator to further clarify any questions or the job role.
- Complete the New Employee Orientation Checklist.

## **EDUCATORS RETURNING FROM EXTENDED LEAVE**

- Our Service will work with both the educator who has been on leave and educators at the Service to ensure a smooth return to work. This will be carried out in the following way:
- The returning educator will if possible come in a few days beforehand to reacquaint themselves with the environment and take in any changes.
- The returning educator will be notified of any policy changes. It is the returning educators responsibility to understanding all new policies and procedures.

- Parents will be notified of the educators return.
- If necessary, educators training and development will be offered.
- If the period is due to an illness the educator must produce medical certificates stating they are ok to return to work.
- If special conditions or considerations are needed these will be discussed with management and appropriate plans commenced.

## **WORK EXPERIENCE STUDENTS AND VOLUNTEERS**

**Work Experience Students and Volunteers MUST follow all policies and procedures at the service.**

The Service endeavours to support Work Experience Students and Volunteers in their efforts to become Early Childhood Professionals. They will be encouraged to complete their training enabling them to gain the knowledge and skills to provide children with care, support and developmentally appropriate programs.

### **Existing Educators Will -**

- Maintain open communication with Work Experience Students and Volunteers along with their practicum teachers.
- Support all students, volunteers and individuals undertaking work experience needs during their placement.
- Pass relevant skills and knowledge onto each student, volunteers and work experience people.
- Ensure all educators are provided with relevant feedback about tasks that the student is required to complete in the service as part of their practicum.
- Be aware of the expectations perceived by the student, volunteers and work experience people.
- Have the time and capabilities to support each student, volunteers and work experience people in their placement.

### **Work Experience Students and Volunteers Will -**

- Enjoy being with the children
- Learn about the children through observation and practical experience
- Develop skills and abilities needed to care for and educate children
- Learn about working as part of a team in the Early Childhood Profession
- Learn strategies employed when working in a team environment
- Learn skills already acquired by qualified educators in the Service
- Become familiar with families and children in the Service
- Keep educators aware of all written work required of the student, volunteers and work experience people

### **Families will:**

- Be informed of when Work Experience Students and Volunteers are present at the service and their role and the time frame they will be spending at the Service.

### **METHOD:**

An educator will be appointed 'Student Supervisor & Mentor' and this person will be required to:

- Arrange time for the student to visit the Service for a pre placement visit, during this visit the following will be arranged.

- Give the student times/hours and dates of the placement
- Given the student a student package
- Take the student on a tour of the Service
- Introduce the student to educators
- Student Supervisor will inform educators and Directors of student's, volunteers and work experience people's visit
- On the students, volunteers and work experience person's first day, they will be introduced to the Educational Leader. During this meeting the Student will inform the educators of all written work they are required to do and provide them with the time sheets and evaluation forms.

#### **Work Experience Students and Volunteers Will -**

- Inform the Student Supervisor, in writing of what will be expected of them by their training body, University or School, or any other training organisation.
- Be required to do different shifts during their time, so as to gain knowledge of each different aspect of the Service's day.
- Bring in a photo and a short statement addressing the following:
  - Name
  - Time they will be at the Service
  - What it is they are studying
- Discuss any problems they may be experiencing with the Student Supervisor.
- Complete all service student documentation induction and orientation procedures. Including provision of Working With Children Check documentation.

#### **The Educational Room Leader Will -**

- Communicate with the Student, volunteers and work experience people and discuss progress of their written work and performance.
- Discuss any issues raised by the student with the Student Supervisor.

#### **Fail Procedure -**

If educators feel that the student is at risk of failing their practicum, the following steps are to be taken:

- Room Leader is to alert the Student Supervisor of any concerns with the student.
- Both the Student Supervisor and the Room Leader are to discuss these issues with the Student.
- The Student Supervisor is to arrange with the students teacher/supervisor to visit the Service and discuss those issues that have arisen.
- The education institution of the student will ultimately determine the outcome of the prac.

#### **Termination of Practicum:**

Termination of student's placement will occur if:

- The student harms a child in the care of this child care service
- The student is under the influence of drugs or alcohol
- The student has disregard for the Service and fails to notify if not able to attend the Service
- The student is observed using repeated inappropriate behaviour at the Service.
- The student does not comply with all policies and procedures addressed in the student package.
- The student does not provide the photo with an introduction on commencement.

#### **Related Policies**

Physical Environment (Workplace Safety, Learning and Administration) Policy

National Quality Framework Policy - 82

Privacy and Confidentiality Policy - 16

Staffing Arrangements Policy - 79

Ethical Conduct and Code of Ethics - 70

Policy Handbook – P004.7.2024

Record Keeping and Retention Policy – 84  
Student and Volunteers Policy - 55

#### Evaluation and Review

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.
- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 27/9/2023**

**Next Policy Review Due: 15/9/2024**

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**Reference:**  
**NQS**

QA4	4.2	Management, educators and staff are collaborative, respectful and ethical.
	4.2.2  (Pre 1 February 2018: 4.2.1)	Professional standards guide practice, interactions and relationships.
	4.2.1  (Pre 1 February 2018:4.2.2)	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.  Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
	4.2.1  (Pre 1 February 2018: 4.2.3)	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.

QA7	7.2.3	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

***National Act and Regulations***

*Education and Care Services National Law Act 2010*  
*Education and Care Services National Regulations*

Reg	168(2)(i)	<i>Policies and procedures in relation to governance and management of the service</i>
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***Other Reference (Prior and Other):***

*Education and Care Services National Regulations 2011*

*National Quality Standard*

*Early Years Learning Framework*

*Bryant, L. (2009). Managing a Child Care Service: A Hands-On Guide for Service Providers. Sydney, Community Child Care Co-Operative.*

*Corporate Governance Principles and Recommendations ASX Corporate Governance Council*



## **79 – STAFFING ARRANGEMENT POLICY**

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### **Position Statement**

Staff Arrangement Policy helps to ensure the service is compliant with staff/child ratios and qualified educators to provide high quality education and care to all children. The policy is used to provide information in relation to the Act and Regulations to ensure staffing arrangement are being fulfilled.

### **Objective**

To ensure that our education and care service is at all times compliant in relation to staff/child ratios and qualified educators.

### **Implementation**

Our service will maintain compliance to the following:

- Our service will nominate a qualified and experienced educator, co-ordinator or other individual as the service's Educational Leader. This person is responsible to lead the development and implementation of the service's educational programs.
- Our service will ensure that any educator that is under eighteen years of age does not work alone at the service and is supervised at all times by an educator who is over eighteen.
- We will only include educators in the educators to child ratio who are working directly with the children.

Our service will maintain compliance to the following in relation to the everyday practicalities of the service's operations:

- Educators rostering and routines will at all times make sure enough educators are available for the adequate supervision of children.
- Supervising educators give their attention to the children and not to any other duties. Supervision plans may be created to assist in communicating of supervision strategies.
- At no time will students or volunteers be included in the ratio of adults supervising children.
- A nominated supervisor or responsible person will be on the premises at all times when children are being educated or cared for.
- There will be more than one educator present in the service when children are in attendance. No child will at any time be in the care of a sole educator.
- Students and volunteers will never be left alone with a child or a group of children.
- In any situation where adequate supervision of children is threatened, any educators on a meal-break must be prepared to return to duty to supply adequate supervision.
- The Approved Provider or Nominated Supervisor will ensure that regulations in relation to the supervision of children are adhered to.
- Educators supervising outdoors, should position themselves to see as much of the play area as possible.
- One educator should be positioned close to the climbing frame as often as possible.
- Any water activity should be closely supervised by one educator at all times.
- Except for necessary discussions or concerns regarding children or matters relating to the Centre, educators will not congregate together outside.
- When children are resting or sleeping they will be supervised.
- During hand washing and/or toilet times children will be supervised in the bathroom area.
- Toddlers and children undergoing toilet training will not be left unsupervised in the bathroom.
- No child is to be left unattended at the table when eating.
- Rosters will be designed and implemented to ensure that children receive continuity of care.
- Our service will, when possible and to the best of our ability, make use of a regular pool of relief staff.

## **Supervision of Services**

Services must have at least one “responsible person” present at all times when caring for and educating children. A responsible person is:

- an approved provider
- a nominated supervisor
- person in day-to-day charge of the service

If more than one person at the Service is a “responsible person”, services will develop a roster to ensure at least one is present whenever children are present. The name of the responsible person will be clearly displayed in the main entrance of the service.

## **Educator to Child Ratios**

Our educator to child ratios will always meet the minimum requirements as stated below:

- For children aged from birth to 24 months the educator to child ratio will be 1 educator to 4 children.
- For children aged over 24 months but less than 36 months the educator to child ratio will be 1 educator to 4 children.
- From 1 January 2016, for children aged over 36 months but not over preschool age is 1 educator to 11 children.
- If children being educated and cared for at the service are of mixed ages the minimum number of educators for the children must meet the requirements above at all times.
- When an early childhood teacher (ECT) is required to be in attendance at the service as per the licensed places of our service, that teacher is counted as an educator at the service for the purposes of this regulation.
- If the service is required to have access to an ECT for a period of time as per the licensed places, the ECT must be added to the minimum number of educators required for that service for that period.
- If the service is a preschool program in a school in a class or classes where a full-time education program is also being delivered, educator ratio and qualification requirements do not apply.

## **Educator Qualifications**

The qualification requirements for educators at a centre-based service educating and caring for children preschool age or under are as follows:

From 1 January 2014, the following applies:

- At least 50% of the educators who are required to meet the relevant educator to child ratios for the service must have or be actively working towards at least an approved diploma level education and care qualification.
- All other educators required to meet the relevant educator to child ratios for the service must have or be actively working towards at least an approved certificate III level education and care qualification.

## **Requirements for an Early Childhood Teacher (ECT)**

From the January 1<sup>st</sup> 2014 the service will have implemented the following in regards to employing ECTs:

- For services licensed for fewer than 25 approved places:
  - The service must have an ECT working with the service for at least 20% of the time the service provides education and care.
  - In order to comply with this, the ECT may be working with the service by means of information communication technology.
  - This can be calculated on a quarterly basis.
  - For service licensed for 25 or more children but caring for fewer than 25 children, the service must meet the above during any period that it is educating fewer than 25 children. In line with this, any period that an ECT is in attendance at the service may be counted towards the 20% timing of the period of access for under 25 children.
- For services licensed for fewer more than 25 but fewer than 59 children on any given day:

- The service must have an ECT in attendance for at least 6 hours on that day if the service operates 50 or more hours a week.
- If the service operates for under 50 hours per week, for 60% of the time that the service is open on that day.
- A service is not required to comply with this if the service employs a full time or full time equivalent ECT at the service.
- For services licensed for fewer than 60 but fewer than 80 children on any given day:
  - From January 1<sup>st</sup> 2014, the service must have an ECT in attendance for at least 6 hours on that day if the service operates for 50 or more hours a week.
  - From January 1<sup>st</sup> 2014, if the service operates for under 50 hours per week and ECT must be in attendance for 60% of the time that the service is open on that day.
  - By January 1<sup>st</sup> 2020, the service must have a second ECT for at least 3 hours on that day if the service operates for 50 hours or more a week.
  - By January 1<sup>st</sup> 2020, If the service operates under 50 hours a week 30% of the time that the service is open on that day.
  - The service is not required to comply with this if the service employs a full-time or full-time equivalent ECT at the service and a second ECT for half of the full-time hours or half of the full-time equivalent hours.
- For services licensed for more than 80 children on any given day:
  - From January 1<sup>st</sup> 2014, the service must have an ECT in attendance for at least 6 hours on that day if the service operates 50 or more hours a week.
  - From January 1<sup>st</sup> 2014, if the service operates for under 50 hours per week the service must have an ECT in attendance for 60% of the time that the service is open on that day.
  - By January 1<sup>st</sup> 2020, the service must have a second ECT in attendance for at least 6 hours on that day if the service operates 50 or more hours a week.
  - By January 1<sup>st</sup>, 2020 the service must have a second ECT in attendance if the service operates for under 50 hours per week, for 60% of the time that the service is open on that day.
  - The service is not required to comply with this if the service employs a full-time or full-time equivalent ECT at the service and a second ECT for full-time hours or full-time equivalent hours.

In the event of an ECT being sick or absent the service will meet the following requirements if the ECT is absent for periods under twelve weeks:

- A person with an approved Diploma level education and care service qualification may be taken as an ECT.
- A person who holds a qualification in primary teaching may be considered an ECT.
- If the period is over 12 weeks, the service will engage another ECT.

An Educator at the service is taken to hold an approved ECT qualification if they meet the following:

- The educator was recognised under the former education and care services law.
- The educator was recognised as an ECT for the purposes of a preschool funding program of any participating jurisdiction.
- The educator was registered or accredited as an ECT in accordance with the requirements of any participating jurisdiction. However, if immediately before the 1<sup>st</sup> January 2011 the person was registered or accredited as an ECT or equivalent on the basis that the person was working towards an ECT or equivalent the educator is not counted as an ECT. Early Childhood Teacher (ECT) maintains current registration
- The educator held a qualification that is published on <http://www.acecqa.gov.au/home/>
- The educator was employed to deliver a pre-preparatory learning program within the meaning of the Education (General Provisions) Act 2006 of Queensland.
- The educator was registered as a teacher under the Teachers Registration and Standards Act 2004 of South Australian and was employed to deliver a preschool program.
- The educator was registered as a teacher under the Teachers Registration Act 2000 of Tasmania and was employed to deliver a preschool program at a school established or registered under the Education Act 1994 of Tasmania.

- If immediately before 1<sup>st</sup> January 2012, the educator was enrolled in a course for a qualification that is published on <http://www.acecqa.gov.au/home/> in the list of former qualifications approved as early childhood teacher qualifications, the educator is taken to hold an approved ECT qualification under completion of the course.
- If immediately before the 1<sup>st</sup> January 2012, the recognition, registration, accreditation or qualification as an ECT as written above was subject to any restrictions imposed by or under an education law of a participating jurisdiction, the person is taken to be an ECT with the same restrictions.

### **Other Educators Qualifications:**

#### **First Aid Qualifications**

- The approved provider of a centre-based service must ensure that the following persons are in attendance at any place where children are being educated and cared for by the service and immediately available in an emergency at all times that children are being educated and cared for by the service:
- At least one educator who holds a current approved first aid qualification. Please note our services have all staff holding this qualification.
- If the service is situated within a school's grounds it is sufficient for educators to have an individual that has completed an approved first aid course in attendance at the school site and so long as that person is immediately available in an emergency.
- An educator is taken to hold an approved first aid qualification if they meet the following:
  - If immediately prior to the 1<sup>st</sup> of January 2012 a person held a first aid qualification or had completed first aid training that met the requirements under former education and care services laws of a participating jurisdiction.
  - Holds an approved qualification as published on <http://www.acecqa.gov.au/home/>

#### **Anaphylaxis Qualifications**

- The approved provider of a centre-based service must ensure that at least one educator who has undertaken anaphylaxis management training is in attendance at any place where children are being educated and cared for by the service and immediately available in an emergency at all times that children are being educated and cared for by the service. Please note all our staff have this qualification.
- If the service is situated within a school's grounds it is sufficient for educators to have an individual that has completed an approved anaphylaxis training in attendance at the school site and so long as that person is immediately available in an emergency.
- If immediately prior to the 1<sup>st</sup> January 2012 the service was not required to have an educator present with anaphylaxis management training under previously education and care service laws, the service will implement this by 1<sup>st</sup> January 2013.

#### **Emergency Asthma Management Training**

- The approved provider of a centre-based service must ensure that at least one educator who has undertaken asthma management training is in attendance at any place where children are being educated and cared for by the service and immediately available in an emergency at all times that children are being educated and cared for by the service.
- If immediately prior to the 1<sup>st</sup> January 2012 the service was not required to have an educator present with asthma management training under previously education and care service laws, the service will implement this by 1<sup>st</sup> January 2013.
- If the service is situated within a school's grounds it is sufficient for educators to have an individual that has completed an approved asthma management training in attendance at the school site and so long as that person is immediately available in an emergency.

#### **Working With Children Check**

- The approved provider of an education and care service must read or ensure that the nominated supervisor or person in day-to-day charge of service has read a person's working with children check before the person is engaged as an educator at the service or permitted to volunteer at the service.

### Diploma Qualification

A person is taken to hold an approved Diploma level education and care qualification if immediately before 1<sup>st</sup> January 2012:

- Was recognised under the former education and care services law of any participating jurisdiction as a Diploma level educator.
- Held an otherwise approved qualification as published on <http://www.acecqa.gov.au/home/>

### Certificate III Qualification

A person is taken to hold an approved Certificate III level education and care qualification if immediately before 1<sup>st</sup> January 2012:

- The educator has been employed full-time and continuously as an educator at a licensed children's service or outside school hours care service for a period of at least 5 years immediately preceding 25<sup>th</sup> May 2009.
- The educator has been employed at least part-time and continuously as a educator at a licensed children's service or outside school hours care service for a period of at least 10 years immediately preceding 25<sup>th</sup> May 2009.
- The educator before the 1<sup>st</sup> January 2012 completed a professional development course approved by the Secretary under the Children's Services Regulations 2009 of Victoria.
- Held an otherwise approved qualification as published on <http://www.acecqa.gov.au/home/>

### Related Policies

Excursion Policy

Transportation policy

Child Protection & Wellbeing Policy

Continuity of Education and Care Policy

Educator and Management Policy

National Quality Framework Policy

### Evaluation and Review

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.
- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 16/10/2023**

**Next Policy Review: 15/10/2024**

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#### Reference:

***Education and Care Services National Regulations 2011  
National Quality Standard***

#### **NQS**

QA4	4.1.1	The organisation of educators across the service supports children's learning and development.
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	(Pre: 1 February 2018:4.1.1)	Educator-to-child ratios and qualification requirements are maintained at all times.
QA7	7.1	Governance supports the operation of a quality service.

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Regulations numbered 240 and higher are state or transitional regulations**

Reg	122	Educators must be working directly with children to be included in ratios
Reg	123	Educator to child ratios—centre-based services
Reg	126	Centre-based services—general educator qualifications
Reg	130	Requirement for early childhood teacher—centrebased services—fewer than 25 approved places
Reg	131	Requirement for early childhood teacher—centrebased services—25 or more approved places but fewer than 25 children
Reg	132	Requirement for early childhood teacher— centre-based services—25 to 59 children
Reg	133	Requirement for early childhood teacher—centre-based services—60 to 80 children
Reg	134	Requirement for early childhood teacher—centre-based services—more than 80 children
Reg	135	Early childhood teacher illness or absence
Reg	136	First aid qualifications
Reg	150	Staff record must include name of responsible person at service each time children being educated and cared for by the service.
Reg	173(2)(c)	Offence not to clearly display name of responsible person in the main entrance
Reg	240	Qualifications for educators—centre-based service applies until 31.12.15 <b>Applies to reg 126</b>
Reg	241	Persons taken to hold an approved early childhood teaching qualification
Reg	242	Persons taken to be early childhood teachers applies from 1.1.14 to 1.1.16 <b>Applies to regs 130-134</b>
Reg	243	Persons taken to hold an approved diploma level education and care qualification
Reg	244	Persons taken to hold an approved certificate III level education and care Qualification
Reg	245	Person taken to hold approved first aid qualification. Applies until 31.12.12 or qualification expires.
Reg	246	Anaphylaxis training
Reg	247	Asthma management training
Reg	355	Educator to child ratio—children over preschool age <b>Applies to reg 123(1)(d)</b>
Reg	356	Qualifications for educators—children over preschool age <b>Applies to reg 126(2)</b>
Reg	357	Educator to child ratio—children aged over 24 months but less than 36 months <b>Applies to reg 123(1)(b)</b>
Reg	358	Working with children check to be read
Reg	360	Educator to child ratios—children aged 36 months to preschool age <b>Applies to reg 123(1)(C)until 31.12.15</b>
Reg	361	General qualifications—centre-based service <b>Applies to reg 126(1) until 31.12.15</b>
Reg	362	Early childhood teacher in attendance—fewer than 60 children <b>Regs 130-132 do not apply until 1.1.14.</b>
Reg	363	Early childhood teacher in attendance—60 or more children <b>Reg 133(1)(a) and (b)does not apply until 1.1.14</b> <b>Reg 134(1)(a) and (b) does not apply until 1.1.20</b>
Reg	364	Educational qualifications—centre-based services— saving of existing experience and qualification <b>Applies to reg 126(1)(b)</b>

<http://www.community.nsw.gov.au/>

## 80 – STAFF INJURY MANAGEMENT POLICY & PROCEDURE

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### Position Statement

For the workplace to be a safe and healthy environment. The centre is committed to fostering and incorporating Occupational Health and Safety (OHS&W) / Risk Management initiatives that provide and maintain a safe work environment.

In accordance with the legislation, we are committed to providing staff members with support and assistance following a work-related injury, and promoting effective and sustainable rehabilitation assistance.

The injury management process will commence as soon as possible after a work-related injury/illness is reported and will take into account the injured staff members' recovery.

The organisation will endeavour to assist staff to remain at work while they recover or return to work at their earliest opportunity and will, where possible, provide modified pre-injury employment or offer other suitable employment to an injured staff member.

If an injured staff member is unable to ever return to their pre-injury duties, the organisation may consider offering alternative employment at the organisation, within the staff member's ongoing medical restrictions. Any alternative employment offered will be in accordance with the organisation's operational requirements. Should no suitable alternative employment be available, the organisation will engage a Rehabilitation Provider to assist the staff member in finding alternative employment with another organisation.

The organisation may provide, in some instances and subject to operational requirements, support and assistance in returning to work to a staff member who has sustained a personal injury, illness or disease upon the presentation of a medical certificate certifying them fit to undertake modified pre-injury employment.

The success of the Injury Management Policy and the Injury Management Procedure is dependent on a cooperative and proactive environment being created to enable successful outcomes to be achieved for both the injured staff member and the organisation.

### Objective

To advise the organisations commitment to the effective management of work-related injuries and to the provision of appropriate support and assistance to ill or injured staff members.

### Scope

This policy applies to all staff members employed.

### Definitions

<b>Alternative Employment/Alternative Workplace:</b>	Employment that is different from the staff member's usual pre-injury position, as detailed in their position description. In certain circumstances this may mean the staff member is placed in an alternative Centre where the suitable duties are available.
<b>Current work capacity</b>	In relation to a staff member, means a present inability arising from a work-related injury or illness such that the staff member is not able to return to their pre-injury employment but is able to return to work in suitable employment.
<b>Employment Obligation Period:</b>	The duration of the organisation obligation to provide Suitable or Pre-Injury employment to an injured Staff Member.

<b>Insurer:</b>	The Insurer is an agent appointed by WorkSafe Victoria. The Insurer is authorised by WorkSafe Victoria to:  - pay benefits to injured workers; - collect premiums; - manage compensation claims; and - provide return to work and risk management advice; in accordance with the Accident Compensation Act 1985 and associated legislation and regulations.
<b>Modified Duties:</b>	Duties that a Staff Member undertakes as part of their usual employment that have been modified or restricted to take into account the Staff Members current medical condition, as detailed on a WorkSafe Certificate of Capacity.
<b>Occupational Rehabilitation Program:</b>	A documented process to assist injured/ill staff members to return to work from a work-related illness or injury
<b>Offer of Suitable Employment (OSE):</b>	A written offer detailing the duties offered and hours of work for an injured staff member who is able to return to work.
<b>Personal Illness or Injury:</b>	An injury, illness or disease that is not related to employment. A medical certificate(s) may be submitted.
<b>Pre-Injury Duties:</b>	Duties undertaken by a staff member, as per their position description. Duties undertaken prior to a work-related injury occurring.
<b>Rehabilitation Provider:</b>	An external organisation approved by WorkSafe Victoria that provides independent support to injured workers and their employer by facilitating the return to work process.
<b>Return to Work Plan (RTW):</b>	A written plan detailing how the organisation will assist a staff member stay at work/return to work while recovering from a work-related injury or illness
<b>Staff Members:</b>	Any employee of the organisation. Any person who holds a current contract of employment with the organisation.
<b>Suitable Employment:</b>	Suitable employment is work that is suited to the Staff Members medical condition, capacity for work, skills and experience. It is work the injured Staff Member can do without the risk of further injury. The aim is to support the injured Staff Member so they can remain at or return to work while they recover from their injury and return to their normal work when possible.
<b>Supervisors:</b>	Managing Director, Support Manager, Centre Directors, or Supervisor who has the responsibility for the management of staff.
<b>Work Related Injury:</b>	Any injury, illness or disease where employment is a significant contributing factor as defined by the Accident Compensation Act 1985.
<b>WorkCover Claim:</b>	If a staff member has a work-related injury or illness, they may be able to receive compensation from WorkSafe Victoria. To do this they must lodge a Worker's Injury Claim Form with the Centre Director and Management.
<b>WorkSafe Victoria:</b>	WorkSafe Victoria is the manager of Victoria's workplace safety system. Broadly, the responsibilities of WorkSafe are to:  help avoid workplace injuries occurring enforce Victoria's occupational health and safety laws

	<p>provide reasonably priced workplace injury insurance for employers</p> <p>help injured workers back into the workforce</p> <p>manage the workers' compensation scheme by ensuring the prompt delivery of appropriate services and adopting prudent financial practices.</p>
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## **Responsibility**

**This Section Outlines the Responsibilities of All the Parties Required to be Involved in the Occupational Rehabilitation Program**

**Responsible Officer:**

The Managing Director, Human Resources and Centre Director has responsibility for the review and implementation of this policy. The Coordinators are responsible for:

- managing, monitoring and reviewing this policy;
- the ongoing management and monitoring of the WorkCover claims;
- consulting with staff members, supervisors, treating health practitioners and rehabilitation providers to develop sustainable return to work options;
- providing injured Staff Members with clear, accurate and current details of their return to work arrangements;
- monitoring progress of return to work plans;
- assisting injured/ill staff members in returning to work from their work-related injury/illness as soon as they are medically able to do so.

The Co-ordinator can be the Centre Director, Support Manager or Managing Director. (The Co-ordinator role at the centre this roles is normally handled by the Centre Director.) The Co-ordinator is required to:

- manage, monitor and review the Injury Management Policy and Procedure;
- ensure that the confidentiality of information is maintained and appropriate disclosure authorities are obtained before releasing any information to third parties.
- develop sustainable working relationships with the relevant insurer case manager, supervisors, injured staff members, treating health practitioners, rehabilitation and other service providers;
- ensure staff members are aware of their rights and responsibilities in the event of a work related injury or illness;
- consult, to the extent that is reasonable, with the injured Staff Member, supervisors, treating doctors and rehabilitation providers in planning return to work options;
- provide injured Staff Members with clear, accurate and current details of their return to work arrangements;
- ensure staff members who are participating in return to work plans have suitable and productive duties that make a contribution to the organisations operations and are within their identified medical capacity;
- manage, monitor and review return to work plans and suitable duties in consultation with the injured staff member, their supervisor, treating health practitioner(s) and rehabilitation providers;
- participate in the Return to Work Issue Resolution Process should it be required;
- ensure compliance with legislative requirements in relation to employee compensation and return to work processes;
- ensure staff members receive compensation entitlements for a work related injury or illness;

- promptly process all paperwork relating to a worker's compensation injury; and
- liaise with staff members who have a personal illness or injury and their supervisors, where appropriate, to facilitate their return to the workplace.

Supervisors (Person on Duty, Assistant Centre Director, Educational Leaders, Assistant or any person to whom the staff member reports to).

Supervisors are required to:

- ensure an injured staff member receives appropriate first aid or medical treatment;
- promptly advise the Co-ordinator, Workplace Support via telephone or email as soon as they become aware of any work-related injuries that require medical treatment and/or time off work;
- promptly forward any paperwork received (including a copy of the Injury Report) relating to a workplace injury to the Co-ordinator, Centre Director;
- facilitate and/or implement changes as needed to provide a workplace that is safe and free of any risks to health and safety;
- facilitate the necessary advice and/or training to the staff members with regard to preventing work-related injuries;
- stay in contact with the injured staff member while they are away from the workplace;
- participate in return to work planning discussions with an injured staff member and the Co-ordinator, Centre Director;
- participate in Return to Work Issue Resolution Processes should they be required;
- ensure that staff under their supervision observe organisation's Policies and Procedures; and
- provide appropriate supervision to all staff members.

Injured Staff Members

Injured Staff are required to:

- report any workplace injuries/illnesses to their supervisor immediately or if immediate reporting is not possible as soon as reasonably practicable and within the requirement of the **Occupational Health and Safety Incident Reporting Procedure**;
- advise their supervisor within three hours (3) of the commencement of their usual working day if they are unable to attend work due to a work place injury/illness.. If notification within the specified time period is not possible, notification should be made as soon as practicable. Sick Policy procedures should be followed and adhered to at all times;
- promptly complete all necessary paperwork relating to their workplace injury/illness;
- If a claim is wishing to be made a Worker's Injury Claim Form must be completed and forwarded to the Co-ordinator, Centre Director, when a staff member receives medical treatment and/or has time off work for a work related injury/illness. Worker also need to be made aware of the procedure and implementation of making a claim.
- provide ongoing WorkSafe Victoria approved medical certificates for the duration of the injury/illness;
- make reasonable efforts to return to work in Suitable or Pre-Injury Duties;
- make reasonable efforts to actively participate in return to work planning and any ongoing return to work discussions;
- discuss with their treating health practitioner any duties they will be able to complete while injured/ill;
- submit all medical accounts for work related injuries to the Co-ordinator, Centre Director for payment;

**Medical accounts relating to a workplace injury should not be paid for by the staff member.**

**Payment of any medical and travel expenses will only be made at the scheduled fee as specified by WorkSafe.**

- abide by the doctor's medical restrictions both at work and at home;
- actively participate and co-operate in assessment of your capacity to work, rehabilitation progress or future employment prospects;
- If unable to attend an assessment appointment, the staff member must contact the Insurer to request an alternative date. If a staff member unreasonably refuses to attend a medical examination arranged by the insurer, the insurer has the right to suspend access to compensation payments.
- make any medical appointments concerning their injury outside of work hours where possible. Where it is not possible to do so, provide their supervisors with reasonable notice of their absence from work prior to the absence occurring;
- regularly communicate with their Supervisor and/or the Co-ordinator, Centre Director in relation to the status of their injury and their return to work program;
- make reasonable efforts to participate in a Return to Work Issue Resolution Process should it be required; and
- immediately advise their Supervisor or the Co-ordinator, Centre Director if they have an aggravation or re-occurrence of their injury.

### Actions and Procedures

This Section Outlines the Steps Taken in the Injury Management Procedure:

<b>Step 1</b>	Injury reported by staff member - time off work and/or medical treatment received for injury. Refer to <b>Occupational Health and Safety Incident Reporting Procedure</b> for further detail.
<b>Step 2</b>	Staff member advises their Supervisor and Centre Director (or Person on Duty) of their capacity to work within 3 hours of the commencement of their usual working day or as soon as reasonably practicable. Sick Leave Policy needs to be followed and adhered to at all times.
<b>Step 3</b>	Centre Director or Person on Duty contacts the Support Manager and/or Managing Director (Co-ordinator) to advise of the injury as soon as they become aware an injury has occurred. Support Manager and/or Managing Director will appoint a Return to Work Coordinator. (The Return to Work Coordinator will typically be the Centre Director or the Assistant Centre Director.)
<b>Step 4</b>	The Co-ordinator telephones or writes to the injured Staff Member to provide contact details and outline the organisations processes. The injured Staff Member is provided with a claim form if required. Written contact will be initiated if the Co-ordinator is unsuccessful in establishing contact by telephone or telephoning may be deemed inappropriate.
<b>Step 5</b>	HEI007b_ Incident Report Form_For Staff Member * and WorkCover Claim Form** are completed promptly by staff member. Assistance may be provided if the staff member is unable to complete the forms personally. <b>** WorkCover paperwork is to be sent/provided to the Co-ordinator and Centre Director.</b>
<b>Step 6</b>	Co-ordinator collates completed claim form and associated medical certificates and provides to Managing Director and/Support Manager for review. Then forwards documentation within ten (10) days of receipt, to the insurer for recording or determination of liability. The Co-ordinator confirms the receipt of the claim form to the Staff Member.
<b>Step 7</b>	Co-ordinator or the Centre Director begins a consultation process with the injured Staff Member, their Supervisor, treating health practitioners and Rehabilitation Provider (if appointed). The organisation will commence planning a staff members return to work, to the extent that it is reasonable to do so, as soon as:  <ul style="list-style-type: none"> <li>- the first WorkSafe Certificate of Capacity is received; or</li> <li>- when a Worker's Injury Claim Form for weekly payments is received, or</li> <li>- are advised by our WorkSafe Agent that they have received either of these documents from a staff member.</li> </ul> In initiating discussions regarding returning to work, the Co-ordinator or Centre Director will make all reasonable efforts to consult with the parties involved. When initiating return to work discussions with the injured Staff Member, the Co-ordinator, will take into consideration the nature of the Staff Members injury or illness and begin consultation at an appropriate time. Advice on the whether or not it is appropriate to commence return to work discussions may be sought from the treating doctor prior to commencement. During the consultation process, the Staff member, Supervisor and Co-ordinator, Centre Director will discuss potential medical restrictions and available return to work options that can be offered within those restrictions. These discussions can be done individually, however discussion as a group is the preferred method of consultation. The injured Staff Member may be assisted by a representative during any consultation. The injured Staff Member can request the participation of an approved Rehabilitation Provider at any time during the consultation process.
<b>Step 8</b>	The Co-ordinator, Centre Director will develop a Return to Work Plan based on the information gathered as part of the consultation process and provide this to the staff member, treating health practitioners, and supervisor for review and approval. The Return to Work Plan will

	<p>detail identified suitable employment, medical restrictions and return to work goals. The Return to Work Plan must be signed by all parties to the agreement.</p> <p>A Return to Work Plan cannot commence without medical approval and the appropriate Certificate of Capacity being provided.</p> <p>Any issues arising from the Return to Work process may be dealt with under the grievance procedures of this policy.</p>
<b>Step 9</b>	<p>Co-ordinator, Centre Director will monitor and update the Return to work plan in accordance with the Certificates of Capacity provided by the injured Staff Member.</p> <p>The Co-ordinator, Centre Director will maintain contact with injured staff member, Supervisor, treating health practitioner(s) and Rehabilitation Provider and continue the consultation process as the Return to Work Plan progresses.</p>
<b>Step 10</b>	<p>The injured Staff Member completes Return to Work process and returns to pre-injury duties*. This is confirmed by providing a final Certificate of Capacity from the treating doctor which indicates the Staff Member is fit to return to normal duties.</p> <p><b>* If an injured staff member is unable to ever return to their pre-injury duties, the organisation may consider offering alternative employment, within the staff member's ongoing medical restrictions. Any alternative employment offered will be in accordance with the organisation operational requirements. Should no suitable alternative employment be available, the organisation will engage a Rehabilitation Provider to assist the staff member in finding alternative employment with another organisation.</b></p>

### Legislative Context

- Accident Compensation Act 1985 and Associated Regulations  
Associated Documents
- Injury Management Procedure
- Occupational Health and Safety Policy
- Hazard Management Policy
- Health and Safety Management Procedure  
Forms
- Occupational Rehabilitation Program
- Workers Injury Claim Form

Forms/Record Keeping.

Title	Location	Responsible Officer	Minimum Retention Period
<b>Injury Report Form</b>	Risk, Health & Safety	Coordinator, Centre Director	50 Years
<b>Injury Report Form (Copy 1)</b>	Staff Member		
<b>Injury Report Form (Copy 2)</b>	Human Resources/Payroll		
<b>WorkCover Employee Claim Form</b>	Insurer	Insurer Case Manager	50 Years
<b>WorkCover Employee Claim Form (Copy 1)</b>	Staff Member	Coordinator, Centre Director	
<b>WorkCover Employee Claim Form (Copy 2)</b>	Human Resources/Payroll		
<b>Return to Work Plans/Programs</b>	Staff Member	Insurer Case Manager	50 Years
<b>Return to Work Plan (Copy 1)</b>	Insurer		

<b>Return to Work Plan (Copy 2)</b>	Human Resources/Payroll	Coordinator, Centre Director	
<b>Associated certificates &amp; reports relating to an individual claim</b>	Insurer Human Resources/Payroll	Insurer Case Manager Coordinator, Centre Director	50 Years
<b>Associated certificates &amp; reports relating to an individual claim (Copy 1)</b>			

### Implementation

The Staff Injury Management Policy is to be implemented throughout the organisation via:

1. Inclusion on the Centre Policy Handbook; and
2. Electronic or hard copies provided to supervisors and injured staff members.

### Evaluation and Review

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.
- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 27/9/2023**

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### References:

#### NQS

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented</i>
QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>
	3.2.2	<i>Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.</i>

### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	182	<i>Tobacco, drug and alcohol free environment</i>
	156	<i>Relationships in groups</i>
	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	106	<i>Laundry and hygiene facilities</i>
	107	<i>Space requirements—indoor</i>
	108	<i>Space requirements—outdoor space</i>
	109	<i>Toilet and hygiene facilities</i>

	<i>110</i>	<i>Ventilation and natural light</i>
	<i>111</i>	<i>Administrative space</i>
	<i>112</i>	<i>Nappy change facilities</i>
	<i>113</i>	<i>Outdoor space—natural environment</i>
	<i>114</i>	<i>Outdoor space—shade</i>
	<i>115</i>	<i>Premises designed to facilitate supervision</i>
	<i>116</i>	<i>Assessments of family day care residences and approved family day care venues</i>
	<i>117</i>	<i>Glass (additional requirement for family day care)</i>
	<i>73</i>	<i>Educational programs</i>
	<i>74</i>	<i>Documenting of child assessments or evaluations for delivery of educational program</i>
	<i>75</i>	<i>Information about the educational program to be kept available</i>
	<i>76</i>	<i>Information about educational program to be given to parents</i>
	<i>80</i>	<i>Weekly menu</i>
	<i>86</i>	<i>Notification to parents of incident, injury, trauma and illness</i>
	<i>99</i>	<i>Children leaving the education and care service premises</i>
	<i>102</i>	<i>Authorisation for excursions</i>
	<i>111</i>	<i>Administrative space (centre-based services)</i>
	<i>168(2)(k)</i>	<i>Policies and procedures are required in relation to enrolment and orientation</i>
	<i>171</i>	<i>Policies and procedures to be kept available</i>

**EYLF**

<i>LO2</i>	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i>
	<i>Children respond to diversity with respect</i>
	<i>Children become socially responsible and show respect for the environment</i>
<i>LO4</i>	<i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i>
	<i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i>
	<i>Children transfer and adapt what they have learned from one context to another</i>
	<i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i>

## 81 – HAZARD RISK MANAGEMENT POLICY, PROCEDURE & PROGRAM

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### Policy Statement

The organisation has determined that hazards management will form an essential element of its incident and injury prevention program. Therefore, all team members must integrate the management of hazards associated with the areas and activities under their control within their day-to-day responsibilities.

The centre will:

- develop, publish, and maintain procedures for the identification of hazards, and the assessment and control of risks for existing, new and proposed elements of the work environment;
- develop and conduct training sessions for Supervisors, Managers and Health and Safety Representatives;
- allocate resources for the implementation of risk control measures;
- monitor the implementation of the policy and related procedures; and
- assign responsibilities in relation to the implementation of this policy and related procedures.

### Purpose

To affirm the commitment of the organisation to the integration of hazards management into the core responsibilities of Educators, Supervisors and Managers of the Centre.

To provide safe and healthy conditions for employees, contractors, students, customers and visitors whilst on centre premises.

### Definitions

**Hazard:** The potential to cause harm to a person or to the natural environment.

**Hazards management:** The structured process of hazard identification, risk assessment and control aimed at providing a safe and healthy environment for employees, contractors, students, customers and visitors whilst on premises or whilst engaged in service-endorsed activities.

**Risk:** A combination of the likely frequency and severity of harm arising from a hazard.

**Risk assessment:** The process of evaluating likely frequency and severity of harm arising from a hazard.

**Risk control:** The process of implementing measures to reduce as far as reasonably practicable the risk associated with a hazard. The control process must follow the control hierarchy, in order, as prescribed in some health and safety legislation. It is important that control measures do not introduce new hazards, and that the ongoing effectiveness of the controls is monitored.

**Reasonably practicable:** Means practicable having regard to:

- the severity of the hazard or risk in question;
- the state of knowledge about that hazard or risk and any ways of removing or mitigating it;
- the availability and suitability of ways to remove or mitigate that hazard or risk; and
- the cost of removing or mitigating that hazard or risk.

**Supervisor / Manager:** Any employee of the organisation who:

- plans, organises or supervises the activities of other employees, contractors, students or visitors on behalf of the organisation; or
- designs or organises the design of new/refurbished facilities for the organisation.

In this policy and associated documents, the terms "Supervisor" and "Manager" include Centre Directors,

### **Responsibility**

The Manager - Risk, Health and Safety will:

- develop, publish and maintain procedures for the implementation of this policy;
- develop and conduct training sessions for Supervisors, Managers and Health and Safety Representatives; and
- advise Supervisors and Managers in implementing the policy and related procedures.

Centre Directors will:

- attend training sessions organised in relation to this policy and related procedures; and
- implement a hazards management program in the area under their control and for all the activities they plan, organise or supervise, in accordance with this policy and related procedures. (This requirement may include developing and implementing procedures adapting organisation-wide documents for the local conditions.)

Health, Wellbeing and Safety Representatives will:

- attend training sessions organised in relation to this policy and related procedures; and
- assist Centre Director and Person on Duty in implementing a hazards management program in the area and for the work group they represent.

Contractors will, upon request from the Centre Director or Management, give details of the hazards relating to their activities, and of the measures they have adopted to control the risks. They will comply with the risk control measures specified by the organisation that apply to their activities.

The Health and Safety Policy Committee will monitor the implementation of the policy and related procedures.

### **Legislative Context**

- Occupational Health and Safety Act 2004 (Victoria) and subordinate regulations
- Dangerous Goods Act 1985 (Victoria) and subordinate regulations
- Common Law principles of (a) general duty of care, and (b) duties of occupiers of premises

### **Associated Documents**

- *Hazard Identification, Risk Assessment and Control (HIRAC) Procedure*

### **Implementation**

The Hazard Management Policy is to be implemented throughout the organisation via:

3. Inclusion on the Centre Policy Handbook; and
4. Electronic or hard copies provided to supervisors and injured staff members.

### ***Hazard Identification, Risk Assessment and Control (HIRAC) Procedure***

#### Purpose

To describe the measures to be implemented within Centres for the identification of hazards, and for the assessment and control of health and safety risks. It outlines methods for these hazards management activities, and sets minimum performance standards centres.

#### Scope

It applies to:

- planned workplace changes that may affect the health or safety of employees, students, contractors, visitors or customers of the centre prior to their implementation; and
- existing activities, work practices, equipment, items of plant, materials, substances, facilities, premises, buildings, areas, etc.

#### Definitions

**Hazard:** The potential to cause harm to a person or to the natural environment.

**Hazards management:** The structured process of hazard identification, risk assessment and control aimed at providing a safe and healthy environment for employees, contractors, students, customers and visitors whilst on premises.

**Risk:** A combination of the likely frequency and severity of harm arising from a hazard.

**Risk assessment:** The process of evaluating likely frequency and severity of harm arising from a hazard.

**Risk control:** The process of implementing measures to reduce as far as reasonably practicable the risk associated with a hazard. The control process must follow the control hierarchy, in order, as prescribed in some health and safety legislation. It is important that control measures do not introduce new hazards, and that the ongoing effectiveness of the controls is monitored.

**Reasonably practicable:** Means practicable having regard to:

- the severity of the hazard or risk in question;
- the state of knowledge about that hazard or risk and any ways of removing or mitigating it;
- the availability and suitability of ways to remove or mitigate that hazard or risk; and
- the cost of removing or mitigating that hazard or risk.

**Risk control hierarchy:** Ranks risk control measures in decreasing order of effectiveness:

- elimination of hazard;
- substitution of hazardous processes or materials with safer ones;
- engineering controls;
- administrative controls; and

- personal protective equipment.

The risk control measures implemented for the hazards identified should always aim to be as high in the list as practicable.

**Managing Director / Support Manager / Centre Director / Person on Duty / Educator / Staff Member:** Any employee of the organisation who:

- plans, organises or supervises the activities of other employees, contractors, students or visitors on behalf of the organisation; or
- designs or organises the design of new/refurbished facilities for the centre or organisation.

**New:** Used to describe plant or substances that have not been previously introduced within the organisation under the proposed conditions. It covers plant and substances that have never been introduced on site or have been introduced, but for different purposes, in different quantities, in different areas, etc.

**Plant:** All machinery and fixed appliances. It does not include road-registered vehicles, household consumer goods (eg kitchen refrigerators or microwave ovens), common hand-held tools (drills, sanders, angle grinders, etc), portable items (mobile phones, hand-held instruments, etc), and general office furniture and equipment (eg desktop computers, printers), except where these items contain or generate a substance as defined below.

**Substance:** All chemicals and materials, in any physical form (liquid, solid, powder, gas, mixtures, etc), used in the course of employees' or contractors' work. It includes, but is not limited to, compressed gases, solvents, radioactive substances, building materials, pesticides, laboratory chemicals, and cleaning chemicals. It excludes cooking ingredients used in food preparation, first-aid products and pharmaceuticals used under qualified supervision.

### Actions

All Centres must:

#### New plant or substance:

Prior to the introduction of any new plant or substance within the Centre:

1. comply with the requirements of the OHS Procedure
2. complete a **New Plant or Substance Checklist**; and
3. perform a HIRAC review in accordance with the **HIRAC Guidelines** and document the results on a **HIRAC Report** form.

Workplace change other than introduction of new plant or substance:

1. determine in consultation with relevant employees whether the change may reasonably be expected to affect the health or safety of any person; and
2. if a potential health or safety impact is identified:
  1. perform a HIRAC review in accordance with the **HIRAC Guidelines** or any of the various guidelines provided to assist reviewers (e.g. for manual handling tasks, for children in centre activities/locations and document the results on a HIRAC Report form; and
  2. refer to the **Consultation for Workplace Changes Procedure** for any other requirement.

Existing activities, work practices, equipment, items of plant, materials, substances, facilities, premises, buildings, areas, etc:

1. in consultation with the centres Health and Safety Representative(s), develop an annual schedule of HIRAC reviews as part of the **Annual Health and Safety Plan**;
  2. conduct the HIRAC reviews in consultation with the relevant Health and Safety Representative(s) according to the schedule, using the **HIRAC Report** to document their findings (various guidelines are provided to assist the reviewers: for manual handling tasks, for children in centre's activities/locations);
  3. coordinate the implementation of risk control measures; and
  4. liaise closely with the Health and Safety Improvement Team(s) in their School or Directorate.
- before the end of each calendar year, a copy of the annual schedule of HIRAC reviews for the following year
  - quarterly summary reports that include details of the HIRAC reviews conducted and the risk control measures adopted/implemented. (Refer to the **Quarterly Summary Health and Safety Report** for the required format.)

Centre must keep a central register of completed HIRAC Reports with details of the risk control measures implemented as a result.

#### Electrical Equipment:

1. develop and maintain a register of the electrical equipment within the centre. This can be a tag and test report.
2. conduct the program of in-service inspection and testing of electrical equipment.

#### Responsibility

Centre Directors are responsible for the overall implementation of the procedure in their centre (new plant and substances reviews, yearly HIRAC schedules, register of HIRAC Reports, implementation of control measures, quarterly reports, electrical inspection and testing, etc).

Health and Safety Representatives must assist Centre Director in the implementation of this procedure.

#### Policy Base

Occupational Health and Safety Policy - **Hazards Management Policy**

#### Associated Documents

- **HIRAC Guidelines.**

#### Forms

- HIRAC for Children in Centre Locations/Activities
- HIRAC Report
- New Plant or Substance Checklist
- Register for Hazardous Substances/Dangerous Goods/Chemicals

### Forms/Record Keeping

<b>Title</b>	<b>Location</b>	<b>Responsible Officer</b>	<b>Minimum Retention Period</b>
<b>HIRAC Report</b>	Centre Directors	Centre Directors	Until superseded by new risk assessment. Most items of legislation specify 5 years as maximum interval between assessments.
<b>Quarterly Summary HIRAC Report</b>	Support Office	Centre Directors	1 year

### **Implementation**

The Hazard Management Procedure is to be implemented throughout the organisation via:

1. Inclusion on the Centre Policy Handbook; and
2. Electronic or hard copies provided to supervisors and injured staff members.

### ***HIRAC Guidelines***

#### Selection

The first step of the HIRAC review is to select an area, task or activity. Priority should be given to areas, tasks or activities thought to present special risks, based on:

- past experience (eg accidents, near-misses, complaints);
- concerns expressed by staff;
- requirements of legislation or policies and procedures (eg workplace changes);
- requests from the various Health and Safety Teams, etc.

#### Hazard Identification

Hazards can be grouped under various categories, as listed below. The items listed under each category are provided as examples.

#### Bio-mechanical and Postural

**Note: where the main hazards associated with an activity or task relate to manual handling, a special risk assessment form (the HIRAC for Manual Handling Tasks Guidelines) should be used.**

- Repetitive or sustained postures, movements or forces as listed below for more than 30 min at a time, or for more than 2 hours over a workday
- Excessive bending or twisting of back or neck in any direction
- Working with hand(-s) above shoulders
- Reaching to front/side more than 30 cm from body
- Reaching behind body
- Squatting, kneeling, crawling, semi-lying or jumping
- Standing with most of body weight on one leg

- Twisting, turning, grabbing, picking or wringing actions with fingers, hands or arms
- Working with fingers close together or wide apart
- Very fast movements Excessive bending of wrist(-s)
- Carrying with one hand or one side of the body
- Pushing, pulling, dragging, holding or restraining
- High force actions as listed below
- Lifting, lowering or carrying heavy loads
- Applying uneven, fast or jerky forces
- Sudden/unexpected forces
- Pushing/pulling objects hard to move or stop
- Awkward grips
- Throwing, catching, hitting, kicking or jumping
- Holding, restraining or supporting person, animal or heavy object

#### Physical Environment and Workplace Design

- Poor housekeeping, uncontained spillages or wastes
- Uneven or slippery work surfaces
- Obstacles in passageways, near equipment, risk of collision with stationary objects, etc
- Inadequate work platforms, stairs, ladders, guardrails, harnesses, etc for work at height
- Personnel access within 2 metres of edge of roof, high place of work, etc
- Unprotected openings or gaps in walkways & platforms
- Poor lighting
- Exposure to harmful noise levels
- Confusing or inadequate labelling of controls
- Mismatch between plant, workplace, office workstation design, activity or task and user physical characteristics (height, strength, speed, mobility, fitness, etc)
- Body parts coming in contact with hot components during testing, inspection, operation, maintenance, cleaning or repair
- Exposure to camp fires and hot items from fires
- Fall or collapse of ground, materials, plant, structures, etc
- Exposure to extremely cold materials or components (eg dry ice)
- Exposure to radiation (ionising and non-ionising, lasers)
- Entry into cool rooms

#### Mechanical

- Hair, clothing, jewellery, rags, etc liable to become entangled in moving components
- Uncontrolled or unexpected movement of machinery, components, work pieces, vehicles or loads
- Inability to slow, stop or immobilise machines, vehicles...
- Body parts coming in contact with moving, sharp, hot, or "live" components during testing, inspection, operation, maintenance, cleaning or repair
- Possibility of traffic accident
- Persons or body parts trapped or sheared between moving component & fixed plant, materials or structures

- Persons pushed, pulled or thrown off plant, structures...
- Machines, components, or materials disintegrating (eg grinding wheels)
- Persons being injured by damaged, poorly maintained or unguarded equipment (including electicals)
- Components, work pieces, fluids, etc being ejected

#### Electrical

- Contact with "live" components during testing, inspection, operation, maintenance, cleaning or repair
- Contact with overhead power lines
- Contact with underground power cables
- Explosion or ignition of electrical components, etc
- Unauthorised access to electrical services, switchboards, controls, etc

#### Chemicals and Toxicity

- Explosion or ignition of gases, vapours, liquids, dusts, etc
- Exposure to toxic concentrations of chemicals (skin, inhalation, ingestion, etc)
- Exposure to oxygen-depleted atmospheres
- Damage to gas lines, compressed gas cylinders, chemical storage containers, etc

#### Biological and Human

- Exposure to venomous or dangerous animals
- Exposure to toxic natural substances (plant, mushrooms, gases, etc)
- Exposure to (potentially) infectious substances
- Accidental collision with another person
- Assault by another person

#### Organisational and Procedural Arrangements

- Insufficient first-aid equipment or trained personnel
- Insufficient evacuation, emergency or rescue planning and facilities
- Access to hazardous equipment by unauthorised or untrained people
- Insufficient job rotation, rest breaks
- Inappropriate, insufficient or poorly maintained personal protective equipment

#### Psycho-social Environment and Task Design

- Insufficient consideration given to the probability of human error and its consequences
- Lack of clarity in work roles of employee(-s)
- Lack of control or recognition in work roles of employees
- Mismatch between task demands and workers'/people's behaviour or capabilities
- Insufficient consideration given to consultation prior to workplace changes

#### Natural Environment

- Drowning
- Bushfires
- Persons becoming lost or ill in remote locations

- Possibility of being engulfed in loose or crumbling ground
- Exposure to extreme environmental conditions (hot, cold, dry, wet, snowy, stormy, etc)
- Possibility of tree limbs falling
- Lightning in exposed locations

### Risk Assessment

Risk assessments are based on 2 key factors:

- the likely severity of any injury/illness resulting from the hazard and
- the probability that the injury/illness will actually occur.

**Table 1: Assessment of risk priority levels based on likely severity and probability of harm**

		Probability			
		Very likely	Likely	Unlikely	Very Unlikely
Severity	Could happen any time	Could happen sometime	Could happen, but very rarely	Could happen, but probably never will	
	Death or permanent disability	1 (HIGH)	1 (HIGH)	2 (HIGH)	3 (MEDIUM)
	Long-term illness or serious injury	1 (HIGH)	2 (HIGH)	3 (MEDIUM)	4 (MEDIUM)
	Medical attention and several days off work	2 (HIGH)	3 (MEDIUM)	4 (MEDIUM)	5 (LOW)
	First aid needed	3 (MEDIUM)	4 (MEDIUM)	5 (LOW)	6 (LOW)

### Risk Control

Urgent action is required for risks assessed as priority 1. The actions required may include:

- instructions for the immediate end of the work, process, activity, etc
- isolation of the hazard until more permanent measures can be implemented.

Documented control plans with responsibilities and completion dates are required for priority 2 and 3 risks. (**Refer to the HIRAC Report form**)

The risk control hierarchy ranks risk control measures in decreasing order of effectiveness. Risk control measures should always aim as high in the list as practicable. Control of any given risk generally involves a number of measures drawn from the various options (except if option 1 is selected).

Risk Control Hierarchy:

1. **Elimination of hazard:** examples include the proper disposal of redundant items of equipment that contain substances such as asbestos or PCBs, the removal of excess quantities of chemical accumulated over time in a laboratory, etc. The elimination of hazards is 100% effective

2. **Substitution of hazard:** examples include the replacement of solvent-based printing inks with water-based ones, of asbestos insulation or fire-proofing with synthetic fibres or rockwool, the use of titanium dioxide white pigment instead of lead white, etc. The effectiveness of substitution is wholly dependent on the choice of replacement.
3. **Engineering controls:** examples include the installation of machine guards on hazardous equipment, the provision of local exhaust ventilation over a process area releasing noxious fumes, fitting a muffler on a noisy exhaust pipe, etc. The effectiveness of engineering solutions is around 70 - 90%.
4. **Administrative controls:** include training and education, job rotation to share the load created by demanding tasks, planning, scheduling certain jobs outside normal working hours to reduce general exposure (eg planning demolition and building works during summer recess), early reporting of signs and symptoms, instructions and warnings, etc. The effectiveness of administrative controls ranges from 10 to 50%. They typically require significant resources to be maintained over long periods of time for continuing levels of effectiveness.
5. **Personal protective equipment (PPE):** includes safety glasses and goggles, earmuffs and earplugs, hard hats, toe-capped footwear, gloves, respiratory protection, aprons, etc. Research has shown that their effectiveness in realistic work situations is often very limited. However, carefully selected items of PPE are useful as a "last line of defence" when used in combination with some of the more effective measures listed above.

#### Implementation

The HIRAC Guidelines will be implemented throughout the organisation via:

1. Inclusion on the Centre Policy Handbook; and
2. Electronic or hard copies provided to supervisors and injured staff members.

#### Evaluation and Review

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.
- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 27/9/2023**

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#### References:

#### NQS

QA2	2.2.2	<i>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented</i>
QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>
	3.2.2	<i>Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010*

Policy Handbook – P004.7.2024

*Education and Care Services National Regulations*

Reg	182	<i>Tobacco, drug and alcohol free environment</i>
	156	<i>Relationships in groups</i>
	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	106	<i>Laundry and hygiene facilities</i>
	107	<i>Space requirements—indoor</i>
	108	<i>Space requirements—outdoor space</i>
	109	<i>Toilet and hygiene facilities</i>
	110	<i>Ventilation and natural light</i>
	111	<i>Administrative space</i>
	112	<i>Nappy change facilities</i>
	113	<i>Outdoor space—natural environment</i>
	114	<i>Outdoor space—shade</i>
	115	<i>Premises designed to facilitate supervision</i>
	116	<i>Assessments of family day care residences and approved family day care venues</i>
	117	<i>Glass (additional requirement for family day care)</i>
	73	<i>Educational programs</i>
	74	<i>Documenting of child assessments or evaluations for delivery of educational program</i>
	75	<i>Information about the educational program to be kept available</i>
	76	<i>Information about educational program to be given to parents</i>
	80	<i>Weekly menu</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	99	<i>Children leaving the education and care service premises</i>
	102	<i>Authorisation for excursions</i>
	111	<i>Administrative space (centre-based services)</i>
	168(2)(k)	<i>Policies and procedures are required in relation to enrolment and orientation</i>
	171	<i>Policies and procedures to be kept available</i>

**EYLF**

LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i>
	<i>Children respond to diversity with respect</i>
	<i>Children become socially responsible and show respect for the environment</i>
LO4	<i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i>
	<i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i>
	<i>Children transfer and adapt what they have learned from one context to another</i>
	<i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i>

## New Plant or Chemical Checklist – Risk, Health and Safety

Date of Checklist Completed:

Description of new item of plant or chemical introduced to service: \_\_\_\_\_  
\_\_\_\_\_

Name of Person Requesting New Item of Plant or Chemical: \_\_\_\_\_

### ITEM OF PLANT

HAZARD IDENTIFICATION	YES	NO	If YES, give details.
Mechanical hazards (entrapment, entanglement, etc.)			
Electrical hazards (accessible live components, etc)			
Postural, ergonomic or manual handling hazards			
Inadequate space to locate or store the item of plant			
Hazards to personnel servicing or maintaining the item			
Hazards to personnel cleaning the item or near it			
Hazardous noise levels			
Ventilation requirements			
Hazardous temperatures (hot or very cold components)			
Radiation hazard			
Hazardous pressures (compressed gases, hydraulics, etc.)			
Inadequate, poorly labelled or inaccessible controls			
Relevant Australian Standards (state AS No)			

### CHEMICAL

HAZARD IDENTIFICATION	YES	NO	If YES, give details.
Safety Data Sheet obtained and reviewed			
Chemical classified as 'Dangerous Goods'			
Chemical classified as Workplace Hazardous Chemical			
Dangerous Goods signage			
Revision of Chemicals Register			
Access to Safety Data Sheets			
Any specialised first aid equipment or training			
Stored in safe location			

### GENERAL CONSIDERATIONS

HAZARD IDENTIFICATION	YES	NO	If YES, give details.
Guarding / emergency stops / safety devices			
Safety signage			
Safety instructions, information & training for users			
Training for those who install, use, maintain or dispose			
Special spill/clean up equipment or procedures			
Special fire protection/emergency requirements			
Protective equipment: footwear, eye, face, head, respirators, hearing, gloves, clothing, harness			
Ergonomics, workplace layout and seating			

Based on the health and safety risk assessment the new plant or chemical is acceptable to use: YES or NO

Name of OH&S Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Name Centre Director: \_\_\_\_\_ Signature: \_\_\_\_\_

## **82 – NATIONAL QUALITY FRAMEWORK POLICY**

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### **Position Statement**

Our service needs to promote the physical, social, emotional, language, and cognitive development of all children in a safe, nurturing environment that meets the individual needs of the children and achieves the learning outcomes in accordance with the National Quality Framework.

### **Objective**

Our service participates in the National Quality Framework (NQF). The service aims is to provide the highest quality education and care available across all areas.

### **Implementation**

Our Service participates in and values the National Quality Framework (NQF), including the National Quality Standard (NQS), the Early Years Learning Framework (EYLF – 2022 v2), Victorian Early Learning Years and Development Framework (VEYLDF) and the National Regulations – an Australian Government initiative linked to the funding of the Child Care Benefit for parents. This is conducted through the Australian Children’s Education and Care Quality Authority (ACECQA) and the state licensing department through scheduled site assessment visits and where appropriate, spontaneous visits.

The NQS provides standards of quality practices for care provided in our Service as well as guidance and support from the Service’s self evaluation through our Quality Improvement Plan (QIP). The system also allows educators to continually improve practices by identifying the quality aspects of care the Service is already providing and assisting the Service in developing goals for further improvement through our QIP. The Service is required to complete and submit a comprehensive QIP.

The Service will ensure that all educators and management are informed about current practices and requirements in the NQF process by attending appropriate in-service/training, accessing any other publications and information about the accreditation process that may be of benefit – including those published by ACECQA.

Educators will involve parents, families, community and management in each stage to seek their input and views into practices and care in our Service – this includes having parent input into policy reviews, parent meetings and providing updates in newsletters about the Service’s current stage in the process.

#### **The seven Standards under the NQS are –**

1. Educational program and practice
2. Children’s health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Governance and Leadership

#### **The Ratings are as follows –**

- Excellent
- Exceeding National Quality Standard
- Meeting National Quality Standard
- Working towards National Quality Standard
- Significant improvement required.

We will access regular updates on the ACECQA website – [www.acecqa.gov.au](http://www.acecqa.gov.au)

## **Evaluation and Review**

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.
- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

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**References:**

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**Other References:**

**National Quality Standard  
Early Years Learning Framework**

## **83 – POLICY AND PROCEDURE REVIEW POLICY**

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### **Position Statement**

Our service participates in the National Quality Framework (NQF). The service aims is to provide the highest quality education and care available across all areas.

### **Objective**

As a part of our commitment to the National Quality Framework (NQF), our service will annually review our policies and procedures to ensure excellence and compliance. Our review processes also provides an important opportunity for families to offer their valuable input into the practices at the service and how best to meet the needs of each child being educated and cared for.

### **Implementation**

- All policies and procedures will be made available to families during the enrolment and orientation period for their child.
- Educators will notify families of how to access policies and procedures and where they are located in the service.
- Our educators will ensure that all policies and procedures are reviewed annually or more often if required. This gives both families and educators opportunities to suggest elements that need to be improved.
- Management is responsible for developing and changing policies and procedures relating to regulatory guidelines set by government agencies and recognised organisations.
- For educators and management this will occur:
  - At educators meetings.
  - At the policy review points.
  - In family meeting.
- For families this will occur:
  - Via newsletters.
  - At the policy review point.
  - At parent/educators meeting.
- However, at any time of the year educators and family members are invited to enquire and have input into the policies and procedures.
- All policies will be signed, sourced and dated at each review and educators will continuously seek out relevant information to provide the best possible environment.
- All stakeholders at the service must be informed of any changes to policies. This will occur in writing and be provided to families, educators, management, the committee and any other relevant individuals.
- The service will ensure that parents of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have a significant impact on—
  - (a) the service's provision of education and care to any child enrolled at the service; or
  - (b) the family's ability to utilise the service
  - (c) any change that will affect the fees charged or the way in which fees are collected.

### **Evaluation and Review**

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 11/2/2024**

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**References:**

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

**NQS**

QA4	4.2	<i>Management, educators and staff are collaborative, respectful and ethical.</i>
	4.2.2	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>

QA7	7.2.3	<i>An effective self-assessment and quality improvement process is in place.</i>
	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

**National Regulations**

Regs	31	<i>Condition on service approval - quality improvement plan</i>
	55-56	<i>Quality improvement plans</i>
	168	<i>Education and care service must have policies and procedures</i>
	170	<i>Policies and procedures to be followed</i>
	171	<i>Policies and procedures to be kept available</i>
	172	<i>Notification of change to policies or procedures affecting ability of family to utilise service</i>

## **84 – RECORD KEEPING AND RETENTION POLICY**

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### **Position Statement**

Our service participates in the National Quality Framework (NQF). The service aims is to provide the highest quality education and care available across all areas.

### **Objective**

To ensure that our service maintains appropriate records in line with our regulatory requirements.

### **Implementation**

Note record keeping requirements also apply in relation to Child and Family Violence information Sharing Schemes – refer Child Safety and Protection Policy and Family Violence Safety Policy.

#### **Records to be Kept in Relation to Staff**

The following records must be kept in relation to the service's Nominated Supervisors:

- The full name, address and date of birth.
- Evidence of any relevant qualifications held by the Nominated Supervisor.
- If applicable, evidence that the Nominated Supervisor is actively working towards that qualification. If this is the case, the following must be recorded:
  - Proof of enrolment.
  - Documentary evidence that the Nominated Supervisor has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
  - For Nominated Supervisors who are working towards the completion of a Diploma level education and care qualification, proof that they hold an approved Certificate III level education and care qualification or has completed the units of study in an approved Certificate III level education and care qualification determined by ACECQA.
- Evidence of any approved training (including first aid training) completed by the Supervisor.
- If applicable, a Working with Children Check.

The following records must be kept in relation to other staff members:

- The full name, address and date of birth.
- Evidence of any relevant qualifications.
- If applicable, evidence that the staff member is actively working towards that qualification. If this is the case, the following must be recorded:
  - Proof of enrolment.
  - Documentary evidence that the staff member has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
  - For staff members who are working towards the completion of a Diploma level education and care qualification, proof that they hold an approved Certificate III level education and care qualification or has completed the units of study in an approved Certificate III level education and care qualification determined by ACECQA.
- Evidence of any approved training (including first aid training) completed by the staff member.
- If applicable, a Working with Children Check.

The following records must be kept in relation to the Educational Leader:

- The name of the educator who is designated at this role.

The following records must be kept in relation to Students and Volunteers:

- The full name, address and date of birth of each student or volunteer.
- The Approved Provider must also keep a record for each day on which the student or volunteer participates in the service, the date and hours of participation.

The following records must be kept in relation to the Responsible Person:

- The staff record must include the name of the responsible individual at the centre-based service for each time that children are being educated and cared for by the service.

The following records will be kept in relation to educators working directly with children:

- The name of each educator.
- The hours that each educator works directly with children. Please note that a staff roster or time sheet is sufficient record of this.

The following records will be kept in relation to access to early childhood teacher/s:

- The approved provider of a centre-based service that provides education and care to fewer than 25 children preschool age or under must ensure that a record is kept of the following:
  - The period that an early childhood teacher is working with the service in accordance with the time frames set out in the Staffing Arrangements Policy.
  - The periods that the early childhood teacher is working directly with children and not working directly with children.
- The approved provider of a centre-based service that provides education and care to 25 or more children preschool age or under must ensure that a record is kept of the period that an early childhood teacher is in attendance at the service.

### **Records Relating to Enrolled Children**

The following records will be kept in relation to enrolled children:

- Documentation relating to child assessments or evaluations for delivery of the education program, including:
  - Assessments of the child's developmental needs, interests, experiences and participation in the education program.
  - Assessments of the child's progress against the outcomes of the educational program.
- **An Incident, Injury, Trauma and Illness Record** (within Incident, Injury, Trauma and Illness Policy), including:
  - **Details of any incident** in relation to a child or injury received by a child or trauma to which a child has been subject while being educated and care for by the service. The following must be included:
    - The name and age of the child.
    - Gender
    - The circumstances leading to the incident, injury or trauma.
    - The time and date the incident occurred, the injury that was received or the child was subjected to the trauma.
  - **Details of any illness** which becomes apparent while the child is being educated and care for by the service. The following must be included:

- The name and age of the child.
    - The relevant circumstances surrounding the child becoming ill and any apparent symptoms.
    - The time and date of the apparent onset of the illness.
  - **Details of the action taken** by the service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the service. The following must be included:
    - Any medication administered or first aid provided.
    - Any medical personnel contacted.
  - Details of any individual who witness the incident, injury or trauma
  - The name of any individual who the education and care service notified or attempted to notify of any incident, injury trauma or illness a child has suffered at the service and the time and date of the notification and notification attempts.
  - The name and signature of the individual making an entry in the record and the time and date that the entry was made.
  - This record must be recorded as soon as is practicable, but not later than 24 hours after the incident, injury, trauma or onset of illness occurred.
- **A medication record** which includes the following:
    - The name of the child
    - The authorisation to administer medication (including self-administration is applicable) signed by a parent or an individual named in the child's enrolment record as authorised to consent to administration of medication.
    - The name of the medication to be administered.
    - The time and date the medication was last administered.
    - The time and date or the circumstance under which the medication should be next administered.
    - The dosage of the medication to be administered.
    - The manner in which the medication is to be administered.
    - If the medication is administered to the child:
      - The dosage that was administered.
      - The manner in which the medication was administered.
      - The name and signature of the individual who administered the medication.
      - If another individual is required to check the dosage, the name and signature of that individual.
  - **A record of attendance for enrolled children**, including:
    - The full name of each child attending the service.
    - The date and time each child arrives and departs.
    - The signature (including electronic signature/PIN) of:
      - the person who delivers and collects the child when he or she arrives and departs; or
      - the nominated supervisor or educator. (this is not preferred; signature (including electronic signature/PIN) should be obtained from parent of child for CCMS purposes)
    - For preschool programs provided by a school, services are not required to comply with this if the service keeps attendance records in accordance with the education or of Government education department policy.
  - **Child enrolment records** which include the following:

- The full name, date of birth and address of the child.
- The name, address and contact details of:
  - Each known parent of the child
  - Any individual who is to be notified of any emergency involving the child if any parent of the child cannot be immediately
  - Any individual who is an authorised nominee
  - Any individual who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.
  - Any individual who is authorised to authorise an educator to take the child outside the education and care service premises.
  - Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any individual in relation to the child or access to the child.
  - Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other individual.
  - Gender of the child
  - Language used in the child's home
  - Cultural background of the child and parents (if applicable)
  - Any special considerations for the child (e.g. cultural, religious, dietary requirements or additional needs)
  - Authorisations signed by a parent or a individual named in the enrolment record as authorised to consent to the medical treatment of the or nominated supervisor to seek:
    - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
    - Transportation of the child by any ambulance service.
  - Authorisation to take the child on regular outings.
  - The name, address and telephone number or the child's registered medical practitioner or medical service.
  - The child's Medicare number if available.
  - Details of any specific healthcare needs of the child including any medication conditions or allergies including whether the child has been diagnosed as at risk of anaphylaxis, including details of any medical management plan.
  - Details of any dietary restrictions for the child
  - The immunisation status of the child
  - A notation that states that a staff member or approved provider has sighted a child's health record.
- **A record of the services compliance with the law**, including:
  - Details of any amendments of the service approval made by the Regulatory Authority including:
    - The reason stated by the Regulatory Authority for the amendment.
    - The date on which the amendment took, or takes, effect
    - The date (if any) that the amendment ceases to have effect.
    - Details of any suspension of the service (other than a voluntary suspension) including:
      - The reason stated by the Regulatory Authority for the suspension.
      - The date on which the suspension took, or takes, effect.
      - The date that the suspension ends.

- Details of any compliance direction or compliance notice issued to the approved provider in respect of the service, including:
  - The reason stated by the Regulatory Authority for issuing the direction or notice
  - The steps specified in the direction or notice.
  - The date by which the steps specified must be taken.
- This information must not include any information that identifies any individual other than the approved provider.
- A record of certified supervisors placed in day to day charge of the education and care service.

The approved provider must ensure that the documents referred to above in relation to a child enrolled at the service are made available to a parent of the child on request. In line with this, if a parent's access to the kind of information referred to in this documentation is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent.

The record of compliance referred to above must be available for access on request by any individual.

#### **Length of Time Records must be Kept**

Our service will keep records for the following periods:

<b>Record</b>	<b>Duration</b>
If the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the service,	Until the child is aged 25 years.
If the record relates to an incident, illness, injury or trauma suffered by a child that may have occurred following an incident while being educated and cared for by the service,	Until the child is aged 25 years.
If the record relates to the death of a child while being educated and cared for by the service or that may have occurred as a result of an incident while being educated and cared for,	Until the end of 7 years after the death.
If the case of any other record relating to a child enrolled at the education and care service.	Until 3 years after the last date on which the child was educated and cared for by the service.
If the record relates to the Approved Provider.	Until the end of 3 years after the last date on which the approved provider operated the education and care service.
If the record relates to the nominated supervisor or staff member of an education and care service.	Until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.
In the case of any other record.	3 years after the date on which the record was made.

#### **Storage of Records**

Records made by our service will be stored in a safe and secure location for the relevant time periods as set out above and only made accessible to relevant individuals.

If a service is transferred under the law, documents relating to a child must not be transferred without the express consent of the child's parents.

### **Confidentiality and Storage of Records**

The approved provider will ensure that information kept in a record is not divulged or communicated through direct or indirect means to another individual other than:

- The extent necessary for the education and care or medical treatment of the child to whom the information relates.
- A parent of the child to whom the information relates, except in the case of information kept in a staff record.
- The Regulatory Authority or an authorised officer.
- As expressly authorised, permitted or required to be given by or under any Act or law.
- With the written consent of the individual who provided the information.

### **Archiving Procedure**

Archiving of service documentation will be completed on the following basis:

#### **Record Keeping and Storage Schedule**

TYPE OF RECORD (Electronic records)	LEGISLATIVE RESPONSIBILITY AND OPERATIONAL PROCEDURE	CONSOLIDATED RECORDS	PERIOD AND LOCATION FOR STORAGE	RELEVANT LEGISLATION OR OTHER REQUIREMENT
<b>Child's personal enrolment information:</b> -Enrolment form - Copy of birth certificate, passport or citizenship certificate -Medical details on enrolment form (above) -Immunisation records -Medicare details & Private -Health Insurance details if held -Administration of Medication -Special diet form -Food allergy management instruction form -Medical management plan -Re-enrolment form -Electronic records – child details; family details	-Centre responsible for ensuring that records are made and kept up to date -Enrolment form – completed prior to commencement. -Parents requested to update information annually & as changes occur. Immunisation details – sighted & copied at enrolment. -Immunisation updated as required (reviewed 4 times per year – copy of review maintained) Health information to be reviewed annually	Electronically Held: OWNA  Stored in the Child's file at Centre	Until the end of 3 years after the last date on which the child was educated and cared for by the service.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(d): in the case of any other record relating to a child enrolled at the education and care service, until the end of 3 years after the last date on which the child was educated and cared for by the service;
<b>Child's health: record relates to incident, illness or trauma suffered by child</b> -Illness/minor accident form -Accident report form -Serious incident, accident or injury form	-Centre responsible for ensuring that records are made and kept up to date	Electronically Held: OWNA  Stored in the Child's file at Centre	Until the child is aged 25 years.  Location: 2 years at the centre, then archived at an approved location until child reaches 25 years of age	Reg183(2)(a), (b)
<b>Child Death:</b> -record relates to the death of a child while being educated and cared for by the education and care service or that may have occurred as a result of an incident		Electronically Held: OWNA  Stored in the Child's file at Centre	Until the end of 7 years after the death.  Location: 7 years at the centre.	Reg183(2)(c)

while being educated and cared for				
<b>Attendance:</b> -Attendance sheet -Receipts for fees paid by parents -Written notice of withdrawal -Supporting documentation for approved absences for each child -Electronic records – contracts; paid hours	-Centre staff & parents responsible for ensuring that attendance sheet is accurate, and signed by the person who brings and collects the child at times of handover -Staff to ensure additional days are highlighted on attendance sheets -Service responsible for maintaining an up-to-date record of attendance	Electronically Held: OWNA  Stored in individual folders within the rooms	3 years from the end of the calendar year in which the relevant care was provided (Funding Agreement)  Until the end of 3 years after the last date on which the child was educated and cared for by the service.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(d)
<b>Excursions:</b> -Non routine excursion forms signed & dated by parents	-All families informed about all aspects of upcoming excursions out of the service. -Room Staff responsible for ensuring parents sign excursion form as required. -Service responsible for ensuring no child participates in an excursion without written permission.	Electronically Held: OWNA  Stored in the child's file at the Centre	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(g)
<b>Complaints &amp; Grievances:</b> -Complaints Register -Electronic record – complaints register -Grievance Register and Documentation	Authorised Supervisor All complaints will be recorded and	Electronically Held: OWNA  Stored in the Complaints file (hard managed in accordance with the Grievance Policy)	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(g)
<b>Visitors to the Centre:</b> -Visitor's Register maintained	-Service responsible to ensure that all visitors sign in to the service	Electronically Held: OWNA  Stored at the centre	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(g)
<b>Children Curriculum:</b> Children's programs, developmental records, daily routine, weekly record of service	-Service ensures records are maintained and kept up to date -Staff maintain all records; □ Developmental records or other child records to be placed on child's file □ Program information	Electronically Held: OWNA  Child Developmental records stored in child's file at Centre	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(g)
<b>Mandatory report of child at risk</b>	Dept of Community Services Staff maintain written records of circumstances and all relevant	Stored on child's file at coordination unit (reporter may on request not be specified)	Until the child is aged 25 years.  Location: 2 years at the centre, then	Reg183(2)(a), (b)

	information about report in accordance with Interagency Guidelines		archived at an approved location until child reaches 25 years of age	
<b>Insurance</b>	Licensee responsible for ensuring policy current.	Copy on file by Licensee	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(g)
<b>Training:</b> -Mandatory training -First Aid -Staff first aid currency (stored electronically, hard copy on file)	Service responsible to ensure currently first aid on premise	Stored in the Staff file and electronically	<i>Not specified –</i>	Reg183(2)(f)
<b>Staff Records File:</b> Staff Qualifications & DEECD Staff Record Form	Service applicant to provide evidence to Licensee /Docs of qualifications Provided as part of recruitment process, or for inclusion with A/S Application; copy kept on personnel file	Kept on personnel file centre & HR.	Until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(f)
<b>Staff records:</b> Immunisation information, time sheets, leave information, rosters, training. Staff files stored electronically	Service responsible for the collection and storage of consolidated records	Records stored in Staff file at Centre, & HR  Electronically Held: OWNA	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(f)
<b>Staff records:</b> -time sheets, leave form, sick letters, project and actual budget rosters, staff rosters.  (These are stored electronically and emailed to payroll email address)	Service responsible for the collection and storage of consolidated records	Records stored in Staff file at Centre, & HR  Electronically Held: OWNA & Wageloch	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(f)
<b>Staff Records: Working with Children Checks</b> (Clearance letters stored Electronically)	Licensee Employer Prohibited Persons Declarations, Working With Children Check stored in a central file HR	Stored centrally HR  Electronically Held: OWNA	Until the end of 25 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.  (Reason why 25 years retention is to hold staff record in case incident is raised in relation to child)  Location: 2 years at the centre, then archived at an approved location until 25 years.	Reg183(2)(f)
<b>Allegations of reportable conduct</b>	Head of Agency	Stored at Human	Required to be reported to	Reg183(2)(a), (b), (c)

<b>against a staff member:</b> <input type="checkbox"/> Details of planning process for investigation <input type="checkbox"/> Risk assessment records <input type="checkbox"/> Details of information provided <input type="checkbox"/> Records of interview <input type="checkbox"/> Statements and written submissions <input type="checkbox"/> Findings <input type="checkbox"/> Action <input type="checkbox"/> Final correspondence <input type="checkbox"/> Any other documentation	Records kept in accordance with Child Protection in the Workplace Guidelines	Resources & Payroll Department	Department and Ombudsman and registered permanently .  Until the end of 25 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.  Location: 2 years at the centre, then archived at an approved location until 25 years.	
<b>OHS&amp;W</b> -Workplace Safety Audit -Daily Safety Checks -Evacuations -Material Safety Data Sheets -Work method statements	Centre Director & Staff required to carry out hazard identification, risk assessment & elimination or control of risks. Written documentation of audits, hazard reports, evacuations, checks of first aid, WMS, MSDS	Current audits and other required documentation kept in Audit file;	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years..	Reg183(2)(a), (b)
Emergency and evacuation procedures	Licensee Service to maintain evacuation practice records/evaluation. Stored in office.	Electronically Held: OWNA  Stored in the office	Until the end of 3 years after the date on which the record was made.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(g)
Financial accountabilities for Child Care Benefit (scheme) <input type="checkbox"/> Statement of child care usage forms (copies) <input type="checkbox"/> Child Care Benefit Statement for payment summary forms (copies) <input type="checkbox"/> documents to support claims for Special Child Care Benefit where appropriate <input type="checkbox"/> Family Assistance Office CCB Statements <input type="checkbox"/> certificates for approval of more than 20 hours care per week or more than 50 hours care for a child at risk Electronic storage of attendance, financial records, claims	Authorised service representative ie service manager (coordinator) Service operator or delegate authorized to enter into a legal obligation All required documentation stored as both hardcopy and electronically (CentreCalc) in nominated files in accordance with established administrative processes; supporting documentation stored in relevant file.	Stored in categorized folders at the Centre & electronically	3 years from the end of the calendar year in which the relevant care was provided.  Location: 3 years at the Centre or archived at an approved location after 2 years.	Reg183(2)(g)
Where applicable: <input type="checkbox"/> state or territory licence <input type="checkbox"/> Special Needs Subsidy Scheme documentation <input type="checkbox"/> Disabled Supplementary Services (DSUPS) claims	Authorised service representative ie service manager (coordinator) Maintained and stored by Centre in accordance with established administrative processes	Stored in categorized folders at the centre	3 years from the end of the calendar year in which the relevant care was provided  Location: 3 years at the	Reg183(2)(g)

<p><input type="checkbox"/> requests for extension of 24-hour care (if used)</p> <p><input type="checkbox"/> Jobs, Education and Training (JET) Child Care document's</p> <p>Electronic storage of financial records and reports</p>			<p>Centre or archived at an approved location after 2 years.</p>	
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### **Document Management Procedures & Timetable**

<b>Documents</b>	<b>File name convention</b>	<b>Filing Order</b>	<b>Triggers</b>	<b>Archiving Cycle - When to Complete</b>
Child Information	Child ID_Last Name	Order document as per stated archive cover page	Enrolment Ends	Weekly
Individual Staff Information	Last Name First Name_End Date	Staff Last Name_First Name	End of Employment	Monthly
Room Attendance Records	Start Date	Date	Completion of Weekly Rolls	Weekly
OHS&W	"Start Period Date Date" to "End Period Date" _OHS	Date	Completion of Checklists and OHS&W Records	Monthly
People Management Information	"Start Period Date Date" to "End Period Date" _People	Date		Monthly
Compliance and Licensing	"Start Period Date Date" to "End Period Date" _Compliance	Date		Monthly
Education Records - Room	"Start Period Date Date" to "End Period Date" _Room Name Eg. 2011 04 91 to 2011 04 30_Koala	Date_Room		Monthly
Financial Records	"Start Period Date Date" to "End Period Date"	Date	End of Week Tasks Completion	Weekly

### **Procedure for Scanning of Documents**

1. Collations of information for scanning into filing subject
2. Prepare Archiving Cover Sheets for each document batch
3. Place document batch in scanner
4. Select relevant pre-set button for document type
5. Scan → Go
6. Confirm document has been scanned to directory
7. Name file in accordance with file convention (this is important step to be able to find the document in the future).
8. Repeat from step 1.

### **Saving of Documents to Directory: Create a year folder for each new financial year**

<b>Year Folder</b>	<b>Sub-Folders</b>
2024	Child Information
(CCS & Financial year: 1 July 2024 to 30 June 2025)	Individual Staff Information
	Room Attendance Records
	OHS&W
	People Management Information
	Compliance and Licensing
	Education Records - Room
	Financial Records

<b>1</b>	ARCHIVING COVER SHEET FOR:	
	<b>1.CHILD INFORMATION</b>	
	<b>QIKIDS ENROLMENT ID:</b>	
	<b>CHILD LAST NAME:</b>	
	<b>CHILD FIRST NAME:</b>	
	<b>DOB:</b> / /	
	<b>LAST DAY OF CARE (DATE):</b> / /	
	<b>DATE FILED:</b> / /	
<b>1A</b>	<b>INCLUDES:</b> <b>Child Enrolment</b> Enrolment form Sighted copy of birth certificate, passport or citizenship certificate Re-enrollment form Orientation Checklist Written notice of withdrawl Holidays Notice Form Supporting documentation for approved absences for each child Electronic records – child details; family details	
<b>1B</b>	<b>Child Health</b> Medical details on enrolment form (above) Immunisation records Doctor Certificates Medicare details & Private Health Insurance details if held Administration of medication Illness/minor accident form Accident report form Insurance Claim Forms Special diet form Food allergy management instruction form Medical management plan	
<b>1C</b>	<b>Excursions</b> Non routine excursion permission forms signed & dated by parents	
<b>1D</b>	<b>Child Development Records</b> Chart of Achievement Records Transition Statement Not art and crafts required to be kept on file.	
<b>1E</b>	<b>Mandatory report of child at risk (if applicable)</b>	
<b>1F</b>	<b>Child Subsidy, Grants and Funding Information</b> Special CCB Letter: Applications, Claims, Corro and Approvals JET Information: Applications, Claims, Corro and Approvals ISS: Applications, Claims, Corro and Approvals	

<b>2</b>	ARCHIVING COVER SHEET FOR:	
	<b>1. INDIVIDUAL STAFF INFORMATION</b>	
	<b>STAFF ID:</b>	
	<b>STAFF LAST NAME:</b>	
	<b>STAFF FIRST NAME:</b>	
	<b>LAST DAY OF EMPLOYMENT (DATE):</b>	
	<b>DATE FILED:</b> / /	
<b>2A</b>	<b>INCLUDES:</b> <b>Staff Records</b> Employee Information Form Letter of Employment/Contract Resignation / Termination Letters Immunisation information	
<b>2B</b>	<b>Qualifications (staff)</b>	
<b>2C</b>	<b>Staff Leave</b> Leave form information Doctor Certificates	
<b>2D</b>	<b>Mandatory training</b> Induction Checklist First Aid Anaphylaxis Child Protection Training Working With Children Checks Police Check Staff first aid currency stored electronically, hard copy on file	
<b>2E</b>	<b>Other training documentation</b>	
<b>2F</b>	<b>Staff Development</b> Staff Appraisals & Professional Development	
	<b>Allegations of reportable conduct against a staff member</b> <input type="checkbox"/> Details of planning process for investigation <input type="checkbox"/> Risk assessment records <input type="checkbox"/> Details of information provided <input type="checkbox"/> Records of interview <input type="checkbox"/> Statements and written submissions <input type="checkbox"/> Findings <input type="checkbox"/> Action <input type="checkbox"/> Final correspondence <input type="checkbox"/> Any other documentation <input type="checkbox"/> Notification to Authority	

<b>3</b>	ARCHIVING COVER SHEET FOR:	
	<b>2. ROOM ATTENDANCE RECORDS</b>	
	<b>PERIOD FROM:</b> /    / <b>TO</b> /    /	
	<b>DATE FILED:</b> /    /	
<b>3A</b>	<b>INCLUDES:</b> <b>Attendance Information</b> Attendance sheets – sign in and out Receipts for fees paid by parents – receipt book Electronic records – contracts; paid hours	

<b>4</b>	ARCHIVING COVER SHEET FOR:	
	<b>3.OHS&amp;W</b>	
	PERIOD FROM:    /    /      TO    /    /	
	DATE FILED:    /    /	
<b>4A</b>	<b>INCLUDES:</b> <b>Workplace Safety Audit</b> Daily Safety Checklists Cleaning Checklists Evacuations Checklists Material Safety Data Sheets Work method statements	
<b>4B</b>	<b>Visitors to the Centre</b> Visitor's Register maintained	
<b>4C</b>	<b>Fire Testing Reports</b>	
<b>4D</b>	<b>Maintenance Reports</b>	

<b>5</b>	ARCHIVING COVER SHEET FOR:	
	<b>4. PEOPLE MANAGEMENT INFORMATION</b>	
	PERIOD FROM:    /    /                  TO    /    /	
	DATE FILED:    /    /	
<b>5A</b>	<b>INCLUDES:</b> <b>Timesheets Emailed to <u>payroll@mychildegc.com.au</u> each week</b> Timesheet Summary and Employee Weekly Timesheets	
<b>5B</b>	<b>Rosters – Emailed to <u>payroll@mychildegc.com.au</u> each week</b> Staff Rosters (Presented to Staff) Roster Management Spreadsheets	
<b>5C</b>	<b>Staff Registers for Rooms</b>	
<b>5D</b>	<b>Staff Meeting Agendas, Attendance &amp; Minutes</b>	
<b>5E</b>	<b>Training Attendance Registers &amp; Feedback Forms</b>	

<b>6</b>	ARCHIVING COVER SHEET FOR:	
	<b>5.COMPLIANCE &amp; LICENCING</b>	
	PERIOD FROM:    /    /      TO    /    /	
	DATE FILED:    /    /	
<b>6A</b>	<b>INCLUDES:</b> Child Care Licence	
<b>6B</b>	<b>Licence Compliance Matters</b>	
<b>6C</b>	<b>Licence Correspondence</b>	
<b>6D</b>	<b>Food Licensing</b> External Audits Internal Audits Checklists Monitoring Schedules	
<b>6E</b>	<b>Complaints Register</b> Complaints Register and Written Complaints and Responses	

<b>7</b>	ARCHIVING COVER SHEET FOR:	
	<b>6. EDUCATION RECORDS - ROOM</b>	
	<b>PERIOD FROM:</b> /    / <b>TO</b> /    /	
	<b>DATE FILED:</b> /    /	
	<b>INCLUDES:</b>	
<b>7A</b>	<b>Education and Curriculum Records</b>  Room programs Room education management	
<b>7B</b>	<b>Child Routine Information - Room Records</b> Routine Records Nappy and Toilet Records Sleep Records	

<b>8</b>	ARCHIVING COVER SHEET FOR:	
	<b>7.FINANCIAL RECORDS</b>	
	<b>PERIOD FROM:</b> /    / <b>TO</b> /    /	
	<b>DATE FILED:</b> /    /	
	<b>INCLUDES:</b>	
<b>8A</b>	<b>Tax Invoices Expenses - Suppliers</b>	
<b>8B</b>	<b>Petty Cash Reports and Tax Invoices</b>	
<b>8C</b>	<b>Grants, Subsidies and Funding</b> ISS Subsidies: applications, claims forms, approval letters Kindergarten Funding: applications, claims forms, approval letters	
<b>8D</b>	<b>CCS</b>	

## Evaluation and Review

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.
- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 17/6/2024**

**Next Policy Review: 15/6/2025**

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### References:

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations  
Privacy Act 1988*

### **NQS**

QA4	4.1.1	<i>Educator-to-child ratios and qualification requirements are maintained at all times.</i>
	4.2.1	<i>Professional standards guide practice, interactions and relationships.</i>
	4.2.2	<i>Educators, co-ordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships</i>
	4.2.1	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>
QA7	7.1.2	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

#### **National Regulations**

Reg	55	<i>Quality improvement plans</i>
	125	<i>Application of Division 4</i>
	126	<i>Centre-based services – general educator qualifications</i>
	158	<i>Children's attendance record is to be kept by approved provider</i>
	161	<i>Authorisations to be kept in enrolment record</i>
	162	<i>Health information to be kept in enrolment record</i>
	167	<i>Record of service's compliance</i>
	173	<i>Prescribed information to be displayed</i>
	177	<i>Prescribed enrolment and other documents to be kept by approved provider</i>
	180	<i>Evidence of prescribed insurance</i>
	181	<i>Confidentiality of records kept by approved provider</i>
	183	<i>Storage of records and other documents</i>
	184	<i>Storage of records after service approval transferred</i>

## **85 – DIABETES POLICY**

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### **Position Statement**

Diabetes can be life threatening. We are committed to providing, as far as practicable, a safe and healthy environment in which individuals at risk of diabetes can participate equally in all aspects of the service program and experiences. We will aim to minimise the risk of a diabetes illness for those attending our service by implementing the following policy and procedures.

Diabetes is one of the most common chronic diseases of childhood and affects 1-2 per 1000 children and adolescents under 20 years. Appropriate diabetes care in the child care setting is important for the immediate and long term welfare of the child and to optimise their behavioural and academic development.

### **Objective**

The centre will facilitate effective care and health management of children who have diabetes and the prevention and management of acute episodes of illness and medical emergencies.

Diabetes training is required to be arranged by the guardian/parents of the child and the training delivered by a professional medical consultant before the commencement of enrolment or at the time child is diagnosed of diabetes. Further, a Diabetes Care Plan and Blood Glucose Monitoring Plan must be completed by a medical practitioner/ specialist and updated on a periodic basis (annually or change of medical condition) to ensure adequate care can be provided to the child.

Services are required to ensure that each student with type 1 diabetes has a current individual diabetes management plan prepared by that child's medical specialist team, usually consisting of an endocrinologist, diabetes nurse educator and other allied health professionals.

### **Definitions**

#### *Type 1 diabetes*

Type 1 diabetes is an autoimmune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via multiple injections or a continuous infusion via a pump. Type 1 diabetes is fatal without insulin therapy. Type 1 diabetes affects between 10 and 15 per cent of people with diabetes and half of those are diagnosed before the age of 16.

#### *Type 2 diabetes*

Type 2 diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy life style and often medication that could include tablets and/or insulin.

#### *Endocrinologist*

The medical doctor who specialises in diabetes and conditions of the endocrine system.

### *Glucagon*

A hormone, naturally produced by the pancreas, which causes an increase in the blood glucose level. A manufactured Glucagon injection can be administered to counteract severe hypoglycaemia where a child cannot eat or drink sugar.

### *Hypoglycaemia*

Hypoglycaemia (low blood glucose) is a blood glucose level that is lower than normal, ie. below 4mmol/l, even if there are no symptoms. Neurological symptoms can occur at levels below 4mmol/l. Symptoms include sweating, tremor, headache, pallor, poor co-ordination and mood changes. It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions. The child may need assistance with treatment. Hypoglycaemia can impair concentration, behaviour and attention. Hypoglycaemia is often referred to as a 'hypo'.

### *Hyperglycaemia*

Hyperglycaemia (high blood glucose levels) occurs when the blood glucose levels rise above 15 mmol/L. Hyperglycaemia can cause tiredness, irritability, urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem solving and reasoning.

### *Insulin*

A protein hormone, produced on the pancreas. It allows cells to utilise glucose for energy.

### *Ketones*

Acids formed in the body due to insulin deficiency. Checking for ketones in the blood or urine while at school will be included in the individual student's diabetes management plan if required.

## **Diabetes Management**

While at a service diabetes management tasks can include:

- **Checking blood glucose levels** using a blood glucose monitor and finger pricking device. The child's diabetes management plan will state the times and the method of relaying information about any changes in blood glucose levels between the family and service. Depending on the child's age, services often choose to establish a communication book system to relay health information.
- **Administration of insulin during service hours** may or may not be required in the child's diabetes management plan.
- Should you have a child whose health condition(s) requires additional care and attention during service hours, consultation is required with the parents/guardians and health professionals to ensure that Educators are undertaking tasks within their scope of practice and training. Educators are under no obligation to administer insulin or glucagon.
- **Infection control procedures** must be followed which includes having instruction about ways to prevent infection and cross infection when checking blood glucose levels and administering insulin, hand washing, one child one device, disposable lancets and syringes and the safe disposal of all medical waste.
- **Treating hypos** promptly and appropriately.
- Most **meal requirements** will fit into regular classroom routines.
- Preparation for **physical activities**.
- A diabetes management plan is required to document each time a children attends a **excursion**. The excursion plan is prepared by the child's diabetes management team
- **Special event participation** including classroom parties can include children with type 1 diabetes in consultation with their parents/guardians

## **Strategies for Managing Diabetes**

When a service has a child with type 1 diabetes, service staff are encouraged to:

- Communicate directly with the parents/guardians to ensure the child's individual diabetes management plan is current. This should also include a separate excursion plan if required

- Discuss, document and allocate any diabetes tasks that require the help of and/or supervision by service staff
- Depending on the age of the student, establish a home- to-school means of communication to relay health information. For example a communication book, emails or text messaging
- Support teachers and school staff to seek additional information and attending training about type 1 diabetes.
- Follow the child's diabetes management plan
- Follow the services procedures for medical emergencies for children with type 1 diabetes
- Ask the parents/guardians to notify the services of any changes to the child's individual diabetes management plan
- Contact the parents and/or members of the child's diabetes management team and/or DA-Vic should you require additional support or information to support a student with type 1 diabetes.

**Implementation:**

To facilitate effective care for a child with diabetes it is necessary to form a partnership between the centre and the child's family with responsibilities for both, and centres should:

**• Ensure the family, parent or guardian provides the centre with the following information on the care plan:**

1. Child information. The name and a photograph of the child. The details of the child's health problem, treatment, medications and allergies. Who to contact in the case of medical emergency and their current contact details(this will also be on child's enrolment forms).
2. Their doctor's name, address and phone number, and a phone number for contact in case of an emergency
3. A Diabetes Care Plan following enrolment and prior to the child starting at the centre which should include:
  - when, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
  - what meals and snack are required including food content, amount and timing
  - what activities and exercise the child can or cannot do
  - whether the child is able to go on excursions and what provisions are required.
4. A Diabetes First Aid or Emergency Medical Plan following enrolment and prior to the child starting at the centre which should include:
  - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
  - reportable levels of hyperglycaemia and the need for ketone testing
  - If the child is able to self- care for all the day-to-day diabetes management tasks or requires help and/or supervision
  - what action to take including emergency contacts for the child's doctor and family or what first aid to give.

**• In any medical emergency involving a child with diabetes,** the centre staff should immediately **dial 000** for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, **and administer first aid or emergency medical aid according to** the child's Diabetes First Aid or Emergency Medical Plan, or a doctor's instructions, or if these are not available, use the First Aid Plan for Diabetic Emergency from *Australian First Aid*, St. John Ambulance Australia, 2020, on the following pages within this policy.

**• Ensure at least one staff member who has completed accredited training in emergency diabetes first aid is present in the centre** at all times whenever children with diabetes are being cared for in the service. Parents of child are responsible for arranging diabetes first aid training for staff in consultation with service.

**• Ensure the family supplies all necessary glucose monitoring and management equipment.**

- Ensure the family and centre staff know it is not the responsibility of the centre staff to administer a child's insulin, or to administer parenteral injections of glucose or glucagon in an emergency. Ensure the family understands that a child's insulin should be administered before or after care in the centre.
- Ensure there is a staff member who is appropriately trained to perform fingerprick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose), eg. glucose tablets, glucose jelly beans, Lucozade.
- If a child has had an episode of hypoglycaemia and needed glucose food or drink, also provide the child with a slow-acting carbohydrate food to help maintain blood glucose levels, eg. milk, raisin toast, yoghurt, fruit.
- Ensure a location in the centre for privacy for the child to do their own glucose monitoring or insulin administration if the child is able.
- Ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Care Plan.
- Ensure opportunity for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Diabetes Care Plan.

Please refer to 87- Medical Conditions Policy: Appendix 1 for the procedures to complete a 'Medication Record' and an 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.

# St. John First Aid for Diabetic Emergency

Source: from St. John Ambulance Australia,  
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## DRSABCD action plan

In an emergency call triple zero (000) for an ambulance



### D DANGER

Ensure the area is safe for yourself, others and the patient.

### R RESPONSE

**Check for response**—ask name—squeeze shoulders

**No response**

- Send for help.

**Response**

- make comfortable
- check for injuries
- monitor response.



### S SEND for help

**Call Triple Zero (000)** for an ambulance or ask another person to make the call.

### A AIRWAY

**Open mouth**—if foreign material is present:

- place in the recovery position
- clear airway with fingers.

**Open airway** by tilting head with chin lift.



### B BREATHING

**Check for breathing**—look, listen and feel.

**Not normal breathing**

- Start CPR.

**Normal breathing**

- place in recovery position
- monitor breathing
- manage injuries
- treat for shock.



### C CPR

**Start CPR**—30 chest compressions : 2 breaths

Continue CPR until help arrives or patient recovers.



### D DEFIBRILLATION

**Apply defibrillator** if available and follow voice prompts.

© St John Ambulance Australia. St John encourages first aid training as this information is not a substitute for first aid training.

Learn First Aid | 1300 360 455 | [www.stjohn.org.au](http://www.stjohn.org.au)

## **Diabetic Emergency**

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency – very low blood sugar (hypoglycaemia, usually due to excessive insulin); or very high blood sugar (hyperglycaemia, due to insufficient insulin). The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

### **Signs and symptoms:**

If caused by **low blood sugar**, the person may:

- Feel dizzy, weak, trembly and hungry
- Look pale and have a rapid pulse
- Be sweating profusely
- Be numb around lips and fingers
- Appear confused or aggressive
- Be unconscious

If caused by **high blood sugar**, the person may:

- Be excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Be unconscious

**TIP** – If unsure whether attack is caused by low or high blood sugar, give a sweet (sugar-containing) drink. Do not use ‘diet’ soft drinks. This could save the person’s life, if blood sugar is low, and will not cause undue harm if blood sugar is high.

## **Management of Diabetic Emergency**

### **Caused by Low Blood Sugar**

If casualty unconscious:

1. Follow **DRABC**
2. Give nothing by mouth
3. Call **000** for an ambulance

If casualty conscious:

1. Give sugar, glucose or a sweet drink (e.g. soft drink or cordial – do not use ‘diet’ soft drinks or diabetic-type cordials).
2. Continue giving sugar every 15 minutes until medical aid arrives or casualty recovers.
3. Loosen tight clothing.
4. Seek medical aid if required.

### **Caused by High Blood Sugar**

If casualty unconscious:

1. Follow **DRABC**
2. Give nothing by mouth
3. Call **000** for an ambulance

If casualty conscious:

1. Allow casualty to self-administer insulin (do not administer it yourself, but help if needed). **A casualty who has diabetes may carry a NovoPen™ to inject insulin.**
2. Seek medical aid if required. If help delayed, encourage casualty to drink sugar-free fluids.

# Diabetes Management, Communication & Risk Minimisation Plan

## **CONFIDENTIAL**

To be completed by the RELEVANT DIABETES SPECIALIST and the PARENT/GUARDIAN. This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child: .....  
First Name and Family name (please print)

Date of birth: .....

Medic Alert number (if relevant): .....

Review date: .....

Parent Name: .....  
First Name and Family name (please print)

Parent Contact Telephone number: ..... Mobile: .....

Attach Photo of Child

## **ROUTINE SUPERVISION FOR SAFETY**

Staff members routinely support safe diabetes self-management in the following ways:

- Ensure supervising staff know of the child's/student's diabetes and his or her routine and emergency support plans
- Encourage, in consultation with the child/student, a supportive buddy system with peers
- Enable the child/student to eat at additional times, especially in relation to physical activity
- Enable ready access to the toilet
- Ensure supervision if unwell
- Ensure privacy if testing for blood glucose levels/injecting of insulin is required at school
- Provide a written log, as requested, of any 'hypos' and the action taken while supervised by education/care staff.

## **Individual routine support needs**

Is this child usually able to self-manage his or her diabetes care?  Yes  No (Please tick)

If no, please detail assistance requested from staff to support safety and developing self-management.

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

If staff or the child/student is concerned, emergency contact(s) will be informed. A health professional may be nominated by the family to be an emergency contact person as relevant. Please nominate emergency contact and any different/additional steps in relation to this child's/student's management.

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

## FIRST AID

### **Observable signs of hypoglycaemia (a 'hypo')—low blood glucose**

A 'hypo' can be caused by too much insulin, not enough food or a missed meal and unplanned or unusual exercise. The signs can progress from mild to severe.

**Treatment is needed promptly to prevent a mild 'hypo' from progressing to a severe 'hypo'.**

Mild	Moderate	Severe
<ul style="list-style-type: none"> <li>- Sweating, paleness, trembling, hunger, weakness</li> <li>- Changes in mood and behaviour (crying, argumentative, outbursts, aggressiveness)</li> <li>-Inability to think straight, lack of coordination</li> </ul>	<ul style="list-style-type: none"> <li>-Inability to help oneself</li> <li>-Glazed expression</li> <li>-Being disorientated, unaware or seemingly intoxicated</li> <li>-Inability to drink and swallow without much encouragement</li> <li>-Headache, abdominal pain or nausea</li> </ul>	<ul style="list-style-type: none"> <li>- Inability to stand</li> <li>- Inability to respond to instructions</li> <li>- Extreme disorientation</li> <li>- Inability to drink and swallow (leading to danger of inhaling food into lungs)</li> <li>-Unconsciousness or seizures (jerking or twitching of face, body or limbs)</li> </ul>

### **FIRST AID in response to these observable signs of low blood glucose**

Give sugar immediately	to raise blood sugar level (eg half a can of normal with sugar—soft or fruit drink, or 5–6 jellybeans).
Wait	5 minutes.
If no improvement	repeat soft drink/jelly beans and wait further 5 minutes.
If condition improves	follow up with a snack of one piece of fruit or one slice of bread or dried biscuits only when recovered (usually 5 minutes).
If still no improvement	call ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts.
If unconscious	maintain Airway Breathing Circulation ( <b>ABC</b> ) while awaiting ambulance.

Can this child usually tell that he or she is developing a 'hypo'?

Yes

No (Please tick)

*If yes, please detail how early he or she is likely to recognise the 'hypo' and the action he or she typically takes.*

.....

.....

.....

.....

### **Observable signs of hyperglycaemia—high blood glucose**

Hyperglycaemia (high blood glucose levels) can be caused by insufficient insulin, too much food, common illness (eg a cold) and stress.

Signs for this condition emerge over two to three days and can include:

- Frequent urination
- Weight loss
- Change in behaviour (usually irritability)
- Excessive thirst
- Lethargy

### **FIRST AID in response to these observable signs of high blood sugar levels**

Staff members often become aware of these signs when the child/student is constantly going to the toilet. Emergency contacts should be informed if these signs are observed.

An ambulance should be called immediately if any of the following is observed:

- Rapid, laboured breathing
- Abdominal pains
- Vomiting
- Flushed cheeks
- Sweating acetone smell to the breath
- Severe dehydration

If you anticipate this child will require something other than this standard first aid response, please provide detailed written recommendations so individual care arrangements can be discussed with staff.

.....

.....

.....

## TREATMENT

Will any visiting/consulting nurses be supporting this child?  Yes  No (Please tick)  
(If yes, please provide details)

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

Will child require blood glucose monitoring be taken using a bloodletting device ?  Yes  No (Please tick)  
**(bloodletting device is a finger prick test)**

Can the child use the bloodletting device independently?  Yes  No (Please tick)  
(If yes, please provide details)

Has training been provided to Educators on the use of bloodletting device and glucose monitoring?  Yes  No (Please tick)  
(If yes, please provide details, including date of training and names of educators)

Name of Educators:

Date of Training: ..... Training performed by:  
.....

## RISK MINIMISATION PLAN

Predominant Diabetes Trigger/s:

Other Triggers:

Risk	Strategy	Who is Responsible?

## AUTHORISATION AND RELEASE

Diabetes specialist: ..... Professional role: .....

Name of agency/address: ..... Telephone .....

Signature ..... Date .....

*I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to education/childcare staff and emergency medical personnel.*

**Further, I provide permission for the staff member to assist with the bloodletting finger prick test required for blood glucose testing**

Yes       No (Please tick)       Not required (Please tick)

Parent/guardian: ..... Signature: ..... Date .....

First name (please print) Last name (please print)

# Blood Glucose Monitoring Guidelines & Plan

Name of child: ..... Date of birth: .....

Medic Alert number (if relevant): ..... Review date: .....

Children and adolescents with diabetes may be required to test their blood glucose level, for a variety of reasons, during service hours.

## Equipment

It is recommended that all equipment relating to blood glucose monitoring procedure is kept in a safe place in order to minimise the risk of any other person/child being exposed or having access to the invasive blood letting devices (finger prick test device).

## Supervision and assistance

Children and adolescents may be able to undertake the blood letting device (finger prick test device) procedure independently. However, all children and adolescents need to be supervised and require assistance with the decision-making process outlined in the guidelines, based on the test results obtained. Educators and other staff MUST be trained to be permitted to actively participate in the use blood letting device (finger prick testing device). If NOT trained, Educator are NOT allowed to perform procedure. The provision of training must be documented on the Care Plan.

## Guidelines

### Testing times (please tick)

- Before recess
- Before lunch
- Before sporting/physical activities
- Any other time, please specify: .....

**Hands should be washed prior to blood glucose testing, the equipment should be stored safely and the blood glucose test result recorded in the communication book.**

Test result outcome and action	
4 and below	Treat as per hypoglycaemia protocol.
4–15	NO ACTION, unless the person is complaining of symptoms, OR (please specify) ..... .....
Above 15	<b>No symptoms</b> —record and inform parent or guardian at the end of the day. <b>Symptomatic</b> (ie complaining of feeling unwell, thirsty and/or vomiting)—follow hyperglycaemic protocol and inform parent or guardian immediately as the person may require additional insulin and/or medical attention.

Diabetes specialist: ..... Professional role: .....

Name of agency/address: ..... Telephone .....

Signature ..... Date .....

**I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to education/childcare staff and emergency medical personnel. Further, I provide permission for the staff member to assist with the finger prick test for blood glucose monitoring.**

Parent/guardian: ..... Signature: ..... Date: .....

First name (please print) Last name (please print)

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and staff verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

**Reference:**  
**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations*

**EYLF**

Reg	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

LO3	<i>Children are happy, healthy, safe and connected to others.</i>
	<i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</i>
	<i>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</i>

**Other References:**

**Handbook on Child Care Licensing**

**Sources and Further Reading:**

- Information source from *Australian First Aid*, 10/2002 and is the copyright of St. John Ambulance Australia. This information is not a substitute for first aid training. St. John recommends that everyone is trained in first aid. For more information on St. John first aid training and kits visit [www.stjohn.org.au](http://www.stjohn.org.au) or call toll free 1300 360 455.
- Health and Safety in Children's Centres: Model Policies and Practices: 2003.  
[http://www.community.nsw.gov.au/docswr/assets/main/documents/childcare\\_model\\_policies.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/childcare_model_policies.pdf) pages 76 - 80
- Diabetes; Planning and Support guide for education and childcare services; Department of Education and Children Services, Government of South Australia, DECS Publishing.  
[http://www.decd.sa.gov.au/speced2/files/pages/chess/hsp/Pathways/DIABETES\\_BOOK.pdf](http://www.decd.sa.gov.au/speced2/files/pages/chess/hsp/Pathways/DIABETES_BOOK.pdf)
- Diabetes Australia – Victoria. Draft model policies for Diabetes Management in Schools and Services – 30 May 2012.

## 86 – ACCEPTANCE AND REFUSAL OF AUTHORISATION POLICY

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### Position Statement

Having policies and procedures for authorisation makes sure children are safe while being educated and cared for and helps the service be confident that it is meeting its legal obligations.

### Objective

Services must obtain authorisation from parents and authorised nominees to document the acceptance and refusal of authorisations. Further, it is the authorised parent's responsibility to provide the acceptance and refusal of authorisation to the service upon request.

### Procedure

The following procedure must be adhered to at all times to ensure the safety of the children:

- Services must obtain authorisation from authorised parents or authorised nominees for events, tasks and procedures requiring permission or consent.
- Acceptance and refusal of authorisation can only be obtained from authorised nominees or parents who enrolled the child. Update of enrolment record or change form for updating authorised nominees.
- Un-authorised people cannot provide acceptance or refusal authorisations.
- The authorisation must include a 'signature from authorised parent or authorised nominee' and a 'date' of signing. For instructions, please refer to the specific form requiring authorisation.
- When completing forms, all fields are required to be completed. If the field or question is not applicable please write Not Applicable or N/a.
- If unable to read or write please consult the Nominated Supervisor or Responsible Person in Charge of Service to discuss this matter and they will provide assistance in completing acceptance and refusal of authorisation.
- If acceptance or refusal authorisation (no response) is not provided for an excursion the child will be unable to participate in the excursion and will participate in other educational programs.
- Further, if authorisation or refusal authorisation is not provided by the authorised person the service reserves the right to terminate or suspend the enrolment of the child on the basis that the service is unable to provide a safe environment and/or practices for the child when being educated and cared for or the services is unable to meet its legal obligations.
- Nominated Supervisors, Responsible Person in Charge of Service and Educators are responsible for implementing this policy on a day to day basis.
- Authorisations may be provided away of defined service forms or applications and received by hand, fax or email. The forms must contain an authorised parents signature and date.

### Example of Practices

Examples of when accepting and refusal of authorisations are required:

- administering medication to children (regulation 92)
- children leaving the premises in the care of someone other than their parent (regulation 99)
- children being taken on excursions (regulation 102)

### Common Practices

1. **Enrolment of Child:** Completing the enrolment form requires the authorised person to answer questions and provide information about the child's enrolment. All questions are required to be answered and information provided for the enrolment form to be effective.

**2. Excursion Permission Form:** Completing this form requires a signature and date on a printed excursion form but a parent only gives verbal consent. You can refer them to this policy and explain that you are NOT able to accept authorisation until they sign and date the form. Without a written acceptance authorisation a child will not be allowed to attend or participate in the excursion. Instead, they will participate in other learning activities.

### Evaluation and Review

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/8/2023**

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### References:

#### **NQF**

QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
QA7	7.1	<i>Governance supports the operation of a quality service.</i>

### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	168 (2)	<i>Policies and procedures are required in relation to the following – (m) the acceptance and refusal of authorisations</i>
Reg	182	<i>children leaving the premises in the care of someone other than their parent (regulation 99)</i>
Reg	102	<i>children being taken on excursions (regulation 102)</i>
Reg	115	<i>administering medication to children (regulation 92)</i>

## **87 – MEDICAL CONDITIONS POLICY**

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### **Position Statement**

Medical conditions can be life threatening. We are committed to providing, as far as practicable, a safe and healthy environment in which individuals at risk of medical conditions can participate equally in all aspects of the service program and experiences.

### **Objective**

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors. The following policy and procedure provides guidance in relation to medical condition management, risk minimisation and communication plans.

### **Related Policies and Procedures**

Please refer to the following policies and procedures for guidance on specific medical conditions and practices:

- Anaphylaxis Policy – 35
- Asthma Policy – 36
- Diabetes Policy – 85
- Illness Policy - 11
- Medication Policy – 33
- Coronavirus Policy - 98

**Medical Management Plan:** a medical management plan, risk minimisation and communication Plan. The risk minimisation plan and communication plan for each medical condition is documented in our specific policy and procedures (see above) and below policy and procedure.

### **Implementation**

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

A copy of the Medical Conditions Policy must be provided to all educators and volunteers at the service. The Policy must also be provided to parents of children enrolled at the service. Educators are also responsible for raising any concerns with a child's parents about any medical condition known to the service, or any suspected medical condition that arises.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. Families are required to provide this information on the Enrolment Form as outlined below and are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child's prescription.

Please refer below to Appendix 1 (below): Procedures to complete 'Medication Record' and 'Incident, Injury, Trauma and Illness Record' in OWNA when child's Medical Management Plan is enacted and medication is given to child.

### **Management Communication Plans**

Forms of management communication plans for medical conditions include:

- Parents to continuously and periodically update enrolment information; through updating current enrolment form or completing a new enrolment form.

- Completion of Care Management Plans and Forms by parents including Long Term Illness Notification Form, Allergy Action Plan, Asthma Action Plan, Medication Form (HEI002 and OWNA), HEI003a\_341 NAC-Asthma Action Plan, HEI003c\_Action Plan Ana Pen, HEI003d\_Action Plan Epi pen, HEI003f\_Anaphylaxis\_Event\_Record proforma, HEI003g\_Allergy Action Plan
- In some cases child health communication book will be created for parents and educators to communicate and manage child health and medical condition.

It is the responsibility of parents and authorised nominees to provide the service with information in relation to medical conditions.

The service aims at reminding parent through the use of service newsletters, parent notice board and other correspondence.

### **Information that must be provided on Enrolment Form**

The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any medical condition.

The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service –

- Asthma
- Diabetes
- Allergies
- Anaphylaxis
- Diagnosed at risk of anaphylaxis
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form.
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner at any point during the child's education and care at the service.
- Any Medical Management Plan put forward by a child's parents and/or registered medical practitioner. The Medical Management Plan must be used to inform the Medical Conditions Risk Minimisation Plan. Parents are responsible for updating their child's Medical Management Plan as necessary and will be regularly reminded by the service as per the Medical Management Communications Plan.

### **Identifying Children with Medical Conditions**

- Any information relating to the above medical conditions will be shared with the Nominated Supervisor, educators, volunteers and any other staff member at the service. Individuals will be briefed by the Nominated Supervisor on the specific health needs of each child.
- Information relating to a child's medical conditions, including the child's Medical Management Plan, Medical Conditions Risk Minimisation Plan, and the location of the child's medication will be shared with all educators and volunteers and displayed in the following areas of prominence to ensure all practices and procedures are followed accordingly. The location of the information will be located in the classroom for reference by the Educators and also a copy will be held in the service office.

- All educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific medical conditions requirements.
- All educators and volunteers at the service must be able to identify a child with medical conditions easily.
- All educators and volunteers at the service must be able to locate a child's medication easily.
- updated on the child's treatment along with any regulatory changes that may affect practices for specific medical conditions.
- Our service will display information about a child's medical management plan, risk minimisation plan, and the location of each child's medication in an area near a telephone that is visible and easily accessed by all educators eg food preparation or serving area to ensure all procedures are followed. We will ensure the display of information meets privacy guidelines and is not accessible to visitors or other families. We will explain to families why this is important for the safety of the child and obtain parental consent.
- Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child. The rooms will have a displayed schedule to inform educators of children's medical conditions.

### **Medical Conditions Management, Communication & Risk Minimisation Plan**

Medical Condition Management Plans for the child must be developed, reviewed and updated by a medical practitioner (with the child's parent). Educators and parents will use this to create the risk minimisation and communication plans. Medical Condition Management Plan are required to be reviewed and updated by a medical practitioner every 12 months (or earlier if advised by a medical practitioner). At the end of the renewal period, the parent will provide an updated Medical Condition Management Plan (Including the ASCIA Action Plan, Asthma Action Plan) for the child signed and dated by the medical practitioner. The medical action plan will be provided by the parent to the service Centre Director (Nominated Supervisor) and this will be used to assess any changes to the communication and risk assessment plan.

Using a child's Medical Management Plan, the service will develop a Medical Conditions Risk Minimisation Plan (forms part of the Management Plan) in consultation with a child's parents. The Medical Conditions Risk Minimisation Plan must ensure that any risks are addressed and minimised. Our policies and procedures forms part of these risk minimisation plans. The Plan must be developed with the child's parents and medical professionals and these individuals must inform the Medical Conditions Risk Minimisation Plan. To promote consistency and ensure the welfare of all children using the service, we will follow all health, hygiene and safe food policies and procedures.

It is recommended that parents are given a reminder of 6 weeks if plans and medication is expiring. It is the responsibility of parents to ensure Medical Management Plans are keep current.

Any allergens that may be present at the service will be communicated to parents and addressed through the Medical Conditions Risk Minimisation Plan.

Whilst developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, the service will consider and implement the following –

- While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.
- Be aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
- Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.
- Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children include:
  - All types of animals, insects, spiders and reptiles.
  - All drugs and medications, especially antibiotics and vaccines.
  - Many homeopathic, naturopathic and vitamin preparations.
  - Many species of plants, especially those with thorns and stings.
  - Latex and rubber products.
  - Band-Aids, Elastoplast and products containing rubber based adhesives.
- Educators should be on the lookout for symptoms of an allergic reaction, as per their training. Educators should be on the lookout for symptoms as they need to act rapidly if they do occur. Educators should immediately call 000 if symptoms arise. If you know an educator or child is prone to anaphylaxis reactions, and they carry an EpiPen® it should be injected by an educator trained in first aid. CPR should be initiated should the educator or child stop breathing.
- However, steps should be taken to prevent anaphylaxis occurring as outlined below:

Upon enrolment, seek medical information from parents about any known allergies. Ask parents for supporting documentation as well as a Medical Management Plan. This Medical Management Plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan. This should be kept on the child's enrolment file and also be displayed in the service, in an area where all educators can easily access near a telephone. A copy should also be kept where the child's medication is stored. If the child is taken on an excursion, a copy of the management plan should be taken on the excursion. Should a child be known to have allergies requiring medication if a reaction occurs, the parents will be asked to provide the medication. Furthermore, should the child's treatment change, families are asked to provide the service with a new Medical Management Plan from their child's medical practitioner. Documentation will then be updated at the service.

- If displaying personal information about children's or staff member's allergies in food preparation or serving areas, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not easily accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent. Discuss with families where information will be displayed.

- Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction in a child. These practices will be documented and reflected upon, with any practice that may be discovered amended to decrease risk. For example, a procedure to ensure that the child is never at the service without their EpiPen or relevant medication.
- The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or agreed location.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device.
- Develop an ongoing communication plan with the child's parents and with educators at the service to ensure that all relevant parties are updated on the child's treatment, along with any regulatory changes that may change the service's practices in regards to anaphylaxis.
- Provide support and information to the service's community about resources and support for managing allergies and anaphylaxis.
- The service will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Routinely, the service will review each child's medication to ensure it hasn't expired.
- The service will not allow children to trade food, utensils or food containers.
- Ideally, children who have severe allergies should only be served food prepared at their homes. If it is decided that the child will have food prepared for them at the service, this will be prepared in line with their management plan and family recommendations.
- The service will use non-food rewards with children. For example, stickers for appropriate behaviour.
- Families are requested to label all bottles, drinks and lunchboxes etc with the child's name that they are intended for.
- The use of food products in craft, science experiments and cooking classes may need to be changed in order to allow children with allergies to participate.
- Food preparation staff will be instructed on the necessity to prevent cross contamination.
- Parents will be asked not to send food with their children that contain high allergenic elements even if their child does not have an allergy. For example, a sign in the foyer reminding families not to send food with high allergenic elements to the service even if their child doesn't have an allergy.
- If appropriate, a child with allergies may have to sit at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child with the allergy does not feel excluded. If a child is very young, the

family may be asked to provide their own high chair to further minimise the risk of cross infection.

- When the child diagnosed at risk of anaphylaxis is allergic to milk, non-allergic babies will be held when they drink formula/milk.
- Restrict the use of foods likely to cause allergy in craft and cooking play.
- Always follow correct health, hygiene and safe food policies and procedures.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children will not be permitted to 'wander around' the service with food.
- Meals prepared at the service should not contain ingredients such as nuts. (If children have an allergy to eggs; appropriate cleaning and cross contamination strategies need to be implemented.)
- Risk minimisation plans provided by families will be consulted by the service when making food purchases and planning menus.
- The service will ensure that body lotions, shampoos and creams used on allergic children have been approved by their parent.
- Where a child is known to have a susceptibility to severe allergy or anaphylaxis refer to the "anaphylaxis policy", which would exclude children or other individuals visiting the service from bringing any foods containing nuts or nut products such as :
  - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
  - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
  - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
  - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
  - nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil.
- Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and should take precedence.

- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, staff will:
    - Call an ambulance immediately by dialling 000
    - ensure the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy <http://allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> and CPR if the child stops breathing
    - Contact the parent/guardian
    - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Educators should be educated to recognise how serious anaphylaxis is and undertake the steps that need to be taken in order to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:
  - The service will ensure that all educators have completed first aid and anaphylaxis management training. After this, educators will complete training at least every 3 years from the date their qualification was issued.
  - The service will ensure that all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months.
  - The service will also ensure that all relief educators used by the service adhere to these qualification requirements.
- Practice of adrenaline auto-injection devices will be undertaken regularly, preferably quarterly, and recorded. All licensed children's services are provided with Anaphylaxis Resource Kits by Victorian authorities, which will be used to practice with. This includes a training auto-injection device. This will be stored separately to a child's medication to ensure that there is no confusion.

#### **Supervised Self-Administration of Medication by Children over Preschool Age**

The service does not permit a child of any age to self-administer medication.

**Appendix 1: Procedures to complete ‘Medication Record’ and ‘Incident, Injury, Trauma and Illness Record’ in OWNA when child’s Medical Management Plan is enacted and medication is given to child.**

*Three step procedure for the administration of Medication in accordance with a Child Medical Management, Risk and Communication Plan. Ie for medical condition such as Asthma, Allergy, Anaphalaxis, etc.*

**Step 1:** Setting up Medication Record in OWNA to Administer Medication per Medical Management, Risk and Communication Plan

**Step 2:** Complete Medical Record to document the administer of Medication per the Medical Management, Risk and Communication Plan.

**Step 3:** Complete Incident / Illness Record (see separate procedure for completion of this form). ‘Incident, Injury, Trauma and Illness Record’

See below guidance on how to complete each of the above steps.

**STEP 1: MEDICATION REPORT – SETTING UP MEDICATION RECORD TO ADMINISTER MEDICATION PER MEDICAL MANAGEMENT PLAN**

1. In OWNA App or Portal educator created a “Medication Report”
2. If not an emergency, educator contacts parent to inform them medication is needed to be given to child per Medical Management, Risk and Communication Plan held at service.
3. Complete the Medication Report form below in OWNA Portal or App.

**CREATE IN OWNA PORTAL**

Add Medication Report

Home / Medication Reports / Add Medication Report

Should always be enrolment form. Can in addition be “verbal” to indicate spoke to parent also.

Type of authorisation received*	Add new "Medication Report" details below:		
Parent spoken to.	Child*	- select child -	
		<input type="checkbox"/> Verbal	<input type="checkbox"/> Face to Face
		<input type="checkbox"/> Written	<input checked="" type="checkbox"/> Enrolment Form
Date/Time Contacted*	<input type="text"/> e.g. 2019-10-31 <input type="button"/>		
Comments to include: - Situation - Confirm dosage to give per plan - Confirm if medication given in last 24 hrs	Comments	e.g. We rang mum and left voicemail but got in contact with dad.	
Information per Medical Mgt Plan & checked to medication label for child. Exact Info.	Name of Medication*	<input type="text"/>	
	Dosage to be Administered*	<input type="text"/>	
	Method of Administration*	<input type="text"/>	
	When to Administer? *	<input type="text"/> e.g. 2019-10-31 <input type="button"/>	

Set expiry date to be the date administering medication per Medical Mgt Plan. i.e 1 day expiry.

Expiry Date*	<input type="text" value="e.g. 2020-10-31"/>
Comments/Reason	e.g. Samuel had a temperature.

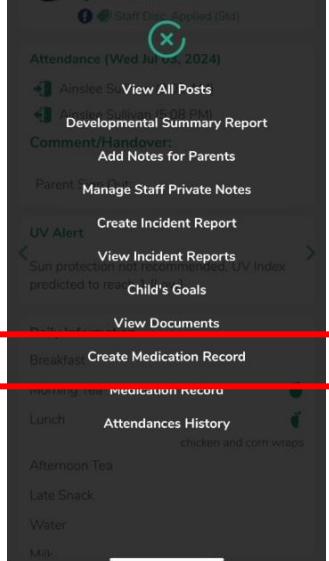
Comments /Reason: Describe symptoms observed and reference actions noted in Child's Medical Management Plan

Upload Images, Video or PDF (up to 10)

Drop files here or click to upload.  
(Wait for files to be uploaded before submitting)

Add Medication to App

## CREATE MEDICATION RECORD USING OWN APP



The screenshot shows the OWNA app interface. A red box highlights the "Create Medication Record" button in the top navigation bar. Another red box highlights the "Create Medication Record" button in the main content area.

**Create Medication Record**

**Medication Records**

Select Child: <Select Child Name>

Type of authorisation received:

- Verbal
- Face to Face
- Written
- Enrolment Form

Tick ‘verbal’ if contacted parent to discuss medical condition and enacting the medical management, risk & communication plan

Tick Enrolment Form: Medical Management, Risk & Communication Plan should be listed on child enrolment form.

Name of Parent/Carer: Parent/guardian

Date/Time Contacted

Comments

Name of Medication\*

To Be Administered\*

Dosage to be Administered\*

Method of Administration\*

Medication information: this is per the Medical Management Plan and Medication Label. (these should match and be checked by two educators they are the same)

Expiry Date\*

Expiry Date = date medication given. Set expiry date on this form to be the date administering medication. If it not 1 day will continue displaying in OWNA

Reason:

e.g. Samuel had a temperature. We rung mum and she gave us permission to give him Panadol

Reason: Eg. Describe symptoms observed.  
Follow Medical Management Plan instructions.

- is the medication in its original container and bearing the original label with the name of child whom the medication is to be administered and where the medication must be stored.
- 

Upload Images

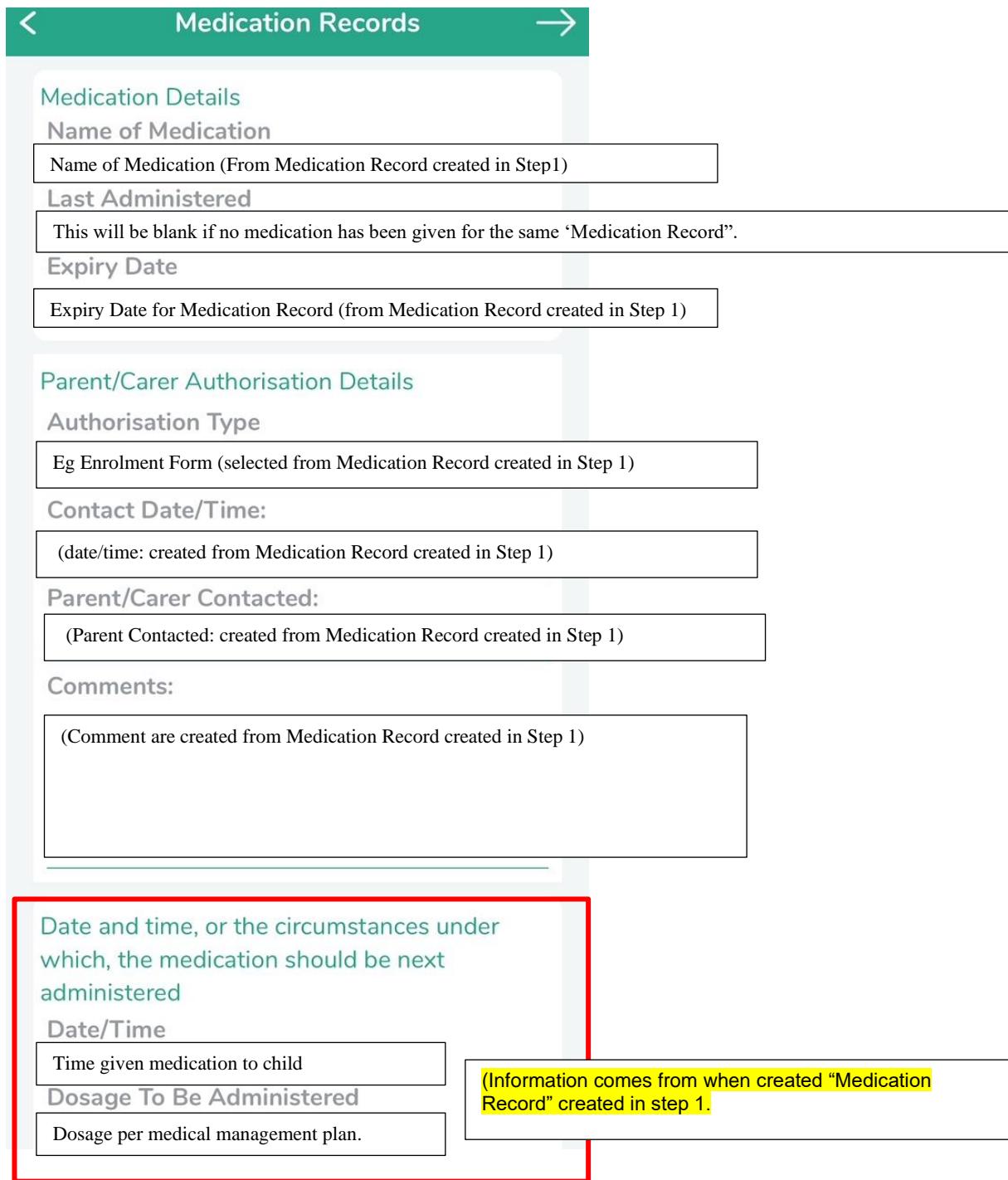


Submit Medication Record. Go to Step 2 below.

**STEP 2: MEDICATION RECORD – RECORD OF ADMINISTRATION OF MEDICATION**

Person who administers medication should be person logged into OWNA App.

(STEP 1 is needed to be completed before step 2 is completed)



**Medication Details**

**Name of Medication**  
Name of Medication (From Medication Record created in Step1)

**Last Administered**  
This will be blank if no medication has been given for the same ‘Medication Record’.

**Expiry Date**  
Expiry Date for Medication Record (from Medication Record created in Step 1)

**Parent/Carer Authorisation Details**

**Authorisation Type**  
Eg Enrolment Form (selected from Medication Record created in Step 1)

**Contact Date/Time:**  
(date/time: created from Medication Record created in Step 1)

**Parent/Carer Contacted:**  
(Parent Contacted: created from Medication Record created in Step 1)

**Comments:**  
(Comment are created from Medication Record created in Step 1)

**Date and time, or the circumstances under which, the medication should be next administered**

**Date/Time**  
Time given medication to child

**Dosage To Be Administered**  
Dosage per medical management plan.

(Information comes from when created “Medication Record” created in step 1.)

<p><b>Method of Administration</b></p> <p>Method per Medical Action Plan</p> <p><b>Upload Images</b></p> <p><b>Add Medication Administered</b></p> <p>Date/Time</p> <p>Dosage Administered</p> <p>Method of Administration</p>	<p>(Information comes from when created "Medication Record" created in step 1. This is per medical management plan.)</p> <p><b>INFORMATION INPUT SECTION:</b> Educator who is administering medication need to note information on what is being given to child.</p>
<p><b>Person administering medication (and completing this record)</b></p> <p>Signature <span style="float: right;">X</span></p> <p>Person who administering medication signature. Eg. Centre Director, Responsible Person, Room Leader, Qualified Educator. In Method of Administration (see above) list persons name who gave medication. Person who administers medication should be person logged into OWNA App.</p>	
<p><b>Witness</b></p> <p>Name of Witness</p> <p>Signature <span style="float: right;">X</span></p> <p>Witness and person who completed second check of medical management plan, dosage, label on medication, etc.</p>	
<p><input checked="" type="checkbox"/> Is the medication in its original container and bearing the original label with the name of child whom the medication is to be administered and where the medication must be stored.</p> <p><input type="checkbox"/> I checked the "five rights of medication administration" – right child, right medication, right dose, right time and right manner – with a witness before administering the medication.</p> <p><b>Comments/Reason</b></p> <p>Medication initially created by Staff - Scott Zannes.Following anaphylaxis management plan.</p> <p>Is name of Person who initially created Medication Record. Pre-filled from step 1.</p> <p>Notes added from Medication Record "Comments / Reason" from form created in step 1.</p>	

SUBMIT RECORD.

### **STEP 3: COMPLETION OF AN INCIDENT / ILLNESS REPORT**

As a Medical Management, Risk & Communication Plan has been enacted this typical would be the result of a child illness occurring at the service (ie Allergic Reaction, Anaphylaxis Reaction, Asthma attack, etc). Therefore, an Incident / Illness Report ('*Incident, Injury, Trauma and Illness Record*') need to be completed to document this information and inform parents/guardian (this is in addition to the completion of the Medication Record).

Assess if considered a 'Serious Incident / Illness' and needed to be reported to Regulatory Authority via the NQS ITS within 24 hours. Typically, this would be required if a medical management plan has been enacted.

#### **Questions on form:**

##### ***General Activity at the time incident/injury/trauma/illness***

Detail the activity, experience or routine

##### ***Cause of injury/trauma:***

Consider: Eg. Child has potentially come in contact with allergen: List possible items.

##### ***Circumstances leading to and surrounding any injury or illness (including symptoms)***

Detail

#### **Actions taken section of form**

##### **- Details of action taken (including first aid, administration of medication, etc)**

Describe actions completed and reference to Medical Management, Risk and Communication Plan

- Did emergency services attend? Yes or No

- Was medical attention sought from registered practitioner / hospital ?

- Have any steps been taken to prevent this type of incident in the future?

Complete assessment of circumstances and if a risk assessment is needed to be completed and/or Medical Management, Risk and Communication Plan is needed to be reviewed or edited.

\*\*\*\*\*

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/7/2024**

**Next Policy Review: 15/6/2025**

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#### **Reference:**

Policy Handbook – P004.7.2024

**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Reg	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	94	<i>Exception to authorisation requirement—anaphylaxis or asthma emergency</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

**EYLF**

LO3	<i>Children are happy, healthy, safe and connected to others.</i>
	<i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</i>
	<i>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</i>

**Other References:**

**Handbook on Child Care Licensing**  
**QIAS Principle 5.1, 5.2, 5.3**  
**Standards Australia**  
**Privacy Act 1988**  
**Public Health and Wellbeing Act 2008**  
**Occupational Health and Safety Act 2004**  
**CCB – Federal Funding Guidelines**  
**Drug Regulations**

## **88 – CHILD SAFE ENVIRONMENTS POLICY**

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### **Position Statement**

To have a safe environment that facilitates learning, development and care of children.

### **Objective**

To provide an environment that is safe, appealing, constructive, well-maintained and welcoming to all individuals who use it.

### **Related Policies and Procedures**

- 29 – Food Safety & Hygiene Policy
- 81- Hazard Risk Management Policy Procedure and Program
- 26 – High Chair Policy
- 37 – Biting Policy
- 12 – Child Protection & Wellbeing Policy
- 34 – First Aid Policy
- 29 – Food Safety & Hygiene Policy
- 27 - Health & Hygiene Policy
- 19- Incident, Injury and Trauma Policy
- 10 – Occupational Health & Safety Policy
- 33 – Medication Policy
- 14 – Safety & Maintenance Policy
- 11 – Supervision Policy
- 23 – Toxic & Potential Dangerous Products Policy
- 24 – Toxic Plant Policy
- 13 – Water Safety Policy
- 42 - Sun Protection and Safety Policy
- 65 - Delivery and Collection of Children
- 67- Back Care and Manual Handling

### **Implementation**

#### **PHYSICAL ENVIRONMENT**

In relation to our physical environment, the service will:

Provide an environment that fosters children's learning, development and safety and the safety of others in the environment by:

- Providing appropriately sized furniture and equipment in both the indoor and outdoor settings for the age ranges represented in the service.
- Providing challenges in relation to indoor and outdoor elements in the environment to encourage appropriate challenges and risk taking as per each child's developmental level.
- Providing an environment that is well organised so children, educators and others in the environment can generally move around without having to disrupt other children's activities.
- Incorporating any specific requirements of children with additional needs as seamlessly as possible.
- Incorporating soft fall material into our environment and placing any climbing play equipment, swings or slides on soft fall materials.
- Undertaking regular risk assessments of the service's environment to ensure that risk is minimised at all times.

- Providing an environment that allows children in various moods to exist in the same space (e.g. quiet play areas and loud play areas)
- Providing experiences for children to interact with nature by including natural elements (e.g. plants, trees, gardens, rock, mud or water) in our outdoor environment
- Providing adequate and ongoing training for new and existing educators and volunteers in relation to the children's learning and relevant safety considerations.
- As part of our sun protection strategy, providing adequate shading as per the recommendations of recognised authorities.
- Establishing the environment to allow children to be appropriately supervised at all times.
- Fencing the area in order to provide safety.
- Engaging the children in a wide variety of indoor and outdoor experiences.
- Enabling the children to access appropriate furniture, resources, materials, toys and equipment. These resources will be adequate in number for the amount of children attending our service and be developmentally appropriate.
- Providing an environment where children can explore, solve problems, create, construct and engage in critical thinking that is developmentally appropriate for the ages represented in the service.
- Providing an environment that allows children to engage in activities independently or work in small groups and access resources independently.
- Providing an environment that encourages large and small group and independent activities.
- Providing an environment that incorporates commercial, natural, recycled, home-made and real resources that can be used in a variety of ways to encourage children's learning.
- Providing adequate and accessible hand-washing, toileting, eating and sleeping facilities as per the amount of children attending our service. In relation to toileting and hand-washing, these will be accessible from both our indoor and outdoor environments.
- If children attending the service use nappies, the service will provide adequate and appropriate hygienic facilities for nappy changing. If children at the service are under 3 years of age, there will be at least 1 properly constructed nappy changing bench. The nappy change facility are designed, located and maintained to ensure that children cannot access them without being directly supervised.
- Establishing an environment that incorporates natural and artificial lighting, appropriate ventilation, heating and cooling and fresh air.
- Provide appropriate areas for food preparation.
- Provide quiet areas where children can sleep or rest.
- Providing a separate indoor space for children who are under two years of age (yards permitting).
- Providing a space for administrative functions, consultation with children's parents and for private conversations to take place.
- Ensuring children's safety by ensuring that power points not in use have safety caps, all double adaptors and power-boards are out of reach of children and all electrical cords are secured.
- Discussing with children the safety aspects of using toys and equipment. When circumstances allow, we will involve the children in setting these rules.
- Communicating with families about the latest available safety information and making them information available to families.
- Compiling details of maintenance logs and records of building and equipment.
- Ensuring all equipment, including resources, equipment, car seats, booster seats etc meets relevant Australian Standards and educators are trained in correct maintenance and assembly.

### **Arrangements for Laundering of Soiled Items**

- The laundry area includes a clothes dryer, washing machine, clothes dryer and trough with hot & cold water supply for the laundering of soiled cloths and linen.

### **Choosing Appropriate Resources and Equipment**

- The Approved Provider will be ultimately responsible for any purchases of equipment.
- Educators will compile a list for the Approved Provider of equipment which needs maintenance on a prioritised basis on a periodic basis.
- Resources and equipment will be chosen to reflect the cultural diversity of the service's community and the cultural diversity of contemporary Australia, including the incorporation of the Aboriginal and Torres Strait Islander community.
- The service may actively seek the input of parents/guardians regarding toys and equipment at the service.
- All new equipment will be checked against Australian Safety Standards.
- Children will be carefully introduced to new toys & pieces of equipment and taught how to use and care for them appropriately.
- Equipment that should only be used under supervision will be stored in a safe place pursuant to the relevant policies.
- The use of pools and toys or equipment which involves the use of water will be used under the direct supervision of educators. All equipment will be emptied of water when not in use, and stored in such a manner that it cannot collect water.
- Children will only use a trampoline whilst under the direct supervision of an adult educator.
- Equipment will be checked regularly by the educators to ensure it is in a clean and safe condition.
- The Approved Provider will advise the educator and parents about the purchase of new equipment and ensure a risk assessment is carried out.
- All equipment purchased for the service will be within budget limitations.

### **Rearranging, Adding or Removing Furniture**

- Plans may be kept regarding the arrangement of the rooms and outdoor spaces. These plans may show how the service aims to create inviting learning spaces.
- The service may keep a record of any changes that is made to the physical environment of the service, such as rearranging of rooms etc.
- The service will document the links between the arrangements and choice of resources and equipment and the children's learning.

### **On-going Maintenance**

- The service will consistently reflect on its environment and put in place a plan to ensure that the environment continuously reflects our ideology of providing an environment that is safe, stimulating and engaging for all who interact with it.
- The Approved Provider/Nominated Supervisor will put together an ongoing prioritised maintenance plan for the service. This will then be implemented throughout the year in accordance with any relevant policies.

- It is the responsibility of the Approved Provider/Nominated Supervisor to complete a Building Safety Checklist of the service and its grounds bi-annually and ensure any works deemed necessary are done to Australian standards. The Approved Provider/Nominated Supervisor will also ensure that the service and its grounds comply with Local Government and BCA regulations in regards to fire ventilation, natural and artificial lighting and safety glass.
- Should the service undertake major renovations, management plans will be put in place to ensure that the safety of educators, children, families and others at the service is not compromised.

### **The Children's Groupings, Education and Care**

Our service groups the children throughout the day in rooms according to their age and/or developmental stage. Within that space, there are different areas where the children can explore and experience their own moods. For example, each room allows for a quiet play space, such as our book corner and a loud/physical play space such as the block area. Our outdoor environment also allows for children in different moods to be in the environment. Our outdoor table and chairs allows for children to engage in quiet activities while our climbing equipment and sandpit allows for children to engage in physical activities.

In order for children to interact with the children and educators from other rooms in the service, family grouping occurs at the start and end of each day.

The service believes children safety is paramount importance. Safety education is incorporated into the curriculum through intentional and spontaneous teaching. We believe that educators, staff and families should role model safe behaviours. This extends to when children participate in walking excursions, safe active travel is promoted. To further support our safe initiatives, the service engages with a number of community agencies and health professionals to support safety initiatives. Educators, staff and families.

### **Safety Checks**

A daily inspection of the premises will be undertaken before children begin to arrive. This inspection will include the:

- Perimeters
- Fences
- Gates
- Paths
- Buildings
- All rooms accessible by children
- Fixed equipment.

This must be done in order to premeditate any dangerous objects in the grounds ranging from sharps to poisonous or dangerous flora and fauna.

In the event of a sharp object being found (for example a syringe) educators will wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead or dangerous looking branches as well as check for any infestations or nests.

In regards to non-fixed play equipment in the service grounds it can be no more than one metre high and will not obstruct the sightlines of supervisory educators.

The service will also regularly have pest inspections carried out by an accreditation pest control company. Documentation of these inspections will be kept and any findings from the pest control check will be carried out in line with the recommendation of the pest control company.

The Indoor and Outdoor Daily Safety Checklists will be used as the procedure to conduct these safety checks. A record of these will be kept by the service. Any required maintenance will immediately be reported by the Approved Provider/Nominated Supervisor who will make the appropriate arrangements to have repairs carried out.

The following is a guideline for service Checklists.

#### **Outdoor items for Review**

- **Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Records of any damages and subsequent repairs are kept.
- **Doors** –have finger jam protectors (as required)
- **Dust mites, pet allergens** – regular dusting and vacuuming.
- **Fence** off securely and effectively all sides of outdoor play areas from roads, water hazards, and driveways. Maintain fences have correct height. Install childproof self locking devices on gates.
- **Garbage** – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.
- **Garden** and renovation debris removed. Regularly trim branches and bushes.
- **Garages and sheds** - keep locked.
- **Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded and are kept out of reach of children.
- **Hygienic**, regularly cleaned and maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
- **Non-slip** floors, stairs, steps, grounds and nonporous indoor floors for easy cleaning.
- **Renovation** dangers e.g. lead, asbestos, holes and excavations – reduce risks.
- **Pesticide** residue - dangerous chemicals should not be used to remove vermin.
- **Safety glass** is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.
- **Security** - minimising unauthorised access with appropriate fencing and locks.
- **Spills** – clean away as they occur.
- **Under Service access** (including buildings on stilts and footings) – lock or block access.
- **Window fly screens** securely fitted, maintained and permanent.

#### **Indoor Items for Review**

- **Access for children and adults with disability** - ensure safe access into, within and out of the Service, security, toilet and washing facilities, and check for hazards for wheelchairs and individuals with impaired sight, hearing or mobility.

- **Barriers** - age appropriate, child proof, self locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the Service, front and back garden.
- **Children at risk** – maintain extra security and supervision for children at special risk.
- **Choking hazards** e.g. small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags and balloons.
- **Decorations and children's artwork** – do not place near ceiling fans, air conditioners or heaters. Avoid use of tacks, pins, and staples.
- **Emergency evacuation** – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures.
- **Fire** – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.
- **First aid** kit with approved contents is maintained and accessible. Ensure First Aid certificates are current for relevant educators.
- **Furniture and nursery equipment** - stable, maintained and meets safety standards.
- **Guard and make inaccessible to Children:** heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment. Ensure heaters are away from children's cots.
- **Hazardous indoor and outdoor plants** identify, remove or make inaccessible to children.
- **Heaters** – ensure that children cannot come in contact with hot surfaces. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating.
- **Hot water** - ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current KidSafe recommendation is below 43.5°C).
- **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
- **Noise** – reduce excessive exposure.
- **Non-slip, non-porous floors, stairs.**
- **Pets and animals** – inform families of pets being kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, clean, and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.
- **Record details** and notify parents of any child accident.
- **Safe play rules and adequate play spaces:** discourage running indoors and safe furniture layout to avoid collisions.
- **Safety glass used and installed** according to Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, **safety decals** on sliding doors and plate glass doors at child and adult eye level.
- **Security** – ensure all entry doors are locked at all times and place bells on doors.
- **Smoke free environment** in all areas.
- **Educators personal items** – ensure educators' personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.

- **Stairways**, ramps, corridors, hallway, external balcony must be enclosed to prevent a child falling.
- **Store in locked cabinet** any unsafe items, e.g. chemicals, medicines, razors, knives and electrical equipment.
- **Supervision and visibility of children –** ensure children are visible and supervised at all times. High risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two educators on premises at all times with vision of each other and the children, have two educators present or in view when changing nappies or washing children.
- **Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

## CLEANING OF BUILDINGS, PREMISES, FURNITURE AND EQUIPMENT

### **General Cleaning**

The service will use structured cleaning schedules to ensure that all cleaning is carried out regularly and thoroughly. Educators will clean the service at the end of each day and throughout the day as the need arises. Accidents and spills will be cleaned up as quickly as possible to ensure that the service always maintains a high level of cleanliness and hygiene.

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, our service will:

- Select and make use of the least hazardous substance or equipment.
- Only purchase and make use of substances which have child resistant lids or caps. Educators will ensure that such lids or caps are properly fixed at all times.
- Adhere at all times to manufacturer's advice and instructions when using products to clean furniture and equipment at the service.
- Store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact at all times. Any substance or found to be stored in a different container than originally provided, or with destroyed labels and/or unknown use by dates where appropriate will not be used under any circumstances. Containers should be disposed of correctly following local council guidelines, and not reused under any circumstances. Labelling of container is permitted to be completed with permanent marker to clearly label the name of the contents and the words "Poison – not for consumption see MSDS".
- All dangerous chemicals, substances and equipment must be stored in a locked place or facility which is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges and toiletries.
- Educators should follow the instructions of manufacturers, particularly of any product which may need to be stored in a refrigerated environment pursuant to the aforementioned directives.
- Particularly dangerous and hazardous materials such as pesticides, herbicides, petroleum, kerosene, solvents and equipment which is operated by an engine or

hazardous to children, will be stored in a locked facility external to the main building of the service. The facility must have a bonded floor and be inaccessible to children and clearly labelled as storing dangerous substances and/or equipment. Such facilities should be separate from children's play or outdoor environments.

- All hazardous containers and equipment should be properly discarded pursuant to local council guidelines.
- Any substances that need to be refrigerated must be stored in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children.
- If bulk chemicals or non-domestic products and quantities are used or stored, have a Hazardous Substances Register and Risk Assessment in accordance with the OHS Act and Regulation. This should record product name, application, whether the product is labelled, whether a MSDS (Material Safety Data Sheet) is available, what class risk the chemical is, the controls for prevention of exposure that are required and what first aid, medical or safety action should be taken if an individual is exposed.
- The manufacturer's instructions for use, storage, and first aid instructions will be followed and recorded on an MSDS (Material Safety Data Sheet).
- The Service should keep a register of all hazardous chemicals, substances and equipment used at the Service. Information recorded should include where they are stored, their use, any risks, and first aid instructions.
- Appropriate personal protective clothing should be worn pursuant to the manufacturer's instructions when using and disposing of hazardous substances or equipment.
- Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 131126, or call an Ambulance on 000.
- In the case of any child or educator becoming injured by a chemical, substance or equipment, the service will initiate our emergency, medical and first aid procedures, notify the appropriate authority that administers workplace health and safety immediately and any other individual or authority as required by regulations or guidelines.
- In any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard, call the emergency services, dial 000 and notify the appropriate authority that administers workplace health and safety and any other individual or authority as required by regulations or guidelines.
- The Poison Safety Checklist will be used in order to ensure we are consistently meeting requirements.

### **Minimising Potentially Dangerous Substances**

Our service also implements the concept of minimising the use of potentially dangerous substances. Ordinary detergents will be used to help remove dirt from surfaces. Colour-coded sponges (per service schedule) will be used in order to not cross-contaminate areas. Different rubber gloves will also be used in each room then hung out to dry and air. Before returning to the children educators will wash and dry hands.

### **Disinfectants**

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, public health units may specify the use of a particular disinfectant. In this situation, for the disinfectant to work effectively, there still needs to be thorough cleaning using a detergent beforehand.

Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. It is more important to make ensure surfaces have been cleaned with detergent and warm water than to use a disinfectant. To kill germs, any disinfectant needs:

- A clean surface to be able to get to the germ.
- To be able to act against those particular germs.
- To be of the right concentrate on.
- Enough time to kill the germs, this is at least 10 minutes.

Even when all of these conditions are met a disinfectant will not kill all the germs present.

### **Detergents**

Proper cleaning with detergent and warm water, followed by rinsing then drying and airing time kills most germs from surfaces as they are unable to multiply in a clean environment.

Cleaning equipment should be stored and taken care of so it can dry between uses and not multiply germs itself.

### **Poison Safety Checklist**

Week beginning: \_\_\_\_\_

<b>Checklist</b>	<b>Yes</b>	<b>No</b>	<b>Action required</b>
Have all chemical products been checked to determine if they need to be stored in a lockable cupboard?			
Have all chemical products been checked to determine if they require disposal (out of date or no longer required)?			
Are all chemicals labelled correctly?			
Are food and chemicals stored separately?			
Are all Material Data Forms available for all chemicals in the Service and placed with the chemical?			
MSDS Register available?			
MSDS Register Current?			
Are containers for soiled nappies securely covered and the contents inaccessible to children?			
Are low toxicity products used whenever possible?			
If any handbags contain medication, are they stored safely?			
Is the Poisons Information Centre number available at every phone? (13 11 26)			
Is there any paint flaking of the walls that may contain lead?			

Have all poisonous plants been removed from the Service's premises?			
Have families been provided with information on poison safety?			
Have chemical storage areas been labelled with chemicals stored here signs?			
Medication is stored in locked containers/cupboard?			

Educators Name: \_\_\_\_\_

Educators Signature: \_\_\_\_\_

**Cleaning Schedule Guidelines – (Services will have custom schedules)**

	<b>Wash DAILY plus when visibly soiled</b>	<b>Wash WEEKLY plus When visibly soiled</b>
<b>Bathrooms.</b> Wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if Obviously soiled.	✓	
<b>Toys</b> and objects put in the mouth	✓	
<b>Surfaces</b> the children have frequent contact with, for example, bench tops, taps, cots and tables.	✓	
<b>Mattress covers and linen</b> , if each child does not use the same mattress cover every day.	✓	
<b>Door knobs</b>	✓	
<b>Floors.</b>	✓	
<b>Low shelves.</b>		✓
<b>Other surfaces often touched by children</b>		✓

**Special areas for Cleaning - nappy change area**

Nappy change areas need to be cleaned after each use with detergent and warm water. If faecal matter spills onto the area wipe down with disinfect / detergent solution and warm water and leave to dry. At the end of each day wash with warm water and leave to dry in fresh air and sun if possible. Please refer to procedure.

**Clothing**

It is recommended Educators clothing should be wash daily. Educators may wear aprons or something similar to cover clothing that cannot frequently be washed. Educators should also have a change of clothes available in case of accidents. Dress-up and play clothes should be washed once a week (pending amount of use) in hot water and detergent.

**Toy Cleaning**

Educators will regularly clean the children's equipment and toys. Toys, especially in the rooms of the younger children, are to be washed daily so as to avoid the spread of disease. Educators will wash a toy immediately if it has been sneezed on, mouthed, soiled or if it has been discarded after play by a child who has been unwell. The service will have washable toys for the younger children.

Refer to the following toy cleaning schedule for toys on display in the children's rooms.

**Recommended cleaning materials:**

Please use child friendly cleaners such as Bicarb, vinegar diluted 1:10 in water, tea tree, lavender or eucalyptus oil diluted 5 drops to 500ml water, lemon juice or plain water. Please rinse in water after cleaning.

Other items that may be necessary include a sponge cloth, an old toothbrush or cotton wool.

**General:**

- Most toys can be washed with normal dishwashing liquid, rinsing with clean water.
- Get into corners with a toothbrush. Please dry well.
- Leaving items such as LEGO and construction blocks to drain on a clean tea-towel overnight is ideal.

**Wooden Toys:**

- Should be wiped over with a damp cloth – please do not immerse in water.

**Play Dough**

Service will reduce the risk of the spread of disease when playing with play dough by:

- Encouraging hand washing before and after using play dough
- Making up individual play dough in zip lock bags for each child to participate in sensory experience.
- Sanitizing surfaces that children will be playing with play dough.
- Storing the play dough in a sealed container in the refrigerator between uses
- Making a new batch of play dough each week, and
- If there is an outbreak of vomiting and/or diarrhoea, discarding the play dough at the end of each day during the outbreak.

**Rattles and Baby Toys:**

- Must not be immersed in water as it can get inside, rendering the toy useless.
- Wipe thoroughly with hot water or a cloth with diluted vinegar or specialised cleaning solution.

**Ride-on Vehicles and Outdoor Toys:**

- Must be cleaned.
- Please take care not leave them exposed to the elements as this reduces their lifespan.

**Puzzles and Games:**

- Wooden puzzles as per 'Wooden Toys' above.
- Cardboard should be wiped over with a slightly damp cloth.

**Packaging:**

Please help us by:

- Packing small pieces in bags provided. This makes them easier to count when returned
- Using elastic bands to contain similar items (like railway tracks).
- Completing puzzles before returning where practical.
- Alerting Volunteers to plastic bags which may be deteriorating.

**Sun Protection**

It's important to have a healthy balance of ultraviolet radiation (UV) exposure. Too much of the sun's UV can cause sunburn, skin and eye damage and skin cancer. Overexposure to UV during childhood and adolescence is a major factor in determining future skin cancer risk. Too little UV from the sun can lead to low vitamin D levels. Vitamin D is necessary for the development and maintenance of healthy bones and muscles, and for general health.

This SunSmart Policy has been developed to:

- Ensure all children and educators get some UV for vitamin D.
- Encourage children and educators to use a combination of sun protection measures whenever UV Index levels reach 3 and above to minimise skin and eye damage and skin cancer risk.
- Work towards a safe outdoor environment that provides shade for children and educators at appropriate times.
- Assist children to be responsible for their own sun protection.

- Ensure that families and new educators are informed of the service's sun protection policy.

Refer to the Sun Protection and Safety Policy.

### Kitchens

- Children must not gain access to any harmful substance, equipment or amenity
- The kitchen has a door, half-gate or other barrier to prevent unsupervised entry by children into the kitchen.
- The preparation of bottles for children under the age of 2 years is both safe and hygienic at all times and separate from nappy change area.

### Maintenance of Fire Equipment

All fire equipment at our centre will be maintained as per the legal standards. Our equipment will be checked as required as per the timeframes below.

Key	
<b>Inspection Procedure of Fire Safety Installations (F.S.I)</b>	<ol style="list-style-type: none"> <li>1. Inspect for obvious visual faults.</li> <li>2. Inspect for faults and witness test of F.S.I by a competent person</li> <li>3. Inspect for faults where possible and accept logbook details of F.S.I</li> <li>4. Check Building file for details of any extra requirements.</li> </ol>
<b>Required Record of Keeping Fire Safety Installations (F.S.I)</b>	<p>L = log book required  R = record of maintenance required  T = Metal tag on F.S.I or service details/service label  (Y) = Weekly test may be omitted refer AS 1851-2005</p>

### Fire Fighting Equipment Maintenance Schedule

Special Fire Service	Inspection Procedure for FSI	Required Record Keeping for FSI	Maintenance Schedule							Annual Survey of Installation	Maintenance Standard or Building Preference
			Wk	Mt h	3Mt h	6Mt h	12Mt h	3Yr	5y r		
Fire Mains	1				Y	Y	Y				1851-Section 2 & 4
Fire Hydrants (including internal & external hydrants, boosters connection/s and water storage tanks)	2	L-T			Y	Y		Y	Y		1851-Section 4

<b>Fire Pumpsets</b>	<b>2</b>	L-T	(Y)	Y		Y	Y		Y	Y	1852 – Section 3
<b>Fire Hose Reels</b>	<b>2</b>	R-T				Y	Y			Y	1851- Section 14
<b>Fire Extinguishers (Portable)</b>	<b>2</b>	R-T				Y	Y		Y	Y	1851- Section 15

External agencies will be employed to assist the centre with this maintenance if no currently employed staff or educators are qualified to complete the maintenance checks.

#### **Links to other Policies and Company Resources**

In conjunction with this policy please read the Staff Handbook (POL002), the Workplace Health, Wellbeing and Safety Handbook (POL003).

#### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 21/5/2024**

**Next Policy Review Due: 15/5/2025**

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#### References:

##### **NQS**

QA2	2.2.1  (Pre-1 Feb 18: 2.3.2)	<i>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</i>
QA3	3.1.1	<i>Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</i>
	3.1.2	<i>Premises, furniture and equipment are safe, clean and well maintained</i>
	3.2.1	<i>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.</i>
	3.2.2	<i>Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.</i>
QA6	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.1	<i>Families are supported from enrolment to be involved in the service and contribute to service decisions.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing,</i>

	6.1.2	<i>The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.</i>
	6.1.3	<i>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</i>
	6.2.2	<i>The service builds relationships and engages with its local community.</i>
	6.2.1	<i>Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.</i>
	6.2.2	<i>Effective partnerships support children's access, inclusion and participation in the program.</i>
	6.2.2	<i>The service builds relationships and engages with its local community.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

Regs	168(2)(h)	<i>Policies and procedure; providing a child safe environment</i>
	182	<i>Tobacco, drug and alcohol free environment</i>
	156	<i>Relationships in groups</i>
	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	106	<i>Laundry and hygiene facilities</i>
	107	<i>Space requirements—indoor</i>
	108	<i>Space requirements—outdoor space</i>
	109	<i>Toilet and hygiene facilities</i>
	110	<i>Ventilation and natural light</i>
	111	<i>Administrative space</i>
	112	<i>Nappy change facilities</i>
	113	<i>Outdoor space—natural environment</i>
	114	<i>Outdoor space—shade</i>
	115	<i>Premises designed to facilitate supervision</i>
	116	<i>Assessments of family day care residences and approved family day care venues</i>
	117	<i>Glass (additional requirement for family day care)</i>
	73	<i>Educational programs</i>
	74	<i>Documenting of child assessments or evaluations for delivery of educational program</i>
	75	<i>Information about the educational program to be kept available</i>
	76	<i>Information about educational program to be given to parents</i>
	80	<i>Weekly menu</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	99	<i>Children leaving the education and care service premises</i>
	102	<i>Authorisation for excursions</i>
	111	<i>Administrative space (centre-based services)</i>
	168(2)(k)	<i>Policies and procedures are required in relation to enrolment and orientation</i>
	171	<i>Policies and procedures to be kept available</i>

#### **EYLF**

LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i>
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	<p><i>Children respond to diversity with respect</i></p> <p><i>Children become socially responsible and show respect for the environment</i></p>
LO4	<p><i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i></p> <p><i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i></p> <p><i>Children transfer and adapt what they have learned from one context to another</i></p> <p><i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i></p>

**Other References:**

**Occupational Health & Safety Act 2004**

**Australian Standards 1851-2005 “Maintenance of Fire Protection Systems and Equipment”**

## **89 – EDUCATION, CURRICULUM AND LEARNING POLICY**

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### **Position Statement**

Our service needs to promote the learning and development of all children in a safe, nurturing environment that meets the individual needs of the children and achieves the learning outcomes in accordance with the National Quality Framework, Early Years Learning Framework and Victorian Early Year Learning and Development Framework.

### **Objective**

Educators aim to create positive learning environments and guide experiences for each child in conjunction with their family. Educators will observe children and facilitate their learning to provide each child with an individualised portfolio by documenting their learning throughout the year. Children and their families will be encouraged to participate in the ongoing process to promote engaged learning.

### **Implementation**

Our Educational Leaders are appointed by the Approved Provider and Nominated Supervisor of the service. Our service has a Head Educational Leader and a committee of Educational Leaders. Please refer to centre notice board for the Educators appointed to these roles.

The role of the educational leader is to work with educators to provide curriculum direction and to ensure children achieve the outcomes of the approved learning framework.

Our service is committed to the Early Years Learning Framework (EYLF, 2022 v2.0) and the Victorian Early Years Learning and Development Framework (VEYLDF).

Our service uses OWNA an online curriculum software for the planning and documentation of children learning and development. Observations of all children enrolled in our service will be documented and kept for future reference and reflection, through use of OWNA Curriculum Software and online portfolios. Portfolios will be added to regularly by educators, families and children and reflected upon by educators to ensure programming for each child remains relevant to their interests and developmental stage.

### **Other Approved Learning Frameworks**

- **Victoria:** The Victorian Early Years Learning and Development Framework
- **Australian Capital Territory:** Every Chance to Learn—Curriculum framework for ACT schools preschool to Year 10
- **Tasmania:** The Tasmanian Curriculum, the Department of Education of Tasmania, 2008
- **Western Australia:** The Curriculum Framework for Kindergarten to Year 12 Education in Western Australia.

### **Early Years Learning Framework**

- Each child's learning will be based on their interests and strengths and guided by our educators.
- Educators must work in collaboration with families to provide relevant learning experiences for each child, based on their interests and family experiences.
- Every child will be equally valued and their achievements and learning celebrated.

- Educators will observe and record the strengths and learning of each child.
- Educators 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 will be based on the children's interests, educators extending children's interests, spontaneous experiences and family input.
- Where appropriate, the service will liaise with external agencies and support persons to best educate and care for children with additional needs.
- Where appropriate, the curriculum (play and learning experiences) will build and develop each child's Learning Stories, Portfolio, Observations of each child's strengths and achievements, Formative Assessments and Summative Assessments. Child Parent Educator Planning Reflection and Evaluation Schedules will be prepared by parents and educators.
- The curriculum will be evaluated and reflected upon each week by educators.

### **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 educators 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. Further protective behaviours and behaviour guidance skills will also be incorporated into the curriculum.
- 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 curriculum.

These activities will be supervised and guided by educators to find out how child responds as an individual and also as part of a group. Educators will work in conjunction with families to provide learning experiences that are relevant to each child and tailored to their specific needs. A child's home language, culture and religious practices will be accepted and included in the program.

From this, educators will assess the child's needs and plan ways to meet these needs. We evaluate this program every week in order to make sure we stay on target and help each child to reach their full potential. The weekly educational curriculum will be displayed in the room it takes place in. We welcome any suggestions and are happy to answer questions from family members at any time.

### **EYLF Learning Outcomes**

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.

### **VEYLDF Learning Outcomes**

The VELYLD identifies five key Learning and Development Outcomes for children:

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.

### **Evaluation and Review**

- This policy will be reviewed at least annually.
- Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.
- Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

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**References:**

**NQS**

QA's	1-7	
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***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

<i>Regs</i>	<i>73</i>	<i>Educational programs</i>
	<i>74</i>	<i>Information about the educational program to be kept available</i>
	<i>75</i>	<i>Information about educational program to be given to parents</i>
	<i>76</i>	<i>Documenting of child assessments or evaluations for delivery of educational program</i>

**EYLF**

<i>LO1 – LO5</i>	All Learning Outcomes under the Early Years Learning Framework will be addressed through our Policy and practices.
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**Other References:**

National Quality Standard  
Early Years Learning Framework

## **90 – ENVIRONMENTAL SUSTAINABILITY POLICY**

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### **Position Statement**

To have a learning environment that facilitates sustainability.

### **Objective**

Our service aims to help children learn about and implement sustainable practices and foster respect and care for the living and non-living environment.

### **Implementation**

Children develop positive attitudes and values about sustainable practices by engaging in learning experiences, joining in discussions that explore solutions to environmental issues, and watching adults model sustainable practices. Children learn to live interdependently with the environment.

The service has a Sustainability Officer to assist with the coordination of sustainability practices.

### **Environmental Sustainability and our Curriculum**

- Our educators will promote a holistic, open ended curriculum which explores ideas and practices for environmental sustainability and helps children understand the interdependence between people and the environment by:
  - connecting children to nature through art and play and allowing children to experience the natural environment through natural materials like wood, stone sand and recycled materials, plants including native vegetation, nesting boxes, a potting bench with gardening tools and watering cans.
  - developing education programs for water conservation, energy efficiency and waste reduction.
  - healthy ecosystems and environments being necessary to the survival of humans, animals and other organisms.
  - celebrating childrens' environmental knowledge and sustainable activities.
  - involving children in nature walks, education about plants and gardening and growing plants and flowers from seed.
  - engaging children in learning about the food cycle by growing, harvesting, and cooking food for our service kitchen.
  - using resource kits and information on environmental issues from the Better Business Partnership or resources targeted at early childhood services such as "The Little Green Steps" Resource kits on Water, Waste and Wildlife.
  - enlisting the help of groups with expertise in environmental issues, for example bush care groups, wildlife rescue groups, Clean Up Australia, to deliver elements of our sustainability program
  - acknowledging and celebrating environmental awareness events like Clean Up Australia Day and Walk to School Day.

## **The Role of Educators**

- Our educators will model sustainable practices by embedding sustainability into all aspects of the daily running of our service operations including:
  - recycling materials for curriculum and learning activities
  - minimising waste and effectively using service resources
  - turning off equipment and lights when not in use
  - using the least hazardous cleaning substance appropriate for the situation, for example, ordinary detergent for cleaning dirt from tables and other surfaces
  - Potential examples of sustainability activities include composting, maintaining a worm farm and maintaining a no dig vegetable/herb garden (sustainable practices will ensure health and safety standards of children and staff are maintained and are practical for the service environment)
  - incorporating water wise strategies such as drip irrigation and ensuring taps are turned off and leaks fixed
  - using food that we have grown in meals on our weekly menu
  - Our service will provide training to our Sustainability Officers when possible and feasible.

## **Partnerships with Families and the Community**

- Our educators will facilitate collaborative partnerships with local community groups, government agencies and private companies to enhance and support childrens' learning about sustainable practices. We will share their brochures and fact sheets on sustainable practices like recycling, saving water and power and green cleaning with our children and their families. Families will be encouraged to participate in decision making and information sharing about environmental sustainability through our newsletters, parent input forms, wall displays, meetings.

As at May 2012, the NSW Early Childhood Environmental Education Network is developing a tool to assist Early Childhood Services to identify and work towards an Environmentally Sustainable Service with the NQS. The Network's website has links to many organisations and Government agencies that provide information on sustainable practices at <http://www.eceen.org.au/links.htm>

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 17/6/2024**

**Next Policy Review: 15/6/2025**

**References:**

**NQS**

QA3	3.3.	<i>The service takes an active role in caring for its environment and contributes to a sustainable future.</i>
	3.2.3	<i>The service cares for the environment and supports children to become environmentally responsible.</i>

**EYLF**

LO2	<i>Children become socially responsible and show respect for the environment</i>
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**National Act and Regulations**

*Education and Care Services National Law Act  
Education and Care Services National Regulations*

Regs	168(2)(h)	<i>Policies and procedure; providing a child safe environment</i>
	182	<i>Tobacco, drug and alcohol free environment</i>
	156	<i>Relationships in groups</i>
	103	<i>Premises, furniture and equipment to be safe, clean and in good repair</i>
	104	<i>Fencing and security</i>
	105	<i>Furniture, materials and equipment</i>
	106	<i>Laundry and hygiene facilities</i>
	107	<i>Space requirements—indoor</i>
	108	<i>Space requirements—outdoor space</i>
	109	<i>Toilet and hygiene facilities</i>
	110	<i>Ventilation and natural light</i>
	111	<i>Administrative space</i>
	112	<i>Nappy change facilities</i>
	113	<i>Outdoor space—natural environment</i>
	114	<i>Outdoor space—shade</i>
	115	<i>Premises designed to facilitate supervision</i>
	116	<i>Assessments of family day care residences and approved family day care venues</i>
	117	<i>Glass (additional requirement for family day care)</i>
	73	<i>Educational programs</i>
	74	<i>Documenting of child assessments or evaluations for delivery of educational program</i>
	75	<i>Information about the educational program to be kept available</i>
	76	<i>Information about educational program to be given to parents</i>
	80	<i>Weekly menu</i>
	86	<i>Notification to parents of incident, injury, trauma and illness</i>
	99	<i>Children leaving the education and care service premises</i>
	102	<i>Authorisation for excursions</i>
	111	<i>Administrative space (centre-based services)</i>
	168(2)(k)	<i>Policies and procedures are required in relation to enrolment and orientation</i>
	171	<i>Policies and procedures to be kept available</i>

**EYLF**

LO2	<i>Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation</i>
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	<p><i>Children respond to diversity with respect</i></p> <p><i>Children become socially responsible and show respect for the environment</i></p>
LO4	<p><i>Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity</i></p> <p><i>Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating</i></p> <p><i>Children transfer and adapt what they have learned from one context to another</i></p> <p><i>Children resource their own learning through connecting with people, place, technologies and natural and processed materials</i></p>

**Other References:**

**National Quality Standard**

**Early Years Learning Framework**

**Climbing the little green steps 2007: Gosford and Wyong Councils**

**Environmental Education in Early Childhood (Victoria) Inc**

**NSW Early Childhood Environmental Education Network**

**Green Kinders: A guide to Reducing the Environmental Footprint of Chid Care Centres**

## **91 – EPILEPSY POLICY**

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### **Position Statement**

We are committed to providing, as far as practicable, a safe and healthy environment in which individuals with epilepsy can participate equally in all aspects of the service curriculum and experiences.

### **Objective**

Our aim is to provide a safe environment and to adopt inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

### **Implementation**

With parent assistance our service will ensure all educators are aware of the enrolment of a child with epilepsy and have an understanding of the condition and the additional requirements of the individual child.

### **Epilepsy and Learning**

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements.

The effects of epilepsy can vary. Some children will suffer no adverse effects while epilepsy may impact others by affecting, for example, their comprehension, expressive language, visual perception, concentration and memory. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our educators will ensure they go over any learning or activity a child may have missed during a seizure.

The level of expectation for each child has a significant influence on performance. Our educators will facilitate a positive environment of encouragement, stimulation and reassurance.

### **Behaviour Support**

Our educators will ensure that any routine management of a child's epilepsy, including the administration of any medication, occurs with minimal disruption to their education and care (please see our other policies in relation administration of medication).

As for all children, behaviour expectations for children with epilepsy should be consistent and predictable, and also sufficiently flexible to accommodate periods of stress and any emotional difficulties a child with epilepsy may be experiencing.

Our educators will nurture the self-esteem of all children, including those with epilepsy, and create a positive environment of inclusiveness and acceptance for all children.

### **Information Sharing: Confidentiality and privacy**

Our service will adhere to privacy and confidentiality principles when dealing with each child's health and safety needs.

The sharing of information, including the amount and type of information, will be assessed and negotiated for each child with epilepsy. Educators need information about routine and predictable emergency care because it affects the child's learning, access to the curriculum and their safety. Information exchange between the family, health professionals and the service is also essential to support the child emotional health and enhance their peer support.

Young children, for example often enjoy sharing the news and their experiences of living with epilepsy with their classmates. This should be discussed with parents so that they can support their child in this process.

### **Medical Management Plan**

Children with epilepsy will have a Medical Management Plan provided by their doctor and /or parents. This Plan should include information about:

- the type of seizures the child has
- their severity and timing
- whether there are any warning signs before a seizure
- any first aid requirements in addition to standard first aid
- action and procedures required if seizure occurs
- known triggers
- emotional needs of the child
- the level of participation, supervision and protection required for the child during activities, whether the child's safety may be compromised during an activity.

### **Medical Conditions Risk Minimisation Plan**

Our service will prepare a Medical Conditions Risk Minimisation Plan outlining procedures we will implement to minimise the incidence and effect of a child's epilepsy. The Plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure. These include:

- missing medication for non-epileptic conditions
- suddenly stopping anti-convulsant medication or missing a dose
- infection or illness, especially if associated with a temperature
- lack of sleep
- extreme emotions, such as excitement about an excursion, stress or boredom
- hyperventilation/over-breathing
- head injury
- flickering lights (computers are not usually a problem)—only with certain kinds of epilepsy
- missing meals
- dehydration
- significant changes in temperature or extreme temperatures, eg on a hot day sitting on the sunny side of a bus with no air conditioning.

Our service will encourage children with epilepsy to participate in all activities at our service unless any are specifically excluded by the child's doctor or parents. Independence and social acceptance are important to all children. The Risk Minimisation Plan will cover whether any adjustments need to be made to an activity to ensure the child can participate. These may include the child wearing protective gear and providing increased supervision of the activity.

### **First Aid**

Our service will ensure our qualified first aid educator maintains up to date training in epilepsy, and where required, training in the administration of epileptic medication. If a child is having an epileptic seizure, our first aid trained educator will:

- Protect the child from injury
- Not restrain the child or put anything in their mouth
- Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway is clear)
- Monitor the airway.
- Call an ambulance if necessary. This may include when:
  - a seizure continues for more than three minutes
  - another seizure quickly follows the first
  - it is the child's first seizure
  - the child is having more seizures than is usual for them
  - certain medication has been administered
  - they suspect breathing difficulty or injury

- complete the Incident, Injury, Illness and Trauma Record, including the time the seizure started and stopped and observations of the seizure, as soon as possible but within 24 hours of the seizure
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

The first aid trained educator may not call an ambulance when the seizure stops within three minutes and there are no complications (ie injury). Please refer to medical management plan or risk minimisation plan for guidelines. The child will be kept in the recovery position until conscious. Educators will always call an ambulance if required under the Medical Management Plan.

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 15/11/2023**

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### **References:**

#### **NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
QA3	3.2.3	<i>The service cares for the environment and supports children to become environmentally responsible.</i>

### ***National Act and Regulations***

*Education and Care Services National Law Act  
Education and Care Services National Regulations*

Regs	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	94	<i>Exception to authorisation requirement—anaphylaxis or asthma emergency</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

**EYLF**

LO3	<p><i>Children are happy, healthy, safe and connected to others.</i></p> <p><i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</i></p> <p><i>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</i></p>
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**Other References:**

***Epilepsy planning and support guide for education and children's services DECS SA 2007***

***Epilepsy Foundation of Victoria***

***Epilepsy Action Australia***

***Early Years Learning Framework***

## **92 – HEALTH AND WELLBEING POLICY**

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### **Position Statement**

We aim to create a workplace environment where the health and wellbeing of employees is highly valued. Our workplace environment encourages and supports employees to maintain or adopt healthy lifestyles. We:

- are committed to providing team members with a safe, healthy and supportive environment in which to work;
- recognise that the health and wellbeing of our educators/staff is important;
- recognise that physical activity can be a strong protector against a range of medical conditions including cardiovascular disease and type 2 diabetes; and
- will commit to providing a supportive workplace culture where healthy lifestyle choices are valued and encouraged.

### **Definitions**

Smoking: refers to tobacco, e-cigarette and vaping smoke.

### **Objective**

Our policy objectives include:

- To raise awareness within the workplace about issues that impact on health and wellbeing, including the health benefits of physical activity, active travel, healthy eating, oral health, tobacco, e-cigarettes, vaping and sun protection.
- To promote a positive and equitable workplace environment where mental health and wellbeing is supported.
- To promote and encourage participation in workplace health and wellbeing initiatives within and outside the workplace.
- To educate employees about issues relating to health and wellbeing.

### **Implementation**

- The service will achieve our objectives by abiding by and updating regularly, the following policies and procedures.
  - Asthma Policy
  - Anaphylaxis Policy
  - Dental and Oral Health Policy
  - Epilepsy Policy
  - First Aid Policy
  - Health and Hygiene Policy
  - Infectious Diseases and Immunisation Policy
  - Food Safety and Hygiene Policy
  - Smoke, Alcohol and Drug Free Environment Policy
  - Sun Protection and Safety Policy
  - Diabetes Policy
  - Nutrition, Food Beverage & Dietary Requirements Policy
  - Workplace Health, Safety and Wellbeing Handbook
  - Food Safety Program
- Hosting healthy eating and oral health education sessions and providing information sheets.
- Participate and complete the Health Together Achievement Program.

- Encourage active travel to work days
- Encourage physical activity challenge eg. Walk to school/childcare/work day.
- Promote the Quitline service to all employees.
- Provide all employees with information on how to support and maintain positive mental health in the workplace.
- We involve community members to support the children's learning. For example: dentists.

### **Policy Communication**

- All employees will be made aware of this policy and its provisions via mediums such as staff notice board, verbal communication, intranet, e-mail, staff meetings and staff induction.
- It is important that all educators have the opportunity to become active participants in workplace policies, and these are shared with everyone in the company/organisation.
- All educators receive a copy of workplace policies during the enrolment and induction process.

### **Related Policies**

- 35 - Anaphylaxis Policy  
 92 - Health and Wellbeing Policy  
 36 - Asthma Policy  
 85 - Diabetes Policy  
 88 - Child Safe Environment Policy  
 38 - Clothing Policy  
 30 - Dental and Oral Health Policy  
 28 - Nutrition, Food, Beverage, Dietary and Oral Health Requirements Policy  
 27 - Health & Hygiene Policy  
 41 - Smoke, Vape, Alcohol & Drug Free Environment Policy  
 42 - Sun Protection and Safety Policy

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 18/3/2024**

**Next Policy Reviewed: 15/2/2025**

### References:

### **NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
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	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
	2.2	<i>Each child is protected.</i>

QA3	3.2.3	<i>The service cares for the environment and supports children to become environmentally responsible.</i>

**National Act and Regulations**

*Education and Care Services National Law Act  
Education and Care Services National Regulations*

Regs	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	94	<i>Exception to authorisation requirement—anaphylaxis or asthma emergency</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

**EYLF**

LO3	<i>Children are happy, healthy, safe and connected to others.</i>
	<i>Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</i>
	<i>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</i>

**Other References:**

- WorkSafe - Work Health “ Writing a healthy workplace policy”
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)

## 93 – PHYSICAL ACTIVITY PROMOTION POLICY

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### Position Statement

Active play is about moving, being and doing. Children may engage in active play by themselves or with other children. Active play uses large muscles and provides children with a range of physical, emotional and social benefits. Outdoor play is very important as it helps develop gross motor and fundamental movement skills. Active play also helps develop a strong and healthy body, builds skills, creates feelings of wellbeing and helps protect from disease.

The educators, staff and management acknowledge the importance of active play and physical activity behaviours that contribute to good health and overall wellbeing.

As a health promoting service we will promote active play and physical activity for children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Our service will promote physical activity to meet individual needs and also achieve the learning outcomes in accordance with the National Quality Framework and Early Years Learning Framework.

### Objective

This policy confirms our commitment to:

- encourage children to engage in a range of child-initiated and adult-guided physical activities within the educational program
- promote the importance of a healthy lifestyle, which includes being physically active every day.

### Implementation

The service will access the Get Up & Grow, Healthy Eating and Physical Activity for Early Childhood resources which promote the key messages included in the healthy eating and physical activity guidelines. The resources can be found at the below web address: [www.health.gov.au](http://www.health.gov.au)

The Department of Health provides the following National Physical Activity Recommendations for Children (0-5 years):

#### ***Physical Activity Recommendations***

- For health development in **infants (birth to one year)** physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth.
- **Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years)** should be physically active every day for at least three hours, spread throughout the day.

#### ***Sedentary Behaviour Recommendations***

- **Children younger than 2 years of age** should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).
- **For Children 2 to 5 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 (all children birth to 5 years)** should not be sedentary, restrained, or kept inactive, for more than one hour at a time, with the exception of sleeping.

In line with this, our service will implement the following promotion of physical activity as per the age and development stage of each child in attendance:

Educators will:

- 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.
- 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
- Ensure that electronic media (ipads, DVDs, computers, projector screen, etc) are used at times by educators and children as part of intentional and spontaneous learning. The devices are used for educational purposes to deliver a program and provide additional resources for leaning to take place. The use of the electronic media is to be used within the recommended guidelines.
- 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 (Educators can change footwear to sport shoes to perform physical activity session).
- 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.

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.

### **Engaging children, educators, staff and families**

- Educators, staff, children and families are key partners in developing a healthy and active physical environment.
- Educators and staff engage children in developing active play initiatives through discussions and idea sharing.
- Educators, staff and families are provided with information, ideas and practical strategies on a regular basis to support active play in the service and at home.

- Educators encourage children to be active participants in setting up active play areas and spaces each day. This can be initiated through children, family and educator input into the curriculum.
- Educators are to plan outdoor and active play environment on curriculum documentation to ensure that active play guidelines are achieved and evaluated. Planning of physical environment should take into consideration professional development learnings and child support agency strategies.
- Families' experiences, expertise and interests are drawn upon to support active play initiatives.
- Families and children from culturally diverse backgrounds are engaged to ensure cultural values and expectations about physical activity are respected.

### **Community partnerships**

- The service works with local health professionals, services and other organisations to increase educator and staff capacity to support children's physical development and active play initiatives.
- Information about community physical activity opportunities is made available to families through discussions, newsletters and visual displays, for example a service could promote information about local community clubs and walking groups.

### **Road safety, Active Travel & Movement**

- Road safety education is incorporated into the educational program.
- The service engages in walking excursions within the local community that promote physical activity and safe active travel.
- Active travel, such as walking, riding a bike or scooting to and from the service is encouraged for educators, staff, children and families.
- The service aims to identify and address barriers for active travel within the local environment.
- Space is provided at the service for children to leave active travel equipment.
- The service promotes active travel and movement through participating in various walking excursions and fund raising events (e.g. Relay for Life). Where possible the service will promote the physical activity to attend and participate in excursions and events.

### **Related Policies**

- 35 - Anaphylaxis Policy  
 92 - Health and Wellbeing Policy  
 36 - Asthma Policy  
 85 - Diabetes Policy  
 88 - Child Safe Environment Policy  
 38 - Clothing Policy  
 30 - Dental Care Policy  
 28 - Nutrition, Food, Beverage, Dietary and Oral Health Requirements Policy  
 27 - Health & Hygiene Policy  
 41 - Smoke, Vape, Alcohol & Drug Free Environment Policy  
 42 - Sun Protection and Safety Policy

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed:** 18/3/2024

**Next review date:** 15/03/2025

**Endorsed by:** Approved Provider, Centre Director, Educators & Parents

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**References:**

**NQS**

QA2	2.1	<i>Each child's health and physical activity is supported and promoted</i>
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***National Act and Regulations***

*Education and Care Services National Law Act  
Education and Care Services National Regulations*

**EYLF**

LO3	<i>Children become strong in their social and emotional wellbeing</i>
	<i>Children take increasing responsibility for their own health and physical wellbeing</i>

**Other References:**

- National Physical Activity Recommendations for Children (0-5 years)  
<http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines#npa05>
- Healthy Together Achievement Program for early childhood services: Sample active play and physical activity policy

## **94 – CYSTIC FIBROSIS POLICY**

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### **Position Statement**

We are committed to providing, as far as practicable, a safe and healthy environment in which individuals can participate equally in all aspects of the service program and experiences. We will aim to minimise the risks associated with illness for those attending our service by implementing the following policy and procedures.

### **Objective**

The service and all educators will effectively provide care for children with Cystic Fibrosis. The service and all educators will ensure the safety and wellbeing of all children and will adopt inclusive practices to cater for the additional requirements of children with Cystic Fibrosis in a respectful and confidential manner.

### **Implementation**

The service will ensure all educators are aware of the enrolment of a child with Cystic Fibrosis (CF) and have an understanding of the condition and the additional requirements of the individual child. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

#### **Confidentiality, privacy, dignity and safety**

Young children often enjoy sharing the news and their experiences of living with CF with their classmates. The degree and nature of this sharing should be discussed with parents so that they can support their child in this process.

Information exchange between the family and health professionals and the service is essential to support the child's learning and enhance peer support. The sharing of information needs to be assessed and negotiated for each child with CF, with due consideration to their needs. Educators need information about routine and predictable emergency care as it affects the child's access to the curriculum, and their safety.

#### **Health Support Plan**

For each individual child enrolled in the service with CF, a Health Support Plan will be developed by the Nominated Supervisor in conjunction with the child's family. It will be based on the child's health support needs as identified in their CF care plan and other care information (for example if the child also has asthma or diabetes).

A Health Support Plan for a child with cystic fibrosis should address the following components:

- overall wellness
- diet
- therapy and care
- internal body temperature control
- curriculum participation issues and
- potential emergency/first aid situations.

The information should focus on what educators need to know to provide routine and emergency care. It will be used by educators in planning support for the child.

In addition, a health support plan documents individualised support which educators have agreed to provide in the areas of:

- first aid

- supervision for safety
- personal care, including infection control
- behaviour support and
- additional curriculum support to enable continuity of education and care.

Educator and staff are not permitted to perform medical procedures (this does not include performing First Aid).

### **Overall Wellness**

- The service and educators need to know if recent/frequent hospitalisation and/or general unwellness mean additional care and consideration. They also need to know of any infection control issues in addition to standard precautions.
- It is important to the future health of a child with CF, as with all children, to minimise the risk of cross infection of bacteria and viruses from others. This must be balanced with efforts to encourage children with CF to lead as normal lives as possible.
- Educators will alert the family of a child with CF when a particularly virulent strain of virus is present in the service, as parents may wish to keep their child with CF at home.
- All children in the service should be encouraged to maintain hygienic practices. If possible, a child with CF should, discretely, not be partnered or sit next to another child with an obvious cold or cough.
- If child's with CF or other children's health and wellbeing is compromised and effected or educators can not adequately provide a safe and healthy environment for all children, the service may need to be assess the child care arrangements and enrolment. This may include but not limited to reducing hours of attendance, reducing days of attendance or seeking alternative care arrangements.

### **Diet**

- Children with CF have difficulty maintaining their weight and growth patterns as they cannot absorb essential vitamins, minerals, fat and proteins. For this reason educators need to be aware of each individual child's dietary requirements as prescribed by a medical professional.
- Children who need additional food supplements may receive them through a gastrostomy button located in their stomach. There are no routine care issues associated with a gastrostomy button for educators however if the area becomes red or inflamed, parents should be informed as soon as possible
- Children with CF will often have non-prescription medication such as enzyme tablets, as well as prescription medication such as antibiotics, which the service and educators need to be aware of.

### **Therapy and Care**

- Some children with CF may require complex/invasive health support, such as physiotherapy, while attending the service. This support should be provided by a visiting nurse or therapist.
- Some children with CF require nebulised medication prior to physiotherapy. While educators can supervise child while Health Worker or Parent provides nebulised medication, this will be managed by a visiting health worker or Parent. Health workers and information will be coordinated and supplied by the family to deliver these medical procedures.

### **Body Temperature Control**

- Children may need to be reminded to adjust their clothing to help maintain their internal body temperature control.

- A child with CF will have problems with internal temperature control and should be kept at a steady temperature in winter and summer. It is beneficial to place the child with CF in rooms that have heating and cooling where practical.
- Salt tablets may be required during warm weather. Educators should be informed about the required timing and amount of salt tablets and ensure the child has access to fluids at all times. Medical advice will be considered.

### **Participation in Education and Care Experiences**

- An increase in fatigue or feeling tired is common for a child with CF. A lot of effort is required of a person with CF, on top of normal childhood activities, to maintain their health. Educators will be aware of this and provide adequate opportunities for rest.
- During the onset of infections, children with CF may experience difficulty breathing or catching breath. Educators should be aware that, as with other children, breathing difficulties also can be asthma related.
- Children with CF are continually battling infections or recovering from them, thus resulting in low energy levels and reduced concentration. Educators will be mindful of this when planning daily activities.
- A regular exercise program is very beneficial to children with CF as it helps loosen mucus, stimulates coughing and helps build up strength and endurance of the breathing muscles. Children with CF will be encouraged to take part in physical activity and exercise, following guidelines from the child's medical practitioner.
- Children with CF can become dehydrated much more quickly than other children. In relation to this educators will:
  - encourage frequent drinks during and after exercise, and on warm days
  - ensure salt tablets are taken either before or after exercise on warm days with consideration of medical advice
  - avoid scheduling physical activity during temperature extremes
  - ensure children with CF remain, as far as is practical, in a fairly constant temperature, neither too hot nor too cold.

### **Potential Emergency Situations**

Emergency situations associated with CF are rare.

If children have an intravenous line for medication, there are specific standard first aid responses which may be anticipated:

- Child reports discomfort, nausea, rashes or general unwellness.

*Call family emergency contact. If they cannot be reached, call the nominated cystic fibrosis nurse for advice.*

- Child reports redness, pain, inflammation or swelling at site.

*Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.*

- There is a leakage of some sort from the site.

*Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.*

- A needle or line falls out.

*Use standard first aid and apply pressure to stop any bleeding, call nominated cystic fibrosis nurse for advice, then advise family emergency contact.*

## **Supervision for Safety**

The child's Health Support Plan may include a range of routine accommodations so they can continue to access learning programs while effectively managing their health care.

Accommodations could include:

- provision of additional time (through approved funding channel) to support children managing their dietary requirements
- access to fluids and food, and the toilet, as needed
- rescheduling of physical activity to support body temperature control
- supportive and sensitive encouragement to participate in physical activity
- targeted social skills programs: frequent absences mean that some children with cystic fibrosis have difficulty making and retaining friends
- modification of the program and activities in response to the demands of therapy and treatment

## **Infection Control Consideration**

Educators should be aware that, where there is more than one family in the service with CF, cross-infection is a serious health risk. For this reason, our service will only accept the enrolment of one child with CF at any given time. This is based on guidelines developed under the Cystic Fibrosis in Education and Children's Services Planning and Support Guide for Education and Children's Services 2008.

## **Behaviour Support**

As for all children, behaviour expectations for children with CF should be consistent and predictable, and also sufficiently flexible to accommodate periods of stress and other potential mental health issues.

## **Policy Communication**

- All employees will be made aware of this policy and its provisions via mediums such as staff notice board, verbal communication, intranet, e-mail, staff meetings and staff induction.
- It is important that all educators have the opportunity to become active participants in workplace policies, and these are shared with everyone in the company/organisation.
- All educators receive a copy of workplace policies during the enrolment and induction process.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing. (Notice Boards and Newsletters). Policies will also be discussed at staff meetings and changes to policies recorded on the Record of Changes to Centre Policies.

**Policy Reviewed: 28/12/2023**

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### **References:**

**NQS**

Policy Handbook – P004.7.2024

QA2	2.1	<i>Each child's health and physical activity is supported and promoted.</i>
	2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act  
Education and Care Services National Regulations*

Regs	90	<i>Medical conditions policy</i>
	91	<i>Medical conditions policy to be provided to parents</i>
	92	<i>Medication record</i>
	93	<i>Administration of medication</i>
	94	<i>Exception to authorisation requirement—anaphylaxis or asthma emergency</i>
	95	<i>Procedure for administration of medication</i>
	96	<i>Self-administration of medication</i>

#### **EYLF**

LO3	<i>Children are happy, healthy, safe and connected to others. Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</i>
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#### **Other References:**

- **Cystic Fibrosis in Education and Children's Services Planning and Support Guide for Education and Children's Services 2008**
- **Early Years Learning Framework**

## **95 – NON-COMPLIANCE POLICY**

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### **Position Statement**

All members of the service, including families, educators, students, visitors, management and approved provider aim to work in partnership to ensure the best outcomes for the children in their education and care. In addition, families and staff agree at the time of enrolment or employment to familiarise themselves with and comply with our Philosophy, Code of Ethics and all policies and procedures.

Despite the best efforts of all, inevitably there will be times when conflict or simply differences of opinion arise regarding a particular policy or procedure. The Non-Compliance Policy and Procedure is to be used as appropriate, in conjunction with the Grievance Management Policy and Procedures or Staff Grievance Management Policy and Procedures.

This policy uses the term ‘family’ generically to encompass enrolled children’s parents and/or guardians and includes extended members involved in the care of the child at the service.

### **Related Policies**

Adult Behaviour Policy – 8

Behaviour Guidance Policy - 9

Enrolment Policy – 1

Ethical Conduct and Code of Ethics Policy – 70

Complaints and Grievance Policy - 7

Occupational Health & Safety Policy – 10

Exclusion Policy – 43

Health and Wellbeing Policy – 92

Child Safe Environment Policy – 88

Education, Curriculum and Learning Policy – 89

Governance of Service, Management and Educator Policy – 78

Team Member Grievances - 54

### **Objective**

The non-compliance Policy and Procedure has been created to formally recognise, promote and protect the rights of all persons in the service.

If, after due process (refer to: Complaints and Grievance Policy – 7 or Team Member Grievances - 54), the Centre Director or Approved Provider or other nominated party deems that a person in the service community has not complied with the services policies or procedures, the Non-Compliance Policy & Procedure will be applied as appropriate.

### **Rationale**

Our service recognises it has a duty of care to take all reasonable practicable steps to provide the service’s community with a safe and healthy work environment (Work Safety Act, 2008). In addition, this policy has been developed to comply with:

- The Philosophy and Code of Ethics.
- The Education and Care Services National Law Act, 2010
- The Education and Care Services National Regulations, 2011
- The Australian Children’s Education and Care Quality Authority’s (ACECQA) National Quality Standard for Early Childhood Education and Care and School Age Care, 2012.

## **Implementation**

It is expected that all persons who access our service will abide by all policies and procedures at all times.

1. Should a grievance arise relating to a particular policy and/or procedure, the relevant Grievance Management Policy and Procedure will be followed. Refer to: Complaints and Grievance Policy – 7 or Team Member Grievances – 54 and the Grievance Register and Procedure Handbook.
2. If the grievance is unable to be settled through informal discussions, the Centre Director, Approved Provider or other nominated party, will investigate and mediate formal grievance meetings according to the guidelines in the relevant grievance management policy.
3. Where the Mediator decides there has been an infringement of a policy and/or procedure by a staff member, they may instigate disciplinary action. Refer to: Employment Policy – 52 and People Management Handbook.
4. Where the Mediator decides there has been an infringement of a policy and/or procedure by a family member, student, volunteer or visitor, the Committee may instigate disciplinary action. Refer to: Non-Compliance Procedure given below.

## **Non-compliance Procedure**

### Step 1: Verbal Warning

The Centre Director, in consultation with the Approved Provider will issue a verbal warning.

### Step 2: First and Final Written Warning

If the infringement continues, a first and final written warning will be issued which will:

- outline the infringing behaviour;
- request immediate cessation of this behaviour;
- warn of termination of the person's access to the service should the infringement continue (eg, termination of the non-compliant family member's child/ren's place at the service).

### Step 3: Termination of the person's access to the Service

If the infringement continues, the Centre Director, in consultation with the Approved Provider, at their discretion:

- terminates the person's access to the service. This includes immediate termination of the non-compliant family member's child/ren's place at the service.

A copy of the warning will be kept on the individual's file and noted in the Grievance Register.

## **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

**Policy Reviewed: 20/3/2015**

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### Reference:

NQS

QA4	4.2	Management, educators and staff are collaborative, respectful and ethical.
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	<b>4.2.2</b>	<i>Professional standards guide practice, interactions and relationships.</i>
	<b>4.2.1</b>	<i>Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.</i>

<b>QA7</b>	<b>7.2.3</b>	<i>Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.</i>
	<b>7.1.2</b>	<i>Systems are in place to manage risk and enable the effective management and operation of a quality service.</i>

**National Act and Regulations**

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations*

## 96 – TECHNOLOGY USAGE POLICY

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### Position Statement

We feel technology and computers are an essential learning tool for today's child, and it is incorporated into the child's learning environment.

### Related Policies

Education, Curriculum and Learning Policy – 89  
Internet, Email and Social Networking Policy – 62  
Employment Policy - 52

### Objective

The Service will provide use of information technology devices as an extension to the curriculum assisting in development of social, physical, emotional, cognitive, language and creative potential of each child in accordance with Australian electronic media children use guidelines.

### Implementation

#### ***Computer and Related Technology Usage***

- Computers and devices at the service may only be used for work relevant to the operations and activities of the service. Examples of these activities include administration, research, programming and professional development.
- If relevant to the children's learning, child appropriate websites may be accessed. However, children will only access the computers when directly supervised by educators.
- Similarly, music, videos etc may be streamed from the computer if it is relevant to the children's learning or relevant to research or professional development undertaken by educators. However, streaming of this kind will only take place from websites where this can legally take place.
- If an educator has brought in their own laptop to complete work, educators will ask permission to use their personal laptop from the Centre Director or Approved Provider.
- **Mobile Phones and Smart Watches Used by Educators, Staff, Student Volunteers**

Mobile phones are required to be turned off or kept on silent while the team member is working. Mobile phones are not to be used or kept on oneself while working. (Centre Directors and/or Responsible Person in Charge of Service are permitted to keep mobile phone on themselves to perform their management and responsible person in charge duties.)

Permission for use of mobile phone will be obtained from Centre Director or Responsible Person in Charge of Service to use phone for excursion or special event or purpose.

If you use a smart watch please turn the device to airplane mode and silent mode. If your smart watch device does not have this function please turn off or remove while working. The smart watches are an unnecessary distraction for active supervision and engagement. Feel free to turn on while you are on your non-contact break or lunch.

To clarify if you are not on a scheduled break or lunch break you should not use your mobile phone or smart watch. Your mobile phone should be left in your bag outside scheduled break and lunch times.

If you need to receive an urgent call that cannot be attended during your break or lunch; please provide the service's telephone number and the service team will do their best to accommodate by taking a message or providing you time to take the call in private. If you are expecting this is needed please discuss with your room leader, Centre Director / responsible person in charge of service.

There is no objection to team members use of mobile phones or smart watch while on a lunch break and before or after work.

Failure to do so may mean that children are not adequately supervised which may result in disciplinary action as per the Grounds for Instant Dismissal.

- For those educators who can access the internet from their mobile phone or smart watches, are not to access the internet (whether they are using the service's Wi-Fi or their personal data plans) via their mobile phones during their work hours and use the service's computers and devices for work relating to their job role.
- Any staff member found to be using the computers inappropriately will face an enquiry by management and other relevant parties to decide a course of action based on the severity of their misconduct. Please see related policy regarding this topic.
- This policy is also incorporate of state and federal laws regarding computer usage. Should a staff member or other relevant individual use the service's computers in a way that breaks a law, the service will take the appropriate required action (eg. Reporting to the police). Furthermore, the staff member or individual will face an enquiry held by management and other relevant parties to assess whether this conduct will affect their role within the service's operations.

### ***Television and DVD Player Usage***

The T.V will be an additional tool to enhance curriculum activities, not a substitution. Guidelines for use would be:

- To assist in expanding the content of the daily program and current affairs.
- Be suitable to the needs and development levels of each child watching.
- Chosen programs should hold the interests of the children
- Long Day Care and free activity times can be assisted when inclement weather keeps children indoors.

Programs must be carefully selected with suitable content. Programs depicting violence e.g. graphic news reports should not be shown. Children are to view '**G**' rated video content only.

Educators will sit with the children to monitor and discuss any aspects of the video or television program they are viewing.

### ***Screen time guidelines***

Screen time refers to the amount of time spent watching TV including videos and DVD's; playing computer games on video consoles or on computers and using computer for other purposes. Screen time also refers to using telephones for texting and social networking. Electronic media is a term also used to encapsulate all forms of screen based activities.

#### Australian Guidelines for Screen Time

- Children aged 2 to 5 years: For children 2 to 5 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.
- Children aged less than 2 years: Children younger than 2 years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).

(Source Australian Government Department of Health: *Move and Play Every Day: National Physical Activity Recommendations for Children 0-5 years*) See appendix.

#### Developing healthy screen time habits recommendations

Developing healthy screen time habits while they're young will help children make better choices about how to use their free time when they're older. You can help by:

- setting screen time guidelines according to the ages of children in your family
- leading by example, limiting your own screen time
- offering variety, making sure you have a range of activities and objects to entertain and stimulate your children so they don't look to the screen so much
- being choosy about what your younger children watch or play on the computer, and taking an interest in what your older children are doing online
- keeping TVs and computers in family spaces and out of children's bedrooms
- turning the TV off before school and at dinnertime.

(*Raisingchildren.net.au*, 2016)

#### TV and DVDs

When young children watch TV and DVDs, they don't see the same things adults do. Children can be negatively affected by scary, violent or sexualised images, as well as advertising. Even having the TV on in the background interferes with children's ability to concentrate on things that are better for their development, like creative or physical play.

(*Raisingchildren.net.au*, 2016)

#### Computers

Children and teenagers can use computers to develop their ideas through words, images or music. They can use the internet to explore and find information and to be creative. But children need to learn how to ask questions about the information they find on the internet. Supervise on how long your children spend on the computer.

(*Raisingchildren.net.au*, 2016)

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

### **Policy Reviewed: 31/3/2016**

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#### Reference:

Policy Handbook – P004.7.2024

<b>EYLF</b>	
LO5	<i>Children use information and communication technology to access information, investigate ideas and represent their thinking.</i>

#### **National Act and Regulations**

*Education and Care Services National Law Act 2010  
 Education and Care Services National Regulations, Regulation 73 Educational program*

#### **Other references**

[www.health.gov.au](http://www.health.gov.au) Move and Play EveryDa, National Physical Activity Recommends for Children 0-5 Years  
<http://www.sahealth.sa.gov.au> Opal Give The Screen a Rest. Active Play is the Best.  
[http://raisingchildren.net.au/articles/screen\\_time.html](http://raisingchildren.net.au/articles/screen_time.html)

#### **Fact Source**

- Australia's Physical Activity Recommendations recommend that 5-18 y.o accumulate no more than 2 hours of screen time a day for entertainment (excluding educational purposes) (*Department of Health and Ageing (2004a) Australia's Physical Activity Recommendations for 5-12 year olds. Commonwealth of Australia.*)
- Guidelines for children under five have also been released and recommend children younger than 2 years do not spend anytime viewing TV or other electronic media and for children 2-5 years less than 1 hour per day. (*Department of Health and Ageing (2009). Get Up and Grow – healthy eating and physical activity for early childhood. Family book.*)

## Appendix: Move and Play Every Day Brochure



The brochure is divided into several sections:

- What about TV and computer games?** (Top left): A green section with a pink balloon icon. It discusses screen time for children aged 2 to 5 years, noting that while TV and computer games are popular, they often involve sitting for long periods. It recommends limiting screen time to less than one hour per day.
- RECOMMENDATION**: Children aged 2 to 5 years: For children 2 to 5 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.
- Children aged less than 2 years**: Children younger than 2 years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).
- TIPS AND IDEAS**: Reducing screen time for all children
  - Male meal time your family time and turn off the TV.
  - Turn the TV off after the program has finished.
  - Set limits and have rules around screen time.
  - Make your kids' bedrooms TV and computer free.
  - Play music or stories on CDs instead.
- What about time spent sitting or being inactive?** (Top middle): A photo of a family walking in a park. A purple box contains the following text:
- RECOMMENDATION**: All children (birth to 5 years): Infants, toddlers and pre-schoolers should not be sedentary, or kept inactive, for more than one hour at a time, with the exception of sleeping.
- Sedentary behaviour** refers to time spent being physically inactive. All children need some 'down time' but they are not healthy if they sit for long periods of time.
- TIPS AND IDEAS**: All children
  - Take breaks on long car trips – stop at a rest area.
  - Give kids a break from the stroller and let them walk for some of the journey.
  - Try walking, pedalling or using a scooter for short trips.
- What can I do?** (Top right): A blue section with the Australian Government Department of Health logo. It features a photo of a father and son playing together. The title is "Move and Play Every Day".
- NATIONAL PHYSICAL ACTIVITY RECOMMENDATIONS FOR CHILDREN 0-5 YEARS**: A purple box with a photo of a child riding a tricycle. It includes a phone number for further information: 1800 020 185.
- What physical activity does my infant need?** (Bottom left): A photo of a woman playing with a baby in a tub of water. A purple box contains the following text:
- RECOMMENDATION**: Infants (Birth to 1 year): For healthy development in infants, physical activity – particularly supervised floor time to play in safe environments – should be encouraged from birth.
- TIPS AND IDEAS**: Infants (Birth to 1 year)
  - Encourage them to reach and grasp by placing toys just out of reach.
  - Play push and pull games with balls and soft toys.
  - Play music to encourage playful movements.
  - Encourage movement and play during bath time.
- How much physical activity does my toddler or pre-schooler need?** (Bottom middle): A photo of a toddler climbing a yellow ball. A purple box contains the following text:
- RECOMMENDATION**: Toddlers (1 to 3 years) & Pre-schoolers (3 to 5 years): Toddlers and pre-schoolers should be physically active every day for at least three hours, spread throughout the day.
- TIPS AND IDEAS**: Toddlers (1 to 3 years) & Pre-schoolers (3 to 5 years)
  - Play with different sized balls.
  - Twirl and run with streamers.
  - Play with balloons – punch, kick or throw them to keep them off the ground.
  - Blow bubbles and chase them through the air.
  - Play games – try hide-and-seek, obstacle courses, follow the leader, stuck in the mud, or tip-tag games.
  - Move to music or try action songs like 'Ring-A-Ring-A-Rosie' or 'Head-Shoulders-Knees and Toes'.
  - Walk barefoot on different surfaces – dry grass, carpet, concrete or sand.
  - Provide opportunities for different animals.
  - Play dress ups and act out different roles.
  - Walk to places rather than driving or using the stroller.
- Tips for active play!** (Bottom right): A photo of two children playing in a park. A purple box contains the following text:
- Choose 'active' toys. For infants, choose boxes, pots, pans, straws, hoops and toys that encourage reaching, stretching, crawling and moving. Play materials don't need to be expensive and can be found around the house.
- For toddlers and preschoolers, choose toys and activities that encourage movement and help develop skills like running, kicking, throwing and catching.
- When you can, involve all of the family – try walking to the park, a visit to the zoo for a special treat, or playing soccer in the backyard.
- Being outdoors is best – just make sure kids have sun protection, such as sunscreen, hats and shade. If the weather is not good, head indoors and build cubby houses or have a dance party.
- Encourage children to be independent and to explore the world around them. Allow them the freedom to create, imagine and direct their own play, while maintaining a safe environment. This will help your child's confidence grow!
- Competitive sport is not recommended for children under 5 years. Some great alternatives include structured activities like water familiarisation, recreational gymnastics and dance taught by qualified instructors.
- Active play is the best way for kids to be physically active.**

## 97 – QK KIOSK ROLLS SYSTEM POLICY

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### Position Statement

The QK Kiosk rolls system enhances accuracy and efficiency of the service attendance management system.

### Related Policies

Enrolment Policy – 1

Supervision Policy – 62 (This policy include the use of QK Kiosk and Child Wellbeing Schedule to manage children attendance)

Record Keeping and Retention Policy - 84

### Objective

The service will use of information technology devices such as tablets and computer to have a electronic roll system system used by parents to sign children in and out of the service. The QK enrolment system will allow educators and managers to more accuracy and efficiently the roll management process.

### Implementation

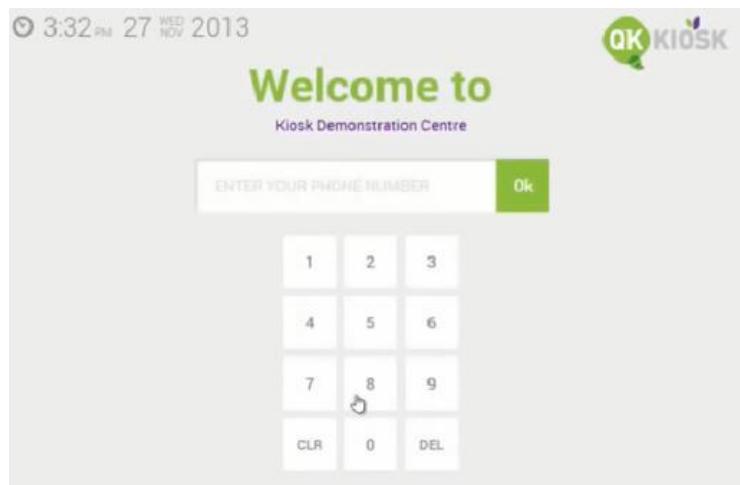
#### QK Kiosk has two User interfaces:

##### **1. PARENT & AUTHORISED NOMINEES (AUTHORISED PEOPLE TO DROPOFF/COLLECT CHILDREN) QK KIOSK INTERFACE**

Throughout the service there will be tablet kiosks set-up for use by parents and authorised nominees to sign in (on arrive) and sign out (on departure) from the service. The signing in and out of children by parent or authorised nominee is a legal requirement under Regulations and Act. The following is a procedure for the parent and authorised nominee to follow to sign in and out a child/ren:

*How do I log in?*

1. Insert your phone number (please ensure your current contact telephone is held by us).

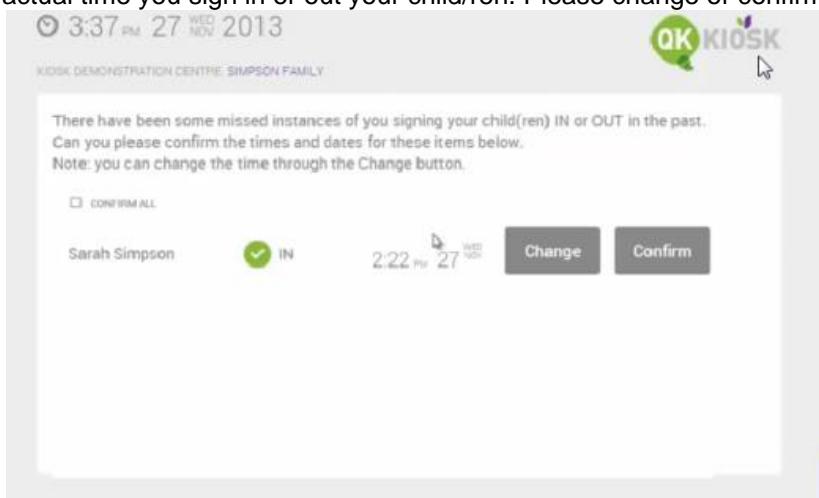


2. Initial login, you will be asked you to set your private pin code. You have now set your log in details (phone number & pin). The default private pin code is set to '0000'. This will be required to changed and set your private pin on initial login.



**3. Sign your child/ren in or, out or mark as absent.**

If you have forgotten to sign in or out previous you may see this screen to confirm or enter actual time you sign in or out your child/ren. Please change or confirm time as required.



**4. Done! Repeat on collection of child/ren.**

If the QK Kiosk (touchscreen) doesn't accept your phone number or forgotten pin, please see an Educator. We can quickly update your contact number it or reset pin, then you'll be able to log in. Alternatively, you may be instructed to complete the paper sign in/out form as an interim record of attendance for the day. This information be confirmed digitally when you sign in/out using the QK Kiosk next time.

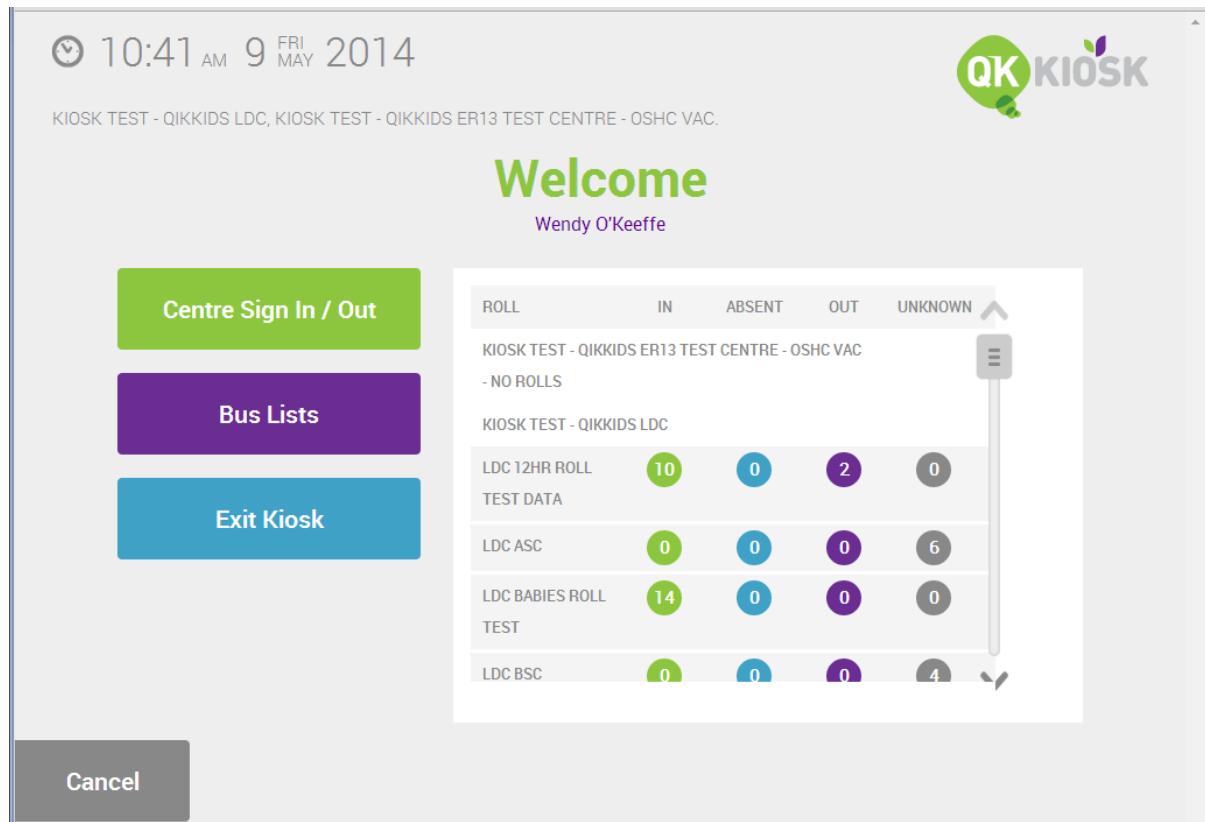
## 2. EDUCATOR / STAFF QK KIOSK INTERFACE

This section will show how a staff member manages child sign in/out within the kiosk.

### Staff screens - Kiosk

#### Staff Dashboard

Once a staff member has signed into the Kiosk, they are presented with a dashboard (The sign method is the same as the parent method above). The dashboard provides the staff member with a real time overview of their service.



In the example above, in the room called LDC 12HR Roll, we can see that there are currently 10 children signed in, and 2 children marked as out.

#### Staff sign children in/out

If a staff member clicks the **Centre Sign In/Out button** on their dashboard, they have the ability to sign children in/out of the service or to flag the child as absent. The process is similar to that of a parent however the staff member is presented with all children booked into the roll in QikKids on that day.

In the example below you can see that the staff member can see the different rolls within their service at the top of the screen. Once a roll is selected they can view all children within the roll and their current status. The staff member is also provided with the ability to sign a child in/out where the parent has forgotten to do this task.

The screenshot shows a software interface titled "QK KIOSK" with the date "9 FRI MAY 2014" and time "10:38 AM". At the top, there are tabs for "All", "LDC 12Hr Rol...", and "LDC Babies R...". Below the tabs, a summary shows "12 IN", "0 ABSENT", "0 OUT", and "0 UNKNOWN". There are buttons for "Drop off all", "Absent all", and "Pick up all". A dropdown menu is open for "First Name". The main area displays a grid of child entries. Each entry includes the child's name, last name, and a green circular status indicator. Below each entry are three buttons: "Drop off", "Absent", and "Pick up". To the right of the grid, there are vertical scroll arrows and a search bar labeled "A". At the bottom, there are three buttons: "Cancel", "Finish and Exit", and "Finish and Return to Menu".

## Search Tools

- You can order the page via first name or last name using the drop down located in the top right hand corner of the name window.
- Using the arrows located on the right hand side will scroll up or down a full page of names
- Using the quick search letters will take you to the first child entry starting with that letter. If the search letter is greyed out, it means there are no children in that list starting with that letter.

Once the staff member has completed any changes they can click **Finish and Return to Menu** to return to their dashboard or **Finish and Exit** to log out.

## Bus Lists

For services using Bus Lists, the staff member has the ability to sign children flagged as being on the Bus List in/out or absent. To do this the staff member will click the Bus Lists button where they can select Bus 1 (Bus list 1 from QikKids) or Bus 2 (Bus list 2 from QikKids).

The staff member can then select and mark children appropriately from this list.

The QK Kiosk interface displays the following information:

- Date and Time:** 10:39 AM 9 FRI MAY 2014
- Schools:** ALPHA SCHOOL, BETA SCHOOL
- Bus Routes:** Bus 1, Bus 2
- Status Summary:**
  - 0 IN
  - 0 ABSENT
  - 0 OUT
  - 0 UNKNOWN
- Actions:** Drop off all, Absent all, Pick up all, First Name dropdown.
- Child Data:**

Name	School	Action Buttons
Child 5 OC KIOSK	ALPHA SCHOOL	Drop off, Absent, Pick up
ERICK BARNACLE	ALPHA SCHOOL	Drop off, Absent, Pick up
ESTEBAN BARNACLE	ALPHA SCHOOL	Drop off, Absent, Pick up
ISAIAH BARNACLE	ALPHA SCHOOL	Drop off, Absent, Pick up
LONNA CALAME	CHARLIE SCHOOL	Drop off, Absent, Pick up
ORVILLE BOGGAN	BETA SCHOOL	Drop off, Absent, Pick up
Sibling Boggan		
WALDO AZAPINTO		
- Search Tools:** Quick search letters A-Z.
- Buttons:** Cancel, Finish and Exit, Finish and Return to Menu.

### Search Tools

- You can order the page via first name, last name or school name using the drop down located in the top right hand corner of the name window.
- Using the arrows located on the right hand side will scroll up or down a full page of names
- Using the quick search letters will take you to the first child entry starting with that letter. If the search letter is greyed out, it means there are no children in that list starting with that letter.

### KEY PROCEDURES FOR QK KIOSK

#### **Room QK Kiosk Rolls & Child Wellbeing Schedule**

Team members will check room rolls (Using QK Kiosk) to ascertain which children are in attendance each day and cross checked to the Child Wellbeing Schedule. Using the Child Wellbeing Schedule the columns Sign in time, Sign out time and Educator Initial to confirm cross check to QK Kiosk is required to be completed for each children as they arrive and depart from the service. The Child Wellbeing Schedule is the schedule that will be used in an Emergency Evacuation to complete headcounts of children present at the service.

Please note if child has been absence this will also be indicated on Child Wellbeing Schedule as "ABSENT" (did not attend the service today) and educator to initial that they have marked the QK Kiosk roll as 'ABSENT'. The educator will write "Absent" on the Child Wellbeing Schedule and write their initial as indication of completion of this task and check performed.

#### **Family Grouping Times**

When children are grouped together at the beginning and end of the day team members will have all rooms Child Wellbeing Schedule and access to all room rolls via QK Kiosk for all children present. The rolls will be marked as children arrive and depart by parents using the QK Kiosk. Educators will check periodically (approximately each 30 minutes during peak children attendance and departure times. I.e. From 8.00am to 9.30am and 3.30pm to 5.30pm.

Outside these times each hour) that the parent has signed in and out their child/ren. Also the educators will add the child sign in and out time onto the Child Wellbeing Schedule.

Team members will know how many children are present, their relevant age groups, the required staff – to – child ratios and consistently apply these ratios at regular intervals as child numbers change.

As the groups separate in the morning to go to their rooms, team members will check all children marked on rolls are accompanying them and take the rolls with them to the room. In the afternoon, room rolls will be handed to the late team members for marking as children depart.

#### **Child Electronic Sign In/Out System Sheets – QK Kiosk Rolls**

Sign in/out records are a legal requirement and will be maintained as per procedures and regulations. Early and late rostered team members will ensure that parents meet their obligations and sign children in and out using the QK Kiosk system. If parent forgets to sign in or out their child/ren the Qualified Educator will be required to sign in or out the child/ren. Please note the parent will be required to confirm the sign in and out of their children next time they attend the service. Late team members will follow lock up procedure to ensure that all children have been picked up and duly signed out.

#### **Preparation for closing**

Team members will be aware of children remaining at the centre towards the end of the day. Children will be supervised and have engaging activities provided for them for the entire time that they are at the centre. Team members will maintain direct supervision of all children remaining as they work through closing procedures at the end of the day.

QK Kiosks Rolls: Closing educator (qualified) will perform the following duties:

- Review “Children Daily Routine Record” or Books (for nursery rooms) – Sign In and Sign Out Time for each child. Each child should have a sign in time, out time and a educator initial (to indicator that the educator has checked child has gone and also child is signed out in QK Kiosk roll). Please note if child has been absent this will also be indicated on Child Wellbeing Schedule as “ABSENT” (did not attend the service today) and educator to initial that they have recorded the ‘ABSENCE’ in the QK Kiosk roll.
- Before closing service all children will be accounted for on Child Wellbeing Schedule and also in the QK Kiosk Rolls for all rooms.

### **KEY ADMINISTRATION TASKS FOR QK KIOSK**

#### **1. Setting up Contacts and Staff for Kiosk use within QikKids**

##### **1a) Preparing for use for account contacts in QikKids**

The Kiosk uses a combination phone number and PIN to control access for a user to Kiosk.

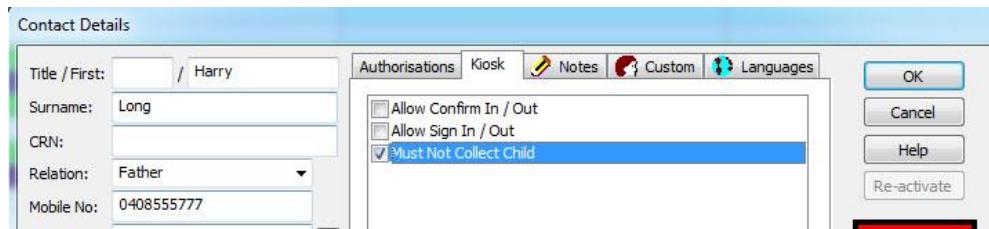
Therefore, to ensure guardians are able to use the Kiosk service, there should be at least one phone number recorded against the account and ensure the correct authorities have been set against each authorised contact for the account.

In the contact details screen within an account, there is a tab called Kiosk. Within this tab are certain permissions associated with the permissions for this contact to drop off and pick up the child as well as confirm missed sign in/outs. In order for a contact to be able to sign in a child, the **Allow Sign In/Out** and **Confirm Sign In/Out** must be ticked and the **Must Not Collect Child** cannot be ticked.

In the example below, this contact can drop off and pick up a child as well as confirm missed sign in and outs:



In the example below, this contact will be unable to sign into the Kiosk since they are flagged as not having permission to sign a child in/out:



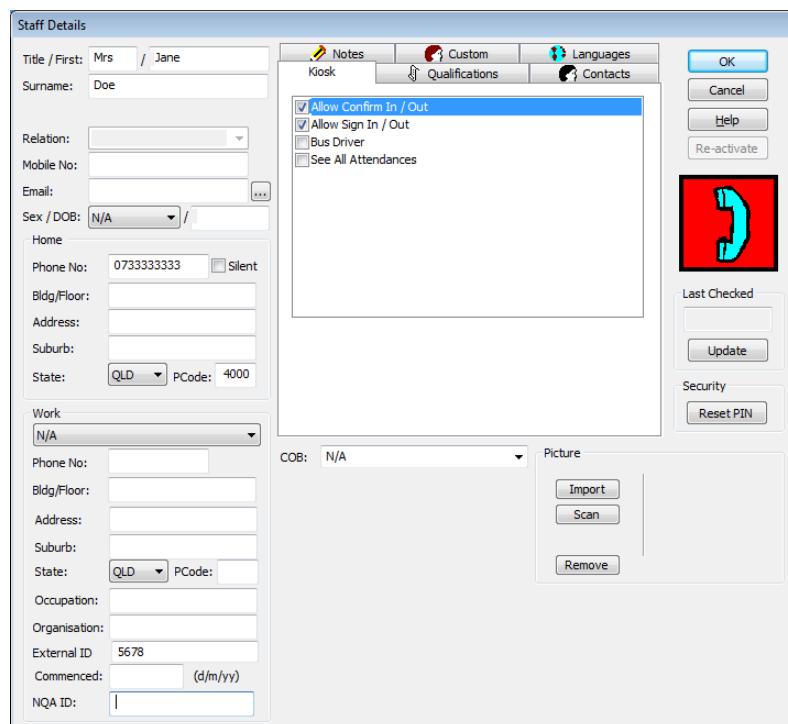
Prior to a contact using the Kiosk you should confirm this information.

If the **Must Not Collect Child** permission is ticked, the user will not be displayed on the kiosk irrespective of what else is configured.

### 1b) Preparing for Staff to use the Kiosk

Within the Staff screen of QikKids you are able to create your Staff. Within this record you can provide staff with permission to sign into the Kiosk for various functions. You must have at least 1 phone number populated for each staff member.

Below shows the Kiosk tab within the Staff Details dialogue box where you can confirm what permissions each staff member has. Note that providing this access to a staff member to use the Kiosk does not provide them with QikKids access.



### 1c) Permission Descriptions

**Allow Confirm In / Out** - When this option is ticked, the user will be requested to confirm instances when a staff or regular contact has signed the child in or out through the Kiosk  
**Allow Sign In/Out** - When this option is ticked only, the user has access to the Centre Sign I/O function of Kiosk only

**Bus Driver** - When this option is ticked only, the user has access to the Bus list function of Kiosk only

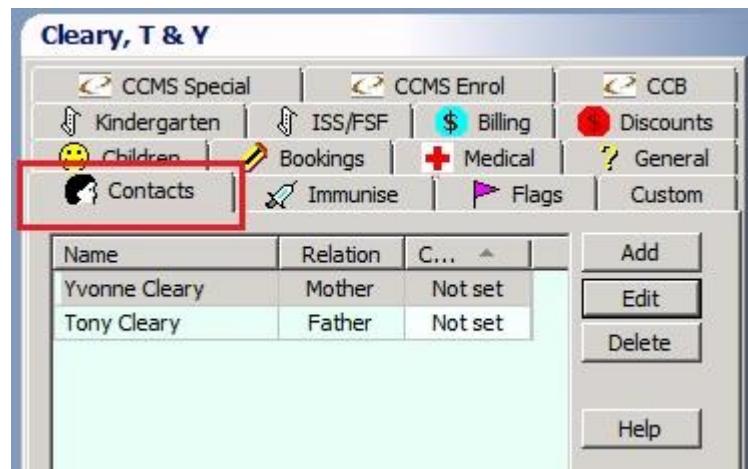
**See All Attendances** - When this option is ticked, the user has access to all kiosk staff functions.

### 1d) Resetting Kiosk PIN's for Contacts and Staff

If a Kiosk user, either family contact or staff member, forgets their PIN this will need to be updated through Qikkids

#### Family Contacts

- Highlight the family account
- Click on the contacts tab



- Highlight and edit the contact
- Press the Reset PIN box

**Contact Details**

Title / First:	/ Yvonne	Authorisations	Kiosk	Notes	Custom	Languages	
Surname:	Cleary						
CRN:							
Relation:	Mother						
Mobile No:	0421 516 771						
Email:							
Sex / DOB:	N/A						
Call Order							
<b>Home</b>							
Phone No:	6013 8468	<input type="checkbox"/> Silent					
Bldg/Floor:							
Address:	85 Rosa Crescent						
Suburb:	Funny Town						
State:	QLD	PCode:	4019				
<b>Work</b>							
Phone No:	7346 5918	COB:	N/A	Picture			
Bldg/Floor:		<input type="button" value="Import"/> <input type="button" value="Scan"/> <input type="button" value="Remove"/>					
Address:	82 Glenelg Street						
Suburb:	Tarridge						
State:	QLD	PCode:	4018				
Occupation:							
Organisation:							
Group:							

**Last Checked**

**Security**

Show on Quick List      Email a copy of  Statements  Receipts     

## Staff Contacts

- Click on the staff screen
- Highlight the staff member and press Edit

The screenshot shows the software interface for the CCMS Training centre QLD. The top menu bar includes System, Merchant, DEEWR, View, Internet, Tools, Extensions, and Help. On the left, a vertical sidebar lists various modules: Screens, Accounts, Rolls, IS Case Claims, Receipts, Banking, Quotes, Personnel, and Staff. The Staff icon is highlighted with a red box. The main content area is titled "Staff - CCMS Training centre QLD" and displays a grid of staff members. The columns are labeled "First" and "Last". The data in the grid is as follows:

First	Last
Wendy	Black
Melissa	Brown
Sarah	Edmiston
Mel	Hunt
Wendy	Smith
Ryan	Smith
Bella	Smith
Dee	Weiler(S)

The "Edit" button in the Staff module's toolbar and the "Ryan" row in the staff list are also highlighted with red boxes.

- Press the Reset Pin box

The screenshot shows the Kiosk software interface for managing staff details. The 'Staff Details' tab is selected. On the left, there are sections for 'Home' and 'Work' addresses, each with fields for Phone No., Bldg/Floor, Address, Suburb, State, PCode, Occupation, Organisation, External ID, Commenced date, and NQA ID. On the right, there are tabs for 'Kiosk', 'Qualifications', 'Contacts', and 'Languages'. Below these tabs is a large empty white area. To the right of the white area are buttons for 'OK', 'Cancel', 'Help', and 'Re-activate'. At the bottom right is a red phone icon. Further down are buttons for 'Last Checked' (with 'Update' and 'Reset PIN') and 'Security' (with 'Import', 'Scan', and 'Remove').

### 1e) Changing the Pin

The next time staff or contacts log into Kiosk they will be required to enter 0000 as their default PIN.

The staff or contact will then be prompted to enter and confirm a new PIN

## 2. Adding an attendance or absence to be confirmed in Kiosk

This feature enables users to request a kiosk confirmation or approval for an attendance created via QikKids. In the instance where an attendance or absence needs to be confirmed for a prior date, the user can enter this change within Qikkids and prompt the parent to confirm the change within Kiosk

This can be for an **Extra Day** or even marking an **Absent day**.

### 2a) To enter and request confirmation for an attendance:

- Click on the Rolls Screen
- Highlight the Child's name
- Click **Edit**
- Change the Day down and select the required Fee code
- Enter the **time** the child was dropped off/picked up if known
- Tick the appropriate **Sign In or Out** option.

Sign In: First Sign In for the session

Sign Out: First Sign Out for the session

Sign In 2: If the child has already attended the centre, leaves then returns again (eg: Doctors appointment or swim class)

Sign Out 2: If the child has already attended and returns, then finally leaves for the day

- Click **Marked**

The screenshot shows the 'Add Names' window with several booking entries:

- Mon 14/9: TF Toddler Fee, 7:35AM, 6:00PM, Sign In 2 checked.
- Tue 15/9: TF Toddler Fee, 7:35AM, 6:00PM, Sign In 2 checked.
- Wed 16/9: No booking listed.
- Thu 17/9: No booking listed.
- Fri 18/9: No booking listed.
- Sat 19/9: No booking listed.
- Sun 20/9: No booking listed.

On the right, there's a legend and buttons for 'Pencil', 'Charged', 'Marked' (which is highlighted with a red box), 'Cancel', and 'Help'.

You will then be presented with the screen below:

- Highlight the your name
- Click **OK**

The dialog box title is 'Staff Member for Signing In/Out Children'. It contains a table with two columns: 'First' and 'Last'. The rows are:

First	Last
Phoebe	Buffay
Monica	Geller
Ross	Geller

At the bottom are 'OK' and 'Cancel' buttons, with 'OK' highlighted with a red box.

- The Rolls Screen will then display the Staff members name in the Signed In/Out by column

	In	Out	S/In By	S/Out By	SessHrs
1	7:00AM	6:00PM			11.00
2	8:44AM				11.00
3	[7:35AM]	[6:00PM]	Ross Geller		11.00
4	7:00AM	6:00PM			11.00
5	8:44AM				11.00
6	7:00AM	6:00PM			11.00
7	8:44AM				11.00
8	9:26AM				11.00

The Sign in / out function is designed to enable users to mark roll entries through QikKids so that they will be displayed to the parent for confirmation, via the Kiosk.

When the parent then logs into the Kiosk they will be prompted Confirm the attendance.

### 2b) To enter and request confirmation for an absence:

- Follow the step above, the only change is as follows:
- When changing the fee code ensure you choose the absent fee
- Tick the Absence option

The screenshot shows the 'Edit Attendance' dialog box. On the left, a list of children is shown, with 'Forrest, Lisa' selected. The main area displays attendance records for each day of the week. For Monday, the 'Fee' dropdown is set to 'TFA Toddler Fee Absent'. To the right of the dropdown, there is a group of checkboxes for 'Kindy Program', 'Absence', 'Sign In 2', 'Sign Out', and 'Sign Out 2'. The 'Absence' checkbox is checked. Other checkboxes like 'Sign In' and 'Sign Out' are unchecked. The same pattern repeats for Tuesday through Friday. Saturday and Sunday are listed below with no data entered. At the bottom of the dialog, there is a legend and a note: '\* Note: Surcharges will be included in CCB / JFA claims'.

### 3. Marking a Public Holiday on Kiosk

This function is to allow centres to apply the Absent Fee code in advance for a Public Holiday through QikKids. Applying the Absent through this process still allows the Absent confirmation to be presented to the parent through the Kiosk.

#### To apply the Absent Day

- Highlight the Roll name
- Select the date from the Calendar
- Select the day to apply the Absence or Public Holiday
- Highlight all the children on the Roll for that day
- Click on **Edit**

Name	Age	Yrs	Desc	Fee	Dis	Sur	CCB	CCR	KIN	Gap	User	In	Out	Start	End	S/In By	S/Out By	Sess/Hrs	Paid/Hrs	Fee Info	Notes
Arrow, Dene	3y4m		N								Administr...	1:26PM									
Betteridge, Angela	3...	12y3m	N								Administr...	1:23PM									
Black, Bella			I								Administr...	7:00AM	6:00PM								
Bray, Christopher	J...	11y7m	N								Administr...	7:00AM	6:00PM								
Caudion, Brittany	P...	9y1m	B N								Administr...	7:00AM	6:00PM								
Feeley, Jonothan	P...	7y	N								Administr...	7:00AM	6:00PM								
Haddock, Eamon	J...	11y9m	N								Administr...	7:00AM	6:00PM								
Ivins, Enid	J...	12y	N								Administr...	7:00AM	6:00PM								
Kloper, Holly	J...	11y1m	N								Administr...	7:00AM	6:00PM								
Paluszak, Grant	J...	11y4m	N								Administr...	7:00AM	6:00PM								
Shaw, Shauna	P...	12y	I								Administr...	7:00AM	6:00PM								
Edwards, Lennon	J...	12y2m	N								Administr...	7:00AM	6:00PM								
Smith, Ben		4y11m	N								Administr...	7:00AM	6:00PM								
Smith, Toni		31m	N								Administr...	7:00AM	6:00PM								

- Change the fee code to Absent
- Tick the Sign In/Out box
- Click OK

The 'Edit Attendance' dialog box shows a list of children on the left. The main area has a 'Fee' dropdown set to 'A 0-2 yrs Absent' and a 'Sign In / Out' checkbox checked. The 'OK' button is highlighted with a red box.

- Highlight the required staff members name
- Click OK
- Click OK to save the Absent day

The 'Staff Member for Signing In/Out Children' dialog box shows a list of staff members. 'Wendy Black' is selected and highlighted with a red box. The 'OK' button is highlighted with a red box.

The parent will then be prompted to confirm this Absence for the Public Holiday the next time they log into the Kiosk.

## **QK KIOSK FAQ's**

*When does a child appear in the Kiosk?*

The Kiosk will only show a child if they have a roll entry – be it pencil / charged or marked.

*At what point does a Roll become available for a staff member/parent to sign children in/out?*

Rolls become available on the Kiosk 1 hour before the rooms designated start time and will disappear from the Kiosk 1 hour after the roll finishing.

For example, if an ASC roll has a start time of 3pm, the roll will not be available for users to sign children in/out or mark as absent until 2pm. The purpose of this is that if a parent has a child at both before and after school care, they are not accidentally signing a child in/out of the incorrect session.

*Can I access the Kiosk information if I have no Internet?*

QK Kiosk requires internet connectivity to be used. The use of paper rolls sheets will be used if long period without internet. Child Wellbeing Schedule will be used in emergency evacuations and drills.

*When marking children as Absent, I am getting an error message. What can I do?*

Please check that you have a default Absent fee associated with the Roll that is connected to the Kiosk sign in and out process.

*What if a parent picks up and drops off a child twice in a day (e.g. doctor's appointment)?*

You can drop off and collect a child twice in a day in QK Kiosk. This is also displayed in QikKids as re-entry times.

*What if the parent forgot to sign in their child, the educator signs in on their behalf, then the parent confirms the sign in the next day, and does the name change in QikKids?*

Once the parent confirms the drop off/collect times (QK Kiosk asks them to do this as they log in), the name will automatically change from the educators name to the parents name in QikKids.

*What if only one parent is allowed to collect the child?*

In QikKids, Contacts, you can tick or un-tick any name in giving permissions for drop offs & collections.

*What if someone else has the parent's phone number, can they still log in?*

No. They need the parent's private PIN.

*What happens if a compliance officer wants to see my sign in and out sheets?*

Print the completed sheets from Reports in QikKids (it automatically populates from the QK Kiosk)

*What if the educator marks off a really late child as absent?*

The Director must go into QikKids to change the roll. You can't do this in QK Kiosk.

*What happens if a parent changes their phone number?*

They have to inform the centre, so it can be updated in QikKids. It will then automatically update in QK Kiosk. They will not be able to log in with the incorrect phone number.

*What happens if a parent signs out after I have submitted my attendances to CCMS?*

Centre's that submit attendances on a Friday may need to consider their process when starting Kiosk. When parents log into Kiosk and sign their child out on a Friday after attendances have been submitted to DEEWR - this will edit the child's attendances for that week. This means the attendances will need to be resubmitted to DEEWR.

You might consider submitting at close of business Friday, over the weekend (where possible) or on Monday

### **Evaluation and Review**

This policy will be reviewed at least annually.

Family and team member feedback will be considered in the review process. Changes in legislation, regulations and standards will be considered.

Any changes to this policy will be communicated to families and team members verbally and in writing (Notice Boards and Newsletters)

### **Policy Reviewed: 20/5/2020**

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**Reference:**

**NQS**

QA7	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

***National Act and Regulations***

*Education and Care Services National Law Act 2010  
Education and Care Services National Regulations, Regulation 73 Educational program*

***Other references***

*QK Kiosk User Guide*

## **98 – CORONAVIRUS POLICY**

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### **Position Statement**

To ensure all employees and families implement appropriate risk management procedures to prevent the spread of coronavirus or reduce the potential for the illness to spread.

### **Related Policies**

Excursion Policy

Fees Policy

Nutrition, Food, Beverage & Dietary Requirements Policy

Health & Hygiene Policy

Health and Wellbeing Policy

Illness Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases and Immunisation Policy

Medical Conditions Policy

Interactions with Children Policy

Rest Time/Sleep Policy

Occupational Health & Safety Policy

### **Implementation**

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. People at higher risk of catching the virus include older people, those with underlying medical problems and Indigenous Australians. The threats posed by the virus mean serious steps must be taken to stop the spread of the disease.

As outlined in our Infectious Disease and Health, Hygiene and Safe Food Policies, 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 the State and Federal Government including:

- [Guidance for Managing a COVID case in ECEC and COVIDSafe settings guidance for ECEC VIC](#)
- [Federal Department of Education, Skills and Employment Information](#)
- [Federal Department of Health information](#)

If in doubt about current coronavirus guidance, the Approved Provider or Nominated Supervisor will contact **the Victorian COVID-19 EC Advice Line on 1800 338 663**.

The Approved Provider and Nominated Supervisor will also implement a COVID Safe Plan to ensure the service can provide an environment that's as safe as possible for children, staff and visitors.

## What must employees and families do?

### Comply with government guidance

The Approved Provider, employees and volunteers and families must:

- **comply with guidance issued by Government agencies, including in relation to attendance and self-isolation.** This includes following the '[Checklist for COVID contacts](#)' . The State Government also advises any staff member or child who is experiencing COVID-19 symptoms, needs to stay at home, even if they are not a positive case or a close contact, get tested and self-isolate until they receive a negative result - unless those symptoms are known to be caused by an underlying health condition or medication. This would also apply to family members
- **comply with all service policies including Infectious Diseases and Immunisation Policy** which requires ill children and adults to remain at home and comply with relevant Exclusion periods. Note employees, volunteers and families must comply with any isolation/exclusion periods in relation to coronavirus implemented by the Approved Provider or Nominated Supervisor including periods which exceed government requirements
- **advise the service** if they develop symptoms of the virus or are confirmed to have the virus. This is particularly important if they have been at the service before a positive test
- **comply with guidance issued by the Government in relation to the wearing of face masks at the Service and on transport, including buses operated by the Service.** Where the **wearing of masks is not mandatory**, it is recommended adult visitors, including families, wear masks when visiting the Service, and staff are requested to wear masks when engaging with other adults, such as during pick-up and drop-off, in administrative areas and staff rooms, and indoors where physical distancing cannot be maintained. Note it is not safe to use a mask on children under two years due to the risk they may choke.  
The Approved Provider and Nominated Supervisor will ensure staff, parents and visitors are familiar with best practice infection control measures for wearing masks including:
  - washing hands for at least 20 seconds with soap and water or alcohol-based hand sanitiser with at least 60% alcohol before touching mask
  - not touching the front of the mask or the face while it's on or when removing it – grasping the ear loops or ties instead
  - disposing of single use surgical masks responsibly and putting reusable masks directly into the laundry or a disposable/washable bag for laundering.
- **comply with any Government requirements for vaccination against COVID-19.** This includes vaccination requirements for ECEC staff, volunteers and contractors who attend the Service as outlined on State Government websites and contained in Public Health Directions. Where vaccination is mandated, the Nominated Supervisor will sight evidence of the person's vaccination status and keep a written record of this
- **comply with any Government check-in protocols**
- **comply with the Service COVID Safe Plan.** To promote the safety of children, employees, volunteers and families, the Approved Provider or Nominated Supervisor may require staff, volunteers and families to follow stricter measures than those currently required or advised by Government Orders or protocols. This includes vaccination or other requirements for working at or entering the Service. Such as:
  - employees, volunteers and family members providing evidence of COVID vaccination, or medical exemption from vaccination
  - when requested by the Nominated Supervisor - children, family members and employees providing evidence of a negative COVID test before entering the service after a household contact tests positive for COVID

- employees/families/visitors/children having their temperature tested before entry to the service
- families/visitors completing a Health Declaration if requested by staff declaring they are healthy and do not have any symptoms of COVID before entering the service.

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

The coronavirus is most likely to spread from person-to-person through droplets of saliva produced when a person coughs or sneezes. Droplets cannot go through skin and people can only be infected if they touch their mouth, nose or eyes once their skin (ie hands) is contaminated. Droplets usually travel no farther than 1 metre through the air. This means the transmission of droplets can occur when people:

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

Employees and volunteers will ensure they continue to implement hygiene processes outlined in the Health, Hygiene and Safe Food 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, after wiping or touching nose and cleaning up spills of body fluids, and where they board transport, including buses operated by the Service
- wash hands in ways that meet the principles recommended by the World Health Organisation in the following videos [wash hands with soap and water](#) and [wash hands with alcohol based sanitiser](#)
- 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.

The Approved Provider, Nominated Supervisor and Responsible Person in Charge will implement and ensure the following practices to ensure high standards of hygiene and infection control:

- ensure staff complete the online [COVID-19 Infection Control Training](#) made available by the Federal Department of Health.
- ensure educators engage in regular handwashing with children
- ensure hand hygiene posters are displayed in the kitchen, learning spaces, hand wash and toilet areas, staff room and any other 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 and in rooms. If using alcohol-based hand sanitiser in place of soap it will contain 60-80% alcohol.
- place signs and posters about physical distancing around the Service like those from [Safework Australia](#).
- ensure educators or cleaning staff implement appropriate cleaning practices which are implemented and documented more frequently than before the pandemic. This includes regularly cleaning and disinfecting frequently touched surfaces like door knobs, bathrooms (eg taps, toilets), tables and chairs, phones, tablets, keyboards, playground equipment, children's bags and bottles, and transport operated by the service eg after collecting or dropping off children. Cleaning staff, including contracted cleaning staff, will implement appropriate COVID cleaning procedures like those outlined in the [Information about routine cleaning and disinfection in the community](#) Information Sheet or [VIC Health COVID Cleaning Guidelines](#). They will, for example:
  - wear gloves and use alcohol-based hand sanitiser (and other COVID Approved Sanitizers) before and after wearing gloves

- wear masks if cleaning area where COVID positive person has been or there are spills of body fluids which could be infectious
- disinfect surfaces with an anti-viral disinfectant (made to strength recommended by manufacturer) after cleaning with detergent and water
- ensure all bathrooms are always well stocked with hand soap and towels, and they are sufficient quantities of essential items eg gloves, masks, wipes, sanitiser, disinfectant, soap, detergent and hand towels
- provide hands free sealed bins in bathrooms/rooms and ensure they're emptied daily and when full
- provide detergent/disinfectant surface wipes to clean equipment such as monitor, phone, keyboard and mouse
- replace high touch communal items with alternatives where possible
- open windows to circulate fresh air as much as possible and adjust air-conditioning from recycle to fresh air(unless air quality outside is poor).

### **Body Temperature Testing**

Each child who enters our service will have their body temperature measured, using a non-contact infra-red thermometer. Screening should take place at drop-off time, while the parent/carer is still present.

Any child who records a temperature of **37.5 Degrees Celsius or over** will be not enter their room and refused entry to the service. They will need to seek medical advice. A doctor medical clearance needs to be obtained to return to the service. Parent to provide result of tests performed.

**Testing Frequency:** on arrival each day of care and as required throughout the day.

<b>General Guidelines – measure surface body temperature and use</b>	<b>PPE must be worn by the person carrying out the test</b>	<b>Symptoms of COVID-19</b>
<ul style="list-style-type: none"> <li>● Make sure all adults are appropriately physically distanced, 1.5m from each other.</li> <li>● Subject to clean, dry forehead</li> <li>● Hold the device out at arm's length.</li> <li>● Align device 3-5cm from the forehead.</li> <li>● Press trigger to complete temperature check.</li> <li>● If temperature reads 37.5 Degrees Celsius or higher the tester will reperform the test after a 15 minute period with a second device. During this time, the families and child will exit the service to wait to be retested.</li> <li>● After the second test is performed use an ear thermometer or oral thermometer to perform</li> </ul>	<p><b>PPE must be worn by the person carrying out the test</b></p> <p>Face mask Face Shield Gloves (if in contact with child or parent) when face masks are required to be worn per guidelines or child has covid symptoms.</p> <p>Ear Thermometer: use of disposable covers will be used for each person. Sanitising of device is required after each use.</p> <p>It is important to be mindful of the location of testing to be performed. For second and third tests it is recommended that these be performed in a different location than room entrance or foyer.</p> <p>Once second and third test performed</p>	<p><b>Symptoms of COVID-19</b></p> <p>People are not permitted to enter the service with a fever or other COVID-19 related symptoms.</p> <p>Ask parent if child has been provided any medication such as paracetamol; this will affect the temperature of child.</p> <ul style="list-style-type: none"> <li>● Fever</li> <li>● respiratory symptoms <ul style="list-style-type: none"> <li>○ coughing</li> <li>○ sore throat</li> <li>○ shortness of breath</li> </ul> </li> </ul> <p>Other symptoms can include runny nose, headache, muscle or joint pains, nausea, diarrhoea, vomiting, loss of sense of smell, altered sense of taste, loss of appetite and fatigue.</p> <p>To stop the spread of COVID-19 people with even mild</p>

<ul style="list-style-type: none"> <li>a third device temperature test.</li> <li>If two tests are 37.5 Degrees Celsius or above then the child needs to be sent home immediately and parent needs to provide a doctors clearance to return to care.</li> <li>It is recommended to wait 15 minutes before measure ear temperature if your child has been outside on a cold day.</li> <li>If the child is wearing outerwear, the educator should suggest the child remove this once they are indoors.</li> <li>If high temperature or ill complete illness form to record information.</li> </ul>	<p>sanitizing of touch points should be undertaken.</p> <p>Wash hand with soap (20 seconds) or sanitise hands until absorbed. Sanitise clothing with Glen 20.</p> <p>Contact with people with fever and illness should be aimed to be less than 15 minutes in direct contact or 2 hours in confined space or room.</p>	<p><u>symptoms of respiratory infection should get tested.</u></p> <p>(Source: Health.gov.au)</p>
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- teachers and educators who are conducting temperature checks can wear face masks (if service is location of mask wearing requirement or a location of increased risk of COVID-19).
- teacher and educators who are attending to sick or ill children should wear face masks (this apply to all locations.)

### Types of Thermometers

 <p><b>Digital:</b> Quick to use, accurate and suitable for oral, armpit or anal readings. Always use a digital thermometer under the armpit with children younger than 5.</p>	 <p><b>Ear (tympanic):</b> Placed in the child's ear canal, ear thermometers are quick to use but must be carefully positioned for an accurate reading.</p>	 <p><b>Touchless (forehead) thermometer:</b> Inaccurate if not placed correctly. This measures the child's temperature using an infrared reading of an artery in the forehead. The thermometer does not touch the skin.</p>
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### Face Masks

Please refer to government website for current face mask requirements.

The following face mask guidelines apply when face mask health orders apply:

- It is not compulsory for teachers and educators to wear face masks while teaching or caring for children as this can interfere with the ability to clearly communicate. (Teachers and educators may choose to wear masks while teaching.)
- It is recommended in high risk periods of COVID, teachers and educators who are conducting temperature checks should wear face masks (if service is location of mask wearing requirement or an increased risk of COVID-19).
- teacher and educators who are attending to sick or ill children should wear face masks (this apply to all locations.)

- teachers and educators wear masks when they're not teaching or providing care eg in the staff room (where not consuming food and drink) or during interviews with parents an (at times of increased risk of COVID-19 or mandated requirement).
- non-teaching staff, including office staff, wear face masks while working unless they work alone in an enclosed space (eg office). In this case they must wear a mask if someone enters the space and when they leave it. (at times of increased risk of COVID-19 or mandated requirement).
- parents and carers wear face masks whenever they're in or near the service, including when they deliver and collect their children from the service. (at times of increased risk of COVID-19 or mandated requirement).
- they and all staff implement the following hygiene measures when putting on or removing a face mask:
  - wash hands first for at least 20 seconds with soap and water or alcohol-based hand sanitiser with at least 60% alcohol
  - don't touch the front of the mask or the face while it's on or when removing it

#### **Putting on a mask**

- carefully grasp the ear loops or ties. For masks with a pair of ties, fasten the top one first, then the bottom one

#### **Removing a mask**

- carefully remove the mask by grasping the ear loops or untying the ties. For masks with a pair of ties, unfasten the bottom one first, then the top one
- if the mask has filters, remove and discard them. Fold the mask and put it directly into the laundry or a disposable/washable bag for laundering. Dispose of single use surgical masks responsibly.

(Source: <https://www.business.vic.gov.au/disputes-disasters-and-succession-planning/coronavirus-covid-19/face-coverings-in-the-workplace>)

#### **Social distancing**

The Approved Provider or Nominated Supervisor will also implement the following social distancing strategies where possible to limit the potential spread of COVID:

- complying with current capacity limits, if any, and displaying conditions of entry for all families and visitors on social media and entry points
- complying with State Government guidance in relation, for example, to physical distancing and visitors
- ensuring adults, including families, maintain at least 1.5 metres between each other as far as practical, including at the start and end of the program
- avoiding non-essential activities that involve close personal contact
- restricting number of parents in service dropping off or picking up children
- reviewing location of furniture and equipment in children's rooms to promote physical distancing where possible
- keeping educators and children in same rooms where possible to prevent mixing of children and staff
- avoiding situations where children are required to queue, assemble in large groups or hold hands
- staggering lunch /snack times to reduce number of children inside at one time and number of staff in staff room
- reviewing and adjusting work rosters where possible to reduce numbers of staff starting and finishing together or taking simultaneous breaks (while meeting ratio and supervision requirements)
- arranging for deliveries to be dropped away from main entrance or collected from vehicles by one or two staff using contactless acceptance measures, displaying signage for delivery drivers and identifying designated drop off areas away from main entrance

- increasing the use of technology like Skype and Zoom to communicate with families, including during orientation processes, and ensure children can continue to communicate with community members in a protected environment
- increasing supervision in bathrooms
- conducting more learning and activities outside
- ensuring physical distancing is maintained where possible on buses operated by the service
- ensuring where staff need to travel together in same vehicle:
  - passengers and drivers spread out using front and back seats
  - staff only handle their own bags
  - driver cleans vehicle hand touch areas at the end of each journey with detergent/disinfectant
  - air-conditioning set to external airflow rather than recirculation (unless air quality outside is poor).

#### ***Information and notification requirements***

The Approved Provider or Nominated Supervisor will:

- follow VIC Government Guidance in relation to managing COVID suspected and confirmed positive cases of COVID-19 in ECEC services – and follow the ‘ECEC COVID-19 Response Guidelines – exposure management pack’ which can be downloaded from the site
- 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 ie there was an imminent or severe risk to the health, safety or wellbeing of a person at the service
- comply with other notification requirements including notifying:
  - the Regulatory Authority within 7 days about any changes to service days or operating hours
  - the Regulatory Authority within 24 hours if Service is directed to close or closing voluntarily because of COVID – and again when Service reopens. (If closing voluntarily, children cannot be reported as absent and CCS will not be paid unless the closure is determined as a local emergency by VIC Education)
  - the Regulatory Authority within 24 hours if reducing the number of children attending
  - any third party software provider or via operational details in the Provider Entry Point of closures/re-openings or other relevant changes
  - the Regulatory Authority as soon as possible if they’re receiving Kindergarten funding and an ECT is absent and another ECT is not available to deliver the Program
  - WorkSafe VIC if an employee is hospitalised and/or dies as a result of contracting COVID-19 at work
- apply for waivers from ratio and qualification requirements if required where staff are required to self-isolate.

#### ***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, or implement other strategies. Educators will be careful not to speak to others in an alarmist way about the coronavirus if children are present or within hearing.

### **Routine and Experience Changes**

Practices we are doing to keep children and educators safe within our centres include:

- Option 1: Dropping off and collecting your child from the foyer and we will escort your child to their rooms. This procedure has been recommended by Health Experts as best practice in relation to limiting the germs in the children's environment.

OR

- Option 2: Dropping off and collecting your child at the entrance of the classroom door and not entering the room. This procedure has been recommended by Health Experts as best practice in relation to limiting the germs in the children's environment
- Reduce the number of people entering the service and therefore, during this time of COVID 19, we ask that only one adult drop-off or pick-up their child (if possible, no sibling's should enter the service and if required should remain in the foyer).
- During periods of restrictions advised by Government Health Department guidelines: All non-essential visitors are requested not to attend the centre. Stop excursions and are enforcing social distancing by adults in line with Government guidelines. We're using our extensive educational expertise to implement social distancing practices for children as well.
- Our centres have very well practised infection control procedures and our teams have the training to ensure good hygiene is occurring.
- Our centres are cleaned daily with hospital grade cleaning products.
- We are strictly enforcing rigorous exclusion policies for children and educators in all our centres in line with advice from the public health authorities.
- If children are sick, please keep them home. If educators are sick, we will send them home.

The following will be completed in relation to the experiences and routines:

- **Child drop-off/pickups:** restrict the number of parents in your foyer or reception area.
- **Hand sanitising on entering the service:** Put hand sanitiser or soap at the reception desk and make it a requirement of every person (parent, child or team member) entering the service to clean their hands.
- **Hand washing:** Centre-wide regular handwash times for all team members (and children)
- **Wipe-downs:** three times a day (Eg. 10am / 12noon / 3pm) all door handles, reception desk, pens, keyboards, and other surfaces are wiped down and disinfected.
- Removal of soft furnishings (including rugs, pillows, cloth toys, etc)
- No using materials that increase the spread of germs; including playdough, etc.

### **What else should families do?**

Asthma Australia has advised doctors to ensure all patients with asthma have a current Asthma Action plan and to update it if needed via a phone consultation, with any new plan delivered electronically. If their child has an Asthma Plan, families must consult their doctor and provide the Nominated Supervisor with an updated Plan or written confirmation from the doctor that the current Plan can continue. The Nominated Supervisor will distribute any updated Plans to relevant educators.

### **Fees**

The Approved Provider or Nominated Supervisor will advise families of any relevant fee support which may be provided by the Government to assist families impacted by COVID-19. Without any Government fee support families must pay fees as outlined in our Fees Policy. Please note families approved for Child Care Subsidy may be eligible for Additional Child Care Subsidy (temporary financial hardship) where their income has dropped because of COVID-19.

Outside Government declared changes to fees and Child Care Subsidy system, fees will be charged as normal in accordance with our Fee Policy.

Families are encouraged to remain enrolled, or to re-enrol to ensure they maintain their eligibility for CCS, and do not have to wait for CCS claims to be assessed in the future.

During lockdowns or other period of Government Health Orders, we maybe required to prioritise enrolments for children of essential workers, vulnerable and disadvantaged children and children who were previously enrolled. Within these categories we must prioritise enrolment within our service capacity and constraints as follows:

- A) Essential workers that provide emergency and essential front-line services like health care workers, police, teachers, etc.
- B) Disadvantaged and vulnerable children that would meet the requirements for the Additional Child Care Subsidy (Child Wellbeing).
- C) Children with existing enrolments who do not have a parent/carer at home and do not have any other care arrangements.
- D) Children with existing enrolments; and
- E) New enrolments for children

For essential services families who have children attending we ask for your children to be only attending for the time you are working. We are providing care for period of time of 'need'. We do not have the capacity to provide care for extended hours and are focused on providing care during core times.

During a pandemic, the service is dealing with new circumstances and having to reconsider available staff, health and other business challenges. This means the service has to make decisions on its own capacity to offer care, based on these new considerations.

***We may not be able provide the days of attendance requested; a reduction in attendance days may be offered. Where we do not have the capacity to meet the care needs of priority enrolments, we may suspend the enrolment of any family we subsequently find does not meet the requirements or the service is unable to provide. During this time the service may postpone the commencement of new enrolments.***

We must continue to meet the laws and regulations that govern early childhood services. These include meeting educator to child ratios. We may need to adjust our rostering and staffing arrangements to try and maintain the financial viability of our service and also be able to have sufficient educators to educate and care for children attending.

We will ensure the effectiveness of our social distancing strategies is not compromised by excessive numbers of children. The safety and wellbeing of our children, staff and families is always our primary concern, especially during these times of COVID-19. Please ensure you continue to follow all the new procedures to help us maintain high hygiene standards.

#### **Staff Entitlements - Employees are ill or need to care for family member**

Permanent employees are entitled to paid sick leave if they're ill with coronavirus. Employees must provide a medical certificate (or test result) confirming their result and medical assessment. Employees who want to stay at home as a precaution against exposure to coronavirus must apply for paid or unpaid leave.

#### **Staff Entitlements - Employees required to self-isolate or wish to stay home as precaution**

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 eg long service leave, and taking unpaid leave.

Employees who want to stay at home as a precaution against exposure to coronavirus must apply for paid or unpaid leave.

### **Staff Entitlements - Stand downs**

Under the Fair Work Act, an employee can only be stood down without pay if:

- there's a stoppage of work
- the employees can't be usefully employed (not limited to an employee's usual work)
- the cause of the stoppage is one the employer cannot reasonably be held responsible for (eg service is directed to close by Government).

During stand down periods there is no interruption to continuity of service and leave accruals continue. The Approved Provider may seek legal advice to confirm payment of salaries is not required under the 'stand down' provision of the Fair Work Act if directed to close by the Government.

During this time employees may engage in activities which don't involve children, for example, training, deep cleaning or administration.

### **COVID Entitlements**

Employees may be eligible for financial assistance and should check Government websites (eg [Financial and Other support for COVID-19](#), [Services Australia](#)).

### **Policy Reviewed: 21 July 2022**

The policy will be reviewed annually by the Approved Provider, Supervisors, Employees, Families and any committee members.

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#### **References**

##### **NQS**

QA2	2.1.2	Health practices and procedures Effective illness and injury management and hygiene practices are promoted and implemented.
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#### **National Law**

Section	167	Offence relating to protection of children from harm and hazards
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#### **National Regulations**

Reg	77	Health, hygiene and safe food practices
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#### **Source**

*Education and Care Services National Law and Regulations*

*Fair Work Act 2009*

*Fair Work Ombudsman 'Coronavirus and Australian Workplace laws'*

*Federal Department of Health coronavirus information sheets*

*Federal Department of Education, Skills and Employment coronavirus information sheets*

*National Quality Standard*

*Work, Health and Safety Laws and Regulations*

*Face Coverings – 11.59pm Wednesday 22 July Health and Human Service VIC*

## **99 – FAMILY VIOLENCE SAFETY POLICY**

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### **Objective**

The safety, health and wellbeing of children is our number one priority. We have zero tolerance for child abuse and are committed to acting in children's best interests. We will ensure our environment and practices are always safe, consistent with best practice and legislative requirements including the Family Violence Information Sharing Scheme.

### **Related Policies**

Child Safety and Protection Policy  
Governance of Service, Management and Educator Policy  
Incident, Injury, Trauma and Illness Policy  
Record Keeping and Retention Policy

### **Implementation**

The Royal Commission into Family Violence found that effective and appropriate information sharing is crucial in keeping family members safe. As a result the Victorian Government has implemented the Family Violence Information Sharing Scheme (the Scheme) to support the effective assessment and management of family violence risk. This Scheme and the Child Information Sharing Scheme complement each other.

Family violence includes physical or sexual violence, emotional or psychological abuse, threatening or coercive behaviour that controls or dominates a family member and makes them fearful for their safety or wellbeing or that of someone else. It also includes behaviour that causes a child to hear, witness or otherwise be exposed to this behaviour.

In this Policy we use the following terms:

- perpetrator – there is a *reasonable belief* the person may commit family violence (eg they've been identified through family violence risk assessment)
- alleged perpetrator – a person who is alleged to pose a risk of family violence
- third party – a person whose confidential information is relevant to assessing or managing family violence
- victim survivor – there's a *reasonable belief* the adult or child may be at risk of family violence.

The Approved Provider or Nominated Supervisor are responsible for ensuring compliance with the Scheme. They are protected from liability if they share information in good faith and with reasonable care. If in doubt about their obligations or Scheme requirements, they will refer to the Family Violence Information Sharing Guidelines or other resources supporting the MARAM Framework. They will never use information obtained under the Scheme to prevent a child enrolling or continuing at the service.

As our Service is an 'Information Sharing Entity (ISE) under the Scheme, the Approved Provider or Nominated Supervisor will voluntarily share information with other ISEs about a perpetrator, victim survivor or third party, or respond in a timely way to requests from ISEs to share information, if the information sharing meets the legal requirements of the Scheme. ISE's may share any personal information (including opinions) for protection purposes ie they *reasonably believe this will help manage an established risk* of a perpetrator committing family violence, or an established risk of a victim survivor being subjected to family violence. Some ISE's, including our service, are also Risk Assessment Entities (RAEs) who can voluntarily share information with, or request information from, other RAEs about a perpetrator, alleged perpetrator, victim survivor or third party, to *establish and assess the risk* of family violence.

The Approved Provider or Nominated Supervisor will confirm a person or organisation requesting information is an ISE or RAE before sharing, for example by asking for an official work email or calling an organisation's switchboard. They will also be aware of local service providers and professionals who can support children and their families. They will also ensure

information to be shared is not excluded and consent to share information is first obtained where required.

Information cannot be shared if it's excluded, or consent requirements have not been met.

**Excluded information** includes information that might endanger a person's life or result in physical injury, prejudice legal proceedings or police investigation, contravene a court order, or is subject to legal professional privilege.

**Consent** must be obtained from adults victim survivors and third parties to share their information *unless we reasonably believe sharing the information is necessary to lessen or prevent a serious threat to the person's life, health, safety or welfare*. Consent is not required from a perpetrator or alleged perpetrator. Consent is also not required to share anyone's personal information, including that of a victim survivor or third party, where a child is at risk of family violence. However, the Approved Provider or Nominated Supervisor will consider the child's views and/or those of a parent who is not a perpetrator about sharing the information *where it's safe, appropriate and reasonable to do so*.

Where consent is required, it must be given freely and the person fully informed about what information will be collected, who it might be shared with, how it might be used, the consequences of giving or not giving consent, how long their consent is valid for, that they may withdraw their consent any time, and may decline or receive services without their information being shared.

### **Collect and Sharing Information**

If collecting or sharing the information of *victim survivors or third parties* (other than a perpetrator or alleged perpetrator), the Approved Provider or Nominated Supervisor will notify them about the information collected, who it will be shared with and why, how they can access it, who it might be further shared with, when it might be shared without their consent, and the potential outcomes of sharing the information *unless doing so would pose a serious threat to their life or health*. They will also advise the information sharing is allowed under the Scheme, and that complaints about the sharing of personal information may be made to the Victorian Information Commissioner. The Approved Provider or Nominated Supervisor may refuse perpetrators access to their confidential information if they reasonably believe doing so would increase the family violence risk.

When sharing information the Approved Provider and Nominated Supervisor will ensure:

- only information relevant to assessing or managing the risk of family violence is shared
- information shared about an alleged perpetrator, or to assess a risk of family violence, is only shared with another RAE
- information is shared in a way which protects a person's anonymity if personal details are not needed to assess or manage family violence risks
- the ISE requesting information does not have a conflict of interest eg there is no personal/family relationship with another person involved in an assessment
- sharing information will not increase the threat to a victim survivor or any other person (it will not be shared in this case)
- information is shared where possible in a way that preserves and promotes positive relationships between a child and family members
- any discussions about collecting, using or sharing information is done in an accessible, inclusive and culturally sensitive way (eg provided in home languages), and for Aboriginal people in a way that considers their family and community connections.

The Approved Provider or Nominated Supervisor may share non-excluded information about a perpetrator with a victim survivor where they believe this will help manage a risk to the victim survivor's safety. The perpetrator's consent is not required. (Information will never be shared with a perpetrator or alleged perpetrator.) However, where there is not an immediate threat to the victim survivor's safety, the Approved Provider or Nominated Supervisor may

refer them to an ISE with expertise in this area, including expertise from a culturally sensitive perspective.

### **Record Keeping**

The Approved Provider or Nominated Supervisor will ensure appropriate records are kept securely and confidentially when information is requested and shared including where relevant:

- if the service received a request for information, who this was from, what was requested and the date of the request
- if the service disclosed information voluntarily, who the information was shared with, what was disclosed and the date disclosed
- if the service requested information, who this was made to and the date, what was requested and the date of the request
- how a disclosure was consistent with the Scheme
- reasons any information sharing request is declined (these will also be provided to the ISE)
- copies of any copies of a family violence risk assessment and/or safety plan made as a result of the information sharing
- any consent provided by an adult victim survivor or third party, or why information was shared without their consent
- the views of a parent who is not a perpetrator in relation to sharing a child victim survivor's information, or why their views were not considered, and if they were advised the information would be shared
- details of any complaint received including what it's about, date made, action taken to resolve the complaint and prevent similar complaints and time taken to resolve.

### **Policy Reviewed: 22 June 2022**

The policy will be reviewed annually by the Approved Provider, Supervisors, Employees, Families and any committee members.

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### **References**

#### **NQS**

QA2	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.
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### **National Regulations**

Regs	84	Awareness of child protection law
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### **Source**

*Education and Care Services National Regulations*

*Family Violence Protection (Information Sharing and Risk Management) Regulations 2018 (includes ISEs in Schedule 1 and RAEs in Schedule 2)*

*Family Violence Protection Act 2008 (includes Part 5A Family Violence Information Sharing Scheme)*

*Family Violence Information Sharing Guidelines: VIC Govt*

*National Quality Standard*