

# Child Safe Policy and Procedure Handbook

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VERSION 2024.3



-Ayesha Siddiqua

HAKUNA MATATA CHILD CARE PTY LTD | 3 GLOBE STREET, GLENFIELD NSW 2167

## Contents

<b>Philosophy and Value Statement</b>	<b>3</b>
<b>Code of Conduct</b>	<b>6</b>
<b>Privacy and Confidentiality</b>	<b>11</b>
<b>Responsible Person at Centre</b>	<b>17</b>
<b>Dealing with Complaints &amp; Grievances of Staff and Families</b>	<b>21</b>
<b>Family Involvement &amp; Communication</b>	<b>31</b>
<b>Enrolment and Orientation</b>	<b>35</b>
<b>Termination of Enrolment Policy</b>	<b>40</b>
<b>Payment of Fees</b>	<b>43</b>
<b>Child Protection</b>	<b>50</b>
<b>Supervision of children</b>	<b>64</b>
<b>Interaction with children, Families and communities</b>	<b>70</b>
<b>Delivery and Collection of Child</b>	<b>76</b>
<b>Nutrition and Healthy Eating</b>	<b>82</b>
<b>Medical Conditions and Administration of Medication</b>	<b>92</b>
<b>Administration of First Aid</b>	<b>101</b>
<b>Dealing with Infectious Diseases</b>	<b>107</b>
<b>Teething Policy</b>	<b>111</b>
<b>Sick Child Policy</b>	<b>115</b>
<b>Emergency Policy incl. evacuation, lockdown and relocation</b>	<b>126</b>
<b>Acceptance and Refusal of Authorisations</b>	<b>140</b>
<b>Sun Safe Policy</b>	<b>142</b>
<b>Water Safety</b>	<b>147</b>
<b>Governance and Management</b>	<b>151</b>
<b>Excursion and Incursions</b>	<b>157</b>
<b>Incident, Injury, Trauma and Illness</b>	<b>166</b>
<b>Student, volunteers and visitors</b>	<b>180</b>
<b>Providing a Child Safe Environment</b>	<b>187</b>
<b>Staffing Arrangements and Entitlements</b>	<b>199</b>
<b>Sleep and Rest</b>	<b>212</b>
<b>IT Environment</b>	<b>221</b>
<b>Work Health and Safety</b>	<b>229</b>
<b>Behavior Guidance and Management</b>	<b>241</b>
<b>Environment Sustainability</b>	<b>248</b>

<b>Toys and Games from home .....</b>	<b>251</b>
<b>Inclusion Policy.....</b>	<b>254</b>
<b>Date of review/change .....</b>	<b>259</b>

**Important Note:**

This handbook contains the policies and procedures of Hakuna Matata Childcare Pty Ltd. These policies are available in office and room leaders' computers. Please remember that policies are not static and that they are reviewed regularly. You will be advised when we are reviewing a particular policy and you will be invited to provide feedback into this process. If there are any changes to policies, you will be informed of those changes.

<b>Policy Name</b>	<b>Philosophy and Value Statement</b>
<b>Date Last Reviewed</b>	February 2024
<b>Next Review Date</b>	February 2025
<b>Related Policies</b>	General
<b>NQF Quality Area</b>	National Quality Framework

### **Our Vision**

To provide an inclusive, rich learning, safe and caring environment where we believe in respect for the principles of equity and diversity, our strong partnership with families and broader communities.

### **Our Philosophy**

Our philosophy evolves from our image of the child, our role as early childhood professionals, our respect for the principles of equity and diversity in our pedagogical practices, shaped by the changing needs of the families and community.

Eight pillars of our philosophy are aligned to rights of children and NQS.

1. All children have a right to be loved, supported in their learning, respected for who they are in their individual capacities and given opportunities to grow and develop at their own pace. Children's voices are heard, and they participate in all matters that affect them, so they become responsible citizens. Extra efforts are put in to identify red flags so that timely interventions are made to children's learning needs.
2. Our Emergent Curriculum reflects our vision of the child as a competent learner, offering STEAM based concepts and play-based learning opportunities. In practice, it aims at challenging the critical thinking of children, engagement in meaningful conversations and making learning visible through pedagogical documentation. Our planning cycle aims at holistic approach to each child's learning and development. This reflects in our assessments, goal-based planning and documentation of progress of each child against EYLF outcomes.
3. Each child's health, well-being and safety is at core of our vision for quality service. From effective supervision to safe food handling, hygienic practices to nutritionally balanced foods; our practices, decisions and reflections revolve around this core value.
4. Our physical environment and resources reflect children input, needs and diversity. Continuous, stable and effective changes in physical environment, provide choices throughout the day. We aim at providing awareness among children about sustainable environment and our collective responsibility.
5. Early childhood professionals play a very pivotal role in children's early years' development and are partners of the children in the learning process by making it dialogical, co-constructed, culturally

sensitive, nurturing and relational. Our service has a special focus on professional learning and regular evaluation of educators' knowledge and up skills them catering to their individual needs for professional development, so educators are fully equipped with the knowledge and skills required to support the learning process.

6. Children rights are paramount in our decision making processes and guide our relationship with children. We role-model and believe in respectful interactions with children, inclusive environments and positive behavior guidance approaches to teaching and learning. We proudly represent the culturally and linguistically diverse communities in the area.

7. Our community is a mix of diverse cultures, values, beliefs and practices which are celebrated and reflected within our learning environment and curriculum. This is reflected through variety of events celebrated each month, helping community connections grow through bringing them together in diverse ways. Our documentation serves the objectives of ensuring parental awareness and involvement, allowing educators to understand children better and evaluate their own practices, pedagogies and programming, including children's voice to their own learning, making them confident of themselves and their achievements while being culturally sensitive.

8. Our leadership and service management derive its strength from research, evidence- based practices, professional learning and development. Continuous quality improvement plans ensure effective management systems are in place, regularly evaluated and updated. We believe in ethical, transparent and productive use of technology to support our systems. Roles and responsibilities are clear and are communicated effectively. Appraisal systems ensure accountability and reward best practices which are aligned to our Philosophy.

#### *For our Children*

##### *In our interactions with children we:*

- Extend and complement the home by providing a loving, stable and secure environment that supports each child & their family
- Endeavor that children's voices are heard and they participate in all matters that affect them, so they become responsible citizens of Australia.
- Nurture the child's sense of wellbeing, identity and self-worth by supporting the development of the whole child
- Believe that children learn best through play, as they make their way into meaning –making and contributing to the world around them, inquire into objects, living thing, materials and senses, interact with their peers engaging educators in a fun-filled productive way
- Encourage children to show respect for others and their environment through modelling positive attitude, respect for diversity, sensitivity to the needs of others and effective communication.

#### *For our Families*

##### *In our interactions with families we:*

- Believe our families are a valuable, constructive, important and useful resource for us in the

process of children's holistic development and learning process, being the most significant part of both their lives and broader community.

- Promote in families a sense of ownership and belonging by including them in decisions related to management, policy and procedure, our curriculum and by including them in social & cultural activities.
- Recognize and value each family's cultural heritage and uniqueness and endeavor to incorporate these into our everyday care routines.
- Offer both practical & emotional support to families through the provision of information on available services within the community and current research into child and family related issues including aboriginal families.

#### *For our Educators*

##### *In support of our Educators we:*

- Recognize and value the experience and professional status of our educators and provide them with opportunities for further professional development.
- Recognize and value each Educator's cultural heritage and unique way of doing things and endeavor to incorporate these into our programs
- Support a harmonious, respectful and friendly working environment to facilitate their mental well-being.
- Provide safe and healthy working conditions for staff that will support their well-being.
- Promote a sense of ownership and belonging by including our Educators in decisions related to management, policy and procedure and our curriculum.

#### *For our Community and the Environment*

##### *In support of our Community and the Environment we:*

- Recognize that our community will help, support and guide our efforts to work collaboratively for the enhancement of positive outcomes for the children and families.
- Share our interests, knowledge and experiences with both our local community and the wider Community.
- Acknowledge that the diversity within our Centre is representative of the wider community.
- Explore the community through multiple opportunities for community participation in our programs.
- Promote respect for sustainable environment through modelling and discussing with children and families environmentally friendly practices.

#### Centre Management

<b>Policy Name</b>	<b>Code of Conduct</b>
<b>Date Reviewed</b>	February 2024
<b>Next Review Date</b>	February 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development.
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional Standards	Professional standards guide practice, interactions and relationships.

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
82	Tobacco, drug and alcohol-free environment
84	Awareness of child protection law
155	Interactions with children
168	Education and care services must have policies and procedures

## Related policies

Child Protection Child Safe Environment Dealing with Complaints & Grievances Interactions with Children, Family and Staff Privacy and Confidentiality	Staffing Incl. Recruitment and Entitlements Responsible Person Policy Providing a child safe environment Work Health and Safety Policy
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**Objective:**

Our Service is committed to creating and maintaining an environment that promotes the safety of all children and embeds the National Principles for Child Safe Organisations. All staff and volunteers are responsible for promoting a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging.

Our Service uses this code as a basis for evaluating professional conduct, and as a reference tool for the thought processes that inform pedagogy, including actions and reactions towards professional conduct, relationships, views, influence and position within communities and society. Ethical conduct guides the behaviour and decisions within the service and is underpinned by respect for, and the valuing of children, families, educators and staff, and the extended service community.

**Policy:**

Our Education and Care services is committed to a code of professional conduct, upholding ethical principles and professional standards that guide decision-making and practice at the service.

This includes a system of ethical inquiry to provide a basis for reflection on how to relate to and contribute to the education and care community in which we actively participate. Our service will uphold the highest standards in ethical conduct in accordance with the ECA Code of Ethics (2010) The United Nations Convention on the Rights of the Child (1989) and service philosophy and policy.

Our Code of Conduct aims to provide a framework for all employees of Hakuna Matata ELC to ensure an understanding of the standards of conduct and behaviour expected at all times. Our Service is committed to creating and maintaining an environment that promotes the safety of all children and embeds the National Principles for Child Safe Organisations. All staff and volunteers are responsible for promoting a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging.

The Approved Provider, Nominated Supervisor, educators, staff members, volunteers, and students will maintain the following ethical conduct ideologies at all times, and demonstrate positive interactions within the Service and the local community by:

- committing to our Service philosophy and values, inclusive of best practice in early childhood education and building positive relationships with children, families, staff and the community
- adhering to our *Child Safe Environment Policy* and *Child Protection Policy* at all times and take all reasonable steps to protect children from abuse
- upholding the rights of children and always promoting their needs
- promoting a commitment to a workplace that values and promotes the safety, health, and wellbeing of employees, volunteers, children and families
- promoting the cultural safety, participation and empowerment of Aboriginal and Torres Strait islander children



- promoting the safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds
- promoting the safety, participation and empowerment of children with a disability
- treating colleagues, children, and families with respect. Bullying or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening, or derogatory language or intimidation towards other employees, children, visitors, or families is unacceptable and will not be tolerated
- promoting honesty and integrity in all interactions with children, families, employees and managers
- making a commitment to an Equal Opportunity workplace and culture that values the knowledge, experience, and professionalism of all employees, team members, and managers, and the diverse heritage of our families and children
- listening and responding to the views and concerns of children particularly if they are telling you that they or another child has been abused or they are worried about their safety or the safety of another

The Approved Provider, Nominated Supervisor, Educators, Staff Members and Volunteers will:

- ensure their work is carried out proficiently, harmoniously, and effectively
- act in a professional and respectful manner at all times whilst at work, giving their full attention to their responsibilities and adhering to all Service policies, procedures, Child Safe Standards, Education and Care Services National Law and National Regulations, and the National Quality Standard
- act honestly and exercise attentiveness in all Service operations
- carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman
- uphold the rights of children and always prioritise their needs
- treat all children and young people with respect
- promote the safety of children and take all reasonable steps to protect children from abuse
- provide adequate supervision of children at all times
- understand their legislative responsibility as mandatory reporters to report any allegation of child abuse, neglect or possible risk of harm to management
- understand their legislative responsibility to report any inappropriate action of any other employee that involves children or young people to management as part of the *Reportable Conduct Scheme*
- participate in all compulsory training
- report any instances of suspected corrupt conduct, mismanagement of government funds or other serious allegation to the appropriate agency ([tipoffline@dese.gov.au](mailto:tipoffline@dese.gov.au))
- have a solid understanding of the Service's policies and procedures and the ECA Code of Ethics. If uncertain about the content of any policy or procedure with which they must comply, employees should seek clarification from the Nominated Supervisor or Approved Provider
- be courteous and responsive when dealing with colleagues, students, visitors, children and families
- work collaboratively with colleagues and recognise and value diversity
- be mindful of their duty of care towards themselves and others
- be positive role models for children at all times
- respect the confidential nature of information gained about each child enrolled in our Service

- engage in critical reflection to inform individual and collective decision making and ensure continual improvement.

The Approved Provider and Nominated Supervisor will:

- promote a collaborative and interconnected workplace by developing a positive working environment where all employees can contribute to the ongoing continuous improvement of the Service
- promote leadership by working with employees and providing opportunities for professional development and growth
- provide flexible opportunities to ensure all employees can participate in staff meetings and professional development
- provide ongoing support and feedback to employees
- keep employees informed about essential information and any relevant changes and make all documents readily accessible to them
- ensure copies of the ECA Code of Ethics is available to staff and families
- model professional behaviour at all times whilst at the Service
- implement supportive and effective communication systems, consulting employees in appropriate decision making
- take appropriate action if a breach of the code of conduct occurs
- share skills and knowledge with employees
- give encouragement and constructive feedback to employees, respecting the value of different professional approaches.

The Approved Provider, Nominated Supervisor, Educators, Staff Members and Volunteers will NOT:

- use abusive, derogatory or offensive language
- engage in conduct that is detrimental to the professional standing of our Service, is improper or unethical, is an abuse of power, or harasses, discriminates against, victimises, humiliates, intimidates, or threatens other educators, staff members, volunteers, or visitors at the Service, either directly or indirectly via information technology such as email, text or social media. Additionally, they will not support those who do this.
- condone or participate in illegal, unsafe or abusive behaviour towards children, including physical, sexual or psychological abuse, ill-treatment, neglect or grooming
- exaggerate or trivialize child abuse issues
- fail to report information to the approved provider if they know a child has been abused
- engage in unwarranted and inappropriate touching involving a child
- persistently criticize and/or denigrate a child
- verbally assault a child or create a climate of fear
- encourage a child to communicate with me in a private setting
- share details of sexual experiences with a child
- use sexual language or gestures in the presence of children
- discriminate against any child, because of culture, race, ethnicity or disability
- put children at risk of abuse- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos)

- drink alcohol or use illicit substances on the Service's premises, or come to the Service under their influence
- smoke on the Service's premises including in the car park
- show preferential behaviour towards any child
- accept an offer of money, regardless of the amount
- seek or accept a bribe
- acquire personal profit or advantage because of their position (e.g. through the use of Service information)
- exchange any property of the Service for own use unless properly authorised
- approach other employees, managers or visitors directly on individual matters that are irrelevant to them
- engage in any action in breach of our Privacy and Confidentiality Policy, including but not limited to disclosure of confidential Service or customer information, or the improper or illegal use of that confidential information. Authorised persons will only access confidential information for the purpose intended.
- engage in or support any action in breach of Service policies and/or procedures

Families and Visitors will:

- treat all children at the Service equally and respectfully
- report any suspicious behaviour to the Nominated Supervisor or Approved Provider and encourage and actively support a safe and supportive Service environment
- respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background
- refrain from bullying, harassing or discriminating against any child or adult at the Service
- respect the decisions of educators and staff members and teach children (if adults) to do likewise
- tell an educator (if a child) or the Approved Provider or Nominated Supervisor if witness to any instances of bullying, harassment or discrimination at the Service
- cooperate and follow classroom routines and procedures
- listen to educators' instructions and follow them
- speak to an educator, Nominated Supervisor or Approved Provider if worried, concerned, or have a grievance about something
- Acknowledge that enrolment of their child can be terminated on offensive behaviour and breach of enrolment conditions and Service policies

Families, Visitors and children (not enrolled at the Service) will NOT:

- use abusive, derogatory or offensive language
- drink alcohol or use illicit substances while on the Service's premises or come to the Service under their influence
- smoke on the Service's premises including in the car park
- remove a child from the premises without advising a staff member

<b>Policy Name</b>	<b>Privacy and Confidentiality</b>
<b>Date Reviewed</b>	February 2024
<b>Next Review Date</b>	February 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records

## RELATED POLICIES

IT Policy Dealing with Complaints Policy Enrolment and Orientation Policy Family Communication Policy Governance and Management Policy	Interaction with Children Policy Fee Policy
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**Objective:**

Personal information is information that personally identifies an individual, such as a name, residential or email address and includes information relevant to the enrolment process, credit card information, billing records, documentation of a child's learning and development, and recorded information regarding complaints.

Publicly available information, such as information on a public website profile is not considered personal information.

We are obligated under law to adhere to Privacy Act and Australian Privacy Principles and do not disclose any private information of children, parents, staff etc. to any third party unless required by law to do so. As a part of our operations, we collect personal information about children, parents/guardians and staff. The objective of this policy is to demonstrate our commitment to protecting the privacy of all individuals whose personal and confidential information is collected by our Service.

**Policy:**

Under National Law, Section 263, Early Childhood Services are required to comply with Australian privacy law which includes the *Privacy Act 1988* (the Act) aimed at protecting the privacy of individuals. Schedule 1 of the *Privacy Act* (1988) includes 13 Australian Privacy Principles (APPs) which all services are required to apply. The APPs set out the standards, rights and legal obligations in relation to collecting, handling, holding and accessing personal information.

The Notifiable Data Breaches (NDB) scheme requires Early Childhood Services to provide notice to the Office of the Australian Information Commissioner (formerly known as the Privacy Commissioner) and affected individuals of any data breaches that are 'likely' to result in 'serious harm'.

Businesses that suspect a data breach may have occurred, must undertake a reasonable and expeditious assessment to determine if the data breach is likely to result in serious harm to any individual affected. A breach of an Australian Privacy Principle is viewed as an '*interference with the privacy of an individual*' and can lead to regulatory action and penalties.

This Service only collects personal information when individuals specifically and knowingly elect to provide this, such as when individuals enroll a child in the Service, pay fees, and provide health or family information to support the inclusion of a child.

Basic details are usually collected directly from parents such as names, addresses, phone contacts but it is also necessary for staff to collect details regarding your child's name, date of birth, medical details, court orders or AVOs, health, routines, likes and dislikes which make up a personal profile. We are required to hold information regarding your child's Child Care Subsidy entitlements and immunization history.

In addition, we also collect staff information during hiring process and continuation of their job with our Service such as names, addresses, qualifications, working with children checks, TFN, bank account details for payroll, employment forms and agreements.

The Approved Provider/ Management will:

- ensure the Service acts in accordance with the requirements of the Australian Privacy Principles and *Privacy Act 1988* by developing, reviewing, and implementing procedures and

practices that identify:

- the name and contact details of the Service
  - what information the Service collects and the source of information
  - why the information is collected
  - who will have access to information
  - collection, storage, use, disclosure, and disposal of personal information collected by the Service
  - any law that requires the particular information to be collected
  - adequate and appropriate storage for personal information collected by the Service
  - protection of personal information from unauthorised access.
- provide staff with relevant information regarding changes to Australian privacy law and Service policy
- ensure all relevant staff understand the requirements under Australia's privacy law and Notifiable Data Breaches (NDB) scheme
- maintain currency with the Australian Privacy Principles
- ensure personal information is protected in accordance with our obligations under the *Privacy Act 1988* and *Privacy Amendments (Enhancing Privacy Protection) Act 2012*
- ensure all records and documents are maintained and stored in accordance with Education and Care Service National Regulations
- regularly back-up personal and sensitive data from computers to protect personal information collected
- ensure all computers are password protected and install security software- antivirus protection
- ensure families are notified of the time particular records are required to be retained as per Education and Care Services National Regulations [regulation 183 (2)]
- ensure the appropriate and permitted use of images of children
- ensure all employees, students, volunteers, and families are provided with a copy of this policy
- deal with privacy complaints promptly and in a consistent manner, following the Service's *Dealing with Complaints Policy* and procedures
- ensure families only have access to the files and records of their own children
- ensure information given to Educators will be treated with respect and in a professional and confidential manner
- ensure individual child and staff files are stored in a lockable and secure cabinets
- ensure information relating to staff employment will remain confidential and available only to the people directly involved with making personnel decisions

- ensure that information shared with the Service by the family will be treated as confidential unless told otherwise

A Nominated Supervisor and/or Responsible Person will:

- adhere to Service's policies and procedures at all times
- ensure staff and families are aware of the *Privacy and Confidentiality Policy*
- ensure that students on work placement sign non-disclosure agreement that they will keep all information obtained during their placement secure and confidential
- ensure the Service obtains written consent from parents and/or guardian of children who will be photographed by the Service
- ensure families only have access to the files and records of their own children
- ensure that information given to Educators will be treated with respect and in a confidential and professional manner
- not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand
- ensure that information shared with us by the family will be treated as confidential unless told otherwise

Educators and staff will:

- adhere to the *Privacy and Confidentiality Policy* at all times
- ensure documented information and photographs of children are kept secure but may be accessed at any time by the child's parents or guardian
- ensure families only have access to the files and records of their own children
- treat private and confidential information with respect in a professional manner
- not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- ensure that information shared with the service by the family will be treated as confidential unless told otherwise
- maintain individual and Service information and store documentation according to this policy at all times
- not share information about the individual or service, management information, or other staff as per legislative authority.

## **Procedures**

### **Method of Collection**

Information is generally collected using standard forms at the time of enrolment or employment. Additional information may be provided to the Service through email, surveys, telephone calls or other written communication.

Information may be collected online through the use of software such as Xplor or Xero.

### **How we protect your personal information**

To protect your personal and sensitive information, we maintain physical, technical and administrative safeguards.

All hard copies of information are stored in children's individual files or staff individual files in a locked cupboard in Service Office which is accessible to authorised staff only.

All computers used to store personal information are password protected. Staff will be advised not to share usernames and passwords.

Access to personal and sensitive information including CCS is restricted to key personnel only. Security software is installed on all computers and updated automatically when patches are released.

Data is regularly backed up on external drive and/or through a cloud storage solution. Any notifiable breach to data is reported.

All staff are aware of the importance of confidentiality and maintaining the privacy and security of all information.

Procedures are in place to ensure information is communicated to intended recipients only, example invoices and payment enquiries.

### **Access to personal and sensitive information**

Personal and sensitive information about staff, families and children will be stored securely at all times. Families who have access to enrolment or program information online will be provided with a unique username and password. Families will be advised not to share username and passwords.

The Approved Provider will ensure that information kept in a child's record is not divulged or communicated through direct or indirect means to another person other than:

- the extent necessary for the education and care or medical treatment of the child to whom



the information relates

- a parent of the child to whom the information relates, except in the case of information kept in a staff record
- the Regulatory Authority or an authorised officer
- with the written consent of the person who provided the information.

### **Disclosing personal and sensitive information**

Our Service will only disclose personal or sensitive information to:

- a third-party provider with parent permission (for example CCS software provider)
- Child Protection Agency- Office of the Children's Guardian and Regulatory Authority as per our *Child Protection and Child Safe Environment Policies*
- as part of the purchase of our business asset with parental permission
- authorised officers (for example public health officer)
- the regulatory authority or an authorised officer
- as expressly authorised, permitted or required to be given by or under any Act or Law with the written consent of the person who provided the information.

All privacy related comments, feedback or complaints should be directed to the Centre's Director which will be dealt with at the earliest possible in accordance with our Dealing with Complaints and Grievances Policy.

<b>Policy Name</b>	<b>Responsible Person at Centre</b>
<b>Date Reviewed</b>	February 2024
<b>Next Review Date</b>	February 2025

## NATIONAL QUALITY STANDARD (NQS)

<b>QUALITY AREA 4: STAFFING ARRANGEMENTS</b>		
<b>4.1</b>	Staffing Arrangements	Staffing arrangements enhance children's learning and development
<b>4.1.1</b>	Organisation of educators	The organisation of educators across the service supports children's learning and development
<b>4.1.2</b>	Continuity of staff	Every effort is made for children to experience continuity of educators at the service
<b>4.2</b>	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
<b>4.2.1</b>	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills
<b>4.2.2</b>	Professional standards	Professional standards guide practice, interactions and relationships.

<b>QUALITY AREA 7: GOVERNANCE AND LEADERSHIP</b>		
<b>7.1</b>	Governance	Governance supports the operation of a quality service
<b>7.1.3</b>	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

## EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS

Section 162	Offence to operate education and care service unless responsible person is present
Section 169	Offence relating to staffing arrangements
117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charge
117C	Minimum requirements for a nominated supervisor

150	Responsible Person
168	Policies and Procedures
173	Prescribed information to be displayed
177	Prescribed enrolment and other documents to be kept by approved provider

## RELATED POLICIES

Staff Code of Conduct Policy Providing a Child Safe Environment Policy Supervision and Interactions with Children Policy Privacy and Confidentiality Policy	Staffing Arrangements Policy Supervision Policy Work Health and Safety Policy
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**Objective:**

Legislation requires that a Responsible Person is physically in attendance at all times the service is educating and caring for children. In our Centre, the Responsible Persons are either the representative of Approved Provider (Hakuna Matata Child Care Pty Ltd), the Nominated Supervisor of the service, or senior staff members who are placed in day-to-day charge of the service.

## DEFINITIONS for RESPONSIBLE PERSON

NAME	DEFINITION
<b>Nominated Supervisor</b>	A person with responsibility for the day-to-day management of an approved service. The Nominated Supervisor has a range of responsibilities under the Law and Regulations that govern the operation of education and care services.
<b>Person in day-to-day charge (PIDTDC)</b>	A person who is physically at the service and has the role of Nominated Supervisor or duly appointed person. The Responsible Person has consented to be placed in day-to-day charge of the service but does not take on the responsibilities of the Nominated Supervisor rather, they ensure the consistency and continuity in practices.

**Policy:**

An Approved Provider operates the service with an appointed Nominated Supervisor. The Nominated Supervisor is not practically possible to be in attendance at the service at all times. In their absence, an appropriate person who is senior educator is to be placed in charge as the

**Responsible Person.**

Our Education and Care Service ensures a Responsible Person is physically present at the service at all times children are being educated and cared for. In order to ensure that, following 3 persons are Responsible Persons and any one of them should be present at Service at all times:

- Mrs. Siddiqua is a Nominated Supervisor and representative of Approved Provider
- Mr. Faisal, Centre Manager
- Any other person nominated by Nominated Supervisor as responsible

Details of the Responsible Person on duty will be communicated and displayed for all users of the service.

**Procedure:**

The Approved Provider/Management will ensure a Responsible Person:

- is appointed and physically on the premise at all times children are being educated and cared for
- is over the age of 18 years
- meets the minimum requirements for qualifications, experiences and management capabilities
- holds a valid and current Working With Children Check (or state/territory equivalent)
- has completed child protection training and is aware of the reportable conduct scheme
- has knowledge and a commitment to the National Child Safe Standards
- has adequate knowledge and understanding of the provision of education and care to children, the Education and Care National Law and Regulations and National Quality Standard, the approved learning framework (EYLF)
- has the ability to effectively supervise and manage an education and care service
- is a fit and proper person (as per regulatory authority conditions)
- Have obtained current First Aid incl. CPR certification
- provides written consent for the position of Responsible Person and this is filed in staff records (not required if the approved provider is the responsible person)

The Approved Provider/Management will ensure:

- the regulatory authority is notified 7 days prior to a Nominated Supervisor starting at the Service or within 14 days after the person has commenced the role through NQA IT System
- the regulatory authority is notified if the Nominated Supervisor changes their name or contact details; is no longer employed by the Service, has been removed from the role or withdraws their nomination
- a Responsible Person will be removed from the position should management become aware of a matter or incident which affects the ability of the person to meet the minimum requirements of the position
- the name of the Responsible Person is displayed at the Service all the time

- a Responsible Person is on duty from the time the Service opens each day until the time the Service closes
- ensure that the name of the Responsible Person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors
- the PIDTDC interchanges with the Nominated Supervisor in their absence
- a staff record is kept recording
  - the full name, address and date of birth of the Responsible Person/Nominated Supervisor
  - evidence of relevant qualifications
  - if applicable, evidence that the Responsible Person/Nominated Supervisor is actively working towards that qualification
  - evidence of any approved training (including first aid training and child protection training)
  - verification of a Working with Children Check – identifying number and expiry date
  - written consent for the position of Responsible Person.

A Nominated Supervisor/ appointed Responsible Person will:

- provide written consent to accept the role of Responsible Person/Nominated Supervisor
- sign their name and hours of responsibility on the Responsible Person register
- ensure that the identity of the Responsible Person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors
- inform the management (Approved Provider/Nominated Supervisor) in a timely manner in the event of absence from the Service due to leave or illness so they can be replaced by another Responsible Person
- ensure they have a sound understanding of the role of Responsible Person
- abide by any conditions placed on the Responsible Person
- understand that a Responsible Person placed in day-to-day charge (PIDTIC) of the Service does not have the same responsibilities under the National Law as the Nominated Supervisor
- in the case of Nominated Supervisor, notify the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper (such as the suspension or cancellation of a Working with Children Check card or teacher registration), or if they are subject to disciplinary proceedings.
- notify management at the Service in writing, if they wish to withdraw their consent to be a Responsible Person

<b>Policy Name</b>	<b>Dealing with Complaints &amp; Grievances of Staff and Families</b>
<b>Date Reviewed</b>	February 2024
<b>Next Review Date</b>	February 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1.1	Organisation of educators	The organisation of educators across the service supports children's learning and development.
4.1.2	Continuity of Staff	Every effort is made for children to experience continuity of educators at the service.
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships.

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIPS		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality Service.
7.2.1	Continuous Improvement	There is an effective self-assessment and quality improvement process in place.

LEGISLATIVE REQUIREMENTS / EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Sec. 172	Offence to fail to display prescribed information
Sec.174	Offence to fail to notify certain information to Regulatory Authority
168(2)(o)	Education and care service must have policies and procedures... for dealing with complaints
173(2)(b)	Requires an approved provider to make the name and telephone number of the person to whom complaints may be addressed clearly visible at the service
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

#### RELATED POLICIES

Child Protection Policy Providing a Child Safe Environment Policy Staff Code of Conduct Policy Enrolment & Orientation Policy Family Involvement & Communication Policy Governance and Management Policy	Incident, Injury, Trauma and Illness Policy Interactions with Children, Families and Communities Policy Privacy and Confidentiality Policy Responsible Person Policy Student and Volunteer Workers Policy
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#### Objective:

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for dealing with complaints (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170). We aim to investigate all complaints and grievances with a high standard of equity and fairness.

#### Policy:

We believe in team collaboration to ensure a safe, healthy and harmonious work environment. Our Service strives that all our staff members, families and children feel happy, loved and cared for at HMCC. We will ensure that all persons making a complaint are guided by the following policy values:

- procedural fairness and natural justice
- code of ethics and conduct

- culture free from discrimination and harassment
- transparent policies and procedures
- opportunities for further investigation
- adhering to our Service philosophy

Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence

### **Procedure and implementation:**

Grievances and complaints can transpire in any workplace. Handling them appropriately is imperative for sustaining a safe, healthy, harmonious and productive work environment. *Our Dealing With Complaints* Policy ensures that all persons are presented with procedures that:

- value the opportunity to be heard
- promote conflict resolution
- encourage the development of harmonious partnerships
- ensure that conflicts and grievances are mediated fairly
- are transparent and equitable.

### **DEFINITIONS**

**Complaint:** Expression of dissatisfaction made to or about an organisation related to its products, services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required. [AS/NZS 10002:2014 Complaint Management Standard]

**Complaints and Grievances Management Register:** Records information about complaints and grievances received at the service, along with the outcomes. This register includes documents that must be securely stored, accessible only to management and the Regulatory Authority. The register can provide valuable information to the Approved Provider and Nominated Supervisor of the service to ensure children and family's needs are being met.

**Grievance:** A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. A *workplace grievance* is a complaint raised towards an employer by an employee due to a violation of legalities (workplace policies, employment contract, national standards).

**Mediator:** A person who attempts to assist and support people involved in a conflict come to an agreement.



**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

**Notifiable complaint:** A complaint that alleges a breach of the *Education and Care Services National Law and Regulations*, National Quality Standard or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider or Nominated Supervisor to the Regulatory Authority within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)).

If the Approved Provider/Nominated Supervisor is unsure whether the matter is a notifiable complaint, it is good practice to contact the [Regulatory Authority](#) for confirmation. Written reports must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee (or Nominated Supervisor)
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au) and logged using NQA ITS (National Quality Agenda IT System).

**Serious incident:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises (Regulation 12).

A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified within 24 hours of a serious incident occurring at the centre (Regulation 176(2)(a)). These records are required to be retained for the periods specified in Regulation 183. The Approved Provider will notify the regulatory authority of any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the service, or any allegation that sexual or physical abuse of a child has occurred or is occurring at the service.

## **Privacy and Confidentiality**

Management and educators will adhere to our *Privacy and Confidentiality Policy* when dealing with grievances and complaints. Grievances and complaints should remain confidential and disclosed only for resolution purposes to the extent needed. However, if a grievance or complaint involves a staff member or child protection issues, a relevant government agency will need to be informed. (See: Reportable Conduct Scheme in *Child Protection Policy*). [Responding to incidents, disclosures and suspicions of child abuse or harm NSW](#)

**Conflict of Interest**

It is important for the complainant to feel confident in

- being heard fairly
- an unbiased decision-making process

Should a conflict of interest arise during a grievance or complaint that involves the Approved Provider or Nominated Supervisor, other Management will be nominated as an alternative mediator.

Our Service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the Services Code of Conduct is be adhered to.

The Approved Provider/ Nominated Supervisor will:

- ensure staff and educators are aware of the person to whom complaints can be made and the processes required
- For families, ensure the name and telephone number of the person to whom complaints can be made is clearly visible at the service and policy information is easily accessible to them
- treat all grievances and complaints seriously and as a priority
- ensure grievances and complaints remain confidential
- ensure grievances and complaints reflect procedural fairness and natural justice
- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- investigate and document the grievance or complaint fairly and impartially
- comply with legislation for any allegations or convictions of child abuse or child related misconduct of any staff member, volunteer or contractor and notify the **Office of the Children's Guardian (OCG)** as part of the Reportable Conduct Scheme with 7 business days.

The investigation will consist of:

- reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent
- discussing the nature of the complaint (or breach) and giving the accused educator, staff member, volunteer or visitor an opportunity to respond
- permitting the accused person to have a support person present during the consultation (for example: Union Representative or family member; however, this does not include a lawyer acting in a professional capacity).
- providing the employee with a clear written statement outlining the outcome of the investigation.

Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint.

- management will provide a written response outlining the outcome and provide a copy to all parties involved
- if a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflects the resolution and sign in agreeance

- should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- keep appropriate records of the investigation and outcome and store these records in accordance with our *Privacy and Confidentiality Policy* and *Record Keeping and Retention Policy*
- monitor ongoing behaviour and provide support as required.
- ensure the parties are protected from victimisation and bullying. Both parties should treat matter in a professional manner and should understand that it is not personal.
- request feedback on the grievance or complaint process using a feedback form.
- track complaints to identify recurring issues within the Service.
- notify the Regulatory Authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Notification must include any allegation that sexual or physical abuse of a child has occurred or is occurring at the service.

### Handling Complaints and grievances of Staff

Educators and staff will:

- be aware of the possible ramifications of their actions when dealing with staff issues. This only covers personal complaints where an educator felt aggrieved by words/actions of other(s) and does not include daily operation issues.
- raise the grievance or complaint directly with the person they have grievance with, in a professional manner and at an appropriate time. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should be based on the principles of privacy, confidentiality, respect and open-mindedness, will not involve other educators, staff, volunteers or visitors (e.g., parents) and will take place away from children.
- if the person is unable to resolve the issue or feels uncomfortable raising the matter directly with the person concerned, the grievance or complaint must be raised with the Approved Provider/Management or Nominated Supervisor. The Approved Provider or Nominated Supervisor (or other manager) may ask for the issue to be put in writing.
- provide all relevant information, outlining the issue, e.g. date, time, location, words used in conversation, gestures, identifying any other person involved in the problem, and any suggested solution
- communicate openly about the issue with the relevant parties
- raise any grievance involving suspected or actual unlawful activity (including bullying) with the Approved Provider or Nominated Supervisor immediately and privately
- maintain confidentiality at all times
- maintain professionalism at all times.

When the persons involved cannot resolve the grievance between them in a constructive and professional way the following steps will be taken:

- The aggrieved person is to contact their immediate supervisor (Senior Educator, Nominated Supervisor or Director) who will act as Mediator.

- The Mediator will have an interview with the persons involved and clarify the facts, work out whether advice is needed from other sources, discuss options available, and help to formulate a plan of action.
- If a staff member does not feel comfortable in approaching their supervisor, or the conflict is with their immediate supervisor, they can contact the next level of management to act as Mediator.
- If an amicable resolution does not occur at this meeting the Mediator is to present a report to the next level of management outlining:
  - the nature of the grievance or complaint
  - the procedures followed to date
  - the solution(s) sought
  - the recommended plan of action or resolution.
- If an agreement is reached the mediator is to present a report to the next level of management outlining:
  - the nature of the grievance
  - the procedures followed to date
  - the solution(s) agreed upon
  - the plan of action to reach this solution and review time if warranted
  - a copy of this report is to be provided to all persons involved in the grievance or complaint, and a copy is to be retained at the workplace.

### **Grievance/Complaint Procedures for Staff**

We acknowledge that conflict is a natural part of the work environment. It is important that all conflicts are resolved as unresolved conflict can lead to stress; low productivity; bitter relationships; excess time off; ill health; anxiety and many other destructive emotions. When conflict is addressed and handled constructively the outcomes are feelings of relaxation; openness; high productivity; vitality; good health, empowerment; a sense of achievement etc.

Positive communication between educators is vital to the smooth running of the Service and to ensure a positive environment for children. Educators are expected to treat other educators with respect, accept differences and share ideas. It is every staff member's responsibility to contribute to the development of an open, healthy and constructive work environment. All grievances and complaints, whether considered minor or not, are to be dealt with promptly, professionally and thoroughly.

The staff are expected to look at conflict in a positive way, ready to learn something new, reflect on good quality practice, improve work relationships and ultimately provide better care and education for children.

Employees are also to be aware of their responsibility to be a good role model for children, and appropriately and professionally handle conflict with work colleagues, children, parents, and other associates.

Employees should regularly reflect on *Early Childhood Australia's Code of Ethics* for guidance of

appropriate behaviour when dealing with conflict. The Code of Ethics states that all team members should “*make every effort to use constructive methods to resolve differences of opinion in the spirit of collegiality.*”

Harmonious staff relations within the Service largely depend on staff feeling satisfied that their professionalism is being acknowledged by their involvement in appropriate decision-making processes. The quality of industrial relations is likely to be substantially better in a workplace if the decision-making processes adopted permit staff to have input into decisions that affect the nature and quality of their professional work.

Management and staff within the organisation will work together to develop and implement appropriate strategies to facilitate consultative and collaborative decision-making processes within the workplace.

Where staff feel these processes have failed and are in conflict with decisions made by Management, the following procedure is to be followed:

- the aggrieved person(s) will discuss the grievance with their immediate supervisor
- the supervisor is to report the grievance to the Nominated Supervisor/ Director
- the Mediator will seek advice as necessary from other sources, (e.g.: unions, Work Cover and/or funding bodies)
- the Mediator will then advise Management of the possible solutions.

Meetings are to be arranged with the aggrieved person(s) as necessary throughout the process. The outcome of the grievance must be reported to the aggrieved person within a week of the decision.

### **Resolution of Grievances**

Grievances are considered resolved when all persons involved agree to a solution, when the cause of the grievance has been removed or resolved, and when arrangements have been made, if appropriate, to repair any damage and distress suffered by the persons involved. Strategies agreed upon by both parties are to be put in place to help avoid further conflict.

### **Unresolved Conflict**

If resolution of the conflict is unsuccessful after all procedures in the *Dealing with Complaints Policy* have been followed it may then be necessary to take disciplinary action.

### **Confidentiality**

Mediators are to use discretion and do their utmost to maintain confidentiality. Any breach of this confidentiality could result in a charge of misconduct. However, confidentiality cannot be guaranteed in the following situations: if it is considered that someone is in danger, if disciplinary action or criminal investigation might be necessary; or if employer liability might be involved.

No action will be taken against the person about whom a formal complaint is lodged until they are made aware of any allegations so that they may respond.

**Support Person**

A Staff member is able to nominate a support person to attend any meetings with them. This person may be a union representative, impartial friend, or family member.

Educators and staff will not

- become involved in complaints or grievances that do not concern them
- raise complaints with an external complaints body, such as a court or Tribunal, without exhausting the Services' grievance procedures.

**Handling Complaints and grievances of Families**

Educators will:

- listen to the family's view of what has happened
- clarify and confirm the grievance or complaint, documenting all the facts prior to the investigation
- encourage and support the family to seek a balanced understanding of the issue
- discuss possible resolutions available to the family. These would include external support options.
- encourage and assist the family to determine a preferred way of solving the issue
- record the meeting, confirming the details with the family at the end of the meeting
- maintain confidentiality at all times
- refer families (as necessary) to Service policies that may assist in resolving the grievance or complaint.

*If the grievance cannot be resolved, it is to be referred to the Nominated Supervisor who will investigate further:*

- if appropriate, collect relevant written evidence. This evidence will be treated in strict confidence and will be held in a secure place
- involve the Approved Provider or Director in the conflict resolution as required
- should it be necessary to interview relevant people concerning the grievance, their involvement should be kept to the minimum necessary to establish the facts
- third parties providing evidence must also be made aware that the matter is to be kept confidential.

Should the grievance or complaint be lodged against another person(s), these persons, will be interviewed separately and impartially. Individuals must be given the opportunity to respond fully to the allegations and may have another person present, as a support person, if they wish. If after investigation, it is concluded that the grievance is substantiated:

- both parties will be told of the decision and the reason for it
- immediate and appropriate steps will be taken to prevent the grievance from recurring
- if after investigation, it is concluded that the grievance is not substantiated both parties will be notified of the decision and the reason
- the family will be informed that if they are not satisfied with any decision relating to the grievance procedure that they should consult with an external body for further advice such as the Regulatory Authority

- if the grievance or complaint is of a serious nature, or there is a reasonable belief the complaint is any allegation of sexual or physical abuse the Approved Provider is responsible to inform the relevant Regulatory Authority.

Families will:

- be informed of our duty of care to ensure that all persons are provided with a high level of equity and fairness in relation to the management of complaints. The complaints procedure for families ensures a fair opportunity for all stakeholders to be heard and promotes effective conflict resolution within our Service.
- attempt to discuss their complaints with the relevant educator associated with a particular child and/or family as the first step to resolving the issue
- communicate any concerns they may have in writing addressed to the Approved Provider or Nominated Supervisor
- raise any unresolved concerns with the Approved Provider or Nominated Supervisor
- maintain confidentiality at all times.

### **Complaints relating to the administration of Child Care Subsidy**

Families who wish to raise concerns regarding the management of Child Care Subsidy should speak with the Nominated Supervisor in the first instance. The Nominated Supervisor will follow the steps as outlined in this policy, including advising the Approved Provider of all grievances.

Families can raise concerns regarding management of the Child Care Subsidy to the dedicated Child Care Tip-Off Line either via phone or email:

Phone: 1800 664 231

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

### **Evaluation**

To ensure complaints and grievances are handled appropriately, the Nominated Supervisor will:

- evaluate each individual complaint and grievance as recorded in the *Complaints and Grievance Management Register* to assess that a satisfactory resolution that has been achieved
- review complaints and grievances as recorded in the *Complaints and Grievance Management Register* to ensure a pattern of similar grievances is not occurring
- review the effectiveness of the Service policy and procedures to ensure all complaints and grievances have been handled fairly and professionally
- consider feedback from staff, educators and families regarding the policy and procedure.

<b>Policy Name</b>	<b>Family Involvement &amp; Communication</b>
<b>Date Reviewed</b>	March 2024
<b>Next Review Date</b>	March 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in their service and contribute to service decisions.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.1	Transitions	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.
6.2.3	Community and engagement	The service builds relationships and engages with its community.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
111	Administrative space
157	Access for parents
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record



168	Education and care Service must have policies and procedures
172	Notification of change to policies or procedures
181	Confidentiality of records kept by approved provider

**Objective:**

To encourage participation of all families and members of the community in the activities of the Centre and in the development of the Centre Program and Policies.

To promote effective communication between management, staff, families, children and all those that are associated with the Centre.

**Policy:**

At HMCC, there is an expectation that all parents and staff understand their responsibility to communicate in an appropriate and timely manner. We understand that meaningful communication between the Management, staff, parents and children is an essential component of the successful day to day operation of a Child Care Centre. As a Centre, it is important for us (Staff & Management) to provide opportunities both formal and informal for this to happen and that this is supported by regular written information. It is also important that parents realize that it is their responsibility to take advantage of these opportunities and make the time to read information and attend planned gatherings.

Families will be encouraged to become involved in all levels of the Centre operations and regular opportunities will be provided to them to enable this to happen.

**Procedure:**

We acknowledge the primary and critical influence families have in their children's lives and understand that effective relationships between educators and families are fundamental to achieve quality outcomes for children. Community partnerships that focus on active communication, consultation, and collaboration also contribute to children's learning and wellbeing. Positive relationships with families help to build collaborative partnerships, as together we share a common objective and responsibility for reaching quality outcomes and goals for children.

We will provide regular information about the Service and ongoing opportunities for families to contribute in our curriculum. All staff will communicate with families in a positive and supportive manner that encourages respectful and trusting relationships.

**Management will ensure:**

- all families are welcomed and respected at our Service

- information communicated with families is reliable and accurate, especially if it involves the health and safety of children, employees and visitors to the Service (e.g.: Department of Health, Public Health Units).
- families are aware of our open-door policy, unless such entry would pose a risk to the safety of children/educators or breach court orders regarding access to children
- families are provided with a *Family Handbook* during the enrolment and orientation process
- educators provide information to families regarding the content and operation of the educational program in relation to their child, and that a copy of the educational program is available for viewing at the education and care service
- families have access to their child's developmental records outlining developmental progress against the approved learning framework, as well as their strengths, developmental needs, and interests
- a weekly menu, which accurately describes the food and beverages provided each day, is displayed in a place accessible to parents
- families are notified of any incident, injury, trauma, or illness that affects their child whilst at the Service either immediately after the incident or when they collect their child, depending on the severity of the incident. Notification must be made within 24 hours of the occurrence.
- the early childhood environment has an administrative space that is adequate for the purpose of consulting with parents and for conducting private conversations and meetings
- respect, confidentiality and sensitivity are key elements of effective communication with families
- processes are in place to communicate with families for whom literacy is an issue, or for whom English is not a first language
- fact sheets and brochures are printed in required languages and are readily available for families to access
- families are notified of changes to Service policies at least 14 days before making changes to a policy or procedure that may have a significant impact on
  - the service's provision of education and care to any child enrolled in the service or
  - the family's ability to utilise the service
  - changes to the way fees are charged and collected
- the current *Education and Care Services National Regulations* are available for parents to access through Service Laptops and Office Computer
- families are encouraged to complete surveys to contribute and share ideas about their child, provide suggestions about the program or give feedback
- Families must read Service philosophy, policies and procedures and be involved in the review process

**The Nominated Supervisor and Educators will:**

- develop collaborative partnerships with families that involve respectful communication about all aspects of a child's learning
- be available for families on arrival and pick up to communicate about their child's day through informal discussions
- encourage families to be involved in the curriculum, providing feedback, visiting the Service, bringing in items from the home environment, and giving feedback on children's emerging interests and developmental concerns

- encourage ongoing open and direct two-way communication with families to develop trust and a collaborative relationship
- encourage families to contribute to the continuous quality improvement progression within the Service through their involvement in the self-assessment and QIP review
- provide families with a range of communication methods which may include the use of online platforms, emails, verbal communication, Daily Report, sign-in sheets, Notice Board and notes sent home
- use a communication book with families as required (for example, behaviour guidance and inclusion support plans).

**Families will:**

- provide accurate information during the enrolment process about their child including related medical and health information
- notify educators when any information related to the education and care of their child changes (Medical Management Plans, Court orders-parental orders, authorised nominee)
- participate in informal and formal interactions with educators to discuss their child's learning and develop learning goals
- be encouraged to contribute to the learning program and share their culture, language and beliefs with others in the Service
- be invited to contribute to the quality improvement process within the Service
- be invited to be involved in the parent committee
- be encouraged to attend children's excursions to help meet required ratios and support their children's knowledge of and engagement in their community
- be invited to events held periodically to help families network and develop friendships in the local community
- be invited to review the service's policies and routines.

<b>Policy Name</b>	<b>Enrolment and Orientation</b>
<b>Date Reviewed</b>	March 2024
<b>Next Review Date</b>	March 2025
<b>Related Policies</b>	Fees Policy
<b>NQF Quality Area</b>	QA 4: Relationships with Children, QA 6: Collaborative Partnerships with Families and Communities and QA7: Leadership and Service Management

**Objective:**

Enrolment and orientation procedures form the foundation for strong relationships with families and promote a quality experience of education and care for children. This policy ensures that all families applying for a place with HMCC are aware of the procedures followed by the Centre with regards to the filling the vacancies.

To ensure that the enrolment process proceeds smoothly, fairly and meets the needs of the child, family and Centre. The enrolment form requires parents read the policies and procedures and obtain further information from Centre, if necessary.

**Policy:**

Our service will implement a process to ensure enrolment and orientation processes are planned and implemented to meet the needs of the child and family as well as ensuring all legislative requirements, including the Australian Government Priority of Access Guidelines are adhered to. We will ensure:

- Children are provided with required time, support and comfort to settle into the service and establish new friendships and relationships
- A thoughtful process is planned in consultation with families, to assistance in separating from their child
- Educators are provided with clearly explained enrolment process; time to get to know families before children start; strategies to support families in introducing children to our service, time to develop close professional relationships with families; support from referral agencies; and information about custodial issues;
- Due consideration is given to culture and language in undertaking processes;

The orientation and settling in period will consider and respect the needs of both families and children. Parents will be encouraged to cooperate with the staff during their child transition time especially when delivering or collecting them to ensure the child's wellbeing and smooth transitioning. We will always consider the feelings and time constraints that families may have in regard to participating in orientation processes and aim to make the experience a positive and welcoming introduction to the service. Our service will provide options for orientation for families which includes:

- Providing all new families with a guided tour of the premises and answer any questions they

have about the Centre operations and policies.

- Ensuring each family has a copy of the Parent Information Pack and an opportunity to have any questions answered.
- Supporting families, the opportunity to stay with their child during the settling in process in a reasonable manner which does not affect other children in care.
- Ensuring all new families are encouraged to share information about their child and any concerns, doubts or anxieties they may have in regard to enrolling their child at the service.

### **Procedure:**

To ensure consistency the following procedure will be followed for all new applicants.

#### **A. Applying for the Waiting List**

- a. All families are placed on the Waiting List for placement at HMCC will need to complete the on-line application form through the Centre's website. Families will then (where possible) be encouraged to make an appointment to be shown through the Centre. It is up to the families if they want to visit the Centre before filling the online enrolment form.
- b. Families will be advised that application to go on the Waiting List does not guarantee a place at the Centre.
- c. Families on the Waiting List will be advised to contact the Centre on a regular basis (at least every 3 months) to ensure that their information is current. Should this not be done, their child's name will be removed from the Waiting List.
- d. The parent information pack includes basic information about the enrolment process. Before signing up for the enrolment online and formalization of enrolment with the Centre, parents should satisfy themselves and understand all policies and procedures. As our Centre is environment friendly, updated copy of policies and procedures is available online on our website. Soft copy is also available on staff laptops for parents inspection at all time. The staff will provide copy of any policy if parents ask for it:
  - i. In the form of a print out.
  - ii. Email attachment (preferred method)

#### **B. Offer of Placement/Enrolment**

Places will be offered to the parents as they become available. All places will be offered according to the Priority of Access Guidelines and the Criteria as determined by the Management.

Our criteria based are:

1. First Priority: a child at risk of serious abuse or neglect

2. Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
3. Third Priority: any other child

Within these main categories priority should also be given to the following children:

- i) children in Aboriginal and Torres Strait Islander families
- ii) children in families which include a disabled person
- iii) children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold
- iv) children in families from a non-English speaking background
- v) children in socially isolated families
- vi) children of single parents.
- vii) Sibling of a child already attending the Centre

NB. All criteria are assessed against length of time on the waiting list and with regard to their age and suitability of available days.

- i) A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you:
  - ii) are notified when your child first entered care that your service follows this policy
  - iii) are given at least 14 days' notice of the need for your child to vacate.
- C. Once a place is offered to a child the parent or guardian must confirm acceptance of the offer in writing or via email within the timeframe specified in the offer email and pay a security deposit. The parent or guardian will provide all the necessary documents and any additional documents to the Centre for formalization of the enrolment. New families will then be provided with time and date of the orientation interview.
- D. The Public Health Amendment (Vaccination of Children Attending Child Care Facilities) At 2013 will come into force from 1 January 2014 which means that early childhood education and care services cannot enroll a child unless the parent/guardian has provided documentation that shows the child:
  1. is fully vaccinated for their age, or;
  2. has a medical reason not to be vaccinated or;
  3. has a parent/guardian who has a conscientious objection to vaccination or;
  4. is on a recognized catch-up schedule if their child has fallen behind with their vaccinations.

Each time your child receives an immunization you are required to update the Centre. In

the event of an outbreak of a vaccine-preventable disease, unimmunized children will be required to remain at home for the duration of the outbreak for their own protection.

E. Once Enrolment is confirmed

- i) The official commencement date will be the date mentioned in the online enrolment form or any other date agreed in writing between the Centre and parents. The fees will be payable from this date. This will apply regardless of whether the child starts on this date or not.
  - a. Families are required to give 2 weeks' notice in writing of their intention to withdraw their child from the Centre or pay fees in lieu of notice. This will apply to families who withdraw from a place prior to their child's official commencement date.
  - b. Security deposit will be released after all fees have been paid up to de-enrolment date. It is paid within one week of last day of care. Parents need to make sure they provide Service with their bank account details for the refund processing.
  - c. 30% of the account balance will be charged until a family's eligibility for Child Care Subsidy is confirmed by Centrelink
  - d. In order to ensure program delivery, Centre will not accept enrolment for less the 2 days a week.
  - e. Fees will be charged when a child is absent from the Centre for any reason. In the event that a child is absent, i.e. due to illness or holidays, the family should notify the Centre.
  - f. Full fee will be charged if a child's normal booking falls on a public holiday.
  - g. Parents will be made aware that initial enrolment is valid until the end of the current calendar year.

### **Regulatory compliance check of enrolment forms**

The regulatory compliance check will be conducted for each child to ensure all information, permissions, authorisations and required details are included in the form. The changes will be made to the printed copies of enrolment forms.

### **Continuing enrolments**

- a. Prior to the end of the year and the end of each subsequent year parents will be asked to confirm their child's continuing enrolment. Failure to do so may result in their child not being considered for future placement.
- b. Any family who has left HMCC owing fees or who owe fees at the end of an enrolment year will not be offered a new placement, until all outstanding fees are paid.

- c. In case if a parent wants to change the days after enrolment, 14 days' notice period will be required. The number of days requested should not fall below 2 days a week.
- d. Families with children going to school in the following year and who want their children cared for until the school year starts will need to advise the Centre in writing the date that they will be leaving. Any extensions to the advised date will need to be made in writing (email preferred) and will be subject to availability.
- e. It is the responsibility of the parents/guardians to ensure that the Centre is notified of all changes to contact phone numbers, addresses, emergency contacts, persons authorized to collect child, etc. This information will be reviewed on a yearly basis with all parents/guardians being required to complete an information update form.
- f. Parents and guardians are required to give 14 days' notice in writing for any change of permanent days allocated for a child (email preferred).
- g. Parents and guardians can ask for additional days or casual bookings on a shorter notice period however all requests should be in writing (email preferred).

### **Re-enrolments**

- a. In case if child's de-enrolment is processed, the whole enrolment process has to be followed. However, Centre will endeavor not to ask for documents again if documents are already available on file.
- b. The re-enrolment will not be possible for a period of 6 week's after de-enrolling the child.
- c. In case if parents want to go on holidays for a period less than 6 week, they will have to pay the fees to ensure spot remains available for them on their return.



<b>Policy Name</b>	<b>Termination of Enrolment Policy</b>
<b>Date Last Reviewed</b>	March 2024
<b>Next Review Date</b>	March 2025

Management and staff are dedicated to developing a respectful and effective partnership between the family and Service. This partnership supports children's inclusion, access, engagement and participation in the Service. Management implements systems to manage risks whilst promoting the health, safety and wellbeing of all children and staff within the Service. There may be some circumstances where this is compromised due to non-compliance of our policies and therefore the appropriate course of action could lead to the termination of a child's enrolment.

#### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interaction with children
168	Education and care service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Prescribed enrolment documents to be kept by the Approved Provider
183	Storage of records and other documents

## Related Policies

Behaviour Guidance and Management Enrolment and Orientation	Inclusion Support Management Plan Payment of Fees Work, Health and Safety Policy
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**Objective**

*'All children have the right to experience quality education and care in an environment that provides for their physical and psychological wellbeing and provides support for each child's growing competence, confidence and independence.'* Quality Area 2, ACECQA.

We have the legal duty to ensure the health, safety and wellbeing of children, management, educators, families, volunteers and visitors at our Service. To promote respectful and effective partnerships with families, we ensure that parents participate in a comprehensive induction and orientation to the Service including detailing our terms of enrolment, as per our legal agreement, which advises families on the Services' right to terminate a child's enrolment if a service policy has been breached.

**Policy**

Management/Nominated Supervisor/ Responsible Person will:

- work in partnership with families to promote inclusion of all children within the Service
- use positive language and a range of communication strategies with children and families to ensure positive relationships
- discuss concerns or issues of non-compliance with supervisors/management before communicating with families
- document all communication and meetings (informal and formal) with families and outside professional support
- access external professional support to ensure child's inclusion in the Service's program
- document proposed strategies and practices suggested to resolve any issue
- develop individual educational plans for children as required (refer to *Behaviour Guidance and Management Policy*, *Inclusion Support Management Plan*)
- implement State and Federal Government requirements for vaccination requirements for enrolment of children
- remind families of our *Code of Conduct Policy*
- document evidence of non-compliance, events, behaviour, grievances and observations.
- ensure minutes are collected and shares with all parties present at meetings to ensure a true and accurate record of the meeting

**Behaviour guidance**

There are times when children's behaviour requires guidance, which will always be undertaken according to the Service's policies and procedures. Every effort will be made to deal with the behaviour using positive guidance and working closely with families to implement a plan in order to help rectify any unacceptable behaviour. If the child's behaviour continues to be disruptive and harmful and the safety of other children and staff is compromised, we reserve the right to ask you to withdraw your child from the Service.

**Service policies and procedures**

Our Service has a range of policies and procedures to ensure the safety, welfare and wellbeing of children, staff, families and visitors of the Service. We reserve the right to terminate a child's enrolment if at any time a Service policy has been breached.

This may include:

- failure to comply with the enrolment contract
- disparaging, hurtful, or unsafe behaviour of a child that continues even with parent collaboration and/or support agency involvement in modifying the behaviour
- non-payment of childcare or other fees beyond 3 weeks period from the date of relevant direct debit
- continuing to pick up the child past the required licensed time after consistent documented 3 warnings
- inability to meet the child's individual needs without family support and commitment to ensure their child receives the best possible support within our Service
- deliberate impertinence and disrespectful behaviour towards the approved provider or staff- *Code of Conduct* policy. Two instances of such behaviour will be considered as sufficient evidence of this condition
- if a parent knowingly brings their child ill to the Service
- consistent child-rearing style differences between the parent and provider
- false information given by a parent either verbally or in writing
- bullying and/or harassing educators, children or families enrolled at the Service- *Code of Conduct Policy*
- failure to provide AIR Immunisation History Statement or AIR Immunisation Medical Exemption form or AIR Immunisation History Form (catch up schedule)

**Termination notification**

Management or the Nominated Supervisor will advise families in writing that their child's enrolment will be terminated following all attempts to rectify any non-compliance.

Two weeks' notice will be provided to families, unless the safety and wellbeing of other children, staff or families is at risk. In this case, an immediate termination of enrolment may apply.

Any outstanding fees will be provided to families and remain due to be paid upon termination of enrolment. The initial Bond payment made on enrolment will not be refunded until any outstanding fees are paid.

**Termination advised by family**

Families are advised upon enrolment of the withdrawal of enrolment conditions. Families are required to provide two (2) weeks written notice of termination of enrolment.

<b>Policy Name</b>	<b>Payment of Fees</b>
<b>Date Last Reviewed</b>	Oct 2024
<b>Next Review Date</b>	Aug 2025

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for the payment of fees and the provision of a statement of fees charged by the service and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

#### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

#### RELATED LEGISLATION

Child Care Subsidy Secretary's Rules 2017 A New Tax System (Family Assistance) Act 1999	Family Law Act 1975 Family Assistance Law – Incorporating all related legislation for Child Care Provider Handbook in Appendix G <a href="https://www.dese.gov.au/resources-child-care-providers/resources/child-care-provider-handbook">https://www.dese.gov.au/resources-child-care-providers/resources/child-care-provider-handbook</a>
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#### RELATED POLICIES

Arrival and Departure Policy CCS Accounts Policy	Enrolment Policy Fraud Prevention Policy
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Child Care Subsidy (CCS) Governance Policy Dealing with Complaints Policy Delivery of Children to, and Collection from and Education and Care Service Premises	Governance Policy Orientation of Families Policy Privacy and Confidentiality Policy Termination of Enrolment Policy
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**Objective:**

For parents to gain a clear understanding of the Service fee structure, payment requirements and Child Care Subsidy benefits prior to enrolment. This policy explains process of fee payment and the necessity of ensuring children's fees are paid on time and consequences for failure to pay fees on time.

**Policy:**

Quality early education and care provides the foundation for children's development and social engagement whilst supporting workforce participation of parents and carers. Our Service is committed to providing quality education and care to all children at an affordable fee for families.

As an approved childcare service, Child Care Subsidy (CCS) is available to reduce fees to eligible families. Our fee structure is based on our ability to provide the requirements of the Education and Care National Law and National Regulations, Family Assistance Law, the Australian Taxation Office and guidelines contained in the Child Care Provider Handbook.

Families can access their fee statements any time in Xplor and can ask for statements to be sent to them. The Centre's fees are reviewed every two years. Every effort is made to keep childcare affordable however we may need to increase fees to meet rising costs and ensure the continued viability of the Centre.

Following Daily Fees are applicable from 14<sup>th</sup> October 2024.

**Babies Room (0-2 years): \$140.5 per day**

**Toddlers Room (2-3 years): \$135.5 per day**

**Preschool Room (3-school age): \$130.5 per day**

**Procedure:**

Our Service aims to ensure families understand the fee schedule and payment process required for education and care to be provided for their child. We are committed to meet our obligations to maintain financial integrity and comply with all Child Care Subsidy legislative requirements. We have effective compliance systems in place to ensure childcare funding is administered appropriately. Our Service ensures the confidentiality and privacy of all personal information provided to the Service about the enrolled child and family.

Our fee structure includes:

**Security Deposit**

- A refundable security deposit of \$60/day based on number of booking days in fortnight to be paid for securing the place with us. A 50% discount on security deposit applied for siblings.
- The bond payment will be refunded to families if all accounts are paid in full and no amount is outstanding when the child leaves the Service. We endeavour to refund within four weeks of last day of care.

**General Fees**

- Fees are charged for each session of care and vary depending on the age of the child in care and the family's eligibility for Child Care Subsidy (CCS).
- CCS is paid directly to the Service and this is used as a fee reduction (visible on a family's statement).
- Families are required to pay the difference between the fee charged and the subsidy amount- the 'gap' amount
- Fees must be kept in two weeks advance of a child's attendance
- Xplor provides real time fee and payment information. However, parents can ask for fee statement so be sent.
- Fees are to be paid fortnightly in advance through a direct debit system.
- Fees are payable in advance for every session that a child is enrolled at the Service. This includes sick days, and family holidays but excludes periods when the Service is closed. The Service may be directed to close due to periods of local emergency such as bushfire or flood or a pandemic.
- If a session of care falls on a public holiday, families are required to pay normal fees. CCS may be paid for sessions that fall on public holidays.
- Fees are charged for full sessions only (regardless of the actual attendance hours any day).
- Casual days may be offered to families if available within the Service's license.
- Families should contact the service to advise of their child's inability to attend as soon as this is known. A minimum of 2 weeks' notice is required. Fees will still be required on days the child would normally attend for those 2 weeks.

**Child Care Subsidy (CCS)**

- Parents/guardians are required to register for CCS through their [myGov](#) account linked to Centrelink and provide documentation to support the CCS payment
- Basic requirements that must be satisfied for an individual to be eligible to receive Child Care Subsidy. The child must:
  - be a 'Family Tax Benefit child' or 'regular care child' and
  - be 13 or under and not attending secondary school and
  - meet immunisation requirements
- The person claiming the Child Care Subsidy, or their partner must:
  - meet residency requirements and
  - be liable to pay for care provided under a Complying Written Arrangement (their written agreement) with their childcare provider
- Childcare must be provided by an approved provider

- Families level of Child Care Subsidy will be determined by:
  - combined family income
  - activity test of parents
  - type of early learning and childcare Service.
- Child Care Subsidy will be provided directly to the Service and this amount deducted from the parent/family account.
- Families must regularly check their details are correct and report a change in circumstance to Centrelink (family income, activity levels, relationship changes or any other changes to their circumstances).
- Families will only be eligible for CCS if childcare attendance records are accurately completed by the parent/guardian or other responsible adult, and other eligibility requirements are met. It is parents' responsibility to sign in / sign out their child in Xplor each day they attend the Service. Please note that notifications and observations cannot be sent unless a child is signed in. In case a parent forgets to sign in the child, the staff / Centre Manager will sign in child on parents' behalf and parents can see and approve the attendance in their Xplor module. Similar is the case with sign outs.
- Any disputes with CCS payments is the responsibility of the family. The family will be referred to contact Centrelink directly for any enquiries regarding CCS payments.

### **Payment of fees**

- Payments can only be made by Direct Debit except extra ordinary circumstances. The Centre will send an email detailing the process of setting up Direct Debit. Due to confidentiality requirements, Parents will set up their Direct Debit through Xplor directly. In case of any issue with the Direct Debit arrangement, parents can temporally pay the fees through EFTPOS or bank deposit. In remote circumstances, Centre may accept cash which has to be paid to the Centre Director or Centre Manager.
- Fees cannot be paid in cash anymore and has to be through banking system.
- Fees and charges associated with direct debit system are outlined in the direct debit authority form which will be emailed to parents on sign up of direct debit.
- A dishonour fee will apply for direct debit transactions where there are insufficient funds to cover the fees or other reasons related to parent bank or financial institution.
- As Centre will remain closed during the Christmas period for 2 weeks, no fees will be charged during that period. The Centre Manager will notify parents in November each year about the exact closing dates so that parents in need of care during the festive season can make necessary arrangements.
- Parents can access their fee statements any time in their Xplor account either online or through Xplor App.
- The Xplor *Statement of Entitlement* will include details of the sessions of care provided and the resulting fee reduction amounts
- The *Statement of Entitlement* is generated using Xplor which meets all requirements as per Family Assistance Law legislation
- In circumstances where parents CCS is cancelled by Centrelink for any reason, Service will only charge 30% of gap fees for a period of 14 days i.e. one direct debit cycle to avoid cash flow burden on parents. This will assist parents in sorting their issue with Centrelink. From next direct debit

cycle, parents will have to pay full fees including any outstanding from previous periods, if CCS is still not active. The Service will however endeavour its best to re-submit the bookings once CCS is re-activated so that parents are paid their backdated CCS. Please note that it is parents' responsibility to make sure that their CCS is active at all times.

**Absences from Service**

- Families are requested to contact the Service if their child is unable to attend a particular session
- Families must still pay the 'gap' fee to the Service if their child is unable to attend
- Under the Child Care Subsidy families are allowed 42 absence days per child, per financial year and may be entitled to additional absence days in certain circumstances. (Refer to Child Care Subsidy Handbook)
- Additional absences can be claimed for the specified reasons as defined by the Family Assistance Law
- Records and evidence will be kept by the Service for each additional absence, where required
- Families can view their absence count through their Centrelink online account.
- In a period of local emergency, such as bushfire or pandemic, and our Service is temporarily shut down on public health advice, families *may* be provided with additional absence days as per Family Assistance Law legislation.
- Services are no longer allowed to waive gap fees for any reason.

**Financial Difficulties**

- If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of the Approved Provider.
- Families can apply for Additional Child Care Subsidy (ACCS) through Centrelink for additional fee assistance.
- There are four different payments under Additional Child Care Subsidy:
  - Additional Child Care Subsidy (child wellbeing)—to help children who are at risk of serious abuse or neglect. The approved provider is involved in determining children who may require additional support who are at risk of harm
  - Additional Child Care Subsidy (grandparent)—to help grandparents on income support who are the principal caregiver of their grandchildren. Families are required to contact Centrelink directly regarding this payment
  - Additional Child Care Subsidy (temporary financial hardship)—to help families experiencing financial hardship. Families are required to contact Centrelink directly regarding this payment
  - Additional Child Care Subsidy (transition to work)—to help low-income families transitioning from income support to work. Families are required to contact Centrelink directly regarding this payment

**Debt Recovery Procedure**

- If a family fails to pay the required fees on time, a reminder email will be issued after one week and then again, after two weeks if the fees are still outstanding.
- A child's position will be terminated if payment has not been made after two weeks of relevant



direct debit activation date, for which the family will receive a final email terminating the child's position. At this time the Service will initiate its debt collection process, following privacy and conditional requirements.

- At any time of the debt recovery process the family will be encouraged to enter a debt agreement with the service to repay outstanding fees. An email will be sent to the family outlining repayment plan details. The family must acknowledge debt repayment plan within 2 days of that email upon confirmation it will be a binding repayment agreement. The repayment plan will provide information as to the duration and amount of the repayments as well as steps that will be taken if the repayment plan is not adhered to.

### **Fee for late collection of children**

Where children are collected after the Centre's normal closing time of 6.00pm, fees will be charged in the following manner:

- \$20 per child after the first five (5) minutes and up to fifteen minutes
- \$20 per child for every additional fifteen minutes or part thereof

### **Change of Fees**

- Fees are subject to change at any time provided a minimum of two weeks written notice is given to all families.
- CCS hourly rate caps may be increased by the [CPI](#) at the commencement of each financial year, Any CCS hourly rate increases are governed by CCS and are automatically adjusted through our CCS Software.

### **Termination of Enrolment**

- Parents are to provide two weeks written notice of their intention to withdraw a child from the centre.
- If termination from the Service is required without notification, families may lose their Child Care Subsidy, resulting in the payment of requirement for full fees to be charged.
- In some circumstances CCS may not be paid for sessions if the child has not physically started care.
- Additionally, CCS may not be paid for absences submitted after a child's last physical day of care, unless conditions have been met as specified by Family Assistance Law.

### **Responsibility of Management**

The Nominated Supervisor is responsible for:

- ensuring all families are aware of our *Payment of Fees Policy*
- ensuring enrolments are submitted correctly with the appropriate enrolment information
- providing families with regular statement of fees payable
- notifying families of any overdue fees
- providing families with reminder emails as required
- terminating enrolment of children should fees not be paid
- discussing fee payment with families if required
- providing at least 2 weeks written notice to families of any fee increases or changes to the way fees are collected

**Responsibility of Families**

- Provide the Service with the correct enrolment details to facilitate the CCS claim, if required, including:
  - Centrelink Reference Numbers for child and CCS claimant
  - Date of Birth for child and CCS claimant
- Ensure payment of fees as per policy
- Notify Centrelink of any changes that may affect their CCS entitlement
- Confirm their child's enrolment through the parents myGov account
- Ensure CCS remains active

**Third Party Payments**

Parents are generally liable to pay the co-contribution for childcare fees. Only state and territory governments (and their agencies) can contribute to the cost, in part or full, of childcare fees for families. Where an agreement has been made between an employer or charity to assist in the contribution of fees the fees must be reduced accordingly before CCS has been applied.

Our Service will record all documentation regarding any third party payments.

<b>Policy Name</b>	<b>Child Protection</b>
<b>Date Last Reviewed</b>	April 2024
<b>Next Review Date</b>	April 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

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

## PURPOSE

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

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will act in the best interest of each child, assisting them to develop to their full potential in a secure and child safe environment.

## SCOPE

This policy applies to management, staff, families, visitors (including contractors) and children of the Service.

## WHAT IS CHILD ABUSE?

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

NSW Communities and Justice identify different forms of child abuse which include- neglect, sexual, physical and emotional abuse or psychological harm.

[https://www.facs.nsw.gov.au/families/Protecting-kids/reporting-child-at-risk/harm-and-neglect?merge\\_chapters=true](https://www.facs.nsw.gov.au/families/Protecting-kids/reporting-child-at-risk/harm-and-neglect?merge_chapters=true)

## INDICATORS OF ABUSE

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

- General indicators of abuse and neglect may include:
- marked delay between injury and seeking medical assistance
- history of injury
- the child gives some indication that the injury did not occur as stated
- the child tells you someone has hurt him/her
- the child tells you about someone he/she knows who has been hurt
- someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

## NEGLECT

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

- inability to respond emotionally to the child
- child abandonment
- unable or unwilling to provide adequate food, shelter, clothing, medical attention safe home conditions
- depriving or withholding physical contact
- failure to provide psychological nurturing
- treating one child differently to the others

### **Indicators of Neglect in children**

- low weight for age and failure to thrive or develop
- child not adequately supervised for their age
- poor standard of hygiene leading to social isolation
- scavenging or stealing food
- extreme longing for adult affection
- lacking a sense of genuine interaction with others
- acute separation anxiety
- self-comforting behaviours, e.g. rocking, sucking
- delay in development milestones
- untreated physical problems, such as sores, serious nappy rash and urine scalds, dental decay

### **PHYSICAL ABUSE**

Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:

- make direct admissions about fear of hurting their children
- have a family history of violence
- have a history of their own maltreatment as a child
- make repeated visits for medical assistance
- use excessive discipline

### **Indicators of Physical Abuse**

- facial, head and neck bruising
- lacerations and welts
- drowsiness, vomiting, fits or pooling of blood in the eyes that may suggest head injury
- explanations are not consistent with injury
- bruising or marks that may show the shape of an object
- adult bite marks or scratches
- multiple injuries or bruises
- ingestion of poisonous substances, alcohol or drugs
- sprains, twists, dislocations

- bone fractures
- burns and scalds
- general indicators of female genital mutilation, such as having a 'special operation'.

## EMOTIONAL or PSYCHOLOGICAL ABUSE

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

- constant or excessive criticism, condescending, teasing of a child or ignoring or withholding admiration and affection
- excessive or unreasonable demands
- persistent hostility, severe verbal abuse, and rejection
- belief that a specific child is bad or 'evil'
- using inappropriate physical or social isolation as punishment
- exposure to domestic violence
- intimidating or threatening behaviour.

### Indicators of psychological abuse

- feeling of worthlessness about themselves and life
- inability to value others
- lack of trust in people and expectations
- lack of 'people skills' necessary for daily functioning
- extreme attention seeking behaviours
- extremely eager to please or obey adults
- may take extreme risks, is markedly disruptive, bullying, or aggressive
- other behavioural disorders (disruptiveness, aggressiveness, bullying)
- suicide threats (in young people)
- running away from home.

## SEXUAL ABUSE

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or takes advantage of their trust. Children are often bribed or threatened physically and psychologically to make them participate in the activity. Sexual abuse includes:

- exposing the child to the sexual behaviours of others
- coercing the child to engage in sexual behaviour with other children or adults
- verbal threats of sexual abuse
- exposing the child to pornography or prostitution or using a child for pornographic purposes
- previous conviction or suspicion of child sexual abuse

### Indicators of Sexual Abuse

- bruising or bleeding in the genital area
- bruising to buttocks, lower abdomen or thighs
- injuries such as tears to the genitalia
- the child describes sexual acts
- direct or indirect disclosures
- age-inappropriate behaviour and/or persistent sexual behaviour
- self-destructive behaviour- self-mutilation
- regression in developmental achievements
- child being in contact with a suspected or known perpetrator of sexual assault

## DOMESTIC VIOLENCE

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

Domestic violence causes fear, physical, and/or psychological harm. It is most often violent, abusive, or intimidating behaviour by a man against a woman, but can also be these behaviours by a woman against a man. Living with domestic violence has a profound effect upon children and young people and therefore constitutes a form of child abuse. (*The NSW Domestic and Family Violence Action Plan*, June 2010).

### Indicators of Domestic Violence

The child may:

- demonstrate aggressive behaviour
- develop phobias & insomnia
- experience anxiety
- show signs of depression
- have diminished self esteem
- demonstrate poor academic performance and problem-solving skills
- have reduced social skills including low levels of empathy
- show emotional distress
- have physical complaints

## WORKING WITH CHILDREN CHECK

People working or volunteering with children in New South Wales must, by law, have a Working with Children Check. The Office of the Children's Guardian provides checks of workers and volunteers to organisations, contributing to creating safe environments for children and other vulnerable people.

A Working with Children Check is an assessment of whether a person poses an unacceptable risk to children. As part of the process, the Office of the Children's Guardian will look at criminal history, child

protection information and other information.

Working with Children Checks are valid for five years. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked. If new information about a person means they pose a risk to children's safety, that person's check will be re-assessed and, if necessary, they will be prohibited from working with children. The Office of the Children's Guardian will inform both the person affected and any organisations they're linked to about the change in status.

Organisations need to be registered with the Office of the Children's Guardian to verify employees Working with Children Checks. Working with Children Checks must be verified BEFORE the employee begins working with children.

## DEFINITIONS

Mandatory reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In NSW, mandatory reporting is regulated by the Children and Young Persons (Care and Protection) Act 1998 (The Care Act).

### **Mandatory reporters**

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

- Health care (e.g., registered medical practitioners, specialists, general practice nurses, midwives, occupational therapists, speech therapists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices)
- Welfare (e.g., social workers, caseworkers and youth workers)
- Education (e.g., teachers, counsellors, principals)
- Children's services (e.g., childcare workers, family day carers and home-based carers)
- Residential services (e.g., refuge workers)
- Law enforcement (e.g., police)
- Registered psychologists providing a professional service as a psychologist
- A person in religious ministry or a person providing religious-based activities to children

All staff have a responsibility to recognise and respond to concerns for safety, welfare and the wellbeing of children and young people, and to report these concerns to management.

According to the *Children and Young Persons (Care and Protection) Act 1998*, mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on *reasonable grounds* a child is at risk of significant harm because:

- the child's basic physical or psychological needs are not being met or are at risk of not being met
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care



- the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education
- the child has been, or is at risk of being physically or sexually abused or ill-treated
- the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm
- the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm

Source: Children and Young Persons (Care and Protection Act) NO 157 Chapter 3 > Part 2 > Section 23

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

Risk of Significant Harm (ROSH) refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing. In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

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

- Firsthand observation of the child or family
- What the child, parent or other person has disclosed
- What can reasonably be indirect based on observation, professional training and/ or experience

## CHILDSTORY REPORTER COMMUNITY

If a child is at immediate risk and police or medical assistance is required, educators/staff must contact emergency services immediately on 000.

Mandatory reporters in **NSW** should use the online Mandatory Reporter Guide (MRG) if they have concerns that a child or young person is at risk of being neglected or physically, sexually or emotionally abused. The MRG assists in providing mandatory reporters with the most appropriate reporting decision.

The MRG supports mandatory reporters to:

- determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child (including unborn) or young person

- identify alternative ways to support vulnerable children, young people and their families where a mandatory reporter's response is better served outside the statutory child protection system

It is recommended that mandatory reporters complete the MRG on each occasion they have risk concerns, regardless of their level of experience or expertise. Each circumstance is different, and every child and young person is unique.

The MRG provides eight different decision trees to assist reporters to match the concerns identified. The decision trees include:

1. Physical abuse
2. Neglect, incorporates
  - a. Supervision
  - b. Shelter/environment
  - c. Food
  - d. Hygiene/clothing
  - e. Medical care
  - f. Mental health care
  - g. Education – not enrolled / habitual absence
3. Sexual abuse, incorporates
  - a. Abuse of a child
  - b. Abuse of a young person
  - c. Problematic sexual behaviour toward others
4. Psychological harm
5. Danger to self or others
6. Relinquishing care
7. Carer concern, incorporates
  - a. Substance abuse
  - b. Mental health
  - c. Domestic violence
8. Unborn child

<https://reporter.childstory.nsw.gov.au/s/mrg>

Mandatory reporters will be provided with an outcome that advises on the best course of action. A *Decision Report* can be generated and kept on record at the service. Depending upon the outcome, reporters can submit a child protection report (eReport) directly through the *ChildStory Reporter Community* website or contact the Child Protection Helpline immediately on 132 111.

## IMPLEMENTATION

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

Reporter requirements by completing Child Protection Awareness Training annually.

The Approved Provider/ Nominated Supervisor will ensure:

- any Responsible Person in day-to-day charge of the Service has successfully completed a course in child protection approved by the Regulatory Authority
- Working with Children Checks (WWCC) for all staff and volunteers are validated and recorded
- all employees and volunteers are:
  - provided with a copy of the current *Child Protection* and *Child Safe Environment Policies* as part of the induction process at the Service
  - aware of their mandatory reporting obligations and responsibilities to report suspected risk or significant risk of harm to the NSW Child Protection Helpline on **132 111**
  - aware of indicators showing a child may be at risk of harm or significant risk of harm.
- registration for the Service is completed for eReporting through the ChildStory Reporting Community
- training and development are provided for all educators, staff, and volunteers in child protection on an annual basis
- educators are provided with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers
- educators are provided with training and ongoing supervision to ensure they understand that child safety is everyone's responsibility, and they adhere to the Child Safe Standards
- access is provided to all staff regarding relevant legislations, regulations, standards and other resources to help educators, staff, and volunteers meet their obligations
- records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy
- to notify the regulatory authority through the NQA-ITS (within 7 days) of any incident where it is reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service
- to notify the regulatory authority through the NQA-ITS (within 7 days) of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service
- to comply with legislation for Reportable Conduct Scheme and ensure the Office of the Children's Guardian is notified within 7 business days of becoming aware of any allegations and/or convictions of abuse or neglect of a child made against an employee or volunteer and ensure they are investigated, and appropriate action taken. 7-day notification form

Educators will:

- contact the police on 000 if there is an immediate danger to a child and intervene if it is safe to do so
- be able to recognise indicators of abuse
- respect what a child discloses, taking it seriously and follow up on their concerns through the appropriate channels
- comprehend their obligations as mandatory reporters and their requirement to report any situation where they believe, on reasonable grounds, that a child is at risk of significant harm to the Child Protection Helpline on **132 111**
- have completed online training to understand the child protection reporting process and use of

the Mandatory Reporter Guide (MRG) <https://reporter.childstory.nsw.gov.au/s/mrg>

- complete the MRG on each occasion they have concerns about a child's safety or wellbeing
- follow the advice provided by the MRG outcome and submit an eReport through ChildStory Reporter website if required
- refer families to appropriate agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through CWU (Child Wellbeing Units) or/and FRS (Family Referral Services) <https://www.familyconnectsupport.dcj.nsw.gov.au/> Family consent will be sought before making referrals.
- promote the welfare, safety, and wellbeing of children at the Service
- allow children to be part of decision-making processes where appropriate
- prepare accurate records recording exactly what happened, conversations that took place and what was observed to pass on to the relevant authorities to assist with any investigation
- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
- NOT investigate suspicion of abuse or neglect but collect only enough information to substantiate concerns and pass on to the Child Protection Helpline or appropriate authority.

## DOCUMENTING A SUSPICION OF HARM

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

- seek guidance from the Nominated Supervisor/Director
- record their concerns in a non-judgmental and accurate manner as soon as possible
- record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child)
- not endeavour to conduct their own investigation
- document as soon as possible so the details are accurate including:
  - child's personal details (name, address, DOB, details of siblings)
  - time, date and place of the suspicion
  - full details of the suspected abuse
  - date of report and signature

*[see: Child Protection Notification- Observation Record]*

## DOCUMENTING A DISCLOSURE

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

When receiving a disclosure of harm, the Service will:

- remain calm and find a private place to talk

- not promise to keep a secret
- tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe
- only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
- not attempt to conduct their own investigation or mediate an outcome between the parties involved.
- document as soon as possible so the details are accurately captured including:
  - time, date and place of the disclosure
  - 'word for word' what happened and what was said, including anything they (the staff member/educator) said and any actions that have been taken
  - date of report and signature.

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

- give the child or young person their full attention
- maintain a calm appearance
- reassure the child or young person it is right to tell
- accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult
- let the child or young person take his or her time
- let the child or young person use his or her own words
- don't make promises that can't be kept. For example, never promise that you will not tell anyone else
- honestly tell the child or young person what you plan to do next
- do not confront the perpetrator.

## CONFIDENTIALITY

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

## Protection for reporters

All reporters are protected against retribution for making or proposing to make a report under amendments to the Children and Young Persons (Care and Protection) Act 1998 effective 1 March 2020. The identity of the reporter is protected by law from being disclosed, except in certain exceptional circumstances. Provided the report is made in good faith:

- The report will not breach standards of professional conduct
- The report cannot lead to defamation and civil and criminal liability
- The report is not admissible in any proceedings as evidence against the person who made the report

- A person cannot be compelled by a court to provide the report or disclose its contents
- The identity of the person making the report is protected.

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

### Sharing of Information

Chapter 16A of the [NSW Children and Young Person \(Care and Protection\) Act 1998](#) provides for the exchange of information and cooperation between prescribed bodies, if the information relates to the safety, welfare or wellbeing of a child or young person.

Sharing personal information about children and their families must be lawful, which means either gaining consent, or working within relevant legislation. Information sharing by consent, where possible, is important to meaningful work with families to facilitate change. Consent may be obtained verbally or in writing; however, you should not seek consent if doing so might compromise the safety of a child or any other person.

Information can only be shared between prescribed bodies. Prescribed bodies or organisations include:

- NSW Police
- public service agencies or public authorities
- private and public schools, and TAFE establishments
- health care providers
- OOHC providers
- organisations that have direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children's services, residential services or law enforcement, wholly or partly to children or their parent/s.
  - To provide or request information it must relate to the safety, welfare or wellbeing of a particular child or class of children. The information must be for the purposes of assisting a prescribed body to:
- make any decision, assessment or plan or to initiate or conduct any investigation, or to provide any service, relating to the safety and welfare of the child or class of children, or
- manage any risk to the child or class of children that might arise in the prescribed body's capacity as an employer or designated agency.
  - NSW Health has developed templates and resources [Fact Sheets](#) regarding sharing of information relating to Child Protection with other professionals.

### BREACH OF CHILD PROTECTION POLICY

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

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

## MANAGING A BREACH IN CHILD PROTECTION POLICY

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

- discussing the breach with all people concerned and advising all parties of the process
- giving the educator/staff member the opportunity to provide their version of events
- documenting the details of the breach, including the versions of all parties
- recording the outcome clearly and without bias
- ensuring the matters in relation to the breach are kept confidential
- reach a decision based on discussion and consideration of all evidence.

## OUTCOME OF A BREACH IN CHILD PROTECTION POLICY

Depending on the nature of the breach outcomes may include:

- emphasising the relevant element of the child protection policy and procedure
- providing closer supervision
- further education and training
- providing mediation between those involved in the incident (where appropriate)
- disciplinary procedures if required
- reviewing current policies and procedures and developing new policies and procedures if necessary

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

The Approved Provider has the legislative obligation under the *Reportable Conduct Scheme* to notify the *Office of the Children's Guardian* (OCG) of reportable allegations and convictions against their employees (including volunteers and contractors), investigate the allegation and advise the Office of the outcome.

All staff members have an obligation to report relevant allegations of a child protection nature as part of the Reportable Conduct Scheme to the Approved Provider or OCG. This reportable conduct may have occurred either within work hours or outside work hours. A child is anyone under the age of 18 at the time of the alleged conduct occurred.

In addition, the Approved Provider must take appropriate action to prevent reportable conduct by employees. The *Children's Guardian Act 2019*, effective 1 March 2020, defines the head of an organisation as a 'relevant entity'. An approved education and care service is listed at Schedule 1 of the Act as an 'entity'.

The Approved Provider must notify the Children's Guardian within seven (7) business days and conduct an investigation into the allegations. [7-day notification form](#) Reportable Conduct Directorate: (02) 8219 3800. (Monday – Friday). A final report of the investigation must be ready to submit within 30 calendar days or provide information about the progress of the investigation to the Children's Guardian.

### 30 Day interim report form

The Approved Provider must send a report to the *Office of the Children's Guardian* that enables the Office of the Children's Guardian to determine whether the investigation was completed satisfactorily and whether appropriate action was or can be taken. The Approved Provider must ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Act or other legislation. The heads of relevant entities have obligations under section 57 of the Act to disclose 'relevant information' to the following persons unless they are satisfied that the disclosure is not in the public interest:

- a child to whom the information relates
- a parent of the child
- if the child is in out-of-home care- an authorised carer that provides out-of-home care to the child.

[See: <https://www.kidsguardian.nsw.gov.au/child-safe-organisations/reportable-conduct-scheme/fact-sheets> for further information.]

The Children's Guardian will monitor the entity's response and may conduct their own investigation. The Children's Guardian Act 2019 defines reportable conduct as:

- a sexual offence has been committed against, with or in the presence of a child
- sexual misconduct with, towards or in the presence of a child
- ill-treatment of a child
- neglect of a child
- an assault against a child
- an offence under s43B (failure to protect) or s 316A (failure to report) of the Crimes Act 1900; *and*
- behaviour that causes significant emotional or psychological harm to the child

## EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR

Our program will educate children

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



<b>Policy Name</b>	<b>Supervision of children</b>
<b>Date Reviewed</b>	April 2024
<b>Next Review Date</b>	April 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
120	Educators who are under 18 to be supervised
121	Application of Division 3
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios-Centre based services
126	Centre based services-general educator qualifications
132	Requirement for early childhood teacher- centre based services 25-59 children
133	Requirement for early childhood teacher- centre based services 60-80 children
134	Requirement for early childhood teacher- centre based services- more than 80 children
166	Children not to be alone with visitors
168	Education and care service must have policies and procedures
176	Time to notify certain circumstances to Regulatory Authorities
264	General qualifications for educators – Centre based
CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW	
S.165	Offence to inadequately supervise children
S.167	Offence relating to protection of children from harm and hazards

S.174

Offence to fail to notify certain information to Regulatory Authority

**Objectives:**

The education and care service maintains a safe and secure environment where children are free to explore and learn more about their world. The approved provider and educators are familiar with regulatory requirements and standards regarding supervision. The education and care service encourages educators to evaluate their supervisory practices and implement plans that increase their awareness of the layout, risk management and supervisory choices within the education and care environment.

Supervision is an integral part of the whole care and education experience. *“At its most basic level, supervision helps to protect children from hazards or harm that may arise in their daily experiences in play, interactions with others, and daily routines.”* (Victoria Department of Education and Training, 2010, p.1). Effective supervision allows educators to actively engage in play and learning opportunities that are meaningful to children and support their wellbeing, learning and development.

**Policy:**

The HMCC Supervision Policy is committed to ensuring that children are supervised at all times; considering the design and arrangement of children’s environments to support active supervision; using supervision skills to reduce or prevent injury or incident to children and adults; guiding staff to make decisions about when children’s play needs to be interrupted and redirected; supporting staff and their caregiving strategies; providing consistent supervision strategies when the service requires relief staff; and acknowledging and understanding when supervision is required for high risk experiences and/or the ratio of adults to children is increased.

The approved provider will:

- Ensure that the premises are designed and maintained to facilitate supervision of children at all times while considering the need to maintain the rights and dignity of all children.
- Ensure that the age and supervision requirements for educators are maintained at all times. Any educators who are under eighteen years of age may work at the centre-based service, provided they do not work alone and are adequately supervised at all times by an educator who is over eighteen years of age.
- Notify the regulatory authority within 24 hours if a child appears to be missing, cannot be accounted for, appears to have been taken or removed from the premises, or has mistakenly been locked in or out of the education and care services premises.
- The Nominated Supervisor and staff will:
- Carefully plan rosters that ensure continuity of care and adequate supervision at all times when children are being cared for and educated in the service and on excursions.
- Ensure that a risk assessment is carried out before an authorisation is sought for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion.

- Document a supervision plan and strategies for both the indoor and outdoor areas. This will assist educators to position themselves effectively for supervising the children's play. They will take into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom and nappy change facilities.
- Inform new and relief educators about supervision arrangements and what is required of them in relation to supervising children.
- Regularly review the supervision plan and strategies to evaluate the effectiveness of the plan and its implementation by educators. The supervision plan and strategies will be displayed for families in all rooms and in the outdoor area.
- Seek to ensure that two educators are present/ within view when working with children and when supporting children with toileting/hygiene routines.
- Arrange the education and care environment to maximise the ability of educators to supervise all areas accessible to children. Particular focus will be on gates, the fence line and doors during arrival and departure times.
- Be aware of the importance of communicating with each other about their location within the environment.
- Ensure that correct child: educator ratios are maintained throughout the education and care environment. All children will be in sight or hearing of educators at all times. No child will be left alone while eating or at nappy change and toileting times.
- Supervise children during rest periods. Children will be positioned and supervised according to the Safe Sleep & Rest Times Policy.
- Ensure that hazardous equipment, machinery, and chemicals are inaccessible to children.
- Ensure that supervision arrangements are respectful and that interactions with children are meaningful. Educators will encourage children's independence while respecting individual abilities and needs.
- Scan the environment while interacting with individuals or small groups. Educators will position themselves to maximise their view of the environment and the children's play.
- Implement consistent supervision strategies and not perform other duties while responsible for the supervision of children.
- Have a sound understanding of their duty of care and responsibilities in ensuring children are within a child safe environment at all times.
- Alert other colleagues if they need to leave an area for a particular reason to ensure continuous supervision of children (e.g., to obtain resources, visit the bathroom)
- Adhere to a supervision plan and strategies for both the indoor and outdoor environment, assisting colleagues to position themselves in order to effectively supervise children's play. The supervision plan will include the floor plan of the Service and include the location of activities, bathroom, and nappy change facilities
- Implement vigilant supervision strategies for hygiene requirements including:
  - regular handwashing
  - toileting
  - cough and sneeze routines- using disposable tissues and handwashing
- inform new and relief educators about supervision arrangements, outlining their supervision responsibilities

- ensure that at least one other educator is within sight when working with children and when supporting children with toileting/hygiene routines
- arrange the education and care environment to maximise the ability of educators to supervise all areas accessible to children. Emphasis will be on gates, the fence line and doors during arrival and departure times.
- communicate with each other about their location within the environment and any relevant information about supervising individual children to ensure their needs are met
- maintain correct ratios adhering to the Education and Care Services National Regulations throughout the education and care environment
- promote children's agency by making decisions about supervision that allows children to engage in independent exploration and appropriate risk taking
- actively engage with children to support their learning whilst actively supervising and observing children
- ensure that all children are in sight or hearing of educators at all times
- ensure that no child is left alone while eating or at nappy change and toileting times
- adequate supervision is provided when children are transported in a vehicle at all times (see *Safe Transportation Policy* and *Road Safety Policy*)
- scan the environment during interactions with individuals or small groups
- implement correct supervision strategies and not perform other duties while responsible for the supervision of children
- listen closely to children whilst supervising areas that may not be in a direct line of sight noticing changes in volume or tone of voice.
- plan for a mixture of activities to allow for appropriate supervision of groups of children.
- Consideration will be given to the design and arrangement of children's environments to support active supervision by:
- using supervision skills to recognise areas of risk therefore reducing the potential for injury or incident to children and adults

**Procedure:**

It is also crucial that staff are aware of the different ages, personalities, behaviors and characteristics of the children in their care. How children interact, communicate and play with one another is dependent on staff building relationships with children to learn about who they are, how they react in certain situations and discover their interests. These are vital skills to develop as they assist staff to predict children's play patterns, which affects how staff plan and establish environments and coordinate supervision strategies to maximise children's safety and ability to play free from harm or injury.

**Positioning of staff in the environment**

- When supervising children staff need to consider how they position themselves both in
- the outdoor and indoor environment. Staff need to consider:
- Do I have my back to any of the group?

- Are new or high risk experiences being introduced and where will I stand / sit during these experiences?
- Is there a student / volunteer to be considered?
- Are there corners or areas which children may play in that pose a risk?

**Scanning the environment and knowing the number of children**

- Scanning is vitally important when supervising children. Staff are required to regularly scan when children sleeping, especially outdoors and babies in cot rooms.
- Staff need to develop a system of regular head counts marking each child's arrival and departure to ensure that they are fully aware of where each child is at all times.
- Staff should also have a list of people who are authorized to pick up each child from the service and information regarding those people not allowed to collect a child. Staff need to ensure that this documentation remain confidential.

**Listening when children play**

- Listening is also important. Staff need to be aware of children and the noises they make. For example, water splashing; crying; choking or gasping; offensive or aggressive language; or silence.

**Setting up the environment**

- During playground set-up please be aware where children will be and how they will use the equipment for supervision. Grouping equipment together such as easels and water troughs makes supervision much easier. Knowledge of the children in care and understanding how groups of children interact and play together.
- Staff need to be mindful of the age groups being supervised. Observing children's play and anticipating what may happen next will assist children when difficult situations arise and to intervene where there is potential danger to children.
- Children with early signs of illness or atypical behaviours should be monitored closely, this is extremely important when supervising children who known medical conditions.
- Keep children's developmental records up to date so that as a staff member you are aware of a child's capabilities and the appropriate level of challenge can be made to the playground to enhance their development.
- *Transitioning groups of children*
- Supervision during transitions is vitally important and often complex, there may be many things needing to be ready and organisation is the key. Staff need to reflect:
  - When and where are children transitioned throughout the day?
  - What can be organized early so children are not left waiting?
  - Are there potential risks when transitioning children? How can the service develop risk management strategies to eliminate or reduce the potential risks?
  - For example, transitioning children from the parked car or bus to the service's entrance.

**Promoting play and learning experiences**

- Effective supervision includes staff participating with children in planned experiences, busy and active children carefully supervised will not only benefit life time learning but also minimise the risk of harm and injury. Services should consider the following reflective questions:
- What types of experiences require staff to be constantly supervising? How do play and learning plans indicate this requirement to staff? Do the plans indicate who is responsible for supervision?
- How does the service support active supervision and ensure that experiences meet the service's health and safety practices?
- *Nappy changes and toileting children in the service's bathroom*
- Staff should never leave a child on a change table under any circumstances having everything organised on the surrounding bench / shelf will prevent this from happening. Please refer to nappy changing procedure in the Hygiene Policy.

**Settling children into group care**

- The centre understands that settling into childcare can be an emotional time for both children and their parents. It may be your first experience in a service or your child may be transitioning to a new room in the centre. At times children have difficulty separating from their families, each child's reactions and length of time they take to settle into their environment depends on each child, their previous experiences and their age.

**Excursions and transportation**

- When planning excursions the service will comply with the ratios set by the Office of Early Childhood Education and Care, extra diligence is required whilst children are out of the service. Careful advanced planning of destinations, supervision, toilets, meals will help identify potential risks and hazards. Should additional carers or parents be required they will be fully briefed before leaving the service of the supervision and safety requirements. Specific groups of children will be allocated to each adult for the duration of the excursion. Children will be closely monitored by regular head counts and rolls calls, adults will remain in close proximity to children throughout the excursion. The service may consider the following:
- Who will be responsible for maintaining supervision ratios on an excursion?
- How will staff ensure active supervision throughout the entire excursion, which includes supervision strategies when leaving and returning to the service?
- Is there an action plan when an incident occurs on an excursion, affecting the adult/child ratios? For example, a child requires medical attention and an ambulance is telephoned. Which staff accompanies the child? How does the service maintain adequate supervision ratios?
- Excursions that include swimming or water play will have a higher child / staff ratio.
- No child is to be left in a bus unattended children are expected to remain in their seats until the vehicle has come to a complete stop.

<b>Policy Name</b>	<b>Interaction with children, Families and communities</b>
<b>Date Reviewed</b>	April 2024
<b>Next Review Date</b>	April 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.2	Parents views are respected	The expertise, culture, values and beliefs of families are respected, and families share decision-making about their child's learning and wellbeing.
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational program
84	Awareness of child protection law

115	Premises designed to facilitate supervision
118	Educational leader
126	Centre-based services- general educator qualifications
145	Staff record
155	Interactions with children
156	Relationships in groups
157	Access for parents
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed

**Objective:**

We aim to build positive and respectful relationships with children, families, and educators through collaboration and interactions, which is reflective of our Service philosophy and the *Early Years Learning Framework*. Educators will encourage positive relationships between children and their peers as well as with educators and families at the Service, ensuring children feel safe and supported.

**Policy and procedure**

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place for interactions with children (regulation 168) and take reasonable steps to ensure those policies and procedures are followed.

In order to build and maintain positive and respectful relationships with children, families and educators of our Service will adhere to our statement of philosophy and the ACA Code of Ethics. We aim to provide a child safe culture where our values and practices that guide the attitudes and behaviour of all staff are guided by the implementation of the Child Safe Standards and related National Principles for Child Safe Organisations.

**Interactions with Children**

Children need positive relationships and interactions with educators that are trusting and responsive to their individual needs. Through these experiences and interactions children will develop a positive understanding of themselves and feel a sense of belonging. We promote a respectful, child safe culture where children concerns are always responded to, and children feel empowered to participate in decisions and provide feedback to educators and staff.



Management and educators will:

- create a welcoming and relaxed atmosphere in which children experience equitable, friendly and genuine interactions with all educators
- meet educator to child ratio and qualification requirements
- role-model appropriate language and behaviour
- support children to be aware of their own feelings as well as the feelings of others
- encourage children to treat all other children with respect
- provide children with the opportunity to explore their dispositions for learning by expressing themselves and their opinions
- ensure children are aware of how to raise concerns or provide feedback
- respond or report to children about how their feedback has been acted upon
- assist the children to build resilience and self-assurance through positive interactions
- guide children's behaviour positively
- respect the rights, dignity and agency of children
- support children in the early childhood environment
- provide appropriate supervision so children feel safe in their interactions with other children
- speak to children in a positive manner at all times, promoting respect, tolerance and empathy, including the use of non-verbal cues and communication
- engage in meaningful, open interactions that support the acquisition of skills for life and learning of children
- respect each child's uniqueness, be attuned to, and respond sensitively and appropriately to children's efforts to communicate and use the child's own language, communication styles, and culture to enhance interactions
- listen to children and take them seriously; support and encourage children to use appropriate language in their interactions with adults and peers. Educators will extend upon children's interests and ideas through questions and discussions, supported and made visible in observations, reflections, and programming.
- understand their reporting requirements and respond to any incident, disclosure or suspicion of child abuse or harm
- communicate with children by getting down to their level, using eye contact, and showing respect to the child whilst engaging in and promoting effective communication
- show empathy to children
- ensure that the values, beliefs, and cultural practices of the child and family are considered and respected
- ensure that no child is ever isolated for any reason other than illness, accident or pre-arranged appointment with parental consent. During this time, they will be under adult supervision.
- regularly reflect on their relationships and interactions with children and how these can be improved to benefit each child
- facilitate children's individual development extending upon their strengths, interests and abilities

## **Interactions with Families**

Effective communication is key to developing and maintaining positive interactions and relationships with others and helps to build trusting and respectful partnerships with families. Educators use positive and open communication with families and siblings in order to create a responsive and inclusive environment for children, staff and families. Interactions with families help to inform educators' knowledge of each child's distinctive interests, skills cultures and abilities. This helps to build a positive experience and a safe learning environment that encourages children to expand their knowledge and understandings.

Management and educators will ensure:

- all families are treated equitably without bias or judgement, recognising that each family is unique
- families are provided with information and resources in their first language
- families are asked to identify a preferred method of regular communication with the Service (this may include utilising an educator from same linguistic background)
- families and children are greeted upon arrival in a respectful manner
- they learn the names of family members and use these names when they greet them
- two-way communication is established through leading by example and asking questions and a willingness to offer information about ourselves
- common terminology (not jargon) is used when talking to parents regarding their child's development
- privacy and confidentiality are respected at all times
- information about another child or family information is never discussed with a parent or visitor
- they remain sensitive to cultural differences amongst families and encourage families to share cultural aspects with the children and educators at the service
- the advice and opinion from other professional experts are requested, with parental permission, to assist educators develop and implement strategies to support the inclusion of children with additional needs
- they seek additional resources and professional support for families through a range of organisations such as KU Inclusion Support, Area Health and other specific health professional networks
- verbal communication is always open, respectful and honest
- families are provided with up-to-date service information and notices through Xplor updates notice boards and emails
- they regularly reflect on parent input into the program and make changes where necessary that will best benefit the service and children
- connections between families is promoted and enhanced through inviting families to participate in routines and events at the service
- families are aware of our complaint handling process

## **Interactions with Staff and educators**

The Service recognises that the way educators interact with each other has an effect on the interactions they have with children and families. Educators working within our Service are required to demonstrate mutual respect towards each other and value the contributions made by each educator.

This enables our Service to maintain positive relationships and model the type of communication they want children to develop.

To maintain professionalism at all times, educators will:

- engage in professional communication in order to create an effective work environment and to build a positive relationship with educators, children and families. Communication amongst colleagues creates a positive atmosphere and a professional image for families. Communication between staff and families ensures that important information is being passed on consistently.
- champion a child safe culture through their attitudes, behaviours and actions
- collaborate together as a team sharing roles and responsibilities through the use of a roster where necessary
- be respectful when listening to each other's point of view and ideas
- maintain effective communication to ensure that teamwork occurs
- use staff meetings to communicate their professional reflections and ideas for continuous improvement as a team
- attend in-service training to update and refresh and add to individual skills and knowledge
- keep up to date with current legislation to child protection including mandatory reporting requirements – (*Child Protection, Reportable Conduct Scheme*)
- refer to the *Dealing with Complaints Policy (Staff) /Procedure* if they feel a situation with another educator is not being handled with professionalism, respect, and fairness
- recognise each other's strengths and value the contribution each person makes to different work roles
- work collaboratively to reach decisions which will enhance the quality of the education and care offered at the Service
- welcome diverse views and perspectives
- work together as a team and engage in open and honest communication at all times
- respect each other's positions and opinions
- develop and share networks and links with other agencies
- resolve differences promptly and positively and use the experience to develop more effective methods of working together.

**To enhance communication and teamwork, Management will:**

- provide new educators with relevant information about the Service and program through a Staff Handbook, induction program, and daily communication
- treat educators with respect
- be sensitive to the feelings and needs of educators
- provide constructive feedback to educators as part of their professional learning plan support
- value the role and contribution of each educator
- demonstrate commitment to ongoing collaboration and engagement to support staff wellness
- provide opportunities for all educators to have input into the program development and evaluation
- appreciate and utilise educator skills and interests
- provide support, assistance and mentoring to educators
- hold regular educator meetings to encourage and support professional growth and reflective

practice

- use appropriate conflict resolution techniques to solve problems
- ensure policies and procedures are up to date regarding communication, expected behaviour and grievances
- provide opportunities for professional development.

To enhance communication and teamwork, educators will:

- maintain privacy and confidentiality
- be respectful, caring and inclusive of all colleagues
- be sensitive to the feelings and needs of other team members
- support colleagues during difficult situations
- provide constructive feedback to each other
- trust each other
- value the role and contribution of colleagues
- appreciate and utilise colleague skills, strengths and interests regardless of qualification and experience
- provide support and assistance to each other
- share responsibilities
- have a flexible attitude towards team roles and responsibilities
- greet each other by name
- show genuine interest in the other person by using active and reflective listening
- communicate ideas and opinions clearly and professionally
- use a communication book or daily diary to pass on messages and record relevant information
- use appropriate conflict resolution techniques to solve problems
- engage in opportunities for professional development.

<b>Policy Name</b>	<b>Delivery and Collection of Child</b>
<b>Date Reviewed</b>	April 2024
<b>Next Review Date</b>	April 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
86	Notification to parents of incidents, injury, trauma and illness
87	Incident, injury, trauma and illness record
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
102	Authorisations for excursions
102C	Conduct of risk assessment for transporting children by education and care service
102D	Authorisation for service to transport children
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios- centre-based services

157	Access for parents
158	Children's attendance record to be kept by approved provider
160	Child enrolment records to be kept by approved provider
161	Authorisations to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children
S167	Offence relating to protection of children from harm or hazard
S170	Offence relating to unauthorised persons on education and care service premises

### Objective:

The Centre has a duty of care to the children that attend the Centre. A part of this Duty of Care is to ensure that access to a child attending the Centre is limited to persons authorised by the parent/guardian and this includes collection of the child from the Centre. This ensures a child's arrival and departure at the service continues their safe care and custody and that the service is meeting its duty of care obligations under the law.

This policy endeavors to provide procedures for Centre educators to ensure only authorised persons have access to the children, and that no child leaves the Centre with any one not authorised to take them and/or who are deemed by educators to be adversely affected by alcohol, drugs, etc.

Also, an accurate record of child attendance is critical to ensure that there is a record of the children being cared for or educated by the service and that the correct child/staff ratios are being

met by the service.

**Policy:**

Under the *Education and Care Services National Regulations* the approved provider must ensure that policies and procedures are in place for the delivery of children to, and collection from, service premises and take reasonable steps to ensure those policies are followed. (ACECQA 2021).

Arrival and departure times are planned to promote a smooth transition between home and our Service. The opportunity to build secure, respectful and reciprocal relationships between children and families is promoted during arrival and departure times where educators have the opportunity to engage in conversations with families and support each child's well-being.

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

A duty of care exists at all times the child is attending a children's service. In addition, the service has a duty of care to a child while he/she is on the service's premises even if he/she hasn't yet been signed into the service or has been signed out of the service and is legally under the care and supervision of the parent/guardian.

A child may only leave the education and care service premises under any of the following circumstances:

- a parent/guardian or authorised nominee collects the child
- a parent/guardian or authorised nominee provides written authorisation for the child to leave the premises
- a parent/guardian or authorised nominee provides written authorisation for the child to attend an excursion
- the child requires medical, hospital or ambulance treatment, or there is another emergency.

**Procedure:**

- On enrolment parents/guardians are to provide the names of people who are authorised nominees for the purpose of collecting their child/ren from the service.
- Authorised Nominees must be over 18 years of age to sign a child out. Older siblings who are not 18 years are not able to sign a child out.
- Authorised Nominees will be required to show photo ID to educators prior to collecting and signing out child/ren.
- Staff members are to check the name on the photo ID against the list of approved persons to collect a child and sign the roll in completion.

- A person is not allowed to collect a child if they do not have ID, or if the ID does not match the authorisation list.
- If the educator cannot confirm that the person trying to collect the child is authorised to collect the child, the child's parents will be contacted immediately.
- Parents will be required to provide information regarding any court orders affecting access to their children.
- Parents will be required to provide details of any persons whom they do not wish to have contact with their children, in addition to those affected by court orders.
- Parents will be required to provide the Centre with information relating to any changes in people authorised to have contact with or collect their children as necessary.
- Information regarding children's contacts and persons authorised to collect them will be maintained and updated by HMCC.
- The Centre Director will ensure that this information from enrolment form and Orientation, around authorisation is transferred on the collection authorisation form immediately after the orientation through the checklist on top of orientation form and checked after completion of task.

Please note: Both parents have lawful authority of their children and are consequently permitted to remove children from the Centre unless a Magistrates Court or Family Law Court make different orders prohibiting contact with the child. Court orders must be provided to the service and will be stored with the child's enrolment information.

#### **Collection of child by someone not recorded on enrolment form or not previously authorised**

1. Where the parent has made other arrangements for the collection of their child from the Centre other than those recorded on enrolment form, the Centre should be notified in the following manner.
  - a) In the morning when the child is left at the Centre the parent or other responsible adult should advise an educator in writing of the name, address and phone number of the person who will be picking up the child, this information should also be recorded on authorization record list immediately.
  - b) Where arrangements for the collection of the child change through the day the parent should contact the Centre by text or email to advise of the name, relationship to the child, address and phone number of the person collecting the child. This information will then be recorded on the authorization to collect display paper for all educators.
  - c) If the person collecting the child is not already known to Centre educators, photo identification may be requested when the person arrives at the Centre.
2. Where someone, other than an authorised person, arrives at the Centre to take home a child and the Centre has not been notified, regardless of who that person is, the following procedure will be followed by the Centre before the child will be able to leave



with that person:

- a) Staff will explain to the person the reasons why the Centre will not allow the child to leave with them, not being on the authorization list.
- b) Staff will make every effort to contact the parents and confirm the arrangements.
- c) Where parents are unable to be contacted, emergency contacts will be rung, with the aim of:
  - ascertaining where the parents may be contacted;
  - confirming that the person is a fit and proper person to take that child from the Centre, this may include asking to see photo identification for the person; or,
  - arranging for the emergency contacts to come and pick up the child if it is past 6.00pm and the above steps have been unsuccessful
- d) If none of the above are successful, two members of staff will remain with the child at the Centre until satisfactory arrangements have been made and the conditions of this policy have been met. A late fee will be charged as per the Fee Policy.

Where staff has serious doubts as to whether a person collecting a child is fit to have a child released into their care, possibly because they are adversely affected by alcohol, drugs, etc., the following procedure should be followed:

- a) Staff will raise the issue with the person concerned
- b) Staff will give that person reasons for the staff's concern
- c) Staff will suggest that the person does not (where applicable) drive and offer them the choice of calling a friend to collect both the child and the person or calling a taxi
- d) Where the person threatens to become violent and there is concern for the safety to staff or children then staff should
  - Let them go
  - Obtain licence number of the vehicle and direction of travel (where applicable)
  - Phone the police immediately on 0-000 and give details.
  - Decide if it is necessary to make a notification to Office of Children, Youth & Family Services.Refer Child Protection Policy

#### Procedure for Requests or Attempts from Unauthorised Persons/Parents to Visit Children Attending the Centre

1. Where there is a Court Order in place that restricts the person or parent having access to the child:
  - a. Redirect the person or parent to the Centre Director or Centre Manager. If both are absent, educators should take the following steps.
  - b. The Director/Acting Director/Educator Member should locate a copy of the Court Order. Copies of which are kept with the child's Developmental records and in the child's personal file located in the Director's office
  - c. If the Court Order restricts the person or parent from having access to the child the

- Director/Acting Director/educator should show it to the person/parent and ask them to leave the Centre.
- d. If the person/parent refuses to leave and demands to see the child the Director/Acting Director/educator should try to attract the attention of another educator and direct them to call Emergency Services or “000”.
  - e. Where the person threatens to forcibly remove the child from the Centre and/or becomes violent and there is concern for the safety of other educators or children then educator should
    - i. Allow them to go
    - ii. Call the police immediately on “000” to inform them of what has happened
    - iii. Make a written report of the incident noting time, date, names of people involved and a factual account of what happened.
    - iv. Provide copy of the report to Department of Community Services within 24 hours of the incident.
  - f. You cannot prevent either parent from having contact without a legal document authorising this, unless the parent’s behaviour is unacceptably angry or violent and poses a risk to the safety of the child and/or educators.

Note: Under no circumstances, an educator or other staff member should put themselves or any of the children at risk of harm or injury.

<b>Policy Name</b>	<b>Nutrition and Healthy Eating</b>
<b>Date Reviewed</b>	May 2024
<b>Next Review Date</b>	May 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.1.3	Healthy lifestyles	Healthy eating and physical activity are promoted and appropriate for each child

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
160	Child enrolment records to be kept by approved provider and family day care educator
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and Procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

**Objective:**

Our service recognises the importance of healthy eating to the growth and development of young children and is committed to supporting the healthy food and drink choices of children in our care.

Providing nutritious food is an essential part of a quality childcare. It is essential for normal

physical and emotional growth and has implications for future healthy adulthood. A child develops lifelong eating habits as a result of early eating experiences.

**Policy:**

We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. We support and promote the NSW Health initiative *Munch & Move* and utilise the Australian Government's *Get Up & Grow-Healthy Eating and Physical Activity for Early Childhood* and *Eat for Health* resources.

Early childhood education and care (ECEC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the *Australian Dietary Guidelines*. It is essential that our Service partners with families to provide education about nutrition and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with chronic adult conditions such as obesity, type 2 diabetes and cardiovascular disease.

Our Service recognises the importance of healthy eating for the growth, development, and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined in the NSW Health's *Munch & Move* program into our curriculum and to support the *National Healthy Eating Guidelines for Early Childhood Settings* outlined in the *Get Up & Grow* resources.

Our Service is also committed to ensuring consistently high standards of food preparation and food storage and transportation are adhered to. Our Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

All food prepared by the Service or families will endeavour to be consistent with the Australian Dietary Guidelines and provide children with 50% of the recommended dietary intake for all nutrients. Food will be served at various times throughout the day to cater for all children's nutritional needs. Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment. Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ) and any relevant local jurisdictional requirements (i.e., local council registrations and inspections). All staff involved in the stages of food handling have the skills and knowledge to ensure food safety is a priority.

## NUTRITION

We will encourage and support breastfeeding and appropriate introduction of solid foods.

Our Service will:

- provide a suitable place within the Service where mothers can breastfeed their babies or express breast milk
- support mothers to continue breastfeeding until babies are at least 12 months of age while offering appropriate complementary foods from around 6 months of age
- ensure the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing, and bottle feeding
- in consultation with families, offer cooled pre-boiled water as an additional drink from around 6 months of age
- where breastfeeding is discontinued before 12 months of age, substitute with a commercial infant formula
- always bottle-feed babies by holding baby in a semi-upright position
- ensure appropriate foods (type and texture) are introduced around 6 months of age
- adjust the texture of foods offered between 6 and 12 months of age to match the baby's developmental stage
- offer a variety of foods to babies from all the food groups
- always supervise babies while drinking and eating, ensuring safe bottle-feeding and eating practices at all times.

### **Guidelines for Children and Adolescents**

Our Service will:

- provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats, and alternative foods high in protein
- plan and display the Service menu (at least two weeks at a time) that is based on sound menu planning principles and meets 50% of the daily nutritional needs of children
- plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children
- vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas
- regularly review the menu to ensure it meets best practice guidelines
- develop the menu in consultation with children, educators and families
- consult with health professionals to support the menu development including Dietitians for children with special diets dietary requirements such as vegetarian and vegans, dentists and speech therapists
- respect and accommodate children's cultural or religious dietary practices as requested by families

**Where food is brought from home:**

- provide information to families on the types of foods and drinks recommended for children and that are suitable for children's lunchboxes
- encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided
- strongly discourage the provision of highly processed snack foods high in fat, salt, and/or sugar, and low in essential nutrients in children's lunchboxes. Examples of these foods include sweet biscuits, some muesli bars, breakfast bars and fruit filled bars, and chips.
- food items that should not be brought to the service include confectionary (lollies, sweets, chocolate, jelly), deep fried foods (chicken nuggets, fish fingers) and sugary drinks (cordial, energy drinks).

**Procedure:****APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR WILL:**

- ensure educators and staff are aware of their responsibilities and obligations under the Education and Care Services National Law and National Regulations in relation to this policy and relevant procedures to ensure awareness of safe food handling practices while promoting healthy eating
- ensure new staff and educators are aware of food practices and procedures as outlined in this policy during induction and orientation
- ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment
- ensure food and beverages are offered to children regularly during the day
- ensure enrolment forms include information relating to child's food preferences, allergies, intolerances, cultural or religious considerations or medical conditions which involve food or food practices
- consult with families on enrolment to develop individual management plans, including completing Risk Minimisation Plans for children with medical conditions involving food allergies, food intolerances and special dietary requirements as per *Medical Conditions Policy*
- ensure children's individual dietary requirements as per enrolment information or medical condition plans are communicated to all staff and food handlers
- ensure any changes to children's individual dietary requirements are recorded and communicated to all staff and food handlers
- ensure all staff and food handlers attend basic safe food handling training, including an appropriate Food Safety and Food Hygiene Certificate
- ensure the weekly menu is displayed in an accessible and prominent area for parents to view
- ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure the service menu is reviewed on a regular basis, every 6 months. Amendments made to the service menu will be recorded.
- encourage and provide opportunities for staff and educators to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition and food safety practices

**EDUCATORS/ FOOD HANDLERS WILL:**

- ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment
- be aware of children with food allergies, food intolerances, and special dietary requirements and consult with families and management to ensure individual management plans are developed and implemented, including completing Risk Minimisation Plans for children with medical conditions involving food as per *Medical Conditions Policy*-
- ensure young children do not have access to foods that may cause choking
- ensure all children remain seated while eating and drinking
- ensure all children are always supervised children whilst eating and drinking
- participate in regular professional development to maintain and enhance knowledge about early childhood nutrition and food safety practices
- participate in safe food handling training on a regular basis, every 2 years, including the completion of an appropriate Food Safety and Food Hygiene Certificate
- consult with children, families, educators and dietitians regarding the review of the service menu
- follow the guidelines for serving different types of food and the serving sizes in the guidelines
- use the Australian Government “eat for health” calculator- [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)
- display nutritional information for families and keep them regularly updated
- consider the needs of various age groups at the service- meal times may be offered progressively or at different times
- ensure food is presented attractively
- ensure infants are fed individually by educators
- ensure age and developmentally appropriate utensils and furniture are provided for each child
- not allow food to be used as a form of punishment or to be used as a reward or bribe
- not allow the children to be force fed or being required to eat food they do not like or more than they want to eat
- encourage toddlers to be independent and develop social skills at mealtimes
- establish healthy eating habits in the children by incorporating nutritional information into our program
- talk to families about their child’s food intake and voice any concerns about their child’s eating
- encourage parents to the best of our ability to continue our healthy eating message in their homes
- ensure pets or animals are not present within the kitchen or food preparation areas

**Food hygiene**

Food poisoning is caused by bacteria, viruses, or other toxins being present in food and can cause extremely unpleasant symptoms such as diarrhoea, vomiting, stomach cramps, and fevers. Children under five years of age are considered a high-risk group as their immune systems are still developing and they produce less of the stomach acid required to kill harmful bacteria than older children or adults (Foodsafety.gov. 2019).

Our Service will strictly adhere to food hygiene standards to prevent the risk of food poisoning.  
Buying and transporting food

Our Service will:

- ensure food supplies have been ordered in a timely manner
- always check labels for the 'use by' and 'best before' dates, understanding that 'use by' dates apply to perishable foods that could potentially cause food poisoning if out of date, whilst 'best before' dates refer to food items with long shelf life but quality could be compromised
- avoid buying food items in damaged, swollen, leaking or dented packaging
- always check eggs within cartons: Never buy dirty or cracked eggs.
- never buy any food item if unsure about its quality
- ensure fresh meat, chicken, or fish products cannot leak on to other food items
- ensure chilled, frozen, and hot food items are kept out of the 'danger zone' (5 °C to 60 °C) on the trip back to the Service by:
  - not getting chilled frozen, or hot food items until the end of the shopping.
  - placing these items in an insulated shopping bag or cooler
  - immediately unpacking and storing these items upon the return to the Service

### **Online shopping**

Our Service will:

- ensure food items are delivered in packaging that keeps food out of 'danger zones' as described above and within delivery window as provided by the company
- ensure products selected are high quality
- ensure products are unpacked promptly upon receiving goods
- use online service company with product and guarantee

### **Storing food**

Our Service will:

- ensure the refrigerator and freezer has a thermometer and that the refrigerator is maintained at 5 °C or below and the freezer is maintained at -17 °C or below
- ensure fridge and freezer temperatures are checked daily
- store raw foods below cooked foods in the refrigerator to avoid cross contamination by foods dripping onto other foods
- ensure fresh meat is not stored in the fridge for more than 3 days
- ensure that all foods stored in the refrigerator are stored in strong food-safe containers with either a tight-fitting lid, or tightly applied plastic wrap or foil
- ensure that all foods not stored in their original packaging are labelled with:
  - the name of the food
  - the 'use by' date
  - the date the food was opened
  - details of any allergens present in the food
- transfer the contents of opened cans into appropriate containers
- ensure all bottles and jars are refrigerated after opening
- place 'left-over' hot food in an appropriate sealed container in the refrigerator as soon as the steam has stopped rising. Food can be cooled quickly to this point by placing in smaller quantities in shallow containers, reducing the amount of time sitting in the 'danger zone'.



- not reuse disposable containers (e.g., Chinese food containers).
- store dry foods in labelled and sealed, air-tight containers if not in original packaging
- store dry foods in cupboards or if in a walk-in pantry, on shelving no lower than 30cm from the floor
- not place anything on the floor of a walk-in pantry (as containers of any type create easy access to shelves for mice and rats)
- store bulk dry foods only in food-safe and airtight containers
- use the FIFO (first in, first out) rule for all foods (dry, chilled, and frozen) to ensure rotation of stock so that older stock is used first
- store cleaning supplies and chemicals separate to food items
- ensure breastmilk or infant formula is stored within the main section of the fridge and clearly labelled with the child's name and date of preparation.

### Preparing and serving food

Our Service will:

- ensure that all cooked food is cooked through and reaches 75°C
- ensure that cooked food is served promptly, or
- use a thermometer to ensure that hot food is maintained at above 60°C until ready to serve.
- ensure that prepared cold food is stored in the refrigerator maintained at below 5°C until ready to serve
- discard any cooked food that has been left in the 'danger zone' for two or more hours. Do not reheat.
- reheat cooked food (if required, for example for a child who was sleeping at lunch time) to a temperature of 70°C (but only ever reheat **once**. Discard if the food is not eaten after being reheated).
- keep cooked and ready-to-eat foods separate from raw foods
- ensure foods are defrosted in the fridge or microwave
- wash fruit and vegetables thoroughly under clean running water before preparation
- ensure unused washed fruit or vegetables are thoroughly dry before returning to storage
- ensure food that has been dropped on the floor is immediately discarded
- thoroughly clean kitchen utensils and equipment between using with different foods and/or between different tasks
- avoid cross-contamination by ensuring that separate knives and utensils are used for different foods
- avoid cross-contamination by ensuring that colour-coded cutting boards are used (note that it doesn't matter which colour you use for which food providing signs are displayed to alert all staff).  
Common colours are:
  - Blue: raw fish/seafood
  - Green: fruit and vegetables
  - Red: raw meat
  - Brown: cooked meat
  - Yellow: raw poultry
  - White: bakery and dairy
- ensure that gloves are changed between handling different foods or changing tasks
- ensure that staff preparing food for children with food allergies or intolerances are proficient at reading ingredient labels

- ensure that food allergies and intolerances are catered for by using separate easily identifiable cutting boards, utensils, and kitchen equipment (e.g. using a colour code, or food-safe permanent marker).
- ensure all educators and staff are aware of children who have severe allergic reactions to certain foods as per ASCIA Action Plans
- ensure that children with food allergies and/or intolerances are served their meals and snacks individually on an easily identifiable plate (e.g. different colour), and that food is securely covered with plastic wrap until received by the child to prevent possible cross-contamination.
- ensure that unwell staff do not handle food
- ensure left-over food is stored immediately in the fridge or taken home by educators.
- ensure the safe handling of breastmilk, including during transportation, storage, thawing, warming and during preparation

### **Cleaning**

Our Service will:

- ensure that food preparation areas and surfaces are cleaned both before, after, and during any food preparation
- ensure that all cooking and serving utensils are cleaned and sanitised before use
- ensure that all dishwashing sponges, brushes, and scourers are cleaned after each use and allowed to air dry or placed in the dishwasher
- ensure the food storage area is clean, ventilated, dry, pest free, and not in direct sunlight
- ensure refrigerators and freezers are cleaned regularly and door seals checked and replaced if not in good repair
- prevent pest infestations by cleaning spills as quickly as possible and ensuring rubbish and food scraps are disposed of frequently
- ensure that floor mops are thoroughly cleaned and air dried after each use
- replace any cleaning equipment that shows signs of wear or permanent soiling.

### **Personal hygiene for food handlers**

Our Service will ensure:

- clean clothing is worn by food handlers (such as an apron or appropriate jacket)
- long hair is tied back or covered with a net (hairspray may be used for fringes to secure hair).
- hand and wrist jewellery are not worn while preparing food (e.g. rings and bracelets)
- nails are kept short and clean and no nail polish is worn (as it can chip into food and hide dirt under the nails)
- strict hand-washing hygiene is adhered to, including washing hands each time they return to the kitchen before continuing with food preparation duties
- wounds or cuts are covered with a brightly coloured, waterproof dressing (that will easily be seen if it falls off), and gloves will be worn over any dressings
- staff who are not well will not prepare or handle food.

All staff handling food will:

- ensure children and staff wash and dry their hands (using soap, running water, and single use disposable towels or individual hand towels) before handling food or eating meals and snacks
- ensure gloves (and food tongs) are used by all staff handling 'ready to eat' foods.
- ensure food is stored and served at safe temperatures (below 5°C or above 60°C), with consideration to the safe eating temperature requirements of children
- ensure separate cutting boards are used for raw meat and chicken, fruit and vegetables, and utensils and hands are washed before touching other foods
- discourage children from handling other children's food and utensils
- ensure food-handling staff members attend relevant training courses and pass relevant information on to the rest of the staff.

### **Creating a positive learning environment**

Our Service will:

- ensure that educators sit with the children at meal and snack times to role-model healthy food and drink choices and actively engage children in conversations about the food and drink provided
- choose water as a preferred drink
- endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds
- create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children
- encourage older toddlers and pre-schoolers to assist to set and clear the table and serve their own food and drink, providing opportunities for them to develop independence and self-esteem while promoting children's agency and decision-making
- respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- be patient with messy or slow eaters
- encourage children to try different foods but do not force them to eat
- not use food as a reward or withhold food from children for disciplinary purposes
- role-model and discuss safe food handling with children

### **Service Program**

Our Service will:

- foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating
- encourage children to participate in a variety of 'hands-on' food preparation experiences
- provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices
- embed the importance of healthy eating and physical activity in everyday activities and experiences.

### **Cooking with children**

Cooking can help develop children's knowledge and skills regarding healthy eating habits. Cooking is a great, fun activity and provides opportunities for children to be exposed to new foods, sharing of recipes and cooking skills. On these occasions participating educators will be vigilant to ensure that the experience remains safe, and relevant food hygiene practices are adhered to.

Communicating with families

Our Service will:

- provide a copy of the *Nutrition and Food Safety Policy* to all families upon orientation at the Service
- provide opportunities for families to contribute to the review and development of the policy
- request that details of any food allergies or intolerances or specific dietary requirements be provided to the Service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met
- communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home
- communicate with families and share information on healthy eating during orientation, information sessions and informal discussions.
- discuss discretionary choices- (food and beverages which are not necessary as part of a balanced diet) with families and if necessary, remove items from children's lunch boxes. Alternative healthy food will be offered to children.

<b>Policy Name</b>	<b>Medical Conditions and Administration of Medication</b>
<b>Date Reviewed</b>	May 2024
<b>Next Review Date</b>	May 2025
<b>Person Responsible</b>	Nominated Supervisor
<b>Related Policies</b>	Administration of First Aid, Control of infectious diseases, Incident Injury Trauma & Illness and Providing a Child Safe Environment policies, Nutrition, food and beverages, dietary requirements, Enrolment and orientation, Acceptance and refusal of authorizations
<b>NQF Quality Area</b>	QA 2: Children's Health and Safety

**Objective:**

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place for dealing with medical conditions in children. Our service practices support the enrolment of children and families with specific health care requirements. Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases, if not managed appropriately, these can be life threatening.

We ensure that:

- Children are supported to feel physically and emotionally well and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.
- Families can expect that Educators will act in the best interests of the children in their care; meet the children's individual health care needs, Allergies, or relevant medical condition; maintain continuity of medication for their children when the need arise.
- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments during induction, qualification check, and ongoing basis annually.
- Collaboration with families of children with diagnosed medial conditions is expected and required in a timely manner to develop and update a Risk Minimization Plan for their child.

**Policy:**

- All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimization procedures for these, during induction and on ongoing basis as changes are made to plans.
- A notice will be placed at the service, in case there is a child enrolled at the service with Anaphylaxis.
- All children with diagnosed medical conditions have a current risk minimization plan and communication plan that is accessible to all staff.
- All staff are adequately trained in the administration of emergency medication.
- All staff are informed during induction and ongoing basis where medication is stored and/or any

specific dietary restrictions relating to their health care need or medical condition.

- We will partner with families of children with diagnosed medical conditions to develop a risk minimization plan to ensure that the risks relating to the child's specific health care need or relevant medical condition are assessed and minimized. In conjunction with the risk minimization plan, a communication plan will be developed setting out how communication occurs if there are any changes to the medical management plan or risk minimization plan for the child. The communication plan ensures all staff are informed of the changes.
- We will communicate with families about their children's health requirements in a culturally sensitive way.

#### Legislative Requirements:

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162(c) and (d)	Health information to be kept in enrolment record (c) details of any – <div style="margin-left: 40px;">                     (i) specific healthcare needs of the child, including any medical condition; and                      (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis                      (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).                 </div>
Regulation 168	Education and care services must have policies

	and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures
Regulation 173 (2)(f)	Prescribed information to be displayed For the purpose of section 172 (f) of the Law, the following matter and information are prescribed – (f) if applicable – (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service

### Procedures:

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions including having families provide written permission to display the child's medical management plan in prominent positions within the Service.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the service to ensure their individual health, safety and wellbeing.

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

### Managing a medical condition

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

Working in conjunction with the *Medical Conditions Policy*, this procedure provides detailed steps for management and educators to follow when a child with a health care, allergy or medical condition enrolls at the Service.

STEP 1 – ENROLMENT AND ORIENTATION FOR A NEW CHILD		
1	At the time of enrolment and tour of the service, the Nominated Supervisor will ask the family if the child has any health care need, allergy or medical condition. If the child has any, she will inform of the requirement of Medical Management Plan with the enrolment form.	
2	On application for enrolment, families will be required to complete full details about their child's medical needs. The enrolment forms will be checked thoroughly for all the information, a checklist will be completed, ensuring all details have been provided, including the Medical Management Plan, where a child has a specific health need, allergy or medical condition. (See checklist in the appendix at the end of procedure). For incomplete forms, another review form will be completed at orientation time. (See form in appendix).	
3	All families will be informed of the Service's management of the Medical Conditions Policy through the Family Handbook during the enrolment process.	
4	The Nominated Supervisor will meet with the family during the orientation process to discuss the details of the health care need, allergy or medical condition and fill the risk minimization plan.	
5	The Nominated Supervisor will consider if any training or professional development is required for educators as part of the Risk Minimisation Plan	
6	The Risk Minimisation Plan will record any dietary modifications as part of the Medical Management Plan and be communicated to all educators, cooks, volunteers, with all relevant displays updated accordingly.	
7	Risk Minimisation Plans are required to be reviewed at least annually or revised with each change to a child's Medical Management Plan.	

**Procedure for existing children identified with a medical condition/Allergy/specific health condition:**

- 1 When service has been informed by the parent of a specific health requirement/ allergy/ medical condition. A notification of medical status form will be filled in with the parents.
- 2 Medical management plan has been requested from the family and has been requested to meet with the Nominated Supervisor for collaboration in developing risk minimization plan.
- 3 Medical Risk Management Plan has been made in consultation with family
- 4 Any changes, if applicable, to food or dietary needs are updated
- 5 Any changes, if applicable, in menu or anaphylaxis / food allergy are emailed to all families on requirements of bringing only safe food in, notice displayed at the foyer.



- 6 All staff/volunteers are informed about medical condition/allergy/specific health requirement/ Medical Management Plan and Medical Risk Minimization Plan
- 7 All information has been updated on children with medical conditions and review dates are added
- 8 If applicable, medication has been provided by the parent
- 9 Checklist to ensure all steps have been taken is filled.
- 10 Checklist with all documents is stored in child's enrolment file

#### STEP 2 - MEDICAL MANAGEMENT PLANS

1	The family will develop a Medical Management Plan in consultation with the child's registered medical practitioner. This MUST be completed before the child can attend the Service.
2	The Medical Management Plan is to include any ASCIA Anaphylaxis or Asthma Action Plan
3	The Nominated Supervisor will ensure parents/guardians provide consent to display Medical Management Plan through the Permission to Display Medical Management Plan
4	The Nominated Supervisor will ensure individual Medical Management Plans are displayed in the child's room, staff areas and food preparation areas
5	During orientation and induction educators are informed about the Service's procedures and policies in relation to managing children with diagnosed health care needs, allergies and medical conditions
6	The Nominated Supervisor will ensure any medications required as part of the Medical Management Plan are available at the service each time the child attends
7	Educators will ensure medications are stored in first aid boxes in relevant rooms.
8	Educators will ensure an Administration of Medication form is completed each time medication is administered and acknowledged by the parent/guardian each day
9	Educators will ensure Medical Management Plans and any medication are taken from the Service in the event of an emergency evacuation or on an excursion

#### STEP 3 - MEDICAL RISK MINIMISATION PLANS

1	<p>Using the information gathered from the <i>Medical Management Plan</i>, the Nominated Supervisor in conjunction with family and Lead Educator will develop a <i>Risk Minimisation Plan</i> to:</p> <ul style="list-style-type: none"> <li>• Name the medical condition/allergy/specific health condition</li> <li>• Any dietary requirements or modifications required</li> <li>• consider and identify potential risks to the child within the service environment</li> </ul>
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	<ul style="list-style-type: none"> <li>• develop strategies for the management of the health care need, allergy or medical condition and emergency response procedures</li> <li>• Any resources developed.</li> <li>• Permission for existing children to display medical management plan</li> <li>• Any medication provided.</li> <li>• Communication strategy for ongoing communication and annual review.</li> <li>• identify who will be included in this process.</li> </ul>
2	The Nominated Supervisor will consider if any training or professional development is required for educators as part of the <i>Risk Minimisation Plan</i>
3	The <i>Risk Minimisation Plan</i> will record any dietary modifications as part of the <i>Medical Management Plan</i>
4	Risk Minimisation Plans are required to be reviewed at least annually or revised with each change to a child's Medical Management Plan

STEP 4 - MEDICAL COMMUNICATION PLAN		
1	The Nominated Supervisor will create a <i>Communication Plan</i> for each child and ensure all educators and staff are advised of individual <i>Medical Management Plans</i> and <i>Risk Minimisation Plans</i> and method of communicating with the family	
2	The Nominated Supervisor will consult with each family and inform how the <i>Communication Plan</i> will be maintained within the Service to ensure their child's health and safety	
3	The Nominated Supervisor will ensure relief staff, students and volunteers are informed of and familiar with any <i>Medical Management Plans</i> and <i>Risk Minimisation Plans</i> upon induction and ongoing.	
4	The Nominated Supervisor will communicate any individual <i>Medical Management Plans</i> to kitchen staff and discuss strategies identified within the <i>Risk Minimisation Plan</i> , where applicable	
5	The Nominated Supervisor will include any training required by staff on communication plan, with training completion checked.	
6	Any changes to a child's <i>Medical Management Plan</i> and <i>Risk Management Plan</i> will be communicated to educators within the <i>Communication Plan</i> by a child's parent	
7	The Nominated Supervisor will routinely check all <i>Communication Plans</i> on their review dates or in case of any changes required.	

### **Administration of Prescribed Medication**

*Education and Care Services National Law or Regulations (R.90-96) NQS QA 2: Element 2.1.2 Health practices and procedures*

Step 1: AUTHORISATION OF MEDICATION		
1	The Nominated Supervisor and all qualified educators will ensure medication is only administered by the Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication, using the authorization of medication/medication record (as required).	
2	A qualified educator will assist the parent or guardian to complete the Administration of Medication Record to ensure all details are submitted and correct before leaving the child at the Service.	
3	An educator will take any medication from the parent and either store it in the refrigerator in a labelled and locked medication container or for medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept in a separate location, inaccessible to children.	
4	Children who are at risk of anaphylaxis will not be permitted to enter the Service without the adrenaline auto-injector kit as per Medical Management Plan completed by parent.	
5	Adrenaline autoinjectors (EpiPen®) should be kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline autoinjector.	
7	Asthma reliever medication should be kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with Asthma reliever medication.	

Step 2: AUTHORISATION OF MEDICATION		
1	Medication must: <ul style="list-style-type: none"> <li>• have the original label clearly showing the name of the child</li> <li>• be in its original container/packaging</li> <li>• be prescribed by a registered medical practitioner</li> <li>• have clear instructions detailing time of administration and dosage and method of administration</li> <li>• show expiry or use-by date.</li> </ul>	
2	Educators will write on communication diary in the foyer and verbally inform relevant room educators when medication for the child is to be administered.	
3	When it is time to administer the medication, an educator will collect the Administration of Medication Record, medication and syringe/plunger or measuring cup	

4	An educator will collect the child from their play area at the given time	
5	Educators will ensure medication must only be administered to one child at a time	
6	Educators will ask another qualified educator to witness the administration of medication	
7	Educators will read through the Administration of Medication Record submitting the relevant details into the record	
8	<p>Before administering medication, educators will check the following details on the Administration of Medication record:</p> <ul style="list-style-type: none"> <li>• check the parent or authorised person has signed the record</li> <li>• check the name of the medication is consistent with the name on the medication container/packaging</li> <li>• check the identity of the child is consistent with the name on the medication container/packaging</li> <li>• check dosage is consistent with what is on the container/packaging</li> </ul>	
9	<p>Before administering medication, educators will:</p> <p>Check the medication is in its original container, bearing the original label</p> <p>Check the expiry or use by date</p>	
14	Educators will wash hands following hand washing protocols	
15	Educators will measure the required dosage of medication using syringe/plunger or measuring cup	
16	The educator administering the medication will ensure a qualified educator checks all details on the Administration of Medication Record are correct <b>prior</b> to administering the medication to the child	
17	The educator will send digital medication administration form to parents using xplor app to inform the parents medication has been administered.	
18	If there are any inconsistencies, do not administer medication to the child. Contact the Nominated Supervisor. If needed parents will be contacted.	
19	Once medication details have been confirmed administer the medication to the child	
20	Both educators are to complete the Administration of Medication Record with full name and signature along with time and date medication was administered and return it to child's enrolment file.	
21	The educator will encourage the child to return to their play or routine time	
22	The educator will return medication to the locked medication storage area or secure location for adrenaline autoinjectors or other authorised medication	
23	The educator will wash medication utensil	
24	The educator will wash hands following hand washing protocols	

25	Observations of the child post administration of medication should be made to ensure there are no side effects.	
25	If a child is not breathing or having difficulty breathing following administration of medication, contact 000 immediately	
27	If any unusual side effects occur, respond immediately and contact the parent/guardian and follow their advice	
28	The educator will detail any behaviours post administration on the Administration of Medication Record if required	
29	At the end of the day the educators will ensure medication goes home with the parent/guardian, if not advised otherwise.	

**Appendix:**

- 1- Medical Management Plan
- 2- Medical Risk Minimisation Plan
- 3- Enrolment Checklist
- 4- Orientation Checklist
- 5- Staff/volunteer/student induction checklist
- 6- Notification of medical condition status form
- 7- Existing children notification of medical status checklist
- 8- Authorised Medication checklist (included in monthly Evacuation bag checklist)
- 9- Medical Communication Plan
- 10- Administration of Authorised /prescribed medication Record.

<b>Policy Name</b>	<b>Administration of First Aid</b>
<b>Date Reviewed</b>	May 2024
<b>Next Review Date</b>	May 2025
<b>Related Policies</b>	Child Protection, Control of Infectious Diseases, Incident Injury Trauma & Illness and Medical Conditions policies
<b>NQF Quality Area</b>	QA 2: Children's Health and Safety

**Objective:**

First aid can preserve life, prevent a condition worsening and promote recovery. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where staff a duty of care to take positive steps towards maintaining the health and safety of each child.

Despite health and safety precautions, injuries may be sustained by children, parents, staff or others while at the Centre. Arrangements are necessary to ensure that appropriate first aid is available throughout the Centre operating hours. Where first aid is administered, this must be done by a member of staff qualified to administer first aid. While the preservation of life will always be of first concern, members of staff must remain conscious of possible legal liability.

**Policy:**

The First Aid Policy, strategies and practices are designed to support educators to:

- Ensure that ill or injured persons are stabilised and comforted until medical help intervenes.
- Monitor ill or injured persons in the recovery stage.
- Apply further first aid strategies if the condition does not improve.
- Ensure that the environment is safe and that other persons are not in danger of becoming ill or injured.

**Qualifications:**

Based on our hiring policy, we will ensure that the following persons are in attendance and immediately available in an emergency, at all times that children are being educated and cared for by the service:

(a) at least two educators who holds a current approved first aid qualification and can deliver CPR;

(b) at least two educators who has undertaken current approved anaphylaxis management training;

(c) at least two educators who has undertaken current approved emergency asthma management training.

First Aid Qualifications must be acquired through an approved provider as deemed so by ACECQA. Copies of First Aid Qualifications will be stored in Staff Records. The service informs children, families, and educators of those persons who hold first aid qualifications by displaying the updated qualification status list in the foyer.

Staff are required to retrain and requalify every year. All staff are to be trained in the Centre's accident and emergency procedures.

***First Aid Action Response Procedure:***

Nominated Supervisor/Director/Responsible person will ensure the following:

- An educator holding a current First Aid Certificate is to assess the injury, trauma or illness and administer **Emergency First Aid**.
- A second educator is to telephone an ambulance to attend – dial 000.
- Ensure the child is comfortable and kept under adult supervision.
- Inform the Nominated Supervisor and Centre Manager.
- Parent/Guardians/Emergency contact must be informed **immediately**.
- Tell the Parents/Guardians/Emergency Contact that an ambulance is on its way to the service. If he/she is unable to reach the service to meet the ambulance, then ask him/her to meet the ambulance at the hospital (Indicate the expected hospital).
- **The Nominated Supervisor is to ensure that the educator, who is known to the child, accompanies him/her to the hospital.**
- Complete an Incident, Injury, Trauma and Illness Record as soon as possible through Xplor and make sure parents have acknowledged that.
- Ensure that educators have the following information when accompanying the child to the hospital
  - a. Incident, Injury, Trauma and Illness Record
  - b. Hospital Transfer Form

The Nominated Supervisor is to contact the Parents/Guardians/Emergency Contact for further information regarding the child's progress and well-being.

Australian Standards compliant First Aid Kit is to be kept fully stocked and placed in each room mentioned on emergency evacuation diagrams. The kit placed in office upstairs can also be used for excursions and emergency evacuations. First aid kits will be checked by designated staff and supplies updated regularly.

A notice showing emergency telephone numbers (hospital, ambulance, the poisons information Centre, police and fire brigade) is to be prominently displayed near, and easily seen from, each telephone in the Centre and where hazardous substances are stored e.g. laundry.

Children's parent contact numbers and emergency contact numbers will be kept in all emergency evacuation bags and updated regularly.

Notices clearly setting out emergency procedures and resuscitation posters are to be

prominently displayed.

### **Transporting Children by Ambulance**

An ambulance will be called when the following instances (but not limited to) occur to a person or child at the service:

- unconsciousness or an altered conscious state;
- having trouble breathing;
- showing signs of shock;
- experiencing severe bleeding, or who is vomiting blood or passing blood;
- slurred speech; injuries to the head, neck or back; and
- possible broken bones.

An injured or sick child will be transported to hospital by ambulance only unless the parent arrives and takeover the child and organizes other means of transportation.

In the case of an incident, injury, trauma or serious illness requiring immediate medical treatment by medics, educators must ring an ambulance through "000".

A completed Hospital Transfer Form is to accompany the child when being transported by Ambulance to the hospital.

### **Notification of Serious Incidents**

The Approved Provider will notify the regulatory authority within 24 hours of any serious incident at our service (s. 174). This includes an serious injury or trauma, 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 reasonable to have attended, a hospital.

If the attention of a medical practitioner was sought or the child attended hospital in connection with the injury, trauma or illness the incident is a 'serious one' and must be notified.

To decide if an injury, trauma or illness is a 'serious incident' when the child did not attend a medical practitioner or hospital, we will consider the following issues:

- i. Was more than basic first aid needed to manage the injury, trauma or illness?
- ii. Should medical attention have been sought for the child?
- iii. Should the child have attended a hospital or an equivalent facility?

Serious injuries, traumas and illness include:

- i. Head Injuries
- ii. Epileptic Seizures
- iii. Fractures
- iv. Bronchiolitis
- v. Burns
- vi. Whooping Cough
- vii. Removal of Fingers



- viii. Measles
- ix. Meningococcal Infection
- x. Diarrhoea requiring hospitalisation
- xi. Anaphylactic reaction requiring hospitalisation
- xii. Asthma requiring hospitalisation
- xiii. Witnessing violence or a frightening event
- xiv. sexual assault

A serious incident also includes:

- The death of a child.
- An incident at the service where the emergency services attended or should 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.

### **Administration of First Aid**

If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented:

- Educator notifies the Director/Responsible Person and a first aid qualified educator of the incident, illness or injury.
- The Director/Nominated Supervisor/Responsible Person or first aid qualified educator reviews child's medical information including any medical information disclosed on the child's enrolment

form, medical management plan or medical risk minimisation plan before the first aid qualified educator attends to the injured or ill child or adult. If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult.

- The Director/Nominated Supervisor/Responsible Person and educators supervise and care for children in the vicinity of the incident, illness or injury.
- If required, first aid qualified educator or other responsible staff notifies and co-ordinates ambulance.
- If required, the Director/Nominated Supervisor/Responsible Person notifies parent or authorised nominee that child requires medical attention from a medical practitioner.
- If required, the Director/Nominated Supervisor/Responsible Person contacts parent or authorised nominee to collect child from service.
- Nominated Supervisor/Responsible Person ensures Incident, Injury, Trauma and Illness Record is completed in full through Xplor App and without delay and parent or authorised nominee is notified as soon as possible and within 24 hours of the injury, illness or trauma.

### **First Aid Kit Guidelines**

Any First Aid kit at the service must:

- Not be locked.
- The service will provide First Aid facilities that are adequate for the immediate treatment of injuries that arise at the place of work.
- The service must ensure first aid facilities include a First Aid kit appropriate for the number of employees and children in each room and are located at appropriate locations.
- Constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- Be capable of being secured so that medication remains sealed inside.
- The service will ensure that First Aid kits are maintained in proper condition and the contents are replenished as necessary.
- First Aid kits will be regularly checked using the First Aid Checklist to ensure the contents are as listed and have not deteriorated or expired.
- Display emergency telephone numbers near each landline phone stations.
- First Aid kits must be taken on excursions and be attended by First Aid qualified educators.

We will display a well recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

### **First Aid Precautions**

At no time will assistance or First Aid be refused to any child. When dealing with external bleeding, educators should minimise the risk of infection from contact with blood by taking the

following precautions:

- Use disposable gloves when dealing with blood, urine or faeces.
- Wash hands before and after administering First Aid.
- Any body parts that come in contact with blood should be washed thoroughly.
- Place wastes contaminated with blood in a plastic bag and seal for disposal.
- Wipe down any bloodied areas.
- Thoroughly wash any instruments used in First Aid.
- If another child comes into contact with the blood, wash any area that has been bloodied.

<b>Policy Name</b>	<b>Dealing with Infectious Diseases</b>
<b>Date Reviewed</b>	June 2024
<b>Next Review Date</b>	June 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.

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

**Objective**

The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits.

Our Service will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

## **Policy**

Infants and young children are particularly vulnerable to childhood communicable diseases. If a child is excluded at the first appearance of illness and kept at home until completely recovered, both the other children in the Service and the family involved will benefit. Quick exclusion means that fewer children will be infected.

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

Exclusion periods are based on the time a person may be infectious to others, and can include the incubation period of an infection (i.e. the duration between exposure and the appearance of symptoms). Note that children have developing immune systems and can remain infectious for longer periods than adults with the same disease.

NSW Health will take action to control the spread of a notifiable infectious disease in the Service and provide support and advice on management of any infectious disease.

Our education and care service is committed to providing a safe and healthy environment for all children, staff and any other persons attending the service by:

- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service;
- complying with current exclusion schedules and guidelines set by the Department of Health;
- Contact local Health Unit if suspicious of infection spread in the Service; and
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Exclusion Periods for infectious conditions are outlined in a brochure, developed by the National Health and Medical Research Council (NHMRC). These outline the minimum requirements which the Centre Management will use as a basis when determining exclusion periods.

A copy of the posters for the exclusion periods are displayed in the Centre and parents will be provided a copy on enrolment.

The Centre exclusion rules are non-negotiable and parents should note that staff members have no discretion to vary these unless staff discretion is specifically provided for in the rules.

Should a child be sent home for an exclusion period due to illness, parents will inform the Centre of the outcomes of any visits to a medical practitioner, so that information can be provided to other parents to assist in the protection and/or care of their child

Staff will make every effort to inform parents of recent illnesses in the Centre with particular attention given to parents with children that have specific health issues, e.g. prone to febrile convulsions or having compromised immunity.

Any Educators or staff who have regular contact with the children who have boils or other pustular infections of the skin on the arms or face, or who are suspected of having any gastrointestinal infection, must follow the exclusion periods as outlined for children and will be excluded from food handling duties for at least 5 days after the onset of illness or when they have cuts, wounds or skin lesions on hands which cannot be adequately covered.

A medical certificate is required before a child or adult having diphtheria, hepatitis A, polio, tuberculosis, typhoid or paratyphoid can return to the centre.

If a child is attending the Service more than 3 days of absence without parents informing of the reason, educators will ask the family of the reason of absence. If child has been sick, parents will provide a medical certificate.

Notifying the Regulatory Authority within 24 hours of a serious incident including when a child becomes ill at the service or medical attention is sought while the child is attending the service.

#### *Effective Hygiene:*

Our service will maintain and promote effective hygiene practices, including:

- correct handwashing technique;
- using standard precautions when handling blood, all body fluids, secretions and excretions, dried blood and other body substances.
- cleaning toys and other items that children are likely to put in their mouths, after use;
- raking sandpits often and/or securely covering them when not in use;
- disposing of soiled items in a container that is inaccessible to children;
- washing rubbish bins half yearly, and nappy buckets on weekly basis regularly; and
- actively promote handwashing and other hygiene practices with children and families.

#### *Fever:*

In children, a temperature over 38°C indicates a fever. A fever is usually caused by an infection somewhere in the body. Some types of infections that lead to fever include:

- viral (caused by a virus) – around nine out of ten children with a fever will have a viral illness,

such as cold, flu or gastroenteritis

- bacterial (caused by bacteria) – such as some ear infections, pneumonia or urine infections.

In order to prevent the spread of infection and ensure wellbeing, children with a temperature above 38°C will be excluded from the service.

#### *Immunisation:*

The NSW Government Immunisation Toolkit for early childhood education and care services guides our practice and provides resources and information to support families access information regarding immunisation. Under the Public Health Act 2010, education and care services cannot enroll a child unless approved documentation has been provided that shows the child:

- is fully vaccinated for their age, or;
- has a medical reason not to be vaccinated, or;
- has a parent/guardian who has a conscientious objection to vaccination or;
- is on a recognised catch-up schedule if the child has fallen behind with their vaccinations.

To enroll in our service, families must provide a copy of one or more of the following documents:

- Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
- Medicare Immunisation History Form on which the immunisation provider has certified that the child is on a recognized catch-up schedule; or
- Medicare Immunisation Exemption - Medical Contraindication Form which has been certified by an immunisation provider, or;
- Medicare Immunisation Exemption Conscientious Objection Form which has been certified by an immunisation provider and a parent.

#### *Immunisation Exempt children*

Non-immune children and Educators will be excluded from the service when there is an outbreak of a vaccine-preventable illness and required to remain away until the service is deemed clear of the illness and the minimum exclusion period has passed.

<b>Policy Name</b>	<b>Teething Policy</b>
<b>Date Created</b>	June 2024
<b>Next Review Date</b>	June 2025

Our Service aims to manage the teething process of babies and young children whilst ensuring the health and safety of all children, families, educators and visitors of the Service. Symptoms of common childhood illnesses are often mistakenly linked to 'teething', which may prevent the identification of an underlying bacterial or viral or middle ear infection.

This policy aims to ensure staff, parents, families and visitors to the Service understand teething symptoms, measures implemented to manage the teething process and treatments that are not recommended or used at our Service.

#### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
87	Incident, injury, trauma and illness record
92	Medication record
93	Administration of medication
168	Education and care service must have policies and procedures

#### RELATED POLICIES

Administration of Medication Policy Enrolment Policy Family Communication Policy	Sick Children Policy Incident, Injury, Trauma and Illness Policy
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**Objective**

We aim to assist families manage the teething process of their child whilst maintaining the health and wellbeing of all children.

**Scope**

This policy applies to children, families, educators, staff, visitors, Approved Provider, nominated supervisor and management of the Service.

**Procedure**

Our Service implements specific strategies to ensure the health and wellbeing of all children, families, educators and visitors. Our policies are informed by current research and recommendations provided by the Australian Government- Department of Health and local Public Health Units and we adhere to the recommendations by the Australian Government National Health and Medical Research Council Publication *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition).

Although some babies and young children may display signs of discomfort and pain whilst teething, many babies experience little or no discomfort. Our educators will implement a range of management strategies to support and comfort babies and young children during this time.

**TEETHING**

Baby teeth develop while babies are still in the womb. Teething is the process in which the teeth begin to 'erupt' and break through the gums. Teething commonly begins between four and ten months of age and is different for each child. The order of tooth eruption however is usually the same with the two front teeth (central incisors) in the lower jaw occurring between the ages of six and ten months.

Generally, children will have their full set of primary teeth (20 teeth) by the age of three years.

**SYMPTOMS AND/OR BEHAVIOURS OF TEETHING**

Teething takes about eight days for a tooth to fully erupt from the gum. During this time babies and young children may suffer some discomfort. Symptoms and/or behaviours may include:

- babies rubbing their gums together
- flushed red cheeks
- sucking on toys, fingers or fists
- irritable, grizzly or grumpy
- baby being more clingy or fretful than usual
- dribbling as more saliva is produced during teething
- nappy rash

Whilst teething symptoms for some babies can be concerning, there is no clear evidence to suggest that teething causes fever or diarrhoea in children. (Royal Children's Hospital Melbourne). Symptoms of common childhood illnesses can sometimes be mistakenly linked to teething resulting in underlying viral, bacterial or middle ear infections to go undiagnosed. Teething may cause discomfort and irritability, but it does not cause an illness. If a baby or child has a temperature at or above **38°C** parents should seek urgent medical attention.

### MANAGEMENT OF TEETHING

Educators will implement a range of techniques to comfort and support babies and young children during teething. These may include:

- offering a cooled/chilled teething ring to chew on
- if baby has started solid foods and is over six months, offering food items that are firm- such as a sugar free rusk, or raw vegetables
- offering mushier foods for mealtimes (mashed vegetables, yoghurt)
- additional comforting and play time to distract the baby from any pain

### MEDICATION FOR TEETHING

As per our *Sick Children Policy*, management will **not** accept a child into care if they have been given medication for a pain relief or temperature prior to arriving at the Service (for example Panadol). If a child becomes ill whilst at the Service and has developed a temperature, we will adhere to our *Sick Children Policy* and monitor the child's symptoms, temperature and respond accordingly.

If the child is displaying signs of pain and discomfort and other measures have not helped, we will administer paracetamol only with written authorisation by a parent. Any medication administered to a child will be recorded on the *Administration of Medication Record* and witnessed by another educator. Dosage amounts and instructions will be checked carefully and recorded appropriately. The *Administration of Medication Record* will be acknowledged and signed by the parent or authorised nominee when collecting the child from the Service. When paracetamol has been administered, it is our policy to request parents or an authorised person to collect the child from care within 30 minutes.

**Teething Gels** - Our Service will NOT administer teething gels for a child who is teething. Common teething gel formulations contain choline salicylate which is related to aspirin and is not recommended for children under 16 years of age. Teething gels containing benzocaine are also not recommended. (Victoria Health-better health)

**Amber Beads** - The use of amber beads to assist for soothing teething is not supported by our Service. The Australian Competition and Consumer Complaints (ACCC) has identified amber beads as public safety warning due to the risk of amber teething necklaces and bracelets becoming a possible choking or strangulation hazard.

Management and Educators will ensure:

- they are aware of a range of strategies to support babies and young children during teething
- communication with parents and families is consistent and supportive
- children will not be accepted into care if they have been provided with paracetamol or other medication for pain relief or temperature prior to arriving at the Service
- effective hygiene policies and procedures are adhered to at all times to prevent the spread of illnesses
- effective environmental cleaning policies and procedures are adhered to all times
- toys and other equipment mouthed by babies or young children are thoroughly cleaned after use
- all families are provided access to relevant policies upon enrolment which will be explained by management including: *Teething Policy, Sick Children Policy, Incident, Injury, Trauma and Illness Policy, Administration of Medication Policy*

- families are provided with relevant information from a trusted source about teething and management of teething
- that any child who registers a temperature of **38°C** or above is to be collected from the Service within 30 minutes and excluded for 24 hours after the last elevated temperature *or* until the Service receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to childcare
- administration of medication for pain relief will only occur after all other measures to reduce pain and discomfort for teething children have been exhausted and with written authorisation by a parent or authorised nominee
- if paracetamol is administered to a child for any reason, parents or an authorised person must collect the child within 30 minutes from the Service
- accurate records for *Administration of Medication* and/or *Administration of Paracetamol* are completed, witnessed and signed by a parent/authorised nominee when collecting the child.

Parents will:

- adhere to the *Teething Policy* and *Sick Child Policy*
- not administer paracetamol or other medication for pain relief or temperature prior to arriving to the Service
- provide written authorisation to administer pain relief medication (e.g., Panadol)
- acknowledge and sign the *Administration of Medication Record* if required
- collect their child from the Service within 30 minutes if paracetamol has been administered
- monitor their child's health and recognise the symptoms of an underlying illness rather than teething

#### SOURCE

Australian Dental Association <https://www.ada.org.au/Your-Dental-Health/Children-0-11/Babies>

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (2011).

Guide to the National Quality Standard. (2020)

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Pregnancy, Birth and Baby <https://www.pregnancybirthbaby.org.au/teething>

Raising Children Network: <https://raisingchildren.net.au/babies/health-daily-care/dental-care/dental-care-babies>

The Royal Children's Hospital Melbourne.

[https://www.rch.org.au/kidsinfo/fact\\_sheets/Fever\\_in\\_children/](https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/)

Victoria Health Department. Better Health Channel. Teeth Development in Children.

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/teeth-development-in-children>

<b>Policy Name</b>	<b>Sick Child Policy</b>
<b>Date Created</b>	June 2024
<b>Next Review Date</b>	June 2025

Children come into contact with many other children and adults in the early childhood environment increasing their exposure to others who may be sick or carrying an infectious illness. The National Quality Standard requires early childhood education and care services to implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, educators and families. We acknowledge the difficulty of keeping children at home or away from childcare when they are sick and the pressures this causes for parents, however our Service aims to minimise the transmission of infectious diseases by adhering to regulations and policies protecting the health of all children, staff, families and visitors.

#### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
92	Medication record
93	Administration of medication
168	Education and care service must have policies and procedures

175(2)(c)	Prescribed information to be notified to Regulatory Authority- any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service
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## RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Dealing with Infectious Diseases Policy Enrolment Policy Family Communication Policy	Immunisation Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy
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**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 infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

**Policy**

Our Service has adopted the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) publication recommendations developed by the Australian Government National Health and Medical Research Council to guide our practices to help limit the spread of illness and disease. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Service and at home.

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

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

- Infectious Diseases Policy
- Immunisation Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy and

[Staying Healthy: Preventing infectious diseases in early childhood education and care services \(2013\)](#) explains how infections are spread as '*The Chain of Infection*'.

[There are three steps in the chain:](#)

- The germ has a source

- The germ spreads from the source
- The germ infects another person

The chain of infection can be broken at any stage to help prevent and control the spread of diseases.

#### *The germ has a source*

Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

#### *The germ spreads from the source*

Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).

Some germs can spread directly from person to person, others can spread from the infected person to the environment. Many germs can survive on hands and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them spreading through the environment.

(Source: *Staying healthy: Preventing infectious diseases in early childhood education and care services*, 5<sup>th</sup> Edition, 2013 p: 7)

#### *The germ infects another person*

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity.

Illness can be prevented at this stage by stopping the germ from entering the body (for example, by making sure that all toys that children put in their mouths are clean, by washing children's hands, by covering wounds), and by prior immunisation against the germ.

Source: *Staying healthy: Preventing infectious diseases in early childhood education and care services*, 5<sup>th</sup> Edition, 2013 p: 7)

## MINIMIZING THE SPREAD OF INFECTIONS AND DISEASES IN EARLY EDUCATION AND CARE SERVICES

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can contribute to negative attitudes in the workplace which can cause stress on families. Families may also experience guilt when they send their child to care who is not well.

However, it is imperative that families maintain a focus not only on the well-being of their own child but also upon the well-being of other children, staff and personnel at the Service. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

At times, an outbreak of a new or 'novel' virus or infection may require exclusion from the Service that is not specified in general exclusion periods for common infectious illnesses. Information, education and recommendations regarding any 'novel' virus will be provided by the Australian Government Department of Health and/or local public health unit.

(See: Excluding Children from the Service section)

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

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

Our educators and staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and educators *may* request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care. To help minimise the spread of illness and infectious diseases our Service implements rigorous hygiene and infection control procedures and cleaning routines including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of protective gloves

- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources and bedding
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- physical distancing (when recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)
- wearing of masks when mandated by Public Health Order
- maximising ventilation to increase air flow in learning spaces.

### CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a contagious illness or infectious disease
- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature and/or have been vomiting in the last 24 hours- as reported by a parent (best practice recommendation)
- have had diarrhoea in the last 48 hours
- have started a course of anti-biotics in the last 24 hours
- have been given medication for a temperature prior to arriving at the Service (for example: Panadol)

### CHILDREN WHO BECOME ILL AT THE SERVICE

Children may become unwell throughout the day, in which case management and educators will respond to children's individual symptoms of illness and provide immediate comfort and care.

- Educators will closely monitor and document the child's symptoms on the *Incident, Injury, Trauma and Illness Record*
- Children who are unwell at the Service will be able to rest in a supervised area away from other children until parents or the emergency contact person is able to collect them
- Management will contact the parents/guardian if their child has passed runny stools/vomited whilst at the Service to be collected
- Educators will take the child's temperature. If the child's temperature is above **38°C**, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child collected (within 30 minutes)
- For infants under three months old with a temperature/fever over **38°C**, parents will be immediately notified and requested to seek medical assistance. If the parent cannot take the child to a GP immediately, permission will be required for the Service to seek medical assistance urgently



- Educators will monitor the child closely and be alerted to vomiting, coughing or convulsions
- Educators will attempt to lower the child's temperature by:
  - removing excessive clothing (shoes, socks, jumper, pants)
  - encouraging the child to take small sips of water
  - moving the child to a quiet area where they can rest whilst being supervised
- Educators will check that written parental permission to administer paracetamol or ibuprofen has been provided during enrolment and filed in the child's individual record
- Educators will check the medical history of the child to ensure there are no allergies before administering Panadol or Nurofen
- Accurate records will be kept of the child's temperature, time taken, medication administered, dosage, staff member's full name and name of staff member who witnessed the administration of medication (if relevant)
- Educators will continue to document any progressing symptoms
- Educators will complete the *Incident, Injury, Trauma or Illness Record*, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact upon collection of their child
- Educators will thoroughly clean and disinfect any toys, resources or equipment that may be contaminated by a sick child.

### COMMON COLDS AND FLU

The common cold or flu (viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have cold or flu symptoms, management will determine if the child is well enough to continue at the Service or if the child requires parental care. As cold and flu symptoms are very similar to COVID-19, children with these symptoms *may be* required to obtain a RAT test.

Our Service aims to support the family's need for childcare however, families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

Children who are generally healthy, will recover from a common cold in a few days. Keeping a child home and away from childcare, helps to prevent the spread of germs.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our service encourages staff and children to be vaccinated once a year.

### REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT REG. 175 (2) (C)

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

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus

Notification is also required for:

An outbreak of 3 or more people with gastrointestinal or respiratory illness.

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

### EXCLUDING CHILDREN FROM THE SERVICE

When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the [Public Health Unit](#) (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from *Staying healthy: Preventing infectious diseases in early childhood education and care* and *Public Health Unit, or Department of Health*).
- If a vaccine preventable disease occurs in the Service, children who have not been fully immunised will be excluded from care
- Management will check all children's Immunisation records and alert parents as required

- A medical clearance from the child's General Practitioner stating that the child is cleared to return to the childcare setting will also be required before the child returns to care
- Children that have had diarrhoea and vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances
- Children who have COVID-19 symptoms (fever, cough, sore throat, shortness of breath) may be requested to self-test using a rapid antigen test RAT.

### NOTIFYING FAMILIES AND EMERGENCY CONTACT

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

The Approved Provider, Nominated Supervisor and educators will ensure:

- effective hygiene policies and procedures are adhered to at all times to prevent the spread of illnesses
- they promote effective hand hygiene and cough etiquette
- effective environmental cleaning policies and procedures are adhered to all times
- all families are provided access to relevant policies upon enrolment which will be explained by management including: *Dealing with Infectious Diseases Policy*, *Sick Children Policy*, *Incident, Injury, Trauma and Illness Policy*, *Handwashing Policy* and *Medical Conditions Policy*.
- families are provided with relevant information from a trusted source about preventing the spread of illnesses
- that any child who registers a temperature above 38°C is collected from the Service. Children will not be permitted to return to the Service if they still have a temperature above 38°C the following day.
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy*.
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health

- families are notified to collect their child if they have vomited or had diarrhoea whilst at the Service.

THE Approved Provider or Nominated Supervisor will ensure:

- notification is made to the Regulatory Authorities within 24 hours of any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
  - (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner *or*
  - (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
- any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g. severe asthma attack, seizure or anaphylaxis)
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring

### **Parents and family responsibility**

In order to prevent the spread of disease, families are required to monitor their child's health and not allow them to attend childcare if they have an infectious illness or display symptoms of an illness. Families may be asked to obtain a RAT test if their child is symptomatic for COVID-19.

For children who have ongoing medical needs such as asthma or anaphylaxis, parents should regularly review their child's health care action plans to ensure educators and other staff are able to manage their individual needs as required.

Families should implement effective hygiene routines at home such as regular handwashing and sneeze and cough routines (use of tissues, covering their mouth with coughing, sneezing into a tissue or elbow).

Families should notify the Service if their child has been unwell in the past 24 hours or someone in the family is/has been sick. This is particularly critical during a pandemic such as COVID-19.

Signs of illness in young children may include:

- runny, green nasal discharge
- high temperature

- diarrhoea
- red, swollen or discharging eyes (bacterial conjunctivitis)
- vomiting
- rashes (red/purple)
- irritability, unusually tired or lethargic
- drowsiness
- poor circulation
- poor feeding
- poor urine output
- a stiff neck or sensitivity to light
- pain
- mouth sores that cause drooling
- impetigo

Parents should seek medical attention should their child (or other family members) develop symptoms such as:

- high fever and other symptoms such as a stiff neck or light is hurting their eyes, vomiting and refusing to drink much, a rash, more sleepy than usual (The Royal Children's Hospital Melbourne 2021).
- uncontrolled coughing or breathing difficulties.

Families are required to keep up to date with their child's immunisation, providing a copy of the updated AIR Immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule.

### RETURNING TO CARE AFTER SURGERY

Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate and safe to return to childcare.

A medical clearance statement will be required to ensure the child is fit and able to return to the Service and participate in daily activities.

## SOURCE

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

Australian Government Department of Education *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. (2009).

Australian Government- Department of Health <https://www.health.gov.au/>

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (2011).

Guide to the National Quality Standard. (2020)

National Health and Medical Research Council (NHMRC): <https://www.nhmrc.gov.au/>

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/pages/phus.aspx>

*NSW Health Symptoms and testing COVID-19* <https://www.nsw.gov.au/covid-19/symptoms-and-testing>  
*Public Health Act 2010*

Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>

Revised National Quality Standard. (2018).

The Royal Childrens Hospital. (2021). [Fever in children by Royal Childrens Hospital](#)

The Sydney Children's Hospitals network (2020).

<https://www.schn.health.nsw.gov.au/search/site?query=fever>

Safe Work Australia

<b>Policy Name</b>	<b>Emergency Policy incl. evacuation, lockdown and relocation</b>
<b>Date Reviewed</b>	June 2024
<b>Next Review Date</b>	Jun 2025
<b>Related Policies</b>	Evacuation, Incident Injury Trauma & Illness and Medical condition policies
<b>NQF Quality Area</b>	QA2: Children's Health and Safety

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
EDUCATION AND CARE SERVICES NATIONAL REGULATIONS		
97	Emergency and evacuation procedures	
98	Telephone or other communication equipment	
168	Education and Care Services must have policies and procedures	
170	Policies and procedures are to be followed	

Our Centre defines 'emergency' as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury or illness to persons or damage to the service's environment. It is a risk to an individual's health and safety.

### Objective:

Emergency and evacuation situations in an education and care service can arise in several circumstances and for a variety of reasons. In the event of an emergency situation, the safety and wellbeing of all staff, children, families and visitors to the center is paramount.

It is understood that there is a shared legal responsibility and accountability between, and a commitment by, all persons to implement the service's Emergency Policy, procedures and practices.

Our Service is committed to the ongoing safety and wellbeing of children, staff, families and visitors. To achieve this, we will implement a clear plan to manage all emergency situations, including a plan for emergencies that may require our Service to go into lockdown and ensure our educators and staff are well equipped with the knowledge and expertise to respond effectively when required. Children and staff will regularly rehearse each of our emergency procedures (Evacuation, Lockdown and Relocation) once in every 3 months as per the Regulations. The Service however endeavors to rehearse one type of procedure every month to enhance the quality and effectiveness.

**Emergency Policy:**

- Our Service is committed to identifying risks and hazards of emergency and evacuation situations, and planning for their reduction or minimization, and ongoing review of planned actions.
- Our Service will conduct ongoing risk assessment and reviews of all potential emergency and evacuation situations, including medical emergency situations.
- Policy will ensure that rehearsals of each of our emergency procedures (Evacuation, Lockdown and Relocation) are carried out at least once in every 3 months as per the Regulations. However, in order to enhance the effectiveness of procedures further, we aim to rehearse one type of procedure every month.
- All staff are aware of their responsibilities during fire and other emergency procedures
- Risk assessments of potential emergencies are carried out and updated periodically when needed as circumstances change.
  - Risk assessments for following events and emergency rehearsals will be conducted:
    - Natural disaster
    - Fire or smoke
    - Bomb threat
    - Snake or other potentially dangerous animal
    - Act of terrorism
    - Chemical or hazardous leaks and spills
    - Loss of power or water
    - Missing Child
    - Intruders and burglary
    - Outbreak of infectious disease or illness
    - Death of a child or adult
    - Road works around entries and exits



- A copy of the emergency and evacuation floor plan and instructions are displayed in a prominent position near each exit, next to kitchen and reception at the service.
- Staffing rosters ensure that at least 2 Educator who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management training and approved emergency asthma management training will be immediately available in the event of an emergency.
- Emergency telephone numbers are clearly displayed above every landline phone station.

**Management in Use Plan as part of BCA requirements:**

This MIU Plan has been developed to comply with the performance requirements of BCA Clauses D3.1 and D3.3 and Clauses 11, 13.2 & 13.3 of AS1428.1-2009 through Alternative Solutions recommended by AED Group in their compliance report dated August 2016 for our Service.

**Scenario:**

Clause 13.2 & 13.3 of AS1428.1-2009 requires doors to have a clear opening width of no less than 850mm and be provided with circulation spaces at doorway based on the clear opening width. Some of the doors within the subject building are such that they are provided with a lack of clear opening width and circulation space, thereby not complying with the requirements of Clause 13.2 & 13.3 of AS1428.1-2009. Also the internal interconnecting stairway is provided with a single handrail and reduced access features, thereby not complying with the requirements of Clause 11 of AS1428.1-2009. Further, only one of the two accesses to the building from the adjacent roads has compliant accessible features. Lastly the balcony has an extended distance from the nearest exit of up to 25. Following plan and operational procedures will be implemented to ensure above mentioned alternative solutions requirements have been met to achieve compliance with performance requirements of BCA.

**Plan:**

The objective of MIU plan is to implement policies and procedures to familiarize staff of the access scenario within the premises with regard to reliance placed on staff to be physically capable to open and close subject doors less than the required clear opening width of 850mm and the lack of circulation space provided. In addition, this will include knowledge of reduced accessibility features of internal staircase having a single hand rail and return of handrail at first floor landing of less than 300mm and extended distance from balcony to the nearest exit of up to 25m.

“Staff Only” signs are displayed at the entry of the staircase which is secured by a latched security gate. Only members of staff, can access upstairs which is predominantly used for administrative purpose and preparation of food. In order to further eliminate the requirement of any visitors upstairs, reception area has been designated as parent/teacher meeting room. In addition, the visitors who want to access the building after gates are closed between 11:00am-3:00pm or need pedestrian access in the building will use the northern gate of the building through Janus Street which has an intercom and full accessible features for entry into the building. This will be an integral part of the “Visitors Policy” of the Centre which is accessible to all parents and visitors as required by Education and Care National Law.

**Implementation:**

Following plan is being implemented so that the above-mentioned performance requirements are adhered to:

- This MIU plan will be an integral part of Centre Policy and Procedure Manual and will also be included in Emergency Evacuation, Staff induction and Visitors Policies of the Centre.
- Staff will be informed of the requirements of MIU Plan and trained to follow the plan whenever required especially during the emergency evacuation.
- Following procedure will be included in the Centre Policy and Procedure Manual. The procedure has two parts:

**Access to the Building when gates are open:**

- Due to safety requirements of children as per Education and Care National Law, the gates of the Service will remain open only between 7:00am-11:00am and 3:00pm-6:00pm. All visitors during this period will have access to the parking inside the building which has full accessible features.
- Any visitor or parent who is not willing to park inside the building can access the building through pedestrian access through Janus Street entrance.
- Reception will identify the accessibility requirements of any person visiting the building at the main entrance which is provided with an intercom and alert relevant staff if a disability access is required.
- The relevant staff from any of the 3 rooms will meet the person with disability requirements at the main entrance door, operate the door so that easy access is provided inside of the building.
- The relevant staff member will be responsible for operating all doors and door handles wherever necessary for smooth movement inside the building to the designated visitor areas.
- In case of visiting parent, access will be ensured inside the rooms as follows:
  - For Babies room, access will be provided through Babies room door which has a compliant access.
  - For Toddlers and Pre-Schoolers rooms, access will be provided through Toddlers room door has a compliant access.
- For parents wanting to meet the relevant educators will be shown their way to relevant room.
- No access to the first floor is available to any person except the staff members.
- The relevant staff will make sure the transition is smooth on leaving the main entrance on to the accessible ramp when leaving the building.

**Access to the Building when gates are closed:**

- An intercom is provided on the Janus Street entrance. As Centre has strict safety requirements, the visits to the Centre during 11:00am – 3:00pm will be by appointment only. The staff will identify the accessibility requirement and a note will be placed in the appointment diary.
- In case an unexpected visitor including a late parent arrives, educator will meet them at Janus Street entrance and will allow access based on Centre “Right of Access” policy.
- The staff member receiving the visitors at Janus Street entry will escort them to the foyer for sign in the visitor diary. The staff member will be responsible for operating all doors and door handles wherever necessary for smooth access inside the building.

- In case of visiting parent, access will be ensured inside the rooms as follows:
  - For Babies room, access will be provided through Babies room door which has a compliant access.
  - For Toddlers and Pre-Schoolers rooms, access will be provided through Toddlers room door has a compliant access.
- The relevant staff will make sure the transition is smooth on leaving the main entrance on to the accessible ramp when leaving the building.

Centre Management will make sure that staff are familiar with the reduced safety features of the internal staircase are adequately explained during their orientation which will be part of the Staff Hiring Policy. The reduced features include use of single handrail and return of handrail at first floor landing less than 300mm. In addition, staff will be made aware that there is an extended distance from balcony to the nearest exit of up to 25m. The periodic evacuation drill will ensure that all these procedures are applied.

### ***Emergency rehearsal planning procedures:***

The Nominated Supervisor will ensure that at least once every three months, all emergencies and evacuations identified in the risk assessment for potential emergencies are rehearsed by the service.

### **Emergency Procedures:**

Evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, gas leak, siege, flood, bushfire or other emergency.

To ensure that staff and children are familiar with Emergency Evacuation Procedures, evacuation drills will be scheduled at least every 3 months and will cover all staff and times of the day and will follow the Emergency Evacuation Procedure

Emergency lockdown procedures may be necessary in the event of a natural disaster such as Earthquake, cyclone, thunderstorm and in the event of personal threat – to either children or staff, Intruders, and instances involving firearms or other weapons. To ensure that staff and children are familiar with Emergency Lockdown Procedures these will be scheduled at least every 3 months and will cover all staff and times of the day and will follow the Emergency Lockdown Procedure.

Emergency Relocation procedures may be necessary in the event of a medical emergency, internal flooding, Death of a child or adult and instances involving firearms or other weapons, before lockdown or evacuation. These procedures will also be conducted once in 3 months.

The emergency procedures will be short and simple but cover all necessary steps. All members of staff will need to know the total plan and know their role within that plan.

Educators who discover an emergency are required to alert the Responsible Person immediately so that they can determine and implement control measures.

Following resources are available in the service to combat any emergency:

1. Evacuation Diagrams

A diagram clearly marked “Evacuation Diagram” will be displayed at all exits marked with EXIT signs, reception and next to kitchen.

2. Evacuation Cot

A cot that is small enough to fit through doorways and corridors, with wheels large enough to avoid jamming will be kept in the Nursery and will be used for the evacuation of babies.

3. Emergency provisions roll and contact numbers

An Emergency First Aid Kit will be in each room that can be taken by a staff member in case of an evacuation. All Emergency First Aid Kits will contain Ventolin and an Inhaler for use if a staff member or child suffers an Asthma attack or severe breathing difficulties because of smoke.

4. A list containing emergency contact numbers for each child will be downloaded from Xplor and kept up-to-date, each month when checking the evacuation bags during rehearsals for currency of inclusions.

5. Emergency evacuation plan

An emergency evacuation plan will be placed at reception, exits, first floor office and all play rooms for the kids.

6. Portable fire extinguishers

A:B (E) type powder fire extinguishers are located in each play room, kitchen and upstairs in the staff tea area for easy access.

All extinguishers and fire reels are installed and maintained in accordance with Australian Standard AS1851.

7. Whistles

All permanent staff will be issued with an emergency whistle which must be kept on their person and easily reached at all times.

### **Evacuation Procedure:**

On notification of an emergency requiring evacuation, the staff will notify this to the Nominated Supervisor or Responsible Person immediately. The Nominated Supervisor/Responsible Person will ascertain the nature and extent of the emergency, dispatch a staff member to the affected area to identify the problem and report back. If fire or smoke is present, ensure NSW Fire Brigade (000) are contacted immediately. Senior Staff who will be responsible for safe evacuation of all children in their room and respective staff members. During rehearsal, they will:

- Familiarize themselves thoroughly with their area, all exits and alternative escape routes.
- Be familiar with all obscure areas where adults & children could be located.
- Know the location of all fire-fighting equipment.

- Be familiar with the operation of equipment installed to assist in the safe evacuation of personnel from the building.
  - Be aware of any mobility impaired, sight or hearing impaired persons or persons who may suffer from breathing difficulties due to asthma in their area
1. In an Emergency requiring Evacuation, the Nominated Supervisor /Responsible Person will:
    - a) Assume Control
    - b) Assess safety of evacuation route
    - c) Ensure carrying Xplor mobile/ Evacuation bags with emergency contact lists/ Medications bag
    - d) Inform the children about the emergency, what are we going to do stay safe and keep calm.
    - e) Collect the staff sign in sheet along with Xplor phones to do educator headcount.
    - f) Ensure all staff are aware of the nature of the emergency and the need to evacuate.
    - g) Assign staff to:
      - prevent anyone entering building and to direct emergency vehicles
      - inform neighboring buildings of danger
    - h) Direct to evacuate children and all staff to First Assembly Point. The First Assembly Point is the assembly point in car park towards Globe Street side.
    - i) Collect reports from the staff to ensure everyone is accounted for
    - j) Complete emergency evacuation form and hand over to emergency services on arrival, inform the services of any relevant information i.e. is there someone still in the building and liaise with emergency services
  2. Upon Evacuation Alarm Baby Room Senior Educator Shall:
    - a) Coordinate movement as instructed by the Nominated Supervisor/Responsible Person
    - b) Determine the safest exit and assembly point, identify any staff or children with mobility, sight or hearing impairments and/or who may suffer from severe breathing difficulties and direct staff in their area to assist with the evacuation of these persons and in evacuating all other children to the assembly area.
    - c) Take the educator sign in sheet to ensure all staff have been informed.
    - d) Ensure that emergency first aid kit is attached to the underside of the emergency evacuation cot and ensure that Xplor phones are collected for the purpose of determining all staff and children are present and emergency contacts can be notified.
    - e) Have all non-walking babies placed into emergency evacuation cot or into a stroller

- f) Check all areas in section; storerooms, sleep rooms, playrooms, kitchen, etc. or check that areas have been searched
- g) Close doors, do not lock them
- h) Once outside the building proceed to the assembly area and ensure all children and staff in your room are accounted for (NO children to be removed from staff members care under ANY circumstances unless advised to by Nominated Supervisor/Responsible Person)
- i) Remain in control until “All Clear” signal is given by emergency services

3. Upon Evacuation Alarm Toddler Room Senior Educator Shall:

- a) Coordinate movement as instructed by the Nominated Supervisor
- b) Determine the safest exit and assembly point, identify any staff or children with Mobility, sight or hearing impairments and/or who may suffer from severe breathing difficulties and direct staff in their area to assist with the evacuation of these persons and in evacuating all other children to the assembly area.
- c) Locate children in all Toddler areas – Play Room and Playground
- d) Do a quick headcount of children
- e) Pick-up emergency first aid kit and ensure Xplor phones are collected for the purpose of determining all staff and children are present and emergency contacts can be notified.
- f) Check all areas in section; storerooms, sleep room, playrooms, kitchens, toilet, etc or check that areas have been searched
- g) While holding the ropes with children, allocate staff with children for close supervision, dividing number of children to each educator.
- h) Close doors, do not lock them
- i) Once outside the building proceed to the assembly area and ensure all children and staff in your room are accounted for (NO children to be removed from staff members care under ANY circumstances unless advised to by Nominated Supervisor/Responsible Person)
- j) Report to the Nominated Supervisor when all children & staff are accounted for
- k) Remain in control until “All Clear” signal is given by emergency services

4. Upon emergency notification Preschool room Senior Educator Shall:

- a) Coordinate movement as instructed by the Nominated Supervisor

- b) Determine the safest exit and assembly point, identify any staff or children with Mobility, sight or hearing impairments and/or who may suffer from severe breathing difficulties and direct staff in their area to assist with the evacuation of these persons and in evacuating all other children to the assembly area.
- c) Locate children in all preschool areas – Play rooms, toilets and playground
- d) Do a quick headcount of all children
- e) Pick-up emergency first aid kit and ensure Xplor phones are collected for the purpose of determining all staff and children are present and emergency contacts can be notified.
- f) While holding the ropes with children, allocate staff with children for close supervision, dividing number of children to each educator.
- g) Instruct staff to walk children to safest exit and assembly point
- h) Check all areas in section; storerooms, sleep rooms, playrooms, kitchens, toilets, etc. or check that areas have been searched
- i) Close doors, do not lock them
- j) Once outside the building proceed to the assembly area and ensure all children and staff in your room are accounted for (NO children to be removed from staff members care under ANY circumstances unless advised to by Nominated Supervisor/Responsible person)
- k) Report to Nominated Supervisor when all children & staff are accounted for
- l) Remain in control until “All Clear” signal is given by emergency services
- m) While all educators engage children during the procedure being carried out, evacuation bags, emergency contact lists, medications expiry, and inclusions of evacuation bags to be checked by the allocated educator, conducting the procedure as part of her monthly tasks.

**Various Emergency Specific Procedures:**

The Chief Warden or other staff whatever the case may be will obey following situation specific procedures in case of fire, bomb threat, chemical leak etc.

**1. Fire and Smoke**

On hearing fire alarm bell the Nominated Supervisor or Responsible Person Shall:

- n) Remain Calm
- o) Ascertain location and size of fire/smoke source
- p) Move persons in danger to safety

- q) Close doors, do not lock them
- r) Inform Emergency Services (000)
  - Speak calmly on the phone
  - Give name, phone number, building location
  - Any other important information, i.e. is an ambulance required
- s) Notify all other Staff of the emergency
- t) If necessary, evacuate the building as per Emergency Evacuation Procedure
- u) If safe to do so fight the fire with extinguisher.

## 2. Chemical Leakage

On discovering a chemical spillage or leak Staff Member should:

- a) Notify occupants in the immediate area and if necessary evacuate
- b) Ventilate area (Turn on exhaust fans and/or open external windows if possible)
- c) Leave area – closing doors (containment)
- d) Notify Nominated Supervisor or Responsible Person giving details of spillage

## 3. Bomb Threat

When a Staff Member receives a bomb threat the following Procedure should be followed

- a) On receiving a bomb threat call do not hang up
- b) Be sympathetic not abusive
- c) Report call to Nominated Supervisor or Responsible Person and follow their directions.
- d) After being advised of the Bomb Threat the Nominated Supervisor or Responsible Person shall
  - Call emergency helpline 000
  - Isolate recipient of call till emergency services arrive
  - Notify staff
  - Begin searching the exit routes and congregation areas.
  - If a suspicious object is found DO NOT TOUCH, evacuate the area for a distance of 300 meters (End of Janus Street).
  - Organize evacuation of staff and children - As per Emergency Evacuation Procedure, taking personal items with them; make sure all doors and windows are open.
  - On arrival of emergency services hand them the checklist and fully brief them.

## 4. Natural Disasters

In the event of a Natural Disaster e.g. – Cyclone, Earthquake, Hurricane or other natural disaster, the following procedure should be followed

The Nominated Supervisor or Responsible Person will:

- a) Remain Calm
- b) Ascertain nature and scope of the emergency



- c) If possible, ascertain condition of staff and children
- d) If possible, Inform Emergency Services 000
- e) Speak calmly on the phone
- f) Give name, phone number, building location
- g) Any other important information, i.e. condition of staff and children, any immediate requirements and if it is necessary to evacuate the building where everyone will be evacuated to
- h) If necessary, evacuate the building as per Emergency Evacuation Procedure

**Road works around entries and exits of the Service:**

The normal evacuation procedure will include these additional measures when there is a road work/hazard around the entries and exits of the Service:

- NS/RP will allocate a warden to walk through the evacuation path all the way to the assembly area to gather information around any blockage, hazard or debris etc. This will be conducted in parallel to the preparation of evacuation.
- NS/RP will discuss any changes in the evacuation route or procedure based on evacuation route or assembly area assessment.
- The NS/RP or allocated warden will coordinate with construction workers to create a safe pathway for children and supervising staff alongside the evacuation route to the assembly area and try to remove them immediately with their help.
- The NS/RP will allocate educators to collect evacuation prams in addition to evacuation trolley for quick, safe and easy evacuation depending on age groups, number of children, their condition, needs and capabilities.
- In remote circumstances, if construction workers are not available, NS/RP will stop the evacuation line at a safe spot before the hazard/blockage and will allocate a warden to remove the blockage and clear the pathway.
- A caution tape will be included in the evacuation bags. The caution tape will be used (if required) to identify the safe path for children and staff.
- In case where the assembly area is not safe, NS/RP will use the alternate assembly area (area already allocated for assembly in case of bomb threat, i.e. End of Janus Street).

**Lockdown Procedure:**

Circumstances that may require the Emergency Lock-Down Procedure could include - personal threat – to either children or staff, Intruders – on the grounds or in the buildings, and instances involving firearms or other weapons.

In the event that in a staff member's opinion necessitates the Lock-down procedure the staff member will:

1. Give 3 loud blasts of their whistle and will begin alerting other staff in the immediate vicinity to gather the children in the area and move them as quickly as possible to the closest

designated safe area in the opposite direction to the perceived source of the threat. If possible, the staff member should check to see if they or another staff member has a mobile phone with them.

2. Staff in adjoining areas upon hearing the whistle should note the direction of the sound and assume that the source of the threat is coming from that direction, should give 3 loud blasts of their own whistle and start alerting staff in their immediate area to gather children and proceed as quickly as possible to the closest designated safe area in the opposite direction to the perceived source of the threat.
3. Staff outside supervising children on hearing the whistle should alert other staff by giving 3 loud blasts on their whistle, gather the children in their immediate area and proceed as quickly as possible to the nearest entrance and proceed to the closest designated safe area in the opposite direction to the perceived source of the threat. The last staff member through the door should make sure that the door is locked. In most of the circumstances, the safest area will be the Preschool room.
4. If possible, staff should take the evacuation bag with them although no staff should put themselves or others at risk by going back to get them.
5. Once staff and children have congregated in the designated safe area the door should be closed and secured from the inside. At this point staff should not reopen the door until the “all clear” is given as they may be putting themselves and others at risk. Under no circumstances should any staff member go to assist other staff or children who are under threat.
6. Once safely inside, Nominated Supervisor or Responsible Person will call emergency services on 000 and alert them to the situation, advising them the location of the room they are in, the number of staff and children and any other information regarding the situation that they have knowledge of.
7. All staff and children should remain in the room until the “all clear” is given either by the Nominated Supervisor or Emergency services.
8. While all educators engage children during the procedure being carried out, evacuation bags, emergency contact lists, medications expiry, and inclusions of evacuation bags to be checked by the allocated educator, conducting the procedure as part of her monthly tasks.

### **Relocation Procedure:**

Circumstances that may instigate the Emergency Relocation Procedure could include – medical emergencies for both children or educators, death of a child, chemical spill in a small, secluded area of service etc.

In the event of a circumstance that in a staff member's opinion necessitates instigating the Relocation procedure the staff member will:

1. Give 3 loud blasts of their whistle and will begin alerting other staff in the immediate vicinity to gather the children in the closest designated safe area where to relocate from the danger/unsafe area as quickly as possible. The staff member should check to see if they or

another staff member has a mobile phone with them.

2. Staff in adjoining areas upon hearing the whistle should note the direction of the sound and assume that the source of the threat is coming from that direction, should give 3 loud blasts of their own whistle and start alerting staff in their immediate area to gather children, do the head count and proceed as quickly as possible to the closest designated safe area in the opposite direction to the perceived source of the threat.
3. Staff outside supervising children on hearing the whistle should alert other staff by giving 3 loud blasts on their whistle, gather the children in their immediate area, do the headcount and proceed as quickly as possible to the nearest entrance and proceed to the closest designated safe area in the opposite direction to the perceived source of the danger/emergency situation.
4. If required, depending on where the relocation is being done, evacuation bags are available in all areas including outdoors. Lat educator coming out of the room or outdoor should carry the authorized medication bag from first aid kit.
5. Once staff and children have congregated in the designated safe area, the head count should be conducted. At this point staff should not reopen the door until the “all clear” is given as they may be putting themselves and others at risk. Under no circumstances should any staff member go to assist other staff or children who are dealing with the danger/emergency/unsafe situation.
6. Once safely relocated, Nominated Supervisor or Responsible Person will call emergency services on 000, as per the requirement of situation and alert them to the situation, advising them the location of the room they are in, the number of staff and children and any other information regarding the situation that they have knowledge of.
7. All staff and children should remain in the relocation area until the “all clear” is given either by the Nominated Supervisor or Emergency services.
8. While all educators engage children during the procedure being carried out, evacuation bags, emergency contact lists, medications expiry, and inclusions of evacuation bags to be checked by the allocated educator, conducting the procedure as part of her monthly tasks.

### **After the Emergency is Over**

1. In the event that the building is unsafe to return to, Nominated Supervisor or the Responsible Person will notify parents or emergency contacts to collect each child. If practical, the departure procedure shall be followed otherwise a record will be kept that all children are handed over to the authorized people.
2. If Nominated Supervisor or Responsible Person is satisfied after consultation with Emergency Personnel that the building can be reoccupied, with reassurance and calmness, Senior Staff will ensure all children and staff of their area of responsibility walk back to the Center following the safety procedures, recheck that all children have returned. Appropriate discussion will be carried out with children and families as to the reason of the emergency and actions taken.
3. Centre Director, Centre Manager or Person in charge will consider counselling services for anyone affected by the emergency. They will ensure that emergency evacuation form is

completed and the Department of Education is informed as per the requirements of regulations.

**Appendix:**

Emergency Rehearsal Record forms

Annual plans for quarterly implementation of all types of procedures

Evacuation bag, First aid, authorized medication checklist

<b>Policy Name</b>	<b>Acceptance and Refusal of Authorisations</b>
<b>Date Reviewed</b>	July 2024
<b>Next Review Date</b>	July 2025
<b>Related Policies</b>	Enrolment & Orientation, Child Protection policies
<b>NQF Quality Area</b>	QA 2: Children's Health and Safety

**Objective:**

Our Service has a responsibility to protect the health, safety and wellbeing of each child at all times. The Service requires parental/legal guardian authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorization and what does not, which may therefore result in a refusal. We will ensure that we only act in accordance with correct authorisation as described in the Education and Care Services National Regulations.

**Policy:**

Authorisation must be obtained from parent/guardians or authorised nominees in the following circumstances and should be kept on file for all children:

- administering medication to children
- children leaving the premises in the care of someone other than their parent other than in case of emergency
- children being taken on excursions

**Procedure:**

Authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the premises by an educator.

Ensure all authorisations will be retained within the enrolment record:

- The authorisation must state the information listed in regulation 102(4)
- either it should include in the online enrolment form completed by parents or later sent in written form to the Educator and retained on file of the child
- Ensure that all parents/guardians have completed the authorised nominee section of their child's enrolment form before the child is enrolled at the service.
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided it is noted on medical plans and that parents/guardians are contacted as soon as practicable after the medication has been administered.

### Refusing a Written Authorisation:

Generally, the authorisations outlined above will be accepted by the service. However, in exceptional circumstances there may be circumstances where the service refuses an authorisation. Decisions around refusing an authorisation will be made on a case by case basis by the service and some examples of when an authorisation may be refused are outlined below.

Type of authorisation	Considerations to be made by Service
Administration of medication (regulation 92)	<p>In what circumstances might an authorisation be refused? For example:</p> <ul style="list-style-type: none"> <li>if someone who has not been listed as authorised to authorise administration of medication to a child, asks the service to administer medication to the child</li> <li>if the service is asked to administer medication to a child that is not in accordance with the requirements of regulation 95 such as, being administered from its' original container.</li> </ul>
Self-administration of medication (regulation 96)	<p>Is the child capable of self-administering? Will the service allow all school age children to self-administer?</p>
Children leaving the education and care service premises (regulation 99)	<p>In what circumstances might an authorisation be refused? For example:</p> <ul style="list-style-type: none"> <li>if the parent or any other authorised nominee or person as listed in regulation 99 does not appear to be fit to take care of the child</li> <li>the sibling or older child authorised to take another child out of the service does not appear to be capable</li> <li>the child has been given authorisation to leave the service alone, however they do not appear to be capable or the environment they would be in alone is unsafe</li> </ul>
Authorisation for excursions (regulation 102)	<p>In what circumstances might an authorisation be refused? For example:</p> <ul style="list-style-type: none"> <li>if an authorisation received by the service for an excursion does not meet the requirements of regulation 102, such as it appears to not have been signed by a person authorised to sign.</li> </ul>

### Recording of refusal/s of authorisation

If an authorisation is refused by the service, it is best practice to document and share with parents:

- the details of the authorisation
- why the authorisation was refused
- actions taken by the service (i.e. if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, what action was taken to ensure that the child was collected).

<b>Policy Name</b>	<b>Sun Safe Policy</b>
<b>Date Reviewed</b>	July 2024
<b>Next Review Date</b>	July 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for Purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child

EDUCATION AND CARE SERVICES NATIONAL LAW	
167	Protection from harm and hazards

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
100	Risk assessment must be conducted before excursions
113	Outdoor space natural environment
114	Outdoor space shade
168	Education and care service must have policies and procedures
168 (2)(a)(ii)	Sun Protection

## RELATED POLICIES

Enrolment Policy Excursion Policy Health and Safety Policy	Physical Environment Policy Supervision Policy Work Health and Safety Policy
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**Objective:**

Australia has one of the highest rates of skin cancer in the world with two in three Australians developing some form of skin cancer before the age of 70. A balance of Ultraviolet Radiation (UV) exposure is important for health. Too little UV from the sun can lead to low Vitamin D levels. Vitamin D is essential for healthy bones and muscles and for general health. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life (Cancer Council Australia).

**Policy:**

Our Service is a Sun Smart Service. Exposure to UV radiation from the sun causes sunburn, long-term skin damage and increases the risk of skin cancer. UV radiation levels are strong enough to damage skin especially from October through to end of March. Sun protection is generally recommended when UV levels are 3 or above. Sunburn can occur on bright sunny days as well as cool or cloudy days.

The time of day when UV radiation is highest is 10am-2pm (11am-3pm daylight saving time). This is known as the peak UV period and special care should be adopted during this period to avoid skin damage.

It is important that protection from both UVA and UVB should be provided. This is achieved through adopting a combination of the 5 sun protection measures including the application of broad spectrum sunscreen with a Sun Protection Factor of 30+ when UV levels are 3 or above.

Vitamin D is made in the skin upon exposure to small amounts of ultra violet radiation, and sunlight is the main means by which Australians obtain vitamin D. Low levels of vitamin D are linked to osteoporosis and possibly other chronic diseases. The Cancer Council does not recommend sun protection for the general population in the NSW region during June and July or when UV levels are under 3 (refer to The Daily UV Index).

This policy is implemented from the beginning of October through to the end of March or when UV levels reach 3 or above. Staff are encouraged to familiarize themselves with The Daily SunSmart UV Alert so they can make accurate decisions as to when and when not to apply sun protection.



**Procedure**

1. All children will wear sun hats that protect the face, neck, ears and crown of the head for outdoor activities between 1<sup>st</sup> October and 31<sup>st</sup> March.
  - a) Educators will ensure children are wearing a legionnaire, bucket or broad brimmed hat when outdoors when UV levels are 3 or higher. To encourage this we will use the 'no hat no play' strategy
  - b) All staff will act as positive role models and wear sun hats that protect the face, neck, ears and crown of the head for outdoor activities. Skin protection is also a OH&S issue.
2. Staff will wear an appropriate sun hat when outdoors. Staff will provide their own hats.
3. Parents will be encouraged to dress children in clothing that gives protection from the sun
  - a. Parents will be advised on enrolment of the requirement to provide sun protective clothing for outside activities during i.e. shirts or dresses with collars or high necks and sleeves; trousers, longer shorts or skirts that are made from closely woven material.
  - b. Regular reminders about appropriate dress requirements for the children will be communicated
  - c. Spare clothing will be kept if children attend the service inadequately dressed and a reminder note concerning clothing requirements will be sent home that day.
4. Staff will wear clothing that gives protection from the sun and weather conditions when outdoors and apply sunscreen when they apply to children.
  - a. Staff will wear sun protective clothing when outdoors, i.e. shirts or dresses with collars or high necks and sleeves; trousers, longer shorts or skirts made from closely woven material, between 1<sup>st</sup> October and 31<sup>st</sup> March. Singlets will not be worn.
5. Parents will be requested to wear appropriate clothing and hats when involved in Centre activities.
  - a. Parents will be encouraged to wear sun protective clothing and hats when involved in service activities between 1<sup>st</sup> October and 31<sup>st</sup> March.
6. SPF 30+, broad spectrum, water-resistant sunscreen will be applied to all children before Morning and Afternoon outdoor play –between 1<sup>st</sup> October and 31<sup>st</sup> March.
  - a. The service will provide SPF 30+, broad spectrum, water-resistant sunscreen for use by staff and children. Expiry of cream should be checked each time it is applied as a habit.
  - b. Staff should very closely supervise 0-3 children during sunscreen application.

- c. Parents will be informed that sunscreen will be applied and will indicate their agreement to this by signing a statement at time of enrolment. Where a child requires a particular type/brand of sunscreen other than that supplied by the Centre, parents will be requested to provide sunscreen for their own child. If parents will drop off children during high UV season after 9.30am, they will sure they apply sunscreen before dropping off the child.
- d. If for some reason a child cannot wear sunscreen, they will be required to cover up with a long-sleeved top with a collar or high neck and long pants and wear an appropriate hat.
- e. Staff will ensure sunscreen has been applied correctly to all children before morning and Afternoon outdoor play. In summer months when children are outside early in the morning parents will be asked to apply sunscreen to their child before bringing them to the Centre or on arrival at the Centre. Where possible sunscreen will be applied twenty minutes before exposure to the sun to ensure it is effective. Sunscreen will always be used in combination with the 5 sun protection measures and should not be used to extend time in the sun.
- f. Sunscreen will be applied in a way that avoids cross infection e.g., the children will be taught to apply sunscreen themselves, the staff will use disposable cloths etc.

7. Children under 12 months of age will not be exposed to direct sunlight.

- a. *Children under 12 months of age will always remain in dense shade when outside.*
- b. *Sunscreen will only be applied to babies when there is unavoidable exposure to the sun.*
- c. *Special care will be taken to avoid exposure to indirect UVR if babies are in shaded outdoor areas.*
- d. *Exposure to indirect UVR should be minimised by placing babies away from the edge of the shade, i.e., in the middle of the shaded area.*
- e. *Parents will be required to dress babies in clothes that cover as much skin as possible as well as an appropriate hat with ties under chin.*
- f. *Sunscreen (SPF 30+, broad spectrum, water resistant) can be used on small areas of skin not covered by clothing e.g. Feet, hands and face when outdoors when direct sun exposure is unavoidable.*

### **Organization of outdoor activities**

- 1. The Centre will take particular care in the sun between 10am and 2pm Eastern Standard Time (11am and 3pm daylight saving time), between 1st October and 31st March.
- 2. Outdoor activities will be held in shaded areas wherever possible.

- a. *Use of available shade will be maximized by conducting activities in shaded areas and moving static play activities and portable equipment as the shade moves throughout the day.*
  - b. *As far as possible, staff will encourage and model play in shaded/covered areas with the children while outdoors.*
3. Sun protection will be a specific consideration for excursions. Timing, sunscreen application/re-application and the use of shade will be considered. Parents will be informed of specific sun protection requirements, e.g. clothing and hat requirements.

### **A shaded environment**

1. HMCC has provided adequate shade for outdoor play. Around 80% of the outdoor play area is shaded with UV protected shade sails.
2. HMCC will make sure that outdoor activities are carried out within the shaded area provided and not in the exposed areas. Children will be encouraged/directed to play in shaded areas.
3. Sun protection awareness activities will be included in teaching programs.
  - a) Sun Protection will be incorporated into the regular teaching program and specific sun protection activities and themes will be applied at appropriate times.
  - b) Sun safety messages will be promoted to staff and parents.
  - c) Posters will be displayed and literature will be available to parents and carers
  - d) Sun protection will be incorporated in parent handbooks

<b>Policy Name</b>	<b>Water Safety</b>
<b>Date Reviewed</b>	July 2024
<b>Next Review Date</b>	July 2025
<b>Related Policies</b>	First Aid Policy, Incident Injury Trauma & Illness, Supervision & interaction with Children and Providing a Child Safe Environment Policies
<b>NQF Quality Area</b>	QA2: Children's Health and Safety

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

LEGISLATIVE REQUIREMENTS/EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
25(1)(c)	Additional information about proposed education and care services premises
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
126	Centre based services-general educator qualifications
168(2)(a)(iii)	Education and care service must have policies and procedures in relation to-Water safety, including safety during any water-based activities
170	Policies and procedures to be followed
274	Swimming pools (NSW)
345	Swimming pools prohibition (Tasmania only)

## RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Excursion/Incursion Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Physical Environment Policy Supervision Policy
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**Objective:**

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

**Policy:**

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for managing water safety, including during any water-based activities and take reasonable steps to ensure those policies and procedures are followed.

According to Kidsafe, drowning is one of the leading causes of unintentional death for Australian children. Every year a number of children are killed and hundreds more rescued from near drowning situations. Non-fatal drowning incidents are also of great concern as they can have potential long-term effects, including brain damage and permanent disability.

The most common factor in childhood drowning is lack of supervision. A child can drown in as little as a few centimetres of water. Items such as nappy buckets, sinks, pet drinking bowls, ponds, pools, water features, water tanks are all potential drowning hazards.

As a precaution, no inflatable pools or similar resources are allowed in our Centre. There is no swimming pool or similar construction allowed in our Centre. The key area of risk in the outdoor is sand pit after heavy rain fall as it can gather water.

## WATER HAZARDS

The National Regulations make reference to '*water hazards*' however the term is not expressly defined.

In this policy, a water hazard is defined as anything that can hold 5cm of water and fit a child's nose and mouth and a 'water hazard' may include:

- large bodies of water such as dams, creeks, river or pooling water, swimming pool, portable pools and spas, jetted bathtubs (or Jacuzzis)
- fishponds
- smaller bodies of water such as baths, mop buckets
- sinks, basins
- water features, such as a wishing well

- containers for feeding animals
- water troughs, containers for paddling- clam shells
- beach

**Procedure:**

Nominated Supervisor/Responsible Person will:

- complete detailed risk assessments that identify and assess risks associated with any water hazards and water-based activities
- ensure water hazards and water play are always highly supervised including:
  - direct and constant monitoring of children
  - careful and intentional positioning of educators
  - scanning and moving around the environment
  - observing play and anticipating behaviour
  - ensuring higher adult to child ratios
  - ensuring no child is left unattended when in proximity to water
- provide direction and education to educators, staff and families on the importance of children's safety and supervision in and around water
- ensure health and safety practices incorporate approaches to safe storage of water and water play
- ensure there are no items near fencing that children could climb up onto to gain access to a water hazard (pot plants, boxes, chairs)
- conduct a risk assessment in accordance with Regulation 101 prior to taking children on an excursion- consider any water hazards and any risks associated with water-based activities before an excursion/incursion is approved
- ensure at least one educator who holds a current approved first aid qualification is in attendance at the service at all times
- ensure water hazards and water play are always highly supervised
- ensure hot water is inaccessible to children.

Educators will:

- supervise children near water any water hazard at all times
- never leave children alone near any water hazard
- provide filtered water from PP room water cooler to children for drinking instead of kitchen
- ensure children in a bath (if required) are directly supervised at all times
- complete a daily Safety Inspection of premises to ensure that all hazards are known and minimised  
When a hazard or potential hazard is detected, educators will complete a risk assessment to address any concerns and children will be excluded from the area until the hazard has been rectified.
- utilise water activities in appropriate weather as part of the planned program
- allow the children the opportunity to experiment with water, sand, and mixing materials.
- incorporate water safety awareness into the educational program

- monitor all taps on the premises that children have access to and ensure they are turned off securely when not in use
- safely cover or make inaccessible to children all water containers e.g. mop buckets.
- Will not use any wading pools or inflatable pools for play
- check for and empty any water that has collected in holes, sand pit or containers after rainfall
- ensure water troughs are not used without a stand to keep it off the ground
- ensure children remain standing on the ground whilst using the water trough
- ensure buckets of water for soaking toys or clothing are inaccessible to children
- ensure water troughs or containers for water play are filled to a safe level and emptied into the garden areas after each use
- discouraged children from drinking from these water activities (as above)
- ensure laundry, storerooms and educator areas are to have **Staff only** signs on doors to remind adults to close doors behind them
- teach children about staying safe in and around water

#### Operational Safety

- Rainwater taps will be labelled with “Do Not Drink” signage and the children will be supervised in this area to make sure they are not accessing this water for drinking.
- Educators will discuss with the children the use of rainwater tank water and how it differs from drinking water.
- Hot water accessible to children will be maintained at the temperature of 45.C° which will be tested annually. A device has been installed at the Centre to maintain hot water at recommended temperature.

<b>Policy Name</b>	<b>Governance and Management</b>
<b>Date Reviewed</b>	July 2024
<b>Next Review Date</b>	July 2025

## NATIONAL QUALITY STANDARD (NQS)

<b>QUALITY AREA 7: GOVERNANCE AND LEADERSHIP</b>		
<b>7.1</b>	Governance	Governance supports the operation of a quality service.
<b>7.1.2</b>	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
<b>7.1.3</b>	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service.
<b>7.2</b>	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
<b>7.2.1</b>	Continuous improvement	There is an effective self-assessment and quality improvement process In place.
<b>7.2.2</b>	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
<b>7.2.3</b>	Development of professionals	Educators, co-ordinations and staff members performance is regularly evaluated and individual plans are in place to support learning and development.

<b>EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS</b>	
Sec. 13	Matters to be taken into account in assessing whether fit and proper person
Sec. 14	Regulatory Authority may seek further information
Sec. 21	Reassessment of fitness and propriety
Sec. 51	Conditions on service approval
Sec. 162	Offence to operate education and care service unless responsible person is present
Sec. 172	Offence to fail to display prescribed information
Sec. 173	Offence to fail to notify certain circumstances to Regulatory Authority



Sec. 174	Offence to fail to notify certain information to Regulatory Authority
Sec. 175	Offence relating to requirement to keep enrolment and other documents
Sec. 188	Offence to engage person to whom prohibition notice applies
29	Condition on service approval-insurance
31	Condition on service approval-quality improvement plan
55	Quality improvement plan
73	Educational program
74	Record of child assessments or evaluations for delivery of educational program
84	Awareness of child protection law
117B	Minimum requirements for person in day-to-day charge
157	Access for parents
158	Children's attendance record to kept by approved provider
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
165	Record of visitors
167	Record of service's compliance
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider
180	Evidence of prescribed insurance
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records

## RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of First Aid Policy	Medical Conditions Policy Nutrition Food Safety Policy Fees Policy
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Code of Conduct Policy Child Protection Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Dealing with Complaints Policy Emergency and Evacuation Policy Enrolment Policy Interactions with Children, Staff and Families Policy	Privacy and Confidentiality Policy Deliver and Collection of child Policy Sleep and Rest Policy Student and Volunteer Policy Sun Safety Policy Water Safety Policy
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**Objective:**

This policy is based on the HMCC Vision and Mission Statement, linking all together under the Education and Care Services National Law which is integrated into HMCC's policies and procedures.

HMCC aims to provide a quality education and care service and will operate according to all legal requirements and recognised best practice in service management. We will ensure there are appropriate governance arrangements in place at all times.

**Policy:**

The responsibilities of the Approved Provider that cannot be delegated to any other person or body include:

- Compliance monitoring – ensuring compliance with the objects, purposes and values of the service, and with its constitution
- Organisational governance – setting or approving policies, plans and budgets to achieve those objectives, and monitoring performance against them
- Strategic planning – reviewing and approving strategic direction and initiatives
- Regulatory monitoring – ensuring that the service complies with all relevant laws, regulations and regulatory requirements
- Financial monitoring – establishing and maintaining systems of financial control, internal control, and performance reporting; reviewing the service's budget; monitoring management and financial performance to ensure the solvency, financial strength and good performance of the service
- Financial reporting – considering and approving annual financial statements;
- Organisational structure – setting and maintaining a framework of delegation and internal control
- Staff selection and monitoring – selecting, evaluating the performance of, rewarding and, if necessary, dismissing the staff.
- Risk management – reviewing and monitoring the effectiveness of risk management and compliance in the service; agreeing or ratifying all policies and decisions on matters which

might create significant risk to the service, financial or otherwise

- Dispute management – dealing with and managing conflicts that may arise within the organisation, including conflicts arising between staff, members, or volunteers

The **Nominated Supervisor** is responsible for the day-to-day management of the service and to address key management and operational issues under the direction of, and the policies laid down by the Approved Provider, including:

- Developing and implementing organisational strategies and making recommendations to the Approved Provider on significant strategic initiatives;
- Making recommendations for the appointment of staff, determining terms of appointment, evaluating performance, and developing and maintaining succession plans for staff;
- Having input into the annual budget and managing day-to-day operations within the budget;
- Maintaining an effective risk management framework;
- Keeping the Approved Provider and Regulators informed about any developments that may impact on the organisation's performance

### **Philosophy and policies**

- The development and review of the Philosophy and policies will be an ongoing process with input sought through Parent and Staff discussions, discussion with children.
- Policies and procedures will provide clear documentation that will define agreed and consistent ways of doing things to achieve the stated outcomes.
- The HMCC as Approved Provider will ratify the Philosophy and the policies. The Approved Provider only can alter policies and the changes minuted as a record.
- All documents will be dated and include nominated review dates.
- All policies will be available separately on the HMCC Intranet. The service philosophy and policies will be available for all stakeholders and there will be reference to this in parent and staff handbooks and general service information.

### **Financial management**

- The Approved Provider will be responsible for developing and overseeing the budget of the service and for ensuring that the service operates within a responsible, sustainable financial framework.
- In line with this responsibility, HMCC will conduct a budget planning meeting each year as part of its annual business planning. The details of budgeting and fee setting are set out under the Fee Policy.
- Financial reporting including an income and expenditure statement and balance sheet will be

presented to the Board on a regular basis and the opportunity provided to ask questions or seek further advice from any Board member.

### **Facilities and environment**

- The HMCC will ensure regulations 103–115 relating to the physical environment are maintained at all times.
- Work, Health and Safety implications will be considered by the HMCC in relation to educators locking up and leaving the service at the end of the day and scenarios around emergencies.

### **Equipment and maintenance**

- Appropriate equipment and furniture, to meet the needs of the children and educators, will be well maintained and safe.
- Processes will be in place for routine cleaning of toys and equipment.

### **Confidentiality**

- All educators, staff and volunteers will maintain confidentiality. This is addressed in the Privacy Policy.

### **Maintenance of records**

- Regulation 177 outlines requirements and includes references to records that services must keep. Regulations 183–184 detail storage of records.
- The service has a duty to keep adequate records about staff, families and children in order to operate responsibly and legally. The service will protect the interests of the children and their families and the staff, using procedures to ensure appropriate privacy and confidentiality.
- The Approved Provider assists in determining the process, storage place and time line for storage of records.
- The service's orientation and induction processes will include the provision of relevant information to educators, children and families.
- Clear guidelines on who will have access to which particular records will be given to educators and families. These will be available at all times that the service is operational.
- The Approved Provider will need to ensure that the record retention process meets the requirements of the following government departments:
  - Australian Tax Office (ATO)
  - Family Assistance Office (FAO)
  - Department for Education and Training (DET)

**Work, Health and Safety**

- Policies and procedures will be in place to address the legal requirements relating to safety in the workplace and this information should underpin any service specific requirements, including grievance/complaints procedures.
- The Centre manager will report, using the monthly checklist, any Work, Health and Safety issues as they arise.
- All Board members will be provided with information to assist them in meeting their obligations under the legislation

<b>Policy Name</b>	<b>Excursion and Incursions</b>
<b>Date Reviewed</b>	August 2024
<b>Next Review Date</b>	August 2025
<b>Related Policies</b>	Supervision & Interaction with Children, Administration of First Aid, Child Protection and Providing a Child Safe Environment policies
<b>NQF Quality Area</b>	QA2: Children's Health and Safety

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
EDUCATION AND CARE SERVICES NATIONAL REGULATIONS		
4 (1)	Definition regular outing	
89	First Aid Kits	
97	Emergency and evacuation procedures	
98	Telephone or other communication equipment	
99	Children leaving the education and care service premises	
100	Risk assessment must be conducted before excursion	
101	Conduct of risk assessment for excursion	
102	Authorisation for excursion	
123	Educator to child ratios-centre-based services	
136	First Aid qualifications	
161	Authorisations to be kept in enrolment record	
168	Policies and procedures are required	
170	Policies and procedures to be followed	

**Objective:**

Excursions and incursions are a valuable experience for children, families and staff of education and care settings. Excursions and incursions provide the opportunity to expand and enhance children's experiences, explore different environments and engage in meaningful ways with their communities.

The objective of this policy is:

- to ensure that all excursions and incursions are carefully planned and conducted in a safe manner, maintaining children's health, safety and wellbeing at all times in accordance with National Regulations. We believe excursions/incursions provide the children with the opportunity to expand and enhance their skills and knowledge gaining insight into their local and the wider community.
- to ensure that adequate guidance and procedures are available to make excursions and incursions a part of the program of education and care; plan with careful consideration of the safety of children and adults; carry out excursions and incursions only where full documentation and permissions have been completed and obtained; undertake full risk assessments, consideration of value of educational excursions, and plan for first aid requirements.

## **DEFINITIONS**

### ***Excursion:***

Excursion: means an outing organised by an education and care service or family day care educator but does not include an outing organised by an education and care service provided on a school site if-  
(a) a child or children leave the education and care service premises in the company of an educator and  
(b) the child or children do not leave the school site

### ***Regular outing:***

Regular outing: in relation to an education and care service, means a walk, drive or trip to and from a destination  
(a) that the service visits regularly as part of its educational program; and  
(b) where the circumstances relevant to the risk assessment are *substantially* the same on each

***Incursion:*** means an activity organised by our early childcare service, whereby an outside body is employed or engaged to visit the service to run an educational program and to promote culture and diversity. This could include a visit from a dentist, the Rural Fire Service, an Aboriginal Cultural awareness group, science or reptile show or a musical or drama performance. Some incursions may be offered free of charge whilst others may incur a small participation cost.

### ***Policy and Procedure:***

We will regularly schedule incursions and visitors to our Service (where possible), however, if we feel an excursion will benefit the children and offer a valuable experience, we will adhere to the National Regulations and Service policies and procedures to plan and manage an experience that is enjoyable and educational for children. This policy relates to excursions that may be a 'regular outing' or a one-off excursion for a particular purpose and incursions, where visiting performers, groups or community services may visit our Service.

### ***Planning and Preparation considerations for excursions and incursions:***

The purpose should be clearly identified by staff providing information on how the excursion or incursion supports the educational program and contributes to the outcomes for children.

Excursions/incursions should be planned in advance and consideration given to:

- maximise both children's developmental experiences and their safety;
- reflect the age, capacity and interests of the children;
- ensure they are properly supervised and conducted in a safe manner; and
- are conducted with fully informed written parental permission.

All excursions/incursions will be thoroughly researched to ensure:

- supervision is adequate so children cannot be separated from the group;
- Access to hazardous equipment and environments are minimised;
- There is adequate access to food, drink and other facilities (toilets, hand washing etc.);
- Consideration is given to the mobility and supervision requirements of children with additional needs;
- That adequate sun and shade is available.

When planning for an excursion staff will:

- Assess the requirements for the excursion;
- Conduct a risk assessment;
- Book transport complying with regulations and book venues;
- Make alternative arrangements for adverse weather conditions;
- Inform families of the details of the excursion including destination, objectives and outcomes, and what the child should bring;
- Provide parents or legal guardians with an excursion permission form to complete to authorise their child to participate on the excursion;
- Collect completed permission forms for each child attending the excursion;
- Request additional adult participation on the excursion where required;
- Arrange for a suitably equipped first aid kit (including asthma medication, EpiPen if required) and mobile phone to be taken on the excursion.
- All educators, volunteers and children attending will be informed of excursion timetable/itinerary, special requirements, safety procedures, grouping of children and responsibilities.
- A list of children on the excursion will be left at the service with the Responsible person



- Before leaving on the excursion, a notice will be prominently displayed at the service which includes:
- itinerary and timetable; and
- mobile contact phone number of Nominated Supervisor.

Educators must make alternate arrangements for any children who are not attending the excursion and ensure that any dialogue or pre-planning for the excursion does not alienate such children.

Additional factors need to be considered in the planning of excursions for children with additional needs. Where possible, our service will uphold the right for all children to access all excursions and engage in meaningful ways while on excursions.

### **Risk Assessments:**

The Approved Provider or Nominated Supervisor must conduct a detailed risk assessment which reflects Regulation 101 before an authorisation is scheduled under Regulation 102 to determine the safety and appropriateness of the excursion/incursion. If the excursion involves transporting children, the risk assessment must adhere to **all** components of regulations 101 and 102 (effective 1 October 2020).

The Nominated Supervisor will ensure:

- an **Excursion/Incursion Risk Assessment and management plan** is developed prior to any excursion or incursion [see: Excursion Risk Management Plan, Regular Outing Risk Management Plan, Incursion Risk Management Plan]
- a responsible person is appointed to oversee the organisation of the excursion/incursion
- families are notified about the excursion using an **Excursion Permission Letter** and **written authorisation** must be provided by a parent or other person named in the child's enrolment record
- families are notified about any incursion and if permission is required for participation, an **Incursion Permission letter** provided for parent or carer consent for their child to participate
- families have a right to view the risk assessment prior to the excursion/incursion upon request in which the Service must comply with ensuring all information is available
- the **risk assessment** must
  - identify and assess possible risks that the excursion/incursion may pose to the health, safety and wellbeing of any child being taken on the excursion or participating in the incursion
  - specify how the identified risks will be managed and minimised
  - ensure Working with Children Checks are conducted/requested for all adults visiting the service on incursions
  - ensure the visiting group/performance is covered by insurance
  - consider the proposed route and destination for the excursion and
  - identify any water hazards
  - reflect on any risks associated with water-based activities
  - consider the transport to and from the proposed destination for the excursion
  - consider the duration of the transportation

- consider any requirements for seatbelts or safety restraints under a law for our state/territory jurisdiction
- the process for entering and exiting the education and care service premises and the pick-up location or destination (as required)
- procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking
- consider the ratio of adults to children involved in the excursion
- consider the risks posed by the excursion/incursion, the number of educators or other responsible adults required to provide supervision, and whether any adults with specialised skills are required to ensure children's safety (eg: lifesaving skills)
- consider the planned activities
- determine the duration of the excursion
- consider items that should be taken on the excursion (mobile phone, emergency contacts, first aid kit, medical plans, lost child at excursion procedure etc.).
- consider strategies to ensure supervision is consistent at all times during the excursion-transitions, toileting, departure from the service and conclusion of the excursion
- A completed checklist that all the above listed steps are taken.

If the excursion is a **regular excursion, or 'regular outing'** a risk assessment authorisation is only required to be carried out once in a 12-month period, however, must be regularly reviewed. If circumstances around the excursion change, a new risk assessment is required.

### **Authorisation for Excursions**

The Nominated Supervisor must ensure:

- that a child is not taken outside the Service premises on an excursion unless written authorisation has been provided
- the authorisation must be given by a parent or other authorised person named in the child's enrolment record as having authority to authorise transportation of a child
- the authorisation form must state:
  - the child's name
  - the reason the child is to be taken outside the premises
  - the reason the child is to be transported (if transportation is included in the excursion)
  - if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outing
  - the date the child is to be taken on the excursion and transported
  - a description of the proposed pick-up location and destination for the excursion
  - the method of transport to be used for the excursion
  - the proposed activities to be undertaken by the child during the excursion
  - the period the child will be away from the premises
  - the period of time during which the child is to be transported
  - the anticipated number of children likely to be attending the excursion
  - the anticipated educator to child ratio attending the excursion to the anticipated number of children attending the excursion
  - the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion

- any requirements for seatbelts or safety restraints under a law of each state/territory jurisdiction in which the children are being transported
  - that a risk assessment has been prepared and is available at the Service
  - that written policies and procedures for transporting children are available at the Service
- if the excursion is a regular outing, the written authorisation is only required to be obtained once in a 12-month period
- parental authorisation may be required for incursions if identified in the risk assessment or if a cost is required
- authorisations must be kept securely in the child's enrolment records

### ***Staffing Arrangements***

The Nominated Supervisor will ensure that:

- educator to child ratios are no less than the prescribed ratios as per National Regulations
- additional educators/staff are engaged to provide care and support to children with additional needs
- consideration for adequate supervision may include:
  - the number, age and ability of children
  - the number and physical positioning of educators
  - each child's current activity
  - risks related to the mode of transport (for example: walking)
  - visibility and accessibility
  - the experience and skill of each educator
- educators are aware of their responsibility to provide supervision to other responsible adults or volunteers assisting on the excursion
- educators are aware the procedures to follow in the event of an emergency
- at least one educator or the nominated supervisor must hold current First Aid qualification, approved emergency Asthma management and approved anaphylaxis management training

### ***Families and Volunteers***

The Nominated Supervisor will ensure parents and volunteers:

- are encouraged to participate in excursions where possible
- cannot be counted as part of the educator to child ratio
- cannot be left alone with a child/children and must be supervised by an educator at all times
- are briefed prior to participating on an excursion about the risk assessment, emergency procedures, supervision, photograph policy for privacy and confidentiality and use of mobile phone
- are aware that smoking is not permitted
- are aware of need to wear appropriate clothing and footwear
- All volunteers/family members' details will be entered into the appropriate staff record for that day with their working with children checks.

### ***Items to be taken on an Excursion***

The Nominated Supervisor must ensure that the following items are taken on all excursions, as per the risk assessment:

- appropriate number of suitably equipped first aid kits

- fully charged and operating mobile phone
- emergency contact information details for all children participating on the excursion
- medication for children requiring medical and relevant medical management plans
- items required for excursion circumstances- such as sunscreen, hats, other equipment
- Children's attendance record
- Lost child procedure/checklist copy
- Excursion checklist copy

### ***Transportation for Excursions***

It is a requirement of National Regulations that the means of transport is stated on the risk assessment record and parent authorisation record. Information must be included in the risk assessment about the process for embarking and disembarking the means of transport, including how each child is to be accounted for.

The *means of transport* may mean:

- **Walking**
  - Educators must ensure children and adults use the safest footpaths and safe crossings where possible, such as pedestrian crossings and traffic lights
  - Educators will ensure all children and adults obey road rules
  - Educators will ensure children follow the 'stop, look, listen and think' process when walking near roads. We use holding the rope technique and allocating educators according to number of children, at the beginning, middle and end of rope, for ensuring all children are accounted for at all times.
- **Bus**

the Nominated Supervisor must ensure that the seating capacity as displayed on the compliance registration is not exceeded. All children must sit on seats, preferably with, or close to an adult. Any requirements for seat belts or safety restraints under law must be followed depending on the vehicle used. If the bus has seat belts, they must be worn at all times.
- **Train**

The Nominated Supervisor will be required to contact the local station prior to the excursion to inform them of the time you will be travelling, the destination, and the number of children and adults who will be travelling.

Provisions should be made to ensure children have ample time to board the train safely and in an unhurried way. This will allow the station to inform the train guard so that they can hold the train for the period of time for safe boarding and dis-embarkment. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage if possible- and not in a Quiet Carriage.
- **Car**

Any motor vehicle that is used to transport children on an excursion (other than a motor vehicle seating more than nine persons) must be fitted with child restraints and/or seatbelts that are

appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

The vehicle must be registered and free of any defects that could put any passenger at harm. All children must be fastened in the vehicle according to National Child Restraint Laws for Vehicles (below). The educator or staff member driving the vehicle must hold a current Australian driver's licence.

The process for entering and exiting the Service premises safely must be considered at all times.

### ***National Child Restraint Laws for Vehicles***

- children up to the age of six months must be secured in an approved rear facing restraint
- children aged from six months old but under four years old must be secured in either a rear or forward-facing approved child restraint with an inbuilt harness
- children under four years old cannot travel in the front seat of a vehicle with two or more rows
- children aged from four years old but under seven years old must be secured in a forward-facing approved child restraint with an inbuilt harness or an approved booster seat
- children aged from four years old but under seven years old cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by children younger than seven years in an approved child restraint or booster seat
- children in booster seats must be restrained by a suitable lap and sash type approved seatbelt that is properly adjusted and fastened, or by a suitable approved child safety harness that is properly adjusted and fastened.
- If the child is too small for the child restraint specified for their age, they should be kept in their current-sized child restraint until it is safe for them to move to the next level.
- If the child is too large for the child restraint specified for their age, they may move to the next level of child restraint.

*(Source: NSW Government Centre for Road Safety, 2017)*

### ***Insurance***

The Approved Provider or Nominated Supervisor must review the insurance policy prior to the excursion/incursion to ensure liability is protected by the Service. A copy of the insurance policy should be kept within the service's vehicle (if applicable) at all times.

### ***Check for Children's Safety***

Educators will ensure:

- children's attendance records are taken on excursions
- all children are accounted for when embarking/disembarking the car/vehicle or bus. Headcounts to be done each time moving in and out of service, venue, vehicle (at every transition).
- children's names are marked off as they enter and leave the vehicle including time and date
- a thorough check is made of the vehicle to ensure no child is left in the vehicle (a second person should repeat this check for safety)
- the vehicle is parked to avoid other vehicles, driveways or car parks
- the vehicle is parked as close as possible to the Service premises or visiting venue
- children only disembark the vehicle when it is safe to do so

- where possible, educators hold children's hands to supervise them walking into the Service premises
- head counts are conducted at least every 30 minutes whilst on the excursion
- bathrooms and toilets are checked for any potential hazard before children enter, and children are escorted to the bathrooms and supervised

***Lost child during excursion***

In the event of a child being unaccounted for during an excursion, educators will immediately:

- inform another educator and provide supervision for groups
- conduct a head count
- ask children/parent helpers/other educators if they have seen the missing child
- search the premises
- Check any data information from previous headcount and establish search possibilities
- check organised meeting points (use mobile phone to contact other educators)
- alert the venue management and request that an announcement is made
- if the child is still unaccounted for after checking as above, the nominated supervisor, educator will contact the Police on 000 and report the incident
- the nominated supervisor will contact parents/guardian
- educators will reassure other children and provide supervision
- the Approved Provider must make a notification to the Regulatory Authority within 24 hours of a serious incident.

***APPENDIX***

Excursion Authorization Form

Excursion checklist

Excursion Risk Assessment and Management Plan

Regular Outing Risk Assessment and Management Plan

Excursion Permission Letter

Regular Outing Permission Form

Outing Checklist and coversheet

<b>Policy Name</b>	<b>Incident, Injury, Trauma and Illness</b>
<b>Date Reviewed</b>	August 2024
<b>Next Review Date</b>	August 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.165	Offence to inadequately supervise children
Sec. 174(2)(a)	Prescribed information to be notified to Regulatory Authority
Sec.176(2)(a)	Time to notify certain information to Regulatory Authority
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair

104	Fencing
117	Glass
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

#### RELATED POLICIES

Administration of First Aid Policy Medication Policy Child Safe Environment Policy Dealing with Infectious Disease Policy COVID-19 Management Policy Enrolment Policy	Family Communication Policy Health and Safety Policy Medical Conditions Policy Privacy and Confidentiality Policy Work Health and Safety Policy
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#### Objective:

The health and safety of all staff, children, families and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

In the event of an incident, injury, trauma or illness all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.



**Policy:**

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child:

i) becomes ill

or

ii) is injured or suffers a trauma.

**Identifying signs and symptoms of illness**

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice may be required to ensure a safe and healthy environment.

Recommendations from the [Australian Health Protection Principal Committee](#) and Department of Health will be adhered to minimise risk where reasonably practicable.

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the Service to manage the spread of the virus. These measures may include but are not limited to the following:

- mandatory COVID-19 vaccinations for all staff and visitors
- exclusion of unwell staff, children and visitors (symptoms may include fever, coughing, sore throat, fatigue or shortness of breath)
- notifying vulnerable people within the workplace of the risks of the virus/illness including:
  - people with underlying medical needs
  - children with diagnosed asthma or compromised immune systems
  - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- adhering to Public Health Orders for mandated vaccination requirements for all early childhood education and care educators and staff
- restrict the number of visitors entering the Service
- request parents to drop off and collect children from designated points outside the Service
- reducing mixing of children by separating cohorts (staggering meals and play times)
- enhanced personal hygiene for children, staff and parents (including frequent handwashing)
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing and laundering play items and toys
- avoid any situation when children are required to queue- using the bathroom for handwashing or toileting, waiting their turn to use a piece of equipment etc.
- ensuring mats, cushions, highchairs are positioned at least 1 metre apart where possible
- cancelling excursions to local parks, public playgrounds and incursions during a pandemic
- recommending influenza vaccination for children, staff and parents

Children who appear unwell at the Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

**Symptoms indicating illness may include:**

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing
- a stiff neck or sensitivity to light

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

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever, or vomiting in the last 24 hours
- have had diarrhoea in the last 48 hours
- have been given medication for a temperature prior to arriving at the Service
- have started a course of anti-biotics in the last 24 hours or
- have a contagious or infectious disease
- have been in close contact with someone who has a positive confirmed case of COVID-19

**High Temperatures or Fevers**

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided.

**When a child develops a high temperature or fever at the service**

If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks

and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/carer.

- For infants under 3 months old, parents will be notified immediately for any fever over **38°C** for immediate medical assistance. If a parent is uncontactable, emergency contacts will be contacted. If family members are unable to be contacted and emergency medical assistance is required the service will follow the *Administration of First Aid Policy* and contact emergency services where required.
- Educators will notify parents when a child registers a temperature of **38°C** or higher.
- The child will need to be collected from the Service and will not be permitted back for a further 24 hours
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- Educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

#### **Methods to reduce a child's temperature or fever**

- encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- remove excessive clothing (shoes, socks, jumpers, pants etc.). Educators will be mindful of cultural beliefs.
- parents/guardian will be contacted by phone and informed of their child's temperature
- if requested by a parent or emergency contact person and written parental permission to administer paracetamol or ibuprofen is recorded in the child's individual enrolment form, staff may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the Service.
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time, medication, dosage, and the staff member's name administering the medication and the staff member witnessing the administration will be recorded in the *Incident, Injury, Trauma and Illness Record* through Xplor.

#### **Dealing with colds/flu (runny nose)**

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home and self-test using a Rapid antigen test (RAT).

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home. Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment.

**Management has the right to send children home if they appear unwell due to a cold or general illness.**

### **Diarrhoea and vomiting (gastroenteritis)**

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously. If a child has diarrhoea and/or vomiting whilst at the Service, Management will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit on **1300 066 055**.

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019).

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for **48 hours** after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

An *Incident, Injury, Trauma and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

### **Infectious causes of gastroenteritis include:**

- Viruses such as rotavirus, adenoviruses and norovirus.
- Bacteria such as Campylobacter, Salmonella and Shigella.
- Bacterial toxins such as staphylococcal toxins.
- Parasites such as Giardia and Cryptosporidium.

**Non-infectious causes of gastroenteritis include:**

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, educators and staff with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least **48 hours**.

Please note: If there is a gastroenteritis outbreak at the Service, children displaying the symptoms will be excluded from the Service until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.

**PREVENTING THE SPREAD OF ILLNESS**

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures as per the *Australian Health Protection Principal Committee* guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

**Prevention strategies**

Practising effective hygiene helps to minimise the risk of cross infection within our Service. Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.

All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Parents, families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)

## **Parent/family notification**

### **COVID-19**

Contact management for COVID-19 has changed due to the Omicron variant and testing and isolation in ECEC settings is no longer mandatory (although recommended).

Any person who tests positive to COVID-19 is required to notify the Service if they have been onsite 48 hours prior to symptom onset. The person who tests positive is required to self-isolate for at least 7 days.

The Approved Provider or nominated supervisor will submit a notification through the National Quality Agenda IT System (NQAITS) as soon as they are aware that a child, parent, contract worker or visitor has been onsite during their infectious period.

When a child or staff member tests positive for COVID-19 the Nominated Supervisor/responsible person will notify the Service community via email. The dates of attendance and the affected age group/room/program will be included. Families and staff will be required to monitor for symptoms and if symptomatic test using a RAT. If positive, they will be required to self-isolate for 7 days. Notification of a positive case is required to the Service.

### **Other Infectious Illness- [gastroenteritis, whooping cough etc.]**

Parents will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis) within the Service via our notice board, online app or email to assist in reducing the spread of the illness

Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent Handbook and displayed in the Service.

## **SERIOUS INJURY, INCIDENT OR TRAUMA**

In the event of any child, educator, staff, volunteer or contractor having an accident at the Service, an educator who has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

### Incident, injury, trauma and illness record

An *Incident, Injury, Trauma and Illness* record contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted
- details of any person who witnessed the incident, injury or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Educators should use Xplor to record and share with parents for acknowledgement. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age.

### Definition of serious incident

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities **within 24 hours of any serious incident at the Service** through the NQA IT System

a) The death of a child:

- (i) while being educated and cared for by an Education and Care Service or
- (ii) following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

- (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
- (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(c) Any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g.: severe asthma attack, seizure or anaphylaxis)

(d) Any circumstance where a child being educated and cared for by an Education and Care Service

- (i) appears to be missing or cannot be accounted for or
- (ii) appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
- (iii) is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

### **Missing or unaccounted for child**

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

Educators ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time

Should an incident occur where a child is missing from the Service, educators and the Nominated Supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within a 10-minute period, emergency services will be contacted, and the Approved Provider will notify the parent/s or guardian
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.



## Head injuries

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. Therefore, any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, the Director or Senior Educator will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

## Trauma

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

*“Trauma changes the way children understand their world, the people in it and where they belong.”*  
(Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children’s language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experienced trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer or staff around
- anxiety when separated from parents or carers
- new problems with skills like sleeping, eating, going to the toilet and paying attention
- shutting down and withdrawing from everyday experiences

- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

**Educators can assist children dealing with trauma by:**

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
- creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time
- having quiet time such as reading a story about feelings together
- trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines)
- helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, educators and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

**Strategies to assist families, educators and staff to cope with children's stress or trauma may include:**

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible
- planning ahead with a range of possibilities in case difficult situations occur
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support
- using supports available to you within your relationships (e.g., family, friends, colleagues)
- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional
- accessing support resources- BeYou, Emerging Minds.

*Living or working with traumatised children can be demanding so it is important for all educators to be aware of their own responses and seek support from management when required.*

**NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:**

- service policies and procedures are adhered to at all times
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring through Xplor
- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours) through Xplor
- parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- first aid qualified educators are present at all times on the roster and in the Service
- first aid kits are suitably equipped and checked on a monthly basis
- first aid kits are easily accessible when children are present at the Service and during excursions
- first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required
- adults or children who are ill are excluded for the appropriate period (see *Sick Children Policy*)
- children are excluded from the Service if staff feel the child is too unwell to attend or is a risk to other children
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has mouthed or used these toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- all illnesses are documented in the Service *Incident, Injury, Trauma and Illness Record*
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by NSW law

**Families Will:**

- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service
- provide up to date medical and contact information in case of an emergency
- provide emergency contact details and ensure details are kept up to date
- provide the Service with all relevant medical information, including Medicare and if relevant, private health insurance
- provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

<b>Policy Name</b>	<b>Student, volunteers and visitors</b>
<b>Date Reviewed</b>	August 2024
<b>Next Review Date</b>	August 2025

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
7.2.3	Development of professionals	Educators, co-ordinations and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
120	Educators who are under the age of 18 to be supervised
145	Staff Records
149	Volunteers and Students
168	Policies and Procedures
170	Policies and procedures to be followed
172	Notification of change to policies or procedures

## Related policies

Code of Conduct Child Protection Child Safe Environment Dealing with Complaints Interactions with Children, Families and Staff	Privacy and Confidentiality Staffing Arrangements and entitlements Supervision Work, Health and Safety
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**Objective:**

Our Service supports participation of work placement students (including work experience students) and volunteers wanting to develop professional skills and knowledge in their effort to become Early Childhood Professionals. We aim to build relationships with community members, providing appropriate learning opportunities for students and volunteers to contribute to our program. To ensure a professional and pleasurable learning experience, students and volunteers will be encouraged to participate in the centre's daily routine and assist in accordance with their qualification level to work with children under the National Quality Framework requirements.

**Policy:**

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

We have a strong commitment to provide a range of opportunities for volunteers and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the Service.

*"In genuine partnerships families and educators' value each other's knowledge and roles, communicate freely and respectfully and engage in shared decision making"* (Early Years Learning Framework, 2009).

**Management/nominated supervisor will:**

- ensure that the Director will Supervisor/mentor for the duration of the placement or allocate this to a senior staff member
- conduct an orientation for the student or volunteer including taking the student or volunteer on a tour of the Service, showing emergency exits, staff room and bathroom facilities.
- negotiate with the student or volunteer the times/hours to be worked, and dates of the placement.
- advise students or volunteer to bring in a poster with a photo introducing themselves and outlining the reason for their placement
- inform families, children, and educators when work experience students and volunteers are present at the Service, including their role and hours they will be attending the Service
- ensure work placement students or volunteers are never left alone with children or included in the ratio of adult to children
- ensure students and volunteers are aware that they must not discuss concerns, issues or

- complaints with parents, guardians and/or visitors
- introduce the student or volunteer to educators
- show the student or volunteer where they can access the Service policies
- ensure the student or volunteer has signed a confidentiality agreement prior to commencing their placement.
- discuss any relevant important information about specific children to the student or volunteer (i.e. court orders, additional needs, dietary needs) so that the student or volunteer is aware of potential issues
- liaise with learning institutions and accept suitable student placements under the institution's supervision
- assist learning institutions to place suitable students with individual educators
- ensure student's paperwork and insurances are current
- ensure each student or volunteer holds a current Working with Children Check prior to commencing their placement
- verify each student or volunteers Working With Children Check

**Educators will:**

- maintain open communication with work experience students and volunteers along with their practicum teachers about their performance
- support all student's and volunteer's practicum requirements to the best of their ability during the placement
- work as a team sharing appropriate skills and knowledge with each student and volunteer
- ensure all colleagues are provided with relevant information about tasks the student is required to complete in the service as part of their practicum
- be aware of student and volunteer expectations
- have the time and proficiencies to support each student and volunteer in their placement
- encourage students to seek help and advice as required
- be positive role model, showing appropriate behaviour and conduct themselves in a professional manner
- guide the students or volunteer throughout the day
- make the student or volunteer feel welcome and a valued member of the team
- ensure the student or volunteer is not left alone with a child or children.

**The Director will or authorised senior educator:**

- discuss the progress of written work and performance with the student or volunteer
- discuss any concerns raised by the student with the Student Supervisor
- ensure students or volunteers are directly supervised at all times during children's nappy change times
- encourage students and volunteers to use their initiative
- ensure the student or volunteer remains up to date with their assessments/tasks to be completed
- discuss concerns with student or volunteer with management
- never leave the student or volunteer alone with a child or children
- provide honest and accurate feedback to the student's training institution supervisor as required

**Work experience students and volunteers will**

- learn about the children through interaction and practical experience
- develop the skills and knowledge needed to care for and educate children
- learn about the importance of working as part of a team in the Early Childhood profession
- learn strategies for working in a team environment
- learn and accommodate the expectations of qualified educators in the Service
- inform the Director in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms
- keep up to date with all written work requirements
- work a variety of shifts to gain knowledge of different aspects of Service operations
- bring in a poster introducing themselves that will include:
  - Name
  - Photo
  - Course they are studying
  - RTO/university/school they are studying with
  - Dates and times they will be at the Service
  - The focus of their study.
- discuss any problems the student may be experiencing with their room leader.
- adhere to all Service policies and procedures
- never remove a child from direct staff supervision
- complete and sign practical placement agreement
- ensure they have provided all details required to complete the staff record
- undertake the induction process prior to commencement at the service
- follow the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.
- work within the employer's structure, meet the employer's standards, policies and procedures
- to actively participate in the professional learning process
- not attend the Service if they have any flue like symptoms or other infectious illness
- not store any food container in Service refrigerator unless labelled and their name on it
- follow hygiene practices when using staff kitchen

**Probity checks**

- All students and volunteers will supply identity details to the Nominated Supervisor
- All students and volunteers will complete a Working with Children Check
- All students and volunteers will have a meeting with the Nominated Supervisor to receive information regarding the following service policies:
  - Child protection
  - Child Safe Environment
  - Privacy and Confidentiality
  - Dealing with Complaints
  - Work, Health and Safety
  - Code of conduct
  - IT Environment



**Termination of student practicum or volunteer placement**

Termination of a student's or volunteer's placement will occur if the student or volunteer

- harms or is at risk of harming a child in their care
- is under the influence of drugs or alcohol
- fails to notify the Service if they will not be attending the Service
- does not adhere to starting times or break times
- is observed using repeated inappropriate behaviour at the Service
- does not comply with all policies and procedures addressed in the student package
- does not provide the photo with an introduction on commencement
- does not keep up to date with their work placement tasks
- removes any child or children from the direct supervision of an educator.

**Visitors to the Service**

At HMCC, we take our children's and staff's safety seriously. The objective of this policy is to make appropriate protocols for people visiting our Centre including parents, their representatives, contractors, work placements or service providers. For staff and trainees, staffing and staff code of conduct policy applies.

The presence of visitors at the service must be monitored and documented. Records relating to visitors will be maintained and held in safe storage as per record keeping regulations. Parents should be aware of their obligations when picking up and dropping off their children.

The staff will ensure that:

- they are aware of, and understand, the regulatory and safety guidelines relating to visitors at the Centre.
- ID checks and filling in details in visitor sheet will be followed entering the service.
- Visitors attend Service by appointment only so that normal operations are not disrupted
- Keep a record of all volunteers and students who spend time in the service. The record will include full name; address; date of birth; date and hours of each volunteer or student who participates in the program.
- Welcome visitors to the service and seek information on their reason for visiting.
- All visitors complete the visitors sign in and out records
- The visitor record is kept in a safe and secure location
- Visitors are under the direct supervision of the Educator whilst at the Service
- Visitors (including students and/or volunteers) are never left alone with a child whilst at the Service under any circumstance
- Visitors are dressed appropriately and behave in accordance with service policies
- Ensure that volunteers or other visitors do not take photographs of the Service or children.

**Duties of Families:**

Families should be aware of Visitors Policy of the Centre. While dropping off and picking up, the families should be vigilant so that no other person can enter the Centre along with them. The families should:

- Keep the doors closed when entering and leaving the Centre.
- Sign in and out their children using their Xplor app.
- Notify of any security concerns when visiting the Centre including any suspicious activity going on in or around the Centre premises.
- Leave the premises and enter in parking lot with great care. Vehicles may be entering or leaving the premises all the times and special care is required for safety of the children. The Centre will not be responsible for any incident after a child is handed over to their parents.
- Notify the educator as soon as they find out that they will be late and want to leave the child after 11am when gates normally are closed.
- Never leave their children un-attended.
- Hand over children to their respective educators while dropping them off at the Centre.

**Management In Use (MIU) Plan for access to the service:****Access to the Building when gates are open:**

- Due to safety requirements of children as per Education and Care National Law, the gates of the Service usually remain closed between 11:00am and 3:00pm. All visitors during this period will have access to the parking inside the building which has full accessible features.
- The Director or delegated staff will meet the person with disability requirements at the main entrance door, operate the door so that easy access is provided inside of the building.
- The relevant staff member will be responsible for operating all doors and door handles wherever necessary for smooth movement inside the building to the designated visitor areas.
- In case of visiting parent, access will be ensured inside the rooms as follows:
  - For Babies room, access will be provided through Babies room door which has a compliant access.
  - For Toddlers and Pre-Schoolers rooms, access will be provided through Toddlers room door has a compliant access.
- For parents wanting to meet the relevant educators will be shown their way to relevant room.
- No access to the first floor is available to any person except the staff members or unless accompanied by a staff member.
- The relevant staff will make sure the transition is smooth on leaving the main entrance on to the accessible ramp when leaving the building.

**Access to the Building when gates are closed:**

- The usual visiting or tour hours of the Centre from Monday – Thursday between 10.30am – 11am by appointment only
- In case an unexpected visitor including a late parent arrives, educator will open the gate for them to give them access. Parents can access their enrolled children at any time.
- The staff member receiving the visitors will escort them to the foyer for sign in the visitor diary. The staff member will be responsible for operating all doors and door handles wherever necessary for smooth access inside the building.

Centre Management will make sure that staff are familiar with the reduced safety features of the internal staircase are adequately explained during their orientation. The reduced features include use of single handrail and return of handrail at first floor landing less than 300mm. In addition, staff will be made aware that there is an extended distance from balcony to the nearest exit of up to 25m. The periodic evacuation drill will ensure that all these procedures are applied.

<b>Policy Name</b>	<b>Providing a Child Safe Environment</b>
<b>Date Reviewed</b>	August 2024
<b>Next Review Date</b>	August 2025
<b>Related Policies</b>	Child Protection, Supervision and Interaction with Children, Delivery and Collection, Medical Conditions, Administration of First Aid, Sun Protection, Water Safety and Incident, Injury, Trauma and Illness Policies
<b>Child Safe Standards</b>	Adopted by Hakuna Matata ELC in 2024
<b>NQF Quality Area</b>	QA2: Children's health and safety and QA3: Physical Environment

**Objective:**

The main goal of this policy is that children in care at our Service remain safe at all times and policies and procedures are in place and actively followed to look after their well-being. We are to become a Child safe organization that creates cultures, adopts strategies and acts to prevent harm to children, including sexual abuse.

**Policy:**

HMCC staff, management and families share a common goal to provide positive outcomes for children. When families, educators and management work together and communicate openly, the transition of the child and their family into the service is positive and meaningful. Having extensive knowledge of each child and their family can assist educators to develop strategies that are consistent with home, reflect common values and provide learning opportunities.

- The service recognises that the individual needs of children are important factors in their development and overall wellbeing and safety.
- The service understands that the individual needs of children can, at times, affect their play and learning, which affects how educators plan for children's experiences.
- The service is committed to maintaining positive lines of communication when collaborating with children, families, educators and external agencies to meet the individual needs of children.
- It is understood by educators, children and families that there is a shared responsibility between the service and other stakeholders that the supporting children's individual needs is accepted as a high priority.

**Child Safe Standards NSW**

Organisations and people working with children in NSW share responsibility for keeping children safe. Applying the Standards makes it easier for children, parents, carers and staff to share their understanding of child safety across different settings. The Standards encourage consistency across all these environments.

The Standards have been designed to:

- help drive cultural change in organisations
- be principle-based and outcome-focused
- be flexible enough that they can be adapted by organisations of varying sizes and characteristics
- avoid placing undue burden on organisations
- help organisations address multiple risks
- balance caution and caring
- be a benchmark against which organisations can assess their child safe capability and set performance targets
- be of equal importance and interrelated.

**At Hakuna Matata ELC, we have developed risk assessment action plan to identify child safety related risks and developed controls to minimize risk of harm to our children. We will review the risk assessment annually along with review of our Child Safe Environment policy.**

### **Individual Health Needs**

The service along with educators and management are committed to providing the very best of service to each child and their family. We wish to work with families to meet this goal we must look closely at the individual needs of every child.

For example a need can include:

- a medical condition, such as asthma, diabetes or Attention-Deficit Hyperactivity Disorder.
- an allergy, such as bee stings or hay fever.
- a food allergy, such as nuts or lactose.
- Cultural requirements e.g. halal food.

For some of these individual needs a medical management plan and risk minimization plan must be completed.

### **Supervision**

All children within the HMCC service will be adequately supervised at all times. Adequate supervision means that an educator can respond immediately including when children are distressed or in a hazardous situation.

Effective supervision means that educators are actively involved with children. It is not the intention that educators merely 'stand back and watch'

### **Principles of Active Supervision**

Supervision is one of the most important care giving strategies and skills educators are required to develop and master. Active supervision is a combination of listening to and watching children play, being aware of the environment and its potential risks, the weather conditions, the time of day, managing small and large groups of children, and an understanding of child development including theories about how children play.

It is also crucial that educators are aware of the different ages, personalities, behaviours and characteristics of the children in their care. How children interact, communicate and play with one another is dependent on educators building relationships with children to learn about who they are, how they react in certain situations and discover their interests. These are vital skills to develop as they assist educators to predict children's play patterns, which affect how educators plan and establish environments and coordinate supervision strategies to maximise children's safety and ability to play free from harm or injury.

### **Positioning of Educators in the Environment**

When supervising children educators need to consider how they position themselves both in the outdoor and indoor environment. Educators need to consider

- Do I have my back to any of the group?
- Are new or risky experiences being introduced and where will I stand/sit during these experiences?
- Is there a student/volunteer to be considered?

Use your senses, keeping your eyes and ears open all the time. Remember you are here for the children. A supervision plan for outdoor play area is in place in our Service based on risk assessments conducted.

### **Scanning the Environment and Knowing the Number of Children**

- Scanning is vitally important when supervising children. Educators are required to regularly scan when children are sleeping, especially outdoors and babies in cot rooms and regular checking of older children.
- Educators need to develop a system of regular head counts marking each child's arrival and departure to ensure that they are fully aware of where each child is *at all times*.
- Educators should also have a list of people who are authorised to pick up each child from the service and information regarding those people not allowed to collect a child. Educators need to ensure that this documentation remain confidential.

### **Listening when children play**

Listening is also important. Educators need to be aware of children and the noises they make. For example

- water splashing
- crying
- choking or gasping
- offensive or aggressive language
- silence

### **Completion of indoor and outdoor safety checklist**

- All rooms have their indoor safety and hazard identification checklists available on the shared drives. These checklists are to be completed daily and filed in the prescribed folder.
- Morning shift staff must complete the outdoor safety checklist before children are taken to the outdoors.
- All rooms are required to complete toy and equipment cleaning checklist on weekly basis to identify any broken or dirty toys. Mouthed toys should be placed in mouthed toys basket for daily washing.

### **Setting up the environment**

During playground set-up please be aware where children will be and how they will use the equipment for supervision. Grouping equipment together such as easels and water troughs makes supervision much easier.

- Educators need to be conscious of the age groups being supervised. Observing children's play and anticipating what may happen next will assist children when difficult situations arise and to intervene where there is potential danger to children.
- Children with early signs of illness or atypical behaviours should be monitored closely. This is extremely important when supervising children with known medical conditions.
- Keep children's developmental records up to date so that as educators you are aware of a child's capabilities and the appropriate level of challenge that can be made to the playground to enhance their development.

### **Transitioning Groups of Children**

Supervision during transitions is vitally important and often complex. There may be many things needing to be ready and organisation is the key. Educators need to reflect

- When and where are children transitioned throughout the day?
- What can be organised early so children are not left waiting?
- Are there potential risks when transitioning children?

- How can the service develop risk management strategies to eliminate or reduce the potential risks? For example transitioning children from the parked car or bus to the service's entrance.

### **Delivery and Collection of Children**

A child may only leave the service if

- a parent or nominee collect the child
- a parent or authorised nominee provides written authorisation for a child to leave the premises
- a parent or authorised nominee provides written authorisation for the child to attend an excursion
- the child requires medical, hospital or ambulance treatment or there is another emergency. The service notes that there are occasions where a parent may be aged younger than 16 therefore an authorised nominee is not restricted by age for the purpose of collecting children. However should the service deem that the authorised nominee places a child at risk we may refuse to allow the child to be collected by that person.

### **Excursions**

A risk assessment will be conducted before an excursion takes place. This risk management process will include

- proposed route and destination
- water hazards
- method of transport
- number of children and adults involved to provide adequate supervision
- the proposed activities
- length of time on the excursion
- items that will be required to be taken and who will be responsible for them
- who will be the Certified Supervisor in charge

### **Healthy Eating**

Educators should sit and eat with the children, rather than standing back and supervising. This is a wonderful time for informal conversation between children and educators on nutrition, meal experiences of families of various cultures and general chat.

Most 3-5 year old children are capable of running the entire meal time by themselves and really enjoy doing so. You need to take time to do so and introduce the routine small steps at a time building new skills in during the year. Tasks that may be performed at this time could be



- Setting up tables
- Serving meals
- Pouring and serving drinks
- Collecting used implements
- Wiping tables and chairs

### **Play and Learning Experiences**

Resources in all areas should be kept plentiful and stored well for easy access. They should be attractive and in good repair. New items will be purchased periodically. A stimulating program requires creativity of ideas from educators and children. The program should try to look at familiar activities in new ways e.g. vary the time, presentation, location or add new pieces of equipment.

### **Animals and Domestic Pets**

Within the service there may be occasions when pets are invited or perhaps attend your service uninvited. During these times it is important to quickly think about the risks to yourself and the children and take appropriate action.

*Invited Pets:* Such as family pets, cats, dogs, birds, guinea pigs all provide a wealth of opportunities for learning with the service however consideration still needs to be given to how long the animal will stay, where it will reside at the service, who will be responsible for its primary care and the cleanup of faeces.

*Uninvited Pets:* Such as spiders, snakes, injured animals or bats may also generate lots of discussion and learning however greater caution is required. Morning and afternoon checks are vital to identifying animals that may need to be removed before the children begin their day. At all times the children's safety is paramount. Educators need to discuss with children that spiders / snakes / injured animals should be handled by an adult.

If an unwanted visitor has dropped by then

- Remove children to a safe location.
- Inform Nominated Supervisor or Centre Manager so contact can be made with the appropriate services to remove the animal.
- Should a staff member need to physically move a snake due to further risk then they should use a long handled object such as a rake or broom. Do not hit the snake as a hurt, panicked snake is a dangerous animal and will strike out to defend itself.

Snakes tend to move away from hose spray or tapping its tail or the ground – just to make it uncomfortable to move away.

- Keeping an awareness of where the snake is and calling a snake catcher is the first preference.

### **First Aid Kits**

The service has placed compliant first aid kits at various locations that is easily recognizable and accessible. These shall be checked and stocked every month.

### **Supervision of Resting Children**

- All children who are resting will be supervised by educators.
- Students or volunteers will not be left unsupervised when settling children for rest.
- All children who have fallen asleep in the service will be monitored at every 10 minutes interval regularly with specific attention to breathing patterns.
- Supervision ratios will be maintained during the designated rest period.

The service regularly checks the rest environments of all children and observes the following

- the position of the child's body on their bed
- each child's breathing rate
- the arrangement of bed linen
- the environment (e.g. monitoring the temperature)

### **Toileting**

Children's toileting independence should be encouraged when using the toilet. Children are to be offered frequent opportunities for toileting particularly after meal times and sleep periods.

No child will be spoken to harshly, yelled at or belittled because they have had an accident. This will be seen as an opportunity for learning. Some children will become very emotional over their accidents and frustrated with toilet training. It may help to say things like "That tricky poo! It wouldn't wait until we made it to the toilet. See if we can catch it next time." Children must be handled with dignity as they are cleaned up and their clothing changed. Toileting should become part of the routine and should be a positive experience. When toileting is fun and relaxed, children are more likely to learn more quickly and be proud of their achievements. Under no circumstance should a child be made to sit on the toilet against their will.

Correct use of the bathroom should be shown to children as just like other areas of the service the bathroom has rules and guidelines for children. Other rules to follow will be

- Use an appropriate voice in the bathroom.

- Use appropriate body movements - no running.
- Boys should be shown how to lift the seat and how to replace it after use.
- Explain what happens if a child has had an accident.
- Encourage children to flush.
- Encourage them to check supplies and let a teacher know.
- Explain the importance of turning off the taps.
- Explain how to wash and dry our hands.
- Praise positive efforts made by individuals for any successful attempt.

### **Nappy Changing**

For infants the nappy changing time is a good opportunity for warm interactions between educators and children. Please use this time to enhance interactions with the child.

### **Toilet Training**

Toilet training is an area where many parents can feel unsure. The service educators will have regular chats with particular families to provide continuity for the child. Keeping daily nappy charts of both nappy changing and toileting will allow parents to know of the child's toileting habits through the day at the service. Lots of reassurance and positive reinforcement for the child and showing parents an understanding of the children's needs will help all concerned during this process.

Some signs that a child may be ready for toilet training:

- Can sit still for longer than 2 minutes.
- Is of an age where it is reasonable to expect that they may have some control- e.g. over the age of two for bladder control.
- Can understand simple instructions or simple words or signs.
- Stays dry for 1-2 hours at a time.
- Does a reasonable sized wee each time.
- Appears to dislike being wet.
- Indicates to you that they are or needs to do a wee.

### **Nose Wiping**

For most children nose wiping can be an uncomfortable feeling. Please encourage independent nose blowing. Young children will require assistance and we encourage educators to use this time as a good opportunity for warm interactions between educators and children.

**Poisonous Plants**

There are a wide range of garden plants that are considered harmful when consumed. Small children are often at greater risk from coloured berries, petals and leaves that look succulent. Children are naturally inquisitive about such things and while we encourage children to explore their environment, we ensure their safety.

The service will ensure that all plants are identified from a nursery supplier and deemed non-poisonous before coming into the service. A plant log will be maintained with the workplace health and safety material.

- It must never be assumed that because a plant or seed is being eaten by wildlife that it is non-poisonous.
- Teach children never to put leaves, stems, seeds, nuts or berries into their mouths.
- The Poisons information phone number will be clearly displayed in the service office.

**Poisoning by Plants**

- Poisoning from plants can occur from ingesting, inhalation or direct contact.
- Symptoms from ingestion include gastroenteritis, diarrhoea, vomiting, nervous systems and in serious cases respiratory and cardiac distress.
- Poisoning by inhalation of pollen, dust fumes from burning plants can cause symptom similar to hay fever or asthma.
- Contact poisoning on the skin or in the eyes can occur from direct contact with saps, fine hairs or burrs. This can cause swelling of the skin, rashes or blistering.

**Tobacco, Drug and Alcohol Free Environment**

HMCC is a completely smoke and alcohol free environment. This is vital because children model adult behaviour and are prone to the harmful effects of environmental tobacco smoke because:

- Their lungs and body weight are small so the dangerous substances in smoke are more harmful.
- Children are not always able to move away from a smoker as adults are able to.

Educators, staff and volunteers must not consume alcohol or drugs (including prescription drugs) or smoke in any areas of the Service.

- Educators who require prescription medication should not be discriminated against if the medication does not affect the person's capacity to provide education and care to children.

- Employees who wish to smoke during work hours may do so outside the workplace and in their scheduled lunch break or approved breaks.
- It is illegal to provide smoking or tobacco products to persons under the age of 18.

Parents, family members or relatives of children enrolled at the service will not be permitted to smoke on the premises.

### **Child Safe Organization:**

HMCC has a strong emphasis on protection of children from harm and ensuring that all educators follow and are aware of child safe standards and practices, outlined by Office of the Children's Guardian.

All educators will be learning about child safe interactions, practices and procedures in line with the standards and evaluate their practices to ensure our children attend a child safe organization.

### **Storage of Hazardous chemicals:**

Our Service aims to protect children, families and visitors from hazard and harm at all times. We promote the use of environmentally friendly products where possible and ensure we provide a safe environment where chemicals and hazardous products and equipment are safely stored and managed away from children and are handled appropriately.

#### **MANAGEMENT WILL ENSURE:**

- that every practical measure is taken to protect children being educated and cared for by the Service from harm and any hazard likely to cause injury (National Law - section 167)
- a smoke free environment is provided to children, staff, families and visitors at all times
- all dangerous goods and hazardous substances are identified within the Service and included in the chemical register
- the Poison Hotline number is clearly displayed near the First Aid Kit/ in each room
- a risk assessment has been conducted in consultation with the Health and Safety Representative prior to using any potentially dangerous or hazardous substance (including pesticides and herbicides)
- educators adhere to the Service procedures for dealing with and handling chemicals
- Safety Data Sheets (SDS) are readily available and regularly updated
- appropriate training and Personal Protective Equipment (PPE) is provided for employees who may be exposed to dangerous goods and/or hazardous substances
- relevant signage is displayed highlighting the hazardous nature of chemicals used or stored in the Service (e.g. Caution- Chemical Storage Area; Danger; Hazardous Chemicals)
- laundry and nappy change facilities are located and maintained in a way that prevents unsupervised access by children
- all products/chemicals used for laundry purposes are locked in a cupboard inaccessible to children
- there are emergency procedures and practices for accidental spills and/or contamination and corresponding first aid plans for all dangerous goods handled and stored in the Service
- action is taken to remove any pests or vermin by a licensed exterminator, who will provide the Service with a certificate of currency. Initially, using non-chemical methods such as physical removal, maintaining a clean environment, and use of any non-toxic products will be implemented.

**NOMINATED SUPERVISOR / RESPONSIBLE PERSON WILL ENSURE:**

- at least one educator/staff member is in attendance on the premises with ACECQA approved first aid qualifications at all times
- all staff are made aware of correct storage and usage procedures for potentially hazardous materials during their initial orientation at the Service
- there are appropriate and lockable storage facilities in the Service in which dangerous products are stored
- lockable storage facilities are clearly marked with signage to indicate chemicals/hazardous materials
- dangerous products will be stored in areas of the Service that are not accessible to children or in cupboards fitted with key or childproof locks
- a hazardous substances register is used and regularly updated
- a risk assessment for any dangerous materials stored in bulk within the education and care premises has been carried out and is regularly updated
- Safety Data Sheets (SDS) are maintained at the Service. Safety Data Sheets must be kept on all chemicals used on the premises. Work Health and Safety (WH&S) officers are to keep this information up to date at all times, with a review of the folder annually. No SDS is to be more than 5 years old.
- chemicals in spray bottles are clearly labelled with contents and are not used with children in the immediate vicinity
- in the event of any incident involving accidental exposure to chemicals or other hazards or incident involving possible poisoning, an *Incident, Injury, Trauma and Illness Record* will be completed
- if a serious incident occurs involving the need for medical intervention or emergency services, notification is made to the Regulator Authority within 24 hours

**EDUCATORS WILL:**

- seek medical advice if needed by contacting the Poisons Information Line (13 11 26) or by calling 000
- wear Personal Protective Equipment (PPE) when handling dangerous substances or materials
- not use spray bottles containing chemicals in the immediate vicinity of any child or children
- read the label before using any cleaning material, sprays or chemicals and strictly adhere to the '*Directions for use*' and be aware of appropriate first aid measures
- store all dangerous products in well-labelled and original containers that preferably have child resistant lids and caps in a secure and locked place/cupboard, inaccessible to children
- ensure all chemicals and cleaning products are returned to their designated location immediately upon completion of cleaning tasks
- not mix cleaning products as there is the potential for harmful chemical reactions to occur endangering all persons on the premises
- dispose of all products safely, in accordance with the manufacturer's instructions on the product label, Work Health and Safety regulations, and Council by-laws
- be encouraged to attend professional development sessions to maximise their awareness of dangerous products and potential hazards, and source chemical free methods to reduce possible hazards in the education and care service
- ensure cleaning and hazardous products are not stored close to food products

- consider minimising the use of dangerous products in the education and care service and use alternate 'green cleaning' options
- complete daily and quarterly WHS checklists to ensure that any dangerous products used within the Service have current Safety Data Sheets (SDS) and are stored appropriately
- only administer children's medications with family authorisation and in accordance with medical directions (see *Administration of Medication Policy*)
- ensure medication is stored in an area inaccessible to children
- ensure any medications or dangerous substances that requires refrigeration, be placed in a labelled childproof container, preferably in a separate compartment of the fridge
- keep all button batteries and all other batteries out of reach of children
- check that all remotes, toys and products containing button batteries have a screw to secure them
- dispose of or recycle used button batteries immediately at a battery disposal centre near to the service.

<b>Policy Name</b>	<b>Staffing Arrangements and Entitlements</b>
<b>Date Reviewed</b>	August 2023
<b>Next Review Date</b>	September 2024

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development.
4.1.1	Organisation of Educators	The organisation of Educators across the Service supports children's learning and development.
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of Educators at the Service.
4.2	Professionalism	Management, Educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, Educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional Standards	Professional standards guide practice, interactions and relationships.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
4 (1)	Definitions
10	Meaning of <i>actively working towards</i> a qualification
11	Meaning of <i>in attendance</i> at a centre-based service
35	Notice of addition of new nominated supervisor
84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
90	Medical conditions policy
93	Administration of medication
94	Exception to authorisation requirement- anaphylaxis or asthma emergency
95	Procedure for administration of medication
99	Children leaving the education and care services premises
100	Risk assessment must be conducted before excursion
101	Conduct risk assessment for excursion
102	Authorisation for excursions
102-B,C,D	Transport risk assessments/authorisations



117	Placing a person in day-to-day charge
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios – centre based services
126	Centre-based services – general educator qualifications
130	Requirement for early childhood teachers – centre based services –fewer than 25 approved places
131	Requirement for early childhood teacher—centre-based services—25 or more approved places but fewer than 25 children
132	Requirement for early childhood teacher—centre-based services—25 to 59 children
133	Requirement for early childhood teacher—centre-based services—60 to 80 children
134	Requirement for early childhood teacher—centre-based services—more than 80 children
135	Early childhood teacher illness or absence
136	First Aid qualifications
145	Staff Record
146	Nominated Supervisor
147	Staff Members
148	Educational Leader
149	Volunteers and Students
150	Responsible Person
151	Record of Educators working directly with children
152	Record of access to early childhood teachers
168	Education and care services must have policies and procedures
173	Prescribed information to be displayed
174	Time to notify certain circumstances to Regulatory Authority
240	Centre based services in remote and very remote areas – qualifications for educators
241	Persons taken to hold an approved early childhood teaching qualification
242	Persons taken to be early childhood teachers (exc. Vic)
243	Persons taken to hold an approved diploma level education and care qualification
244	Persons taken to hold an approved certificate III level education and care qualification
272	Early childhood teachers- children preschool age or under (NSW)
372	Educator to child ratio—pre-kindergarten program or kindergarten program provided by a school

373	Early childhood teachers—pre-kindergarten program or kindergarten program provided by a school
379	Educators required to be early childhood teachers

## RELATED POLICIES

Code of Conduct Child Protection Child Safe Environment Dealing with Complaints Emergency and Evacuation Excursion/Incursion	Privacy and Confidentiality Responsible Person Sleep and Rest Supervision of children Student and Volunteer Governance Policy Incident, Injury, Trauma and Illness
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**Objective:**

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place in relation to staffing arrangements (regulation 168) and take reasonable steps to ensure those policies and procedures are followed.

**Policy and procedure:**

Our Service will comply with the required educators to child ratios, taking into consideration qualification requirements and experience, implement the required staffing requirements and ensure all staff adhere to our Code of Conduct.

Our Service will comply with the National Quality Framework and ensure 50 percent of educators meet the relevant Diploma qualification requirement or be actively working towards an approved diploma level education and care qualification. All other educators are '*suitably qualified persons*' who are required to have at least an approved certificate III level education and care qualification or be actively working towards their qualification.

**'Suitably qualified person' definition:**

ACECQA determines the following qualifications as requirements for a 'suitably qualified person':

- an individual who is '*actively working towards*' an approved early childhood teaching qualification AND has completed at least 50 per cent of the qualification or holds an approved early childhood education and care diploma OR
- an individual who is registered (accredited in New South Wales) as a primary or secondary school teacher in Australia AND holds an ACECQA approved early childhood education and care diploma (or higher approved qualification)

**Actively working towards definition:**

An educator who is enrolled in a course for an approved Early Childhood qualification.

- The educator is required to provide documentary evidence of their course, training plan and progress towards completion of the course.
- Individuals actively working towards an approved qualification may be counted towards qualification requirements as 'suitably qualified persons.'
- Our Service will communicate with the educator's RTO to ensure the educator successfully completes their qualification.
- We will support the educator in completing their qualification through mentoring and assistance.

### Early Childhood Teacher

An Early Childhood Teacher (ECT) is a person with an approved early childhood teaching qualification in accordance with ACECQA's qualification list. A record must be kept containing the period the early childhood teacher is working directly with children.

- Our Service will comply and will engage and have access to an ECT based on the number and age of children attending the Service (depending on state requirements).
- If an ECT is absent due to short term illness or leave, the following persons can be taken to be the Early Childhood Teacher:
  - a person who holds a primary teaching qualification
  - a person who holds an approved diploma level qualification(this applied for up to 60 days in a 12-month period only)

Our Service will employ an early childhood teacher in accordance with the following requirements based on the number of children attending the service:

#### *For 25 to 29 children in attendance per day:*

- one early childhood teacher must be in attendance for at least 6 hours on that day, if the service operates for 50 or more hours a week: or
- for 60 per cent of the operating hours of the service on that day, if the service operates for less than 50 hours a week

#### *30 to 39 children preschool age or under in attendance per day:*

- One early childhood teacher must be in attendance at all times that a centre-based service is educating and caring for children preschool age or under.

#### *40 to 50 (licensing limit of our Service) children preschool age or under in attendance per day:*

- Two early childhood teachers must be in attendance at all times that a centre-based service is educating and caring for children preschool age or under.

### Educational Leader

The Educational Leader has an influential role in inspiring, motivating, affirming, and challenging or extending the practice and pedagogy of educators. It is a joint endeavour involving inquiry and reflection, which can significantly impact on the important work educators do with children and families.

- The Approved Provider will nominate a qualified and experienced educator to take on the Educational Leader role and responsibilities.

- The Educational Leader will keep a record about how they mentor and guide educators of the Service to ensure continuous improvement.
- The Educational Leader will guide educators to provide a compliant and rich program.

### Nominated Supervisor

The Nominated Supervisor is a suitable person appointed by the Approved Provider who is placed in day-to-day charge of an approved Service. The Approved Provider must provide sufficient evidence and information to demonstrate compliance to the Regulatory Authority of the suitability of this person. Nominated Supervisors have a range of responsibilities under the National Law and Regulations including programming, supervision and safety of children, entry to and exit from the premises, food and beverage, administration of medication, excursions, staffing, sleep, and rest.

The Approved Provider will display the name of the Nominated Supervisor in a place that is clearly visible to staff, educators, families and visitors.

The Approved Provider will notify the regulatory authority at least seven days prior to the Nominated Supervisor starting or as soon as practicable (not more than 14 days)

- The Nominated Supervisor must be 18 years of older
- The Nominated Supervisor must have successfully completed Child Protection training
- The Nominated Supervisor is responsible for the day-to-day management of the Service, ensuring compliance with the National Law, National Regulations, National Quality Standards and Family Assistance Law.
- The Nominated Supervisor will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities
- The Nominated Supervisor will ensure the Service program is reflective of the approved learning framework, incorporate the children's developmental needs, interests, and experiences, and consider the individual differences and needs of each child.
- The Nominated Supervisor will adhere to Service policies ensuring a safe and healthy environment is provided.

### Responsible Person

A Responsible Person is required to be physically present at the Service at all times that children are being educated and cared for. The Responsible Person can be the Approved Provider, or a person with management or control placed in day-to-day charge of the Service. The Responsible Person must be at least 18 years old and have adequate knowledge and understanding of the provision of education and care to children.

- Our Service will ensure there is always a Nominated Supervisor or Responsible Person on the premises when children are being educated and cared for.
- Our Service will clearly communicate the Responsible Person on duty with families, educators, staff and visitors by displaying this information in the foyer or reception area.
- The Responsible Person will adhere to Service policies and procedures and maintain a safe and healthy environment for children

- The Responsible Person will always act with professionalism when dealing with children, educators, visitors, and families.
- All Responsible Persons will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities
- The Responsible Person must have a history of compliance with Education and Care National Law and other relevant law (e.g., Family Law).

#### Approved First Aid Qualifications

- The Approved Provider is required to ensure at least one staff member, or one Nominated Supervisor holds current qualifications for first aid, anaphylaxis management and emergency asthma management training.
- The Approved Provider must ensure at least one staff member, or one Nominated Supervisor be in attendance at any place children are being educated and cared for by the Service and be immediately available in an emergency and hold the mandatory qualifications for:
  - an ACECQA approved first aid qualification and
  - anaphylaxis management and
  - emergency asthma management training.
- Our Service however endeavours that all staff members working directly with children have approved First Aid qualifications and remain up to date.
- It is the staff and educator's responsibility to ensure they maintain current First Aid, Asthma, and Anaphylaxis Training certificates and provide the Service with a copy of the certificate. Staff and educators must ensure they participate in training prior to the expiration date on their certificates.

#### Working with Children Clearance/Check

A Working With Children Check (WWCC) is a requirement for people who work or volunteer in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct. The result of a WWCC is either a clearance to work with children for five years or a bar against working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

- To comply with National Regulations for those undertaking paid or voluntary child-related work all employees of the Service will acquire a Working with Children Check
- Management will keep a record of the expiry date of the Working With Children Check for all staff, volunteers and students
- Management will ensure the Working With Children Checks are verified before Nominated Supervisors or Responsible Persons are engaged at the Service.
- Management will ensure any notifications or concerns regarding a person's Working With Children Check/Clearance are recorded and steps taken immediately to ensure the person is not working directly with children in accordance with directions from the Office of the Children's Guardian

#### Staff Record

- Approved Services must keep information about the Nominated Supervisor, Responsible Person, Educational Leader, staff, volunteers, and students at the Service

- Details must include evidence of staff and educators working directly with children, their qualifications and training information and Working with Children Check verification number and expiry date
- All staff, educators, students, volunteers, and visitors are required to sign in and out each day

### Adequate Supervision

Adequate supervision is a consideration for any part of the Service premises where children are educated and cared for and is part of every educator's Duty of Care. Educators are required to ensure that children are in sight and/or hearing at all times, demonstrating that the best interest of children is being provided for. This includes toileting, sleep, rest, nappy changing, transition routines and whenever the service provides or arranges transport for children as part of the service.

- Our Service will comply with educator to child ratios outlined in National Legislation and National Quality Framework
- Educators are required to adhere to the Service's *Supervision Policy* and floor plan to maintain effective supervision
- Educators will always be able to observe each child, respond to individual needs and attend to children as necessary
- Educators will adjust their level of supervision depending on the area of the Service and the skills, age, dynamics, and size of the group of children being supervised
- When supervising outdoors, educators will position themselves so as to be able to see as much of the play area as possible
- Where there are water activities or high-risk experiences, educators will ensure close supervision is maintained
- Infants and toddlers who are sleeping in cot rooms will be closely monitored and checked/inspected every 10 minutes to assess their breathing and the colour of their skin
- Older children will be adequately supervised whilst sleeping or resting
- Children will be supervised when hand washing and during toileting/nappy change times
- Educators are required to adhere to the Service's *Supervision Policy* and floor plan to maintain effective supervision.
- Adequate supervision will be provided when children are being transported. Consideration will be made depending on risk assessments, number, age and ability of children, visibility of children, each child's current activity.
- Educators will communicate with other staff and educators about their supervision points, offer advice and support to ensure children's safety is of the highest priority at all times.
- Supervising educators will give their complete attention to the children and not perform other duties or tasks.
- Unless briefly discussing child or Service concerns, educators will not congregate together either inside or outside.
- Educators will interact with children where pedagogically appropriate whilst supervising.
- Our Service ensures additional educators are in presence as per the requirement of Inclusion Support Program, where applicable.

### Working directly with children

National Regulations state that an educator cannot be included in calculating the educator to child ratio of a centre-based Service unless the educator is working directly with children. A record must be kept of educators working directly with children which includes the name of each educator and the hours each educator works directly with children being educated and cared for by the Service. We do this through our rostering system in conjunction with sign in and out sheets and Xplor.

- To ensure compliance with regulations, we will only include educators in the educator to child ratio who are working directly with the children and ensure a current roster and a sign on/sign off record are available to verify this.
- The approved provider must ensure that a record is kept indicating the period of time an early childhood teacher and each suitably qualified person is working directly with children. We do this through sign in and out of Xplor.

### Rosters

- Our Service will ensure the roster and routine provides adequate supervision of children at all times.
- Rosters will be created to provide children with continuity of care to support children's development of secure relationships and contribute to their wellbeing.
- We always hire additional educators with flexible work days availability so that familiar educators are always available as a back up when rostered educator can not attend for any reason.

### Volunteers and Students

- The Approved Provider will ensure that volunteers and students meet any requirements for Working With Children Checks/Clearance.
- At no time will volunteers and/or students be left alone with a child or group of children or be included in the educator to child ratio.
- All volunteers and students will be inducted into the Service to ensure they adhere to the Service's policies and procedures, Statement of Philosophy and Code of Conduct
- induction will ensure volunteers and students are aware of how to manage medical conditions and to respond to a child in case of illness, injury or suffers trauma, awareness of privacy laws (including social media, photography) and behaviour guidance procedures.

### Privacy

- Educators will adhere to the Service's *Privacy and Confidentiality Policy* and Privacy Law in relation to children and their families, or matters relating to the Service and will at no time take part in inappropriate or unlawful conversations or discussions.
- The Nominated Supervisor will ensure that students and volunteers are made aware of the Service's *Privacy and Confidentiality Policy* and Privacy Law during their initial induction.
- All staff, educators, volunteers and students are provided with information about the ECA Code of Ethics.

### Staff employed under 18 years of age

Our Service will ensure any staff member under 18 years of age does not work at the service alone and is adequately supervised at all times.

### **Educator to child ratios**

Our Service will meet the minimum child ratio requirements as stated below:

State	Age of children	Educator to child ratio
NSW, WA	Birth to 24 months	1: 4
	Over 24 months and less than 36 months	1: 5
	Over 36 months of age or over (not including children over pre-school age)	1: 10

### **Staff Recruitment**

Our Service will ensure a rigorous recruitment process is followed to select the best staff possible based on skills, qualifications, experience and suitability for the position available. Each role will refer to the appropriate position description during recruitment and the probation period to ensure applicants are suitable for the role and position.

All potential staff will participate in robust interviews, written tasks and trial days. Reference checks are optional as we have noticed over period of time that trial day is more effective.

All potential staff are subject to maintenance of a valid Working With Children Card (WWCC) and appropriate qualifications. Valid first aid, asthma and anaphylaxis management, immunisation status - including mandatory vaccination requirements or food safety qualification may also be required.

All new staff will undergo a probation period of at least three (3) months, during this time they will participate in an induction and orientation program and hold regular discussions regarding their performance with an appointed mentor. The probation period can be extended if the Director is of the option that staff needs more settling in and learning time to prove their performance.

Staff induction includes provision of the Service's policies and procedures, code of conduct, Child Safe Standards, child protection, Work Health and Safety guidelines, behaviour guidance, service routines, human resource documentation, physical environment, communication with family's processes and introduction to senior staff members.

### **Hiring process**

- The Centre Manager and Centre Director will be responsible for hiring of the staff and making final decision for shortlisting and contracting full time and part time fixed term contract employees.
- All positions must have a Position Description, with associated terms and conditions.



- Aboriginal peoples, people from culturally and/or linguistically diverse backgrounds and people with a disability are actively encouraged to apply for positions.
- Only candidates who meet the key selection criteria are short-listed and will be invited for an interview by email and SMS.
- The short-listing is completed by the Director and Centre Manager. All interviews will be conducted by the Director and Centre Manager.
- Applicants will be treated with respect throughout the recruitment process including:
  - Being provided with sufficient information including a Position Description, to make an informed choice of their suitability for the role;
  - Having their personal documentation held in confidence; and
  - Having access to feedback.
- A congratulations email will be sent to successful candidate with all documentation requirements and WWC clearance.
- An induction checklist is completed for all new staff members as per the policy so that they have sufficient time to learn about the Service operations.

### **Staff Development**

- The Centre recognises that responsibility for performance and development lies with the individual employee and the Director.
- The Director is responsible to ensure the effective implementation, co-ordination and monitoring of this Policy, including the provision and distribution of resources to support staff development. They are to:
  - ensure equity in the management of staff development.
  - discuss development needs with individual employees.
  - provide feedback on performance and potential for career development.
- The individual employee's responsibilities are to:
  - take ultimate responsibility for their career.
  - seek and use opportunities for development and learning.
  - develop training and development goals that meet the Centre's and individual needs, in consultation with the Director.
- As many staff as possible will be given the opportunity to experience each of the three rooms operating at the Centre. This will be achieved by rotating staff at the beginning of each calendar year.
- Individual needs and requests will be considered when rotation occurs but the final decision will be made by the Director and should not hinder other staff members from the opportunity to develop their skills and knowledge.
- All staff shall have the opportunity to develop their skills and knowledge through their annual professional development plan, whether this is in the form of external training courses, internal in-service sessions or other possibilities.
- Training to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse is provided to staff.
- The Director shall make information available about relevant training sessions and encourage staff to attend.

- The Director will ensure staff members are supported in their efforts to undertake further training and qualifications, through various options as suitable to the relevant training. These may be extra study time or planning time; providing mentors; being given the opportunity to take placements in various rooms or other possibilities as discussed and approved by the Director.
- In the interests of maintaining the highest possible standards, employees should consult with the Director before undertaking further study, for advice on which institutions offer the best courses. This will be taken into account when provision for study leave is granted. No planning or study time during work hours is guaranteed.

### **Working as a Team**

- It is the responsibility of the Director and the Senior staff to facilitate effective teamwork, in order to achieve the Centre's objectives.
- It is expected that each staff member will work co-operatively and professionally towards Service goals and provision of high quality education and care.

### **Centre Policies and Procedures**

- Staff are provided Handbooks on commencement. It is staff's responsibility to go through the Service policies and procedures and understand it thoroughly.
- The Director shall support that the policies of the Centre are understood and implemented by staff. This means that staff will be able to verbalise and demonstrate how Centre policies are being implemented through their activities, trainings and programs.
- Non adherence of policies and procedures can have serious repercussions including termination of employment.

### **First Aid Certification**

All staff are required to hold a current First Aid Certificate. As these are personal and transferrable qualifications, staff will have to bear this cost personally. Staff will not be reimbursed for time taken after-hours to complete certification or undertake skills maintenance.

The Service is also required to have a first aid officer for staff injuries. The Director fulfills this role. In the absence of the Director, injuries can be tended to by the most senior qualified staff member on the premises.

### **Staff Leave**

#### **The Manager and Director are responsible for:**

- Approving staff fair and just leave requests.
- Making consistent and timely decisions on leave applications.
- Actioning complaints in a timely manner.
- Monitoring leave balances including Annual Leave and Time in Lieu, in order to encourage staff to take periodic leave to ensure staff wellbeing.

- Considering whether to direct a staff member to take Annual Leave in circumstances where the leave balance exceeds four weeks. This can happen in very remote circumstances.

**Staff members are responsible for:**

- Providing the Director and Manager with applications for leave allowing reasonable time for consideration and back up arrangements where appropriate.
- Providing medical certificates or other evidence when on sick leave or when required.
- Applying for annual leaves at earliest possible time each year and personal leaves when there is a real need to do so.

**Leave without Pay (LWOP)**

- Leave without Pay will only be granted in exceptional circumstances, at the discretion of the Centre Manager or Centre Director.

**Annual Leave**

- Annual leave applications are to be addressed to the Director. All applications will be considered in accordance with fairness and equity principles. No two staff members can go on annual leave at the same time. In order to be fair, annual leaves are approved on first come first serve basis. The Director and Admin Manager has sole discretion to disapprove an annual leave application or direct the staff to take annual leave on alternative dates. It is staff's responsibility not to commit to any air tickets other reservations unless they receive written approval of their annual leaves.
- Full-time employees accrue the equivalent of four weeks (20 working days) of annual leave each year i.e. 152 hours. All employees accrue annual leave based on their actual working hours and based on fortnightly payroll. This means a staff starts their employment with zero leave and accrue more leave as they work more every fortnight.
- Annual leave accrues for each completed four weeks' period of continuous service.
- Majority of the annual leave balance is paid during the Centre closure period each year. This is to ensure staff has continuing income flowing during period of inactivity.

**Annual Close Down Period**

- HMCC is closed for two weeks over Christmas.
- The Admin Manager will advise by November each year, the precise dates for closure.
- Staff will access paid Annual Leave during this period.
- If staff has already consumed their annual leave or there is insufficient leave balance, part of the leave during Close Down period will be unpaid.

**Personal Leave**

- Full time employees are entitled to 2 weeks (10 working days) i.e. 76 hours of personal leave in each year and a proportion thereof. The personal leave accrues based on actual hours worked and on fortnightly payroll basis. This means a staff starts their employment with zero leave and accrue more leave as they work more every fortnight.
- When you have exhausted all paid personal leave entitlements, you may take up to 2 days of unpaid leave on each occasion to care for family members who require care and support due to
- personal illness or injury or an unexpected emergency affecting the family member.
- In exceptional circumstances, the Director or Admin Manager may approve 2 special paid leaves per year to support the staff member.

**Study Leave**

- The Management will consider applications for study leave associated with courses of study linked to provision of childcare services on a case by case basis.
- Consideration will be given to the operational needs of the centre.

<b>Policy Name</b>	<b>Sleep and Rest</b>
<b>Date Reviewed:</b>	August 2023
<b>Next Review Date</b>	September 2024
<b>Related Policies</b>	Supervision and Interaction with Children, Providing a Child Safe Environment Policies
<b>NQF Quality Area</b>	QA2: Children's Health and Safety

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

2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

#### QUALITY AREA 3: PHYSICAL ENVIRONMENT

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

#### LEGISLATIVE REQUIREMENTS/ EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
82	Tobacco, drug and alcohol-free environment
84A	Sleep and Rest
84B	Sleep and rest policies and procedures
84C	Risk assessment for purposes of sleep and rest policies and procedures
84D	Prohibition of bassinets
87	Incident, injury, trauma and illness record
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
107	Space requirements-indoor space
110	Ventilation and natural light
115	Premises designed to facilitate supervision

168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to Regulatory Authority

**Objective:**

The Education and Care Services National Regulations requires approved providers and nominated supervisors to ensure their services have policies and procedures in place for children's sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our Sleep and Rest Policy will assist management, and educators and other staff to ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the service.

Hakuna Matata will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids). Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe Sleep practices are informed by Red Nose and guidance from ACEQCA.

**Policy:**

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that Nominated Supervisors and educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.' (ACECQA).

Our Service defines 'rest' as a period of inactivity, solitude, calmness or tranquility, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep requirements.

**Sleep and rest specific risk assessment**

The approved provider, in conjunction with educators of the service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our Service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the Sleep and Rest Policy and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- the number, age, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (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)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of staff supervising children during sleep and rest periods
- the location of 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, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment
- any potential hazards
  - in sleep and rest areas
  - on a child during sleep and rest periods (such as jewellery, clothing)
- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)

### **Bassinets**

Effective 1 October 2023, the nominated supervisors will ensure bassinets are not kept on the education and care service premises (Regulation 84D). There are no Australian Standards for bassinets and risks include the bassinet tipping over or suffocation. All staff and educators will be made aware of this regulation and policy as part of their induction process. Our Service will ensure no bassinets are used or stored within the service. Families will be informed that children will not be accepted into care in a bassinet and under no circumstances will a bassinet be permitted to remain on the premises.

Children's individual rest habits will be respected and catered for.

- Staff will ensure that children are made as comfortable and soothed as possible for rest time. Soft music may be played, children will be given their own bedding and if they choose may have a soft toy or comforter.
- Children are not forced to have a sleep, and children who are known to require less sleep will be given an opportunity for quiet activities after a specific rest time.
- Children will be allowed to sleep for as long as they wish and are comforted and attended in a soothing manner when they awake.
- HMCC has a sleep and rest procedure that ensures that children are supported in their need to sleep and rest. Sleep checks are done every 10 minutes and recorded through Xplor app for each child. (Reg:68 (2)(A)(V). A sleep check template is used in case of a technical issue with Xplor.
- Our service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs.
- The risk of Sudden Infant Death Syndrome (SIDS) will be minimized by following practices and guidelines set out by Red Nose.

### **Red Nose safe sleeping:**

Six ways to sleep baby safely and to reduce the risk of sudden unexpected death in infancy:

- Sleep baby on the back from birth, not on the tummy or side
- Sleep baby with head and face uncovered
- Keep baby smoke free before 3 birth and after
- Provide a Safe Sleeping Environment night and day
- Sleep baby in their own safe sleeping place in the same room as an adult care-giver for the first six to twelve months
- Breastfeed baby – Resource:  
[https://rednose.org.au/downloads/Safe\\_Sleeping\\_Long\\_Brochure.pdf](https://rednose.org.au/downloads/Safe_Sleeping_Long_Brochure.pdf)

If a family's beliefs and requests are in conflict with current recommended evidence-based guidelines, our Service will need to determine if there are exceptional circumstances that allow for alternate practices.

Our service will only approve an alternative practice if the Service is provided with written advice from and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimization plan for individual children.

We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the service's duty of care, it is a requirement that all educators implement and adhere to



this policy to ensure we respect and cater for each child's specific needs.

### **'cot to bed' safety**

For safety reasons, 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 the cot.

### **Toddler beds**

They are a safe intermediate step due to their low level, which reduces the injury risks from falling out of a bed. When transitioning a child who has moved from a cot to the toddler bed ensure they are a safe intermediate step due to their low level, which reduces the injury risks from falling out of a bed.

### **Safe Wrapping**

- Recommended fabrics for wrapping include a muslin or light cotton sheet or wrap. Bunny rugs and blankets are not as safe for wrapping as they may cause over-heating.
- For wrapping to be effective, wrap needs to be firm but not too tight. Techniques that use tight wrapping with legs straight and together increase the risk of abnormal hip development. Loose wraps are hazardous as they can cover baby's head and face.
- Do not wrap baby higher than the shoulders so baby's face and head do not become covered. Allow for hip and chest wall expansion when wrapping.
- Babies must not be over-dressed under the wrap, e.g. use only a singlet and nappy in warm weather or light grow suit in cooler weather.
- Use a wrapping technique suitable for baby's developmental age. Reduce the effects of the Moro or startle reflex for a younger baby by including arms in wrap.
- Help an older baby stay on their back by wrapping their lower body but leaving their hands and arms free to self soothe.
- Discontinue wrapping as soon as baby starts showing signs that they can begin to roll.

### **Safe Sleep Procedures and guidelines:**

Approved Provider and Nominated Supervisor will ensure:

- a sleep and rest specific risk assessment is conducted at least annually to ensure all potential hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- ensure bassinets are not used or stored within the service
- ensure children are not accepted into care in a bassinet
- reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child
- all educators and new employees are provided with a copy of this policy as part of their induction program

- educators, staff and volunteers understand and follow the policy and procedures
- maintain up to date knowledge regarding safe sleeping practices and communicate this information to educators and families
- provide opportunities for educators to participate in Red Nose professional training
- there are adequate numbers of cots and bedding available to children that meet Australian Standards
- all cots used in our Service will meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this.
- Portable cots will not be used.
- sleep and rest environments will be safe and free from hazards including cigarette and tobacco smoke
- areas for sleep and rest are well ventilated and have natural lighting
- the supervision window (or similar) will be kept clear to ensure safe supervision of sleeping infants
- safe sleep practices are documented and shared with families. Nominated Supervisors and educators are not expected to endorse practices requested by a family if they differ from Red Nose safe (formerly SIDS and Kids) sleeping recommendations, unless provided with a General Practitioner's letter and risk minimization strategies.
- ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves checking/inspecting sleeping children at regular 10 minutes intervals and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin.
- negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service
- ensure they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- ensure the child's safety is always the first priority
- ensure children who are sleeping or resting have their face uncovered at all times
- provide information to parents and families about Safe Sleep practices. (see Red Nose)

**Educators will:**

- consult with families about children's sleep and rest needs
- be sensitive to each child's needs so that sleep and rest times are a positive experience
- ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- ensure that each child's comfort is provided for
- ensure that beds/mattresses/linen are clean and in good repair
- ensure beds and mattresses are sprayed after each use and washed at the end of the week.
- Families can send their own sheets if they want.
- arrange children's beds and cots to allow easy access for children and staff
- ensure children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection.
- create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed.
- ensure the environment is tranquil and calm for both educators and children

- sit near children who are resting and encourage them to relax and/or listen to music. Pat where requested by families as a need for the child
- maintain adequate supervision and maintain educator ratios throughout the sleep period
- conduct sleep check every 10 minutes interval using Xplor, check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour from the side of the cot or toddler bed
- consider the circumstances and any risk factors that may mean physical checks need to be more frequent for some babies or children (e.g.; children with colds, chronic lung disorders or specific health care needs that may require higher level of supervision)
- ensure bassinets are not used or stored within the service
- ensure children are not accepted into care in a bassinet
- ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed
- a record is maintained recording the time and observation of each physical check immediately after checks are made on the Xplor app
- assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- communicate with families about their child's sleeping or rest times and the Service policy regarding sleep and rest times
- respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- encourage children to dress appropriately for the room temperature when resting or sleeping
- Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children
- ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, whilst those children who **do** wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- consider a vast range of strategies to meet children's individual sleep and rest needs
- respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- acknowledge children's emotions, feelings and fears in regard to sleep/rest time
- develop positive relationships with children to assist in settling children confidently when sleeping and resting
- **Use of Dummies**
  - If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life (in consultation with parents). If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted. If parents choose to use a dummy, it is important that they receive evidence based advice, including the advantages and disadvantages of dummy use.

- Breastfeeding mothers are advised to offer a dummy only when breastfeeding has been established, usually after the first 4 to 6 weeks.
- Dummies should be cleaned often and replaced regularly
- Infants and children with chronic or recurrent otitis media should be restricted in their use of a dummy
- Dummies should definitely be discontinued by 2-4 years to reduce the risk of dental malocclusion
- Parents may need to be supported with strategies to wean infants and toddlers from dummy use, including activities, rewards, toys, and other objects of affection
- give bottle-fed children their bottles before going to bed in sitting position.
- ensure that cot rooms and sleep rooms have operational baby monitors on at all times
- encourage the use of sleeping bags with fitted neck and armholes for babies as there is no risk of the infant's face being covered.
- securely lock cots sides into place to ensure children's safety
- Ensure there is no soft bedding in baby's sleep environment (pillows, doonas, loose bedding, lambswool or soft toys)
- Cot rooms may be air conditioned and maintained at an appropriate temperature.
- be aware of manual handling practices when lifting babies in and out of cots
- participate in staff development about safe sleeping practices
- ensure mattresses are kept in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends.
- not elevate or tilt mattresses
- remove any plastic packaging from mattresses
- ensure that waterproof mattress protectors are strong, not torn, and a tight fit
- educators follow the Administration of First Aid Policy if the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- the Nominated Supervisor will ensure an Incident, Injury, Trauma and Illness Record is completed in its entirety
- the Nominated Supervisor will ensure the parent and the regulatory authority are notified as soon as possible and within 24 hours of a serious incident

**Red Nose recommendations for babies and toddlers**

Recommendations sourced from Red Nose: Source: <https://rednose.org.au/resources/education>

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot but may not always be able to roll back again. When a baby is placed to sleep, Educators should check that any bedding is tucked in

securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e., with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e., with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.

- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest or cover his/her head.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.
- Ensure there is no soft bedding in baby's sleep environment. (pillows, doonas, loose bedding, lambswool or soft toys)
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.
- Additional supervision is required if a child is wearing a baby sleeping bag whilst sleeping outside a cot. The sleeping suit should be removed as soon as the child wakes to avoid risk of falling and injury.

#### Maintenance of Cots/Bedding

Regular maintenance of cots and other bedding must be made to ensure there is no hazard posed to babies or children. This may include:

- all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)
- sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- spaces between bars and mattress sides are as per regulations/guidelines (not more than 25mm apart)
- spaces do not pose any danger to children - arm and leg traps/finger traps
- ensuring there are no choking hazards - cords, strings, bunting
- checking all bolts and screws are tight
- cots are not painted with any paint that contains lead
- paint work of cots is not chipped when babies are teething
- there are no toys, bumpers or other objects in the cot that could cause suffocation
- ensure there are no sharp edges
- ensure the cots have high sides - from top of mattress to top side of cot should be at least 500mm
- stay up to date with banned/recalled products and remove these immediately from the service if required.

<b>Policy Name</b>	<b>IT Environment</b>
<b>Date Reviewed</b>	September 2023
<b>Next Review Date</b>	September 2024

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1.1	Approved learning framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
1.1.3	Program learning opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.

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

## RELATED POLICIES

Child Protection	Dealing with Complaints
Child Safe Environment	Privacy and Confidentiality
Code of Conduct	Governance and Management

**Objective:**

Our Service will implement responsible behaviour and limit screen time when using technology, respecting the Service, children, and the privacy of families and educators. Educators will exercise appropriate judgement and behave in a professional and ethical manner when using technology. At all times, educators will provide a child safe environment and supervise children when using technology to minimise the opportunity for abuse or other harm to occur.

The aim of this policy is also to protect confidential and sensitive information, provide users of IT with a safe working environment, restrict use to authorised persons and prevent inappropriate use.

**Policy:**

Technology when used appropriately, can be a tool for learning, especially when educators play an active role. The Internet is a magnificent resource for research, communication, and extending programming ideas and interests. Technology use within our Service aims to encourage children to solve problems and use logical reasoning, leading children to make decisions and choices and assisting them to use computer software competently and safely. Our educators are diligent in ensuring children are only able to access age-appropriate technology on any device provided by the service.

**Definitions of terms**

App:	An abbreviation of the term 'Application'- refers to small programs that can be downloaded or installed on mobile phones
Coding:	Process of creating and inputting messages that can be understood by others or a digital device such as a computer robotic toy or app
Digital data:	Information that is transmitted digitally, including (but not limited to) text, audio, images and video
Digital technology:	enables large amounts of data to be stored and shared so it can be accessed, created and used by people anywhere and at any time
Digital documentation:	recording and analysing children's engagement and learning using digital tools. (includes photos, text and video and communicated through Xplor).
Interactive whiteboard:	a digital screen that projects content for groups of children to view or co-view or co-engage. Incorporates touch sensitive or responsive controls so the user may engage via the screen rather than a mouse or keyboard

**Examples of technology for early childhood education may include:**

- touchscreen devices- tablets (iPads)
- programs that develop literacy or numeracy skills with ICT such as word processing, desktop publishing
- internet and information literacy skills
- scanners
- Interactive whiteboards/data projectors

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

- provide professional learning to educators and staff in response to the ECA- *Statement on young children and digital technology*
- provide regular training for all staff on reporting obligations (including mandatory reporting) and child safe practices
- report any breach of child protection legislation to relevant authorities
- identify technology training needs of educators for professional development
- maintain and promote a positive culture that promotes safe, responsible, and respectful use of digital devices and online services
- reflect on our service's physical environment, layout and design to ensure it supports child safe practices when children are engaged in using technology

- ensure risk assessments are completed for all physical and online activities and identify areas where adults may have opportunities to interact with children unsupervised
  - perform regular audits to identify risks to children's safety and changes in room set-ups that can indicate areas of higher-risk and become supervision 'blind spots'
  - ensure location of digital technology/equipment allows educators to remain in line-of-sight of other staff members when working with children
  - only permit children to use devices in open areas where staff can monitor children's use
  - ensure all devices are set up safety- with controls, filters for privacy levels and safe search settings
  - ensure all devices are password protected with access for staff only
- ensure the Service *Privacy and Confidentiality Policy* is adhered to at all times by educators
- ensure there is no unauthorised access to the Service's technology facilities (programs, software program etc.)
- ensure all educators have appropriate login details to provide secure usage
- ensure all technological devices have current virus protection software installed
- develop guidelines about how technology will be used within our Service
- provide information to parents about technology use within the Service
- seek permission from families to use digital documentation including photographs of children via social media and/or other forms of documentation platforms
- ensure children, educators and parents are aware of our Service's complaints handling process to raise any concerns they may have about the use of digital technologies or any other matter (see: *Dealing with Complaints Policy*)
- provide a range of technology devices for educators to utilize – smart TVs, printers, touch screen multimedia computers etc.
- discuss with educators terms regarding sharing personal data online; ensure children's personal information where children can be identified such as name, address, age, date of birth etc. is not shared online

#### Educators will:

- comply with current legislation and Service policies
- keep passwords confidential
- model appropriate use of digital devices and online services for learning purposes
- identify and minimise risks to children in physical and online environments
- only permit children to use devices in open areas of the service to ensure close monitoring and supervision
- log out of computers and software programs after each use
- only access and modify files and data for which they have authorisation
- respond to and report any breaches and incidents of inappropriate use of digital devices and online services to management
- not harass, slander, intimidate, embarrass, defame, or seek to offend another person, group of people, or organisation via technological devices
- not make copies of, transmit, steal, or loan copies to other persons of Service documents.
- not use personal mobile devices to take photos at the Service, access social media (Facebook, Instagram or other) or breach children and families' privacy



- ask permission before taking photos of children on any device so children begin an understanding of how photos of them can be used and where they will be published
- provide adequate supervision to children when using computers or other technology
- ensure supervision plans are designed so staff are not alone with a child (where possible)
- ensure they are aware of their mandatory reporting requirements and report any concerns related to child safety including inappropriate use of digital technology to the Approved provider or nominated supervisor
- ensure children's personal information where children can be identified such as name, address, age, date of birth etc is not shared online

#### In relation to children, the Director and Educators will:

- consider the developmental levels of children when using technology for early learning
- support children's natural curiosity for technology within the Service
- provide children with access to age-appropriate technologies to help develop their computer literacy skills
- introduce concepts to children about online safety at age-appropriate levels
- only provide programs or apps that they have viewed and assessed prior to introducing to children
- build on children's learning and inspire the ongoing and enthusiastic acquisition of knowledge through technology
- use technology to build on current projects and document children's learning
- limit the amount of time spent on screens as per recommended screen times
- support children in turn-taking and learning to share when using digital technologies in collaboration with others
- provide a child safe environment to children- reminding them if they encounter anything unexpected that makes them feel uncomfortable, scared or upset, they can seek support from staff
- teach children to 'ask before they tap' or do anything new on a device
- limit experiences involving screen use to those which have an educational component or include movement and gross motor activity
- discuss with children the role of screen time in their lives and support them in making appropriate choices about their use of screen time for both education and recreation
- model appropriate screen behaviours and self-regulation to the children
- encourage productive sedentary experiences for rest and relaxation that are not technology-reliant
- ensure that an appropriate balance between inactive and active time is maintained each day
- ensure that under no circumstances the screen is used as a reward or to manage challenging behaviours
- educate and support children to begin to develop skills to critically evaluate sources of information on the internet.

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

- implement risk management strategies to ensure children are always supervised when using any digital device
- use of digital technologies are used to promote social interactions between children, peers and adults
- programs must be carefully selected and be suitable to the needs and developmental levels of each child using or watching various types of technology or media

- programs and apps will be chosen to support and promote children's cognitive investment
- all online devices have appropriate filtering and monitoring in place with safe settings activated
- all devices are password protected with access for staff only
- postural awareness will be promoted when using devices
- technology is used to assist in expanding the content of the daily program and appropriate current affairs (e.g., the Olympic Games, environmental resources)
- technology is predominantly used where play-based and 'hands-on' experiences cannot provide the same information (e.g., investigating planets or dinosaurs). It will not replace appropriate experiences nor professional pedagogy
- programs are chosen that are engaging and age appropriate to children: Only 'G' rated television programs and movies will be viewed at the Service
- the use of TV will be kept to a minimum. When used:
  - programs depicting violence and/or inappropriate content (including graphic news reports) will not be shown
  - TV programs or videos will only be shown that have positive messages about relationships, family and life
  - information about programs to be viewed will be shared with families beforehand to ensure that they approve of the content. Information may include:
    - title
    - synopsis
    - rating
    - length of program
  - all content will be socially and culturally considerate and appropriate
- timeframes for 'screen time' according to Australia's Physical Activity and Sedentary Behaviour Guidelines are:
  - children birth to one year should not spend any time in front of a screen
  - children 2 to 5 years of age should be limited to less than one hour per day
  - children 5-12 years of age should limit screen time for entertainment to no more than 2 hours a day.
- children will be taught responsible concepts of digital use and citizenship as children are '*growing up digital*'
- only quality developmentally appropriate interactive media will be used

#### **In relation to families our Service will:**

- create shared understandings between families and educators about digital technology use, by adults, in front of children
- provide families with information about the digital technology used within the Service
- request written consent from parents/families to collect and share personal information, images or videos of their children online through enrolment form
- provide information and advice to families about the selection of digital media content, apps and games that are appropriate for use by young children
- provide information about the apps and programs used within the Service
- support families to understand that negative effects of exposure to disturbing or arousing content and screens before sleep time

This policy applies to all IT resources used at HMCC including but not limited to:

- Google Drive: The Director and each room will have their individual google drives allocated to them and will be responsible for its security, sharing and usage.
- The Director and each Room is provided with their personalised email addresses on HMCC email servers and will be responsible for its usage and security.
- Xplor: Xplor is a fully integrated third party childcare management system used by HMCC. Each staff is given access to Xplor through their personalised email addresses and unique passwords.
- The Director and authorised staff will be responsible for downloading appropriate educational apps/resources for HMCC IT facility for children.
- Each room will be provided with their own tablet PCs.

**The Admin Manager and the Director are responsible for:**

- Authorising members of the staff and students to have access to the computer.
- Authorising members of the BOD and external organisations to have access to HMCC's Cloud storage account with 'Google' and providing passwords.
- Changing HMCC's 'Google Drive' password each time the BOD has a change in members.
- Reviewing Centre policies and to assure that HMCC meets the evolving challenges posed by threats to information systems and networks.
- Adhering to the Centre's *Privacy and Confidentiality Policy* in regard to all emails and information accessed on HMCC's computer.
- Ensuring no unauthorised access to HMCC's IT facilities.
- Providing the Director/staff separate log-in to provide a secure location in which to store electronic material relating to staff.
- Providing Authorisation Capacity to the Director to HMCC's on-line bank account.
- Providing view only/data input access to the Accountant and authorised personnel to HMCC's on-line bank accounts.
- Both Admin Manager and Director are responsible to regularly review [info@hmccgroup.com.au](mailto:info@hmccgroup.com.au).

**Director and staff are responsible for:**

- Compliance with relevant legislation and centre policies.
- Keeping the secure password allocated to them by the Admin Manager, including not sharing passwords and logging off after using a computer. Users must not compromise or attempt to compromise the security of any IT facility belonging to the Centre, nor exploit or attempt to exploit any security deficiency.
- Using the IT facilities in an ethical and lawful way, in accordance with Australian laws (refer to legislation listed in this document).
- Only accessing accounts, data or files on HMCC's computers which they have authorisation to access.

- Co-operating with other users of the IT facilities to ensure fair and equitable access to the facilities.
- Programs on HMCC's computers are approved by the Director or Manager.
- Users are not to attempt to access or transmit at any time, via email or any other medium, material (language and images), which a reasonable person could consider indecent, offensive, obscene, profane, sexually explicit or objectionable.
- Users must not harass, slander, intimidate, embarrass, defame, vilify, seek to offend or make threats against another person, group of people or organisation via electronic mail or other medium. Are not to make copies of, or transmit, commercial software illegally in breach of copyright.
- Are not to participate in spamming or sending mass unsolicited email.
- Are not to transmit confidential information inappropriately.
- Must not attempt to access or transmit at any time, via email or any other medium material that is illegal.
- Must not undertake game playing on HMCC IT facilities unless it is required for the development of children in their care.
- Be aware of the need for security of information systems and networks and what they can do to enhance security. This includes acting in a timely and cooperative manner to prevent, detect and respond to security incidents and report any concerns to the Centre Manager.
- Using email and messaging facilities for Centre-related activities, provided such use is lawful. Messaging facilities may include chat sessions (for example with other staff or other professionals), and electronic conferences (where applicable).
- Not using HMCC's IT facilities to access pornographic material or to create, store or distribute pornographic material. It will not be a defence to claim that the recipient was a consenting adult.
- Not using HMCC's IT facilities to run a personal business on the Centre's IT facilities.
- Unless authorised by the Director, not posting information about HMCC to a social networking site or uploading photos taken at HMCC or on excursion onto a social networking website.

### **Email spam management**

Unsolicited and unwanted emails are known as spam. They can have a number of aims, some of which are harmless (but often annoying) sales and marketing pitches and others which are malicious and may cause damage to your computer/data, or enable people to steal your financial records and access your bank accounts. Some spam emails contain viruses. All users are advised never to open files or start programs that have been sent as attachment via email from an unknown/untrustworthy source. Suggested practice is to scan the attachment with anti-virus software before you open it and check for unusual filenames. If any staff is unsure, they should immediately contact Manager for advice.

### **Information stored on computer/s**

Records containing personal, sensitive, health information or photographs of children will be stored securely on the "Google Drive" so that the privacy and confidentiality of all information is maintained. Use of storage device, including but not limited to, CD-rom, DVD, hard drive or memory stick is prohibited.

Users of the computers are not to view or interfere with other users' files or directories or knowingly obtain unauthorised access to information or damage, delete, insert or otherwise alter data without permission.

### **Accessing Social Media**

Guidelines around accessing or engaging with social media using a HMCC computer is contained in the *Staff Code of Conduct Policy*.

### **Breaches of this policy**

Users who fail to adhere to the procedures set out in this policy may be liable to personal criminal or civil legal action. This could result in serious consequences such as a fine, damages and/or costs being awarded against the individual or even imprisonment. The centre will not defend or support any user who uses the IT facilities for an unlawful purpose.

- Parents/guardians or other users failing to adhere to this policy may be expelled from the centre in line with HMCC's constitution.
- Staff failing to adhere to this policy may be liable to counselling or disciplinary action.
- Volunteers and/or students failing to adhere to the policy may have access to HMCC's computers denied or have their placement terminated.
- The centre accepts no responsibility for loss or damage or consequential loss or damage, arising from the use of HMCC's IT facilities.

<b>Policy Name</b>	<b>Work Health and Safety</b>
<b>Date Reviewed</b>	September 2023
<b>Next Review Date</b>	September 2024

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
168	Policies and procedures are required in relation to health and safety
171	Policies and procedures to be kept available

## RELATED POLICIES

Administration of First Aid Policy Administration of medication Child Protection Child Safe Environment Dealing with Infectious Disease IT Environment Emergency Evacuation Excursion and Incursion	Health and Safety Incident, Illness, Accident and Trauma Medical Conditions Sleep and Rest Supervision Sun Safety Water Safety
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### Objective:

Everyone has a right to be safe at work. Our Service is committed to creating and maintaining a safe and healthy environment for educators, staff, children, families and visitors. We ensure that educators and staff are aware of and meet their legal and ethical responsibilities as clearly documented in current National Regulations and Work Health and Safety laws. Our *Work, Health and Safety Policy*, procedures and practices ensure that management fulfils its responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees; employees meet their health and safety obligations and are safe in the workplace; and the work environment supports quality early education and care.

We believe that the provision of a safe working and learning environment for children, families, staff, and visitors are an integral and essential responsibility during the Service operation. Work Health and Safety regulations require the Approved Provider to eliminate risks in the workplace or if that is not reasonably practicable, minimise the risks so far as is reasonably practicable.

Our Service has a duty to consult with staff, visitors and families about work health and safety requirements and develop comprehensive policies and procedures to manage risks and hazards appropriately and effectively. All employees have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others.

### Legislation

Each state and territory government have its own Work Health and Safety (WHS) laws and a regulator to enforce them. In Hakuna Matata Early Learning Centre, we are legislated by Work Health and Safety Act 2011 and Work Health (NSW) and regulated by SafeWork NSW.

#### Workers Compensation Obligations

Approved Providers will ensure the following to facilitate compliance of WH&S Laws and regulations relating to Workers Compensation obligations:

1. Hold workers compensation insurance
2. Provide information relating to how employees can make a claim. This may include displaying a poster relating to injuries at work – check for specific requirements:  
NSW If you get injured at work poster

3. Provide information to employees regarding a return-to-work program
4. Ensure staff incident reports are completed for all near-miss injuries or injuries, complete an injury register to record near-miss injuries and injuries.
5. Ensure staff injuries are reported to workers compensation insurer and SafeWork NSW within 48 hours.

The Approved Provider and management are committed to:

- providing all employees with a safe and healthy work and learning environment so far as reasonably practicable
- ensuring the health and safety of children in attendance at the Service so far as reasonably practicable
- ensuring the health and safety of visitors, including contract workers and volunteers, whilst at the Service so far as reasonably practicable
- providing and maintaining an environment free of risks or hazards to health and safety so far as reasonably practicable
- providing and maintaining an environment that is tobacco, alcohol and drug free
- ensuring the provision of adequate facilities to protect all persons from risks to their health and safety including access to adult toilets, provision of hand hygiene resources (soap and water, alcohol-based hand sanitiser, paper towel) and personal protection equipment (PPE) (disposable gloves, masks, glasses)
- implementing a proactive process of risk management facilitating continuous improvement
- ongoing consultation, collaboration and communication with all staff throughout the risk assessment process
- meaningful consultation with employees regarding work, health and safety issues
- providing an effective and accessible safety management procedure for all employees to guide safe working and learning throughout the workplace
- ensuring Safety Data Sheets (SDS) are provided for all hazardous chemicals used at the Service
- supporting and promoting the health and wellbeing of all employees
- promoting dignity and respect within the Service and taking action to prevent and respond to bullying in its workplace
- providing staff with appropriate information, training, and guidance to facilitate a safe and productive work and learning environment
- notifying the regulatory authority within 24 hours of any incident, situation or event that has occurred and presented imminent or severe risk to the health, safety and/or wellbeing of any person present at the Service or if an ambulance was called in response to the incident/situation (not as a precaution)
- investigating and managing any incident or accident to prevent further reoccurrence
- providing return to work programs to facilitate safe and sustainable return to work for employees
- providing a program of continuous improvement through engaging with industry and new technology and reviewing and updating policies and procedures
- implementing safety management systems / procedures
- keep up to date about current health risks and implement risk minimisation measures to reduce the risk of transmission of viruses
- maintain accurate records of all WHS issues and maintenance.



Educators and other staff must ensure:

- the health and safety of children, families and visitors of the Service is paramount
- policies and procedures are being followed and adhered to at all times
- that they observe, implement and fulfil the responsibilities under the current Work Health and Safety Act and National Regulations
- they participate in the review of WHS policies
- they take practical steps and responsibility for their own health and safety and of others affected by their actions at work
- work, health, and safety audits are conducted frequently to ensure the Service is maintaining a safe environment for children, families, staff and visitors
- appropriate resources and processes are in place to identify hazards, eliminate or minimise risks and achieve work health and safety compliance
- they know the location of fire extinguishers, blankets or other safety devices and know how to use them
- identified risks are assessed and controlled
- that any potential and actual hazards in the workplace are reported to the Health and Safety Representative (HSR)
- management and/or the HSR is notified of any incidents and accidents in the workplace as soon as practicable
- workplace incidents are reported and investigated to ascertain the circumstances of the incident or accident and appropriate action is taken to prevent further incidents from occurring
- correct record keeping procedures for incidents and accidents in the WHS Reporting folder are followed
- compliance with any reasonable instruction or lawful direction, including wearing personal protective equipment (PPE) supplied by the employer as required
- areas identified for improvement are included in the Quality Improvement Plan (QIP)
- they participate in training and consultation with the support of management
- they follow the correct manual handling procedures
- that work areas are safe, and they will help reduce accidents to themselves and others
- all safety checklists are implemented as required on a regular basis
- children's equipment is regularly checked for safety
- that children are supervised at all times
- all dangerous chemicals are stored appropriately
- children are kept out of kitchen areas
- all power points have safety plugs
- no hot drinks are around children
- gates are closed and locked after entry/exit
- all spills are cleaned up immediately (to prevent slipping), following the correct cleaning procedure
- reports and/or concerns about work health and safety are reviewed and responded to
- current work health and safety knowledge is maintained

Families and visitors are to:

- take reasonable care of their own health and safety whilst visiting the Service
- report any health and safety issues to management

- participate in consultation in WHS issues affecting them
- take reasonable care to ensure they don't affect the health and safety of other people (eg: Health Declaration for infectious diseases)
- comply to Service policies and procedures in relation to WHS including actions to reduce the risk of transmission of infectious diseases or illnesses such as physical distancing (if recommended by Australian Government Department of Health) personal hygiene practices and exclusion if children and visitors if unwell
- comply to Service policies related to the use of tobacco, alcohol and drugs at all times.

**Work Health and Safety (WHS) Officer**

We have a WHS Officer as per WHS legislation. WHS Officer has been elected after consultation with the staff.

A WHS Officer can:

- inspect the workplace as directed by management
- be present and represent a staff member at an interview (with their consent) with the Approved Provider/Nominated Supervisor or an inspector regarding health and safety issues
- monitor compliance measures by the Approved Provider/Nominated Supervisor
- enquire into any risk to the health or safety of staff at the Service.

Our Service will ensure WHS Officer is:

- never prevented from carrying out any of their duties
- able to give people assisting them access to the workplace
- able to take paid leave to attend to their health and safety duties
- able to take paid leave to attend an initial work, health and safety course or annual refresher training approved by the regulator within 3 months of their request to attend. The Service will pay the course costs and reasonable expenses.
- able to access any resources, facilities and assistance that they reasonably require to undertake their duties.

WHS Officer is not personally liable for anything done or not done in good faith whilst carrying out their role.

**Duty of Care**

A duty of care is the legal obligation to provide reasonable care while performing any acts or making any omissions that could foreseeably harm others.

The duty encompasses a wide range of matters, including (but not limited to):

- provision of adequate supervision
- ensuring grounds, premises and equipment are safe for children's use
- implementing strategies to prevent bullying and
- providing medical assistance (if competent to do so) or seeking assistance from a medically trained person to aid a child who is injured or becomes ill at the Service.

The Approved Provider and Nominated Supervisor will ensure all practical steps are taken to ensure the health and safety of all educators, staff, volunteers, children, their families, and any other people impacted by the Service operations. This includes ascertaining and eliminating or minimising all realistically foreseeable hazards and providing suitable training and instruction for employees to ensure health and safety. Educators, staff, and volunteers will also take reasonable care for their own health and safety, ensuring their conduct does not adversely affect the health and safety of other people. Staff, educators, families and visitors are notified that smoking on or within our Service's premises, including car parks, is prohibited. Educators and staff must not consume alcohol or be affected by alcohol or drugs (including prescription medication) so as to impair the educator's capacity to supervise or provide education and care to children.

### Hazard Identification

A hazard is a source of potential harm or a situation that could cause or lead to harm to people or property. Workplace hazards can be physical, chemical, biological, mechanical or psychological.

Potential Hazard	What does this include?	Example	Potential accident
<b>Physical</b>	Floors, stairs, steps, ladders, fire, falling objects, slippery surfaces, manual handling (lifting, pulling, pushing), noise, heat and cold, radiation, poor lighting, ventilation	Children's beds placed in an open area, wet bathroom floors, lifting children for nappy changes.	Trips, slips and falls, Manual handling injury (soft tissue/back injury)
<b>Mechanical and/or Electrical</b>	Electricity, machinery, equipment, washers and dryers, kitchen appliances, motor vehicles.	Lint accumulation in dryers can be a combustion hazard. Frayed power cords or unplugged power points are an electrical hazard.	Fire, electric shock, electrocution
<b>Chemical</b>	Includes substances such as acids or poisons, cleaning agents, dusts and fumes.	Cleaning chemicals, Medication	Fire, explosion, poisoning

<b>Biological</b>	Includes bacteria, viruses, mould, mildew, insects, vermin and animals.	Sick staff or children attending the Service, Contaminated food, mice infestation.	Cross-infection, food poisoning.
<b>Psychological</b>	Workplace stressors.	Bullying, children's needs exceed skill or confidence of educators, insufficient management support.	High stress levels (staff and children), compromised care practices, failure to be inclusive.

*Reference: Work Health and Safety in Education and Care Services PSC National Alliance (2012).*

## Risk Management

Risk Management is part of our Service's commitment to Work Health and Safety (WHS) to ensure that clear processes are in place for the identification of hazards, assessment of risks and implementation of control measures so far as reasonably practicable. Risk management plans include risk identification and risk assessment. Plans are reviewed regularly to ensure that they are effective in controlling risks.

Our Service will comply with WHS legislation and ensure all staff and visitors are aware of the potential hazards and risks and are provided with the necessary information and strategies to undertake to help keep them safe and healthy.

Risk Management is a systematic and methodical examination of potential risks and hazards within our working and learning environment. The process of risk assessment assist to:

- identify hazards
- assess who or what might be harmed and how
- evaluate the risks and deciding on appropriate control measures
- record findings
- review the effectiveness of exiting control measures regularly and update when necessary assessments regularly
- consult and communicate with all stakeholders- staff, families, visitors and community members.

Risks assessments are routinely conducted for emergencies including evacuation, lockdown, excursions and management of natural disasters such as bush fire, flood, cyclone and earthquake. *(see relevant policies for specific risk assessments)*

## Hazard Reduction

Educators and staff have responsibilities to take a risk management approach to all activities and plan for the safety of themselves and children. This may include:

- always work with safety in mind
- be aware of any hazards and report them immediately
- keep hallways and doors completely clear as an object could become a hazard in an emergency evacuation situation
- using resources appropriately
- open doors slowly
- do not stand on furniture (chairs or tables)
- walk, not run within the Service (particularly up and down stairs)
- adhere to sun protection guidelines
- ensure personal safety by wearing PPE, implementing hand hygiene procedures
- follow behaviour guidance plans to ensure personal safety and that of other children

### **Hazardous Materials**

We strive to minimise the health and safety risks associated with the handling and storage of hazardous materials. We adopt a risk management strategy that enables practices that minimise the risk of harm, injury, or illness caused by any hazardous material.

As far as is reasonably practical, our Service will:

- provide the least hazardous chemical, product, or equipment for the task without jeopardising hygiene
- ensure that staff, contractors, students, and visitors are protected from both short- and long-term health effects of hazardous substances and processes
- ensure all staff, contractors, visitors, and students have access to Safety Data Sheets (SDS) and adequate training on the safe use and storage of all hazardous substances prior to any exposure to those substances.
- ensure that non-toxic plants are planted within the workplace and regular garden and grounds maintenance will be undertaken to minimise the risk of toxic plants within the grounds and premises.

### **Cleaning**

Educators and staff must:

- adhere to the cleaning schedules and procedures within the Service including hand washing, use of gloves, colour coded mops/cloths
- follow manufacturer's directions for cleaning products and chemicals (see Safety Data Sheets- SDS)
- ensure a register of all hazardous chemicals, substances and equipment is used at the Service. The register should include where they are stored, their use, any risks, first aid instructions and the current SDS.
- chemicals are never mixed together
- chemicals and cleaning products are stored in original containers provided by the manufacturer
- all items are clearly labelled
- wash hands immediately if any chemical is spilled
- in the event of a chemical spill, isolate the area and advise the Nominated Supervisor

- wash hands thoroughly after using any chemical or disinfectant
- ensure containers are disposed of correctly following local council guidelines and not reused under any circumstances
- seek medical advice immediately if poisoning or potentially hazardous ingestion, inhalation, skin or eye exposure has occurred.
- **Poisons Information Line 13 11 26 or call an ambulance on 000**
- ensure emergency, medical and first aid procedures are carried out

### **Slips, trips and falls**

Children must be adequately supervised at all times. Identifying potential hazards such as sustaining an injury from play equipment or slipping on a wet surface should be considered through the risk assessment process. Establishing appropriate control measures for staff and children, assist in managing the possible risk.

All staff should:

- wear covered shoes with slip resistant soles and heels
- be alert for any object that could be a trip hazard
- pick up any objects sticking up from the floor or ground, so as not to cause injury
- ensure warning signs alerting others of wet and slippery floors are used
- immediately clean any spills to avoid slips and falls
- notify the Nominated Supervisor and the WHS Officer if a slip or fall is witnessed, whether it is a work colleague or visitor
- ensure the appropriate paperwork is completed (including notification to the Regulatory Authority if required).

### **Maintenance of Fire Equipment**

All fire equipment at our Service will be maintained as per the Australian Workplace Safety Standards. External agencies will be employed to conduct the maintenance of the fire equipment. Fire extinguishers will be inspected every six months.

### **Back Care and manual handling**

Our Service refers to [Safe Work Australia / Manual Handling](#) practices as part of our commitment to ensure a best practice approach. Educators are at risk of work-related ergonomic injuries, particularly back injuries, through carrying children, bending, reaching and not using adult sized furniture. Manual handling is any activity requiring the use of strength used 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 activities listed above. Injuries can include back strains, similar strains and sprains in parts of the body such as the neck, arm, shoulder and knee. Manual handling injuries also include overuse injuries or, because of falling during manual handling, bruising or laceration.

### **RECOMMENDATIONS**

- Due to the physical demands of working with children, it is sensible to do warm-up exercises for three to five minutes before starting work particularly through the winter period as 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.
- To help prevent injuries, there are legal requirements for manual handling in the workplace.

The Approved Provider/Nominated Supervisor will:

- provide educators and staff with training in Manual Handling and Back Care during induction.
- make sure that equipment and containers are designed and maintained to be, as far as workable, safe and without risk to health and safety when manually handled
- make sure that the work practices involving manual handling and the work environment are designed to be, as far as workable, consistent with safe manual handling activities
- identify, assess and control all risks associated with manual handling in each workplace
- clearly mark any equipment which requires more than one person to lift or move it.

### **Preventing manual handling injuries**

- Eliminate or reduce the amount of manual handling
- Reduce the amount of bending, forward reaching, and twisting, in all tasks
- Reduce worker fatigue
- Keep all equipment in good working order
- Keep the workplace environment safe

### **To help prevent manual handling injuries**

- Kneel rather than bend down
- Sit down with the children rather than bend over
- Sit in an appropriately sized chair or 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
- To lift a child out of a cot, it is vital to put the side down of the cot first, 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-slip
- 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 well matched to 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 are important to prevent slips, falls and strains.

- 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

**Risky play / adventurous play**

Educators will provide an environment that encourages children to effectively learn in play which involves supporting them to take risks. No play space is risk free. It is important for children's development to become adventurous and participate in opportunities to explore and test their own capabilities, manage risk, and to grow as capable, resourceful, and resilient people.

Educators will assess the risks to children's safety and develop guidelines to encourage children to test their abilities within a safe environment.

When we find children exploring risky play, educators will supervise and assist when appropriate.

<b>Policy Name</b>	<b>Behavior Guidance and Management</b>
<b>Date Reviewed</b>	October 2023
<b>Next Review Date</b>	October 2024

## National Quality Standard (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.
5.2.2	Self-Regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

QUALITY AREA 6: PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
155	Interactions with children
156	Relationships in groups
168	Education and care service must have policies and procedures
174	Time to notify certain circumstances to Regulatory Authority
175	Prescribed information to be notified to Regulatory Authority

### Related policies

Family Involvement & Communication Incident, Injury, Trauma and Illness Interaction with Children, Family and communities	Medical Conditions and administration of medication Privacy and Confidentiality Providing a child safe environment Enrolment Supervision of children
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### Objective:

At HMCC, we aim to create positive relationships with children making them feel safe, secure and supported within our Service. We will ensure children are treated with respect, consistency, fairly and equitably as they are supported to develop the skills and knowledge required to behave in a socially and culturally acceptable manner.

### Policy:

This policy applies to children, families, staff, management and visitors of the Service. Supporting children to develop socially acceptable behavior is a primary goal for educators and families. This is embedded in fundamental documents including the Early Years Learning Framework (EYLF), The Education and Care Services National Regulations and the National Quality Standards (NQS).

The behavior and guidance techniques used by staff and Educators at our Service are designed to give children the opportunity to expand their experiences of life in a productive, safe environment that allows individuals the right to safety, tolerance, self-expression, cultural identity, dignity and the worth of the individual.

### Definitions

Behaviour guidance- this term is used to reflect current thinking about the most positive and effective ways to help children gain understanding and learn skills that will help them to manage their own behaviour. Using appropriate behaviour guidance, educators aim to support each child

regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

**Self-regulation-** The ability to manage energy states, emotions, behaviour and attention: the ability to return to a balanced, calm and constant state of being. Self-regulation is a key factor for mental health, wellbeing and learning (KidsMatter, Early Childhood, 2014).

**Inclusion-** taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstance and geographic location) in curriculum decision-making processes. (EYLF)

### **Procedure:**

The behaviour and guidance strategies used by staff and educators at our Service are designed to provide children with the opportunity to expand their experiences of life in a productive, safe environment that allows individuals the right to safety, tolerance, self-expression, cultural identity, dignity and the worth of the individual.

Educators understand that as children grow and develop, self-regulation becomes an important aspect of social and emotional development as they begin to understand how their actions affect others.

We believe in providing clear, consistent guidelines for children's behaviour as part of a caring and trusting relationship with children and families to help them feel secure and self-confident. Children benefit from knowing that their environment is stable and that a competent adult is taking care of them.

There are three key aspects to promoting positive behaviour:

1. Creating a quality learning environment that is positive and supportive and provides developmentally appropriate experiences and resources
2. Implementing guidance strategies for building skills and strengthening positive behaviour based on age-appropriate behaviour expectations
3. Employing strategies for guiding children's behaviour resulting in decreasing undesired behaviours.

### **Positive behaviour guidance strategies**

Guiding children's behaviour is an important aspect of caring for and educating children. Positive strategies need to be developed to assist children to learn appropriate ways of behaving. Corporal punishment and unreasonable discipline are not permitted at any time in children's services, not only because the child may be physically harmed, but also because it nearly always has detrimental effects on the child's self-esteem and feelings of security. All educators and staff at our Service will role model appropriate behaviour and language, encouraging children to socialise with other children, including children of different cultural backgrounds as well as from different age groups and different genders.

Behaviour guidance strategies implemented within our Service are appropriate to the child's age and developmental capacity. Children are encouraged to make decisions for themselves and are provided with opportunities for independence and self-regulation. Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or

emotional harm to the child or anyone else. They are acknowledged when they make positive choices in managing their behaviour.

Strategies may include using visual cues, prompting, redirection, re-teaching strategies, developing logical consequences and conferences with children. In the instance of adverse behaviour being persistently observed, educators will evaluate their program, room set up, supervision etc. to identify triggers and sources of inappropriate or challenging behaviour.

Regular routines and consistency in implementing behaviour guidance strategies are critical to support children's wellbeing and promote children's agency. All staff implement an active and positive approach to guiding children's behaviour within our Service.

**Management/Nominated Supervisor will ensure:**

- no child being educated and cared for by the service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- connections are built between our service and local primary schools to support positive learning environments
- behaviour guidance does not involve making judgements about children or their families
- information is gathered from families about their children's social skills, relationship preferences, family and cultural values which will be recorded in the child's individual file
- educators will use this information to engage children in experiences that support children to develop and practice their social and decision-making skills
- positive and respectful relationships with children are established and maintained
- children are empowered to use language and other forms of non-hurtful communication to communicate their emotions
- positive, empathetic relationships are promoted between children assisting them to develop respectful relationships
- the dignity and rights of each child are maintained at all times
- positive and inclusive strategies are implemented to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour
- a partnership is developed with other professionals or support agencies that work with children who have diagnosed behavioral or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child's file
- excessive or challenging behaviour is managed and communicated with families
- strategies are implemented to re-direct a child who may be causing or about to cause harm to himself or herself, another child, or adult. Incidents may include a child who is kicking, spitting, biting, throwing furniture or toys, punching or hitting, or being disruptive. Redirection may also include an incident where a child places him/herself in a dangerous situation, for example, climbing a fence or hiding in a potentially dangerous position. Safety is a priority, and this may mean using physical re-direction in which an educator will actually remove the child from the harmful situation if required. It may be necessary to remove other children from the area while the child calms down.

- families are notified and the incident/behaviour is addressed sensitively. In an instance where a child or children's safety has been jeopardised, parents are required to sign the *Behaviour Incident Report*
- should the behaviour continue, the child's behaviour is observed and carefully documented. Additional information is collated related to the context and behaviour guidance strategies implemented.
- a meeting with the child's parents/carers and educator may be arranged to discuss any behaviours or concerns that have been observed. A *Behaviour Guidance Plan* may be developed in consultation with families and other health professionals as required
- families and professional agencies are consulted to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties
- *Behaviour Guidance Plans* are to be reviewed on a periodic basis reflecting changes that have been applied through the implementation of the plan in consultation with the child's family
- application for additional support for educators to build their capacity and capabilities to include children with additional needs will be made through the Inclusion Support Program
- a Strategic Inclusion Plan (SIP) is developed and guided by local support agencies as required for individual rooms or groups of children
- the SIP is reviewed on a periodic basis reflecting changes that have been applied through the implementation of the plan
- Individual Support Plans are developed for individual children as required
- professional development is provided for educators to be informed, trained and supervised to implement the SIP created, ensuring that information is composed and recorded for reflection on its effectiveness for the individual room or group of children
- notification is made to the regulatory authority within the legislated time frames of any circumstance that poses a risk to the health, safety and wellbeing of a child or children, or of any complaint alleging that a serious incident has occurred at the Service.

Educators will:

- encourage and support each child's social and emotional development, striving to develop children's self-regulation and an understanding of the feelings of others
- actively work with younger children to promote and role-model positive ways to interact with others
- teach behavioural expectations
- support appropriate behaviour- visual cues, prompting, positive verbal feedback and quality learning environments
- children are provided with positive guidance and encouragement toward acceptable behaviour
- promote children's initiative and agency
- actively work with all children to support them in constructing and conveying ways of expressing needs, resolving conflict, and responding to the behaviour of others
- at all times provide positive role-modelling in their dealings with children, other educators and staff, and families
- discuss guidelines, rules, limits, and what is fair with children, and use their contributions in setting limits and guidelines
- guide children's behaviour, teaching them how to be considerate of others – to think about the effects of their actions on others. It is important that children understand what acceptable and unacceptable behaviour is and how to manage their emotions.

- talk calmly with children about the consequence of their actions, and the reason for rules
- use corrective consequences- prompt, redirect, re-teach, provide choice, logical consequence, conference with child and educator
- provide positive feedback and focus on children's strengths and achievements and build on their abilities
- take into consideration the child's past experiences as their behaviour could be a result of past trauma such as changes in routine, changes or losses within the family, placement in care, or more serious circumstances involving abuse, neglect, or family violence
- be responsive to these former experiences, designing and implementing behaviour plans with the individual child that include strategies which will assist alternative and positive behaviour
- provide age appropriate, challenging, and interesting activities, experiences, and equipment for children to use and become engaged with
- ensure there are sufficient materials and equipment for individual, small and large group activities
- set up the environment (indoor and outdoor) for children to engage in activities and experiences in accordance with their abilities and interests
- adapt a positive approach, excluding cruel, harsh, humiliating or demeaning actions
- commit to professional development and keep up to date with industry information regarding behaviour guidance strategies
- support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others
- participate in planned and spontaneous conversations with children about emotions, feelings and issues of inclusion and fairness, bias and prejudice, and the consequences of their actions, as well as the appropriate rules and the reasons for the rules
- provide children with the language and vocabulary needed to express their emotions and feelings and verbalise their concerns
- encourage children to listen to other people's ideas, consider pro-social and altruistic behaviour and collaborate and negotiate in problem solving situations
- listen empathetically to children when they communicate their emotions, provide encouragement as they reassure the child it is normal to experience positive and negative emotions
- guide children to remove themselves from situations where they are experiencing frustration, anger, or fear
- support children to negotiate their rights and rights of others and mediate perceptively when children experience difficulty in resolving dissimilarity
- learn about children's relationships with others and their relationship preferences they have and use this knowledge to encourage children to manage their own behaviour and expand on their empathy skills
- use positive language, gestures, facial expressions, and tone of voice when redirecting or discussing children's behaviour with them
- remain calm, respectful and tolerant as they encourage children who are strongly expressing distress, frustration or anger
- guide children's behaviour with a focus on preserving and promoting children's self-esteem as they learn to self-regulate their behaviour
- implement "*time with*" an adult, which will be used when all other strategies (above) have been exhausted. "Time with" allows educators to offer reassurance and support so the child can settle and regain self-control, develop some self-calming behaviours and gain composure. Once calm,

educators can assist the child to identify what happened, reflect on their actions and consider how they may have done something differently. "Time with" will always occur under the supervision of other educators

- contribute to and ensure Individual Support Plans are followed in consultation with the Services' SIP.

**Families will:**

- provide consent for the service to consult with professional agencies to assist with implementing a Strategic Inclusion Plan (SIP) for the room or group of children
- work collaboratively with educators and professional agencies when required in order to develop a broader understanding of the child's developmental level and share any recent events which may be influencing the child's behaviour
- consult with educators and provide consent when the Service is applying for Inclusion Support Funding
- work in partnership with educators and health professionals in the development of a behaviour guidance plan or Individual Support Plan to assist with the identification of challenging behaviour, the development of supportive strategies and the review of strategies implemented within a behaviour guidance plan where required
- create consistency in behaviour guidance strategies used at the service and at home



<b>Policy Name</b>	<b>Environment Sustainability</b>
<b>Date Reviewed</b>	October 2023
<b>Next Review Date</b>	October 2024
<b>Related Policies</b>	Governance and Management Policy
<b>NQF Quality Area</b>	QA3: Physical Environment; QA:5 Interaction with Children

**Objective:**

We aim to ensure the environment is safe, clean and sustainable. We believe in educating children about the environment which is promoted through daily practices, resource and interactions. Sustainable practice will be encouraged within the service assisting children and families to become advocates for a sustainable future.

**Policy:**

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 adult's model sustainable practices. Children learn to live interdependently with the environment.

**We will:**

- Incorporate recycling as part of everyday practice at the Service. Recycling containers will be provided throughout meal times and experiences.
- Designate educators as Sustainability Officers who will lead the sustainability curriculum.
- Role model sustainable practices.
- Discuss sustainable practices with the children and families & local community as part of the curriculum.
- Provide information to families on sustainable practices that are implemented at the Service and encourage the application of these practices in the home environment.
- Use a worm farm/composting bin/ to reduce food waste in the Service. Children will be encouraged to place food scraps into separate containers for use in the worm farm or composting bin. Educators will discuss with the children and families, which scraps worms can eat, which foods can be composted. The children will be involved in maintaining the worm farm and compost bin.
- Role model energy and water conservation practices of turning off lights and air-conditioning when a room is not in use, emptying water play containers onto garden areas.
- Seek to purchase equipment that is environmentally friendly where possible. Educators will reduce the amount of plastic and disposable equipment they purchase and select materials that are made of natural materials.
- Use the concept of "reduce, re-use and recycle" which will become part of everyday practice for both children and educators to build lifelong attitudes towards sustainable practices.

**Procedure:**

Learning about sustainability starts with everyday practice. We believe environmentally sustainable practices should be embedded into the operations of the Service. Our service is committed to protecting our environment to ensure a sustainable future for our children. This involves educators, children and families working together to protect our environment to ensure a sustainable future for our children through continuous improvement we strive to improve every day.

We will:

- Network with the local community to keep up to date with current practices and ideas for sustainability. We already use water tanks, grey water system, dual flush cisterns and water saving taps.
- Encourage educators, families and children to engage in innovative practices and appreciate the natural environment.
- Ensure the Service joins a preferred provider e.g. the NSW Early Childhood Environmental Education Network (or State equivalent) to liaise with other education and care services and keep up to date on practices and ideas for sustainability.
- Where relevant, review policies and procedures within the Service to find more sustainable outcomes (e.g. using hand dryers or washers instead of paper towel to dry hands)
- Where possible electronic communication will be used to reduce paper use within the office and in each room for billing and other communication needs.
- Source resources and materials from Reverse Garbage or second hand stores to use within the Service.
- Ensure sustainable practices are incorporated into the daily routine. These will include:

Sustainable Practice	Ideas
Recycling	<ul style="list-style-type: none"> <li>• Recycling paper and rubbish</li> <li>• Using recycled water</li> </ul>
Gardening	<ul style="list-style-type: none"> <li>• Planting vegetables, herbs and fruits</li> <li>• Establishing a Worm Farm</li> <li>• Give food scraps to worms</li> <li>• Educating children and have them participate in 'garden to plate' activities. Educating children about seed sprouting, weeding, vegetable gardens, cooking etc.</li> </ul>
Energy Conservation	<ul style="list-style-type: none"> <li>• Turn off lights and switches when not in use</li> </ul>
Water Conservation	<ul style="list-style-type: none"> <li>• Using half flush on the toilet</li> <li>• Turning off the water when not in use</li> <li>• Encouraging shorter showers</li> <li>• Turning off tap when brushing teeth</li> </ul>
Natural Resources & Equipment	<ul style="list-style-type: none"> <li>• Reusing natural materials trees, blocks, boxes etc.</li> <li>• Educating children in the natural decomposition cycle through exposure and</li> </ul>

	<p>participation in worm farms and composting food scraps</p> <ul style="list-style-type: none"><li>• Using expired food items like corn flour to be used for inedible play experiences</li></ul>
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<b>Policy Name</b>	<b>Toys and Games from home</b>
<b>Date Reviewed</b>	October 2023
<b>Next Review Date</b>	October 2024

National Quality Standard (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.2	Self-Regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups
168	Education and care service must have policies and procedures

### Objective:

To promote better relationships between children and focus on the educational program.

### Policy:

We understand that it is natural that children wish to carry familiar toys with them and to show their friends items they consider precious. It has been our experience, however, that bringing toys from home to childcare can create situations difficult to manage. We have consulted as part of policy making process with both the children and the families as our valued stakeholders. We request that children do NOT bring toys from home into the Service except Show 'n' Tell.

It is part of our educational program in Pre-school room that we ask children to talk about a toy, a book or any other object of their choice so they learn to confidently talk in front of group in a meaningful way. It builds on their social and language skills before starting school.

Our Pre-school children can bring one toy for show and tell and keep it back in bag after the show and tell is done. The Centre is a 'war free zone' and the centre actively discourages inappropriate play such as war games. War toys, guns and weapons and any toys that do not promote the concept of peace are not permitted at the Centre.

**Procedure:**

Children have a natural desire to bring their own toys to childcare. However, doing so often causes conflict between peers that they are unable to cope with or resolve amicably. Children have difficulty sharing a special toy but they have an equally difficult time choosing to put it away instead. Other children may feel upset or anxious when someone else has a special toy and they don't. Bringing toys into the Service can also cause unhealthy competition amongst the children, e.g. "My truck is cooler than yours" and can, moreover, be used as a power/control source, e.g. "You can't play with my Barbie, you're not my friend", or "If you don't let me have it, you can't come to my birthday party". We have also experienced lack of focus and learning difficulties for children who rely on just one toy or game.

We therefore request that children do not bring toys from home into the Service, but rather wait for the opportunity for sharing their own things when friends visit their home. If a child brings a toy from home except Show 'n' Tell, educators will request that the parent takes it with them. If this is not possible the child will be asked to put the toy away in their bag. If the child is unable to leave the toy in their bag then an educator will temporarily place it in a cupboard for safekeeping. We will discourage toys from home being brought to the Centre on a regular basis and explain to children that they can only do it for Show 'n' Tell. We request parents to follow the same strategy.

Show 'n' Tell encourages children to talk at group time about their special toy or personal belonging. This practice will encourage a child's social development, enable a child to vocalize thoughts, fears and feelings, broaden the cultural and social backgrounds of all children involved in group time activities, assist in the development of language skills and provide an opportunity for development of special interests for the group.

Staff at the Service will not be responsible for lost or broken toys from home.



<b>Policy Name</b>	<b>Inclusion Policy</b>
<b>Date Prepared</b>	October 2023
<b>Next Review Date</b>	October 2024

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups
157	Access for parents
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed

## Related policies

Behaviour Guidance and Management Providing a Child Safe Environment Code of Conduct	Interaction with Children, Family and Staff Enrolments Privacy and Confidentiality
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## Objective

We aim to provide an inclusive environment for all children, families and educators, acknowledging the uniqueness of every person regardless of their race, gender, sexuality, religion, culture, physical and mental abilities and socio-economic background. This policy ensures all children, families, and staff are welcomed and treated equitably and with respect.

## Policy

This policy applies to educators, families, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

Our *Anti-Bias and Inclusion policy* underpins the philosophy of our Service. The role of educators is to encourage children to share and learn about the individuality of each child and their family and their role in the Service. This policy aims to assist children to form positive social relationships, develop their identity and self-awareness and to learn to accept the diversity of members within and outside of the Service community.

*“Educators who are culturally competent respect multiple cultural ways of knowing, seeing and living, celebrate the benefits of diversity and have an ability to understand and honour differences. This is evident in everyday practice when educators demonstrate an ongoing commitment to developing their own cultural competence in a two-way process with families and communities” (EYLF, p.16).*

### Creating Inclusion

Inclusion supports children’s rights, fosters diversity and overcomes bias and barriers that may exist preventing children to participate in experiences within our Service. Inclusion is consistent with the Convention on the Rights of the Child and other international conventions, including the UN Convention on the Rights of Persons with Disabilities and UN Declaration on the Rights of Indigenous Peoples.

Inclusion involves taking into account all children’s social, cultural and linguistic diversity including learning styles, abilities, disabilities, gender, family circumstances and geographic location in curriculum decision-making processes. (EYLF, p.24).

We will ensure children are provided with access to activities and environments, meaningful participation to foster a sense of belonging and opportunities to experience positive learning outcomes.

### Cultural or National Origin and Racial Identity

Our Service values and promotes equity, respect and awareness of different cultures. We ensure a cultural inclusive curriculum that reflects the cultural, linguistic and religious diversity of our society.

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

- access information and professional development/awareness about other cultural and racial identities, especially those relevant within the Service
- engage in critical reflection about stereotypes and biases
- ensure our program design and delivery builds on community and cultural strengths
- develop strong partnerships with families and children to extend their individual and communities’ cultural competence
- ensure children have opportunities to participate with a wide variety of resources from the daily life of a variety of families and cultures
- where possible, engage educators that reflect a variety of cultural, national origin, and racial identities
- affirm and foster children’s knowledge and pride in cultural identity



- foster children's curiosity, enjoyment and empathetic awareness of cultural differences and similarities
- provide children with tools to respond appropriately to bias- build on children's strengths, interests and individuality
- teach children to overcome any inappropriate responses triggered by cultural differences
- encourage children to ask about differences in physical characteristics
- enable children to feel pride, but not superiority, about their racial identity
- help children to become aware of our shared physical characteristics – what makes us all human
- encourage parent input into the program and to participate on a level that they feel comfortable with, sharing their culture, and, for example, their language
- collect information from each family on enrolment and incorporate it into the program to meet individual family needs in regard to ethnicity and home language
- develop communication plans with families to ensure inclusion- use of interpreter/cultural support
- where possible use both the educators and children's first language as appropriate within the Service environment
- respect all cultures by presenting photographs, pictures, play equipment, books, posters, music, dramatic play resources, and dolls that will encourage open discussion and exploration of a variety of cultures
- provide resources that include diversity and skin tone to foster respect and understanding for people of all backgrounds
- develop an understanding of the needs, strengths, and attitudes of each culture represented at the Service
- challenge inappropriate or stereotypical conversations or remarks by children.

### Diversity in Family Composition

The Nominated Supervisor and educators will:

- create an environment that is welcoming to all families
- respect each family, and work in partnership to support the child's emergent identity as an individual, member of their family, our Service, and the community
- engage in simple discussions about families that focus on fact rather than values e.g. "*some children live with their mum or dad, some children live with their mum and dad, some with grandparents, and some with two mums or two dads*".
- be encouraged to seek awareness and reflect on his/her own feelings, beliefs and background and evaluate the effect these may have on their attitudes and interactions with families
- respect family lifestyle choices
- treat all families respectfully regardless of socioeconomic background
- discuss how members of the community can support one another and less fortunate people through the provision of resources, donations of goods or time etc.

### Aboriginal and Torres Strait Islander Peoples

The Nominated Supervisor and Educators will:

- show respect and a commitment to reconciliation by developing a Reconciliation Action Plan (RAP)
- reflect on the current level of cultural competence of our staff
- promote the inclusion of children's voices in all decisions that affect them

- build and strengthen our knowledge and understanding of Aboriginal and Torres Strait Islander cultures, histories and contributions
- attend professional development to support our understandings of Aboriginal and Torres Strait Islander cultures and perspectives
- provide opportunities for professional reflection
- identify and challenge our own cultural assumptions, beliefs and commitments to cultural competency
- engage with local Aboriginal families and communities through Aboriginal Education Consultative Groups
- invite Elders and Traditional Owners to speak to children, staff and families about the histories and cultures of the local area
- develop an Acknowledgement of Country in collaboration with Elders, community members, children and families which will be displayed and given during special events and incorporated into the program on a regular basis
- develop awareness and meaningful understanding about Aboriginal and Torres Strait Islander people as part of the cultural heritage of all Australians
- encourage Aboriginal and Torres Strait Islander communities access children services
- show sensitivity and respect to Aboriginal and Torres Strait Islander languages by incorporating verbal and visual languages into the Service environment.

### Ability

The Nominated Supervisor and Educators will:

- provide an inclusive educational environment in which all children can succeed
- promote acceptance, respect and appreciation for individual's varying abilities
- consult with all families and other professionals to enable full participation in the program for children with varying abilities
- evaluate and adjust the environment to provide access and enable all children to develop autonomy, independence, competency, confidence and pride
- provide children and parents with developmentally appropriate information about varying abilities to foster understandings that we are all similar and different
- empower children in their own learning to ensure that they gain a feeling of self-respect
- treat all children fairly and develop an understanding that everyone has something important to contribute
- find examples in books, movies and tv shows that reflect attitudes about diversity, ability and disability
- observe all children and with family consultation, provide an individualised program to extend each child's interests and abilities
- create an environment where all children can participate in activities and experiences.

### Promoting Inclusion and Diversity into the Curriculum

The Nominated Supervisor and Educators will:

- promote positive influences, modelling appropriate communication, non-bias or gender specific language and attitudes

- develop appropriate expectations for each child based on their individual strengths, developmental needs, and interests
- assist educators with the development of required skills and knowledge for working with all children and families.
- work with Inclusion Support Professionals to assist in the inclusion of children with additional needs
- explore the values and uniqueness of the diversity within the Service. These opportunities will form part of the curriculum.
- treat children with respect by answering their questions honestly
- adapt activities, interactions, communication, the environment, and documentation to ensure all children and families are actively included and supported to participate in the curriculum
- provide children with a range of resources, equipment and opportunities to enhance their awareness of diversity
- reflect on the curriculum ensuring inclusive practice and goals set for children are realistic and being met
- involve families in the planning of learning opportunities reflective of their culture.

### Promoting and Supporting Children's Home Languages

The Nominated Supervisor and Educators will:

- acknowledge that the use of children's home language underpins their sense of identity and conceptual development (EYLF)
- promote and support children's home languages in the Service
- present books that reflect different languages and children's first language
- create an environment which supports natural language learning and interaction
- assist parents to understand the value and importance both their home language and English
- engage in professional development about cultural diversity and building linguistic capacity

**Track of reviews/changes to Policy and Procedure Manual**

<b>Policy Name and brief changes</b>	<b>Date of review/change</b>
Sleep and rest (New sleep and rest regulations), Enrolment and Orientation Policy (Immunization check procedure upgrade)	26/09/2017
Evacuation (Include procedures specific to bush fire relating to advancement property)	27-02-2018
Toys from home (Based on feedback from parents, children and educator's new policy is effective from 1 <sup>st</sup> April 2020.	02-03-2020
Control of infectious diseases	24-03-2020
Child Protection	12-10-2020
Work Health and Safety	02-02-2021
Philosophy and Value Statement	11-02-2022
Staff Code of Conduct	24-02-2022
Privacy and Confidentiality	24-02-2022
Responsible Person at Centre	24-02-2022
Dealing with Complaints & Grievances	25-02-2022
Child Protection	25-02-2022
Fees	10-03-2022
Family Involvement and Communication	01-04-2022
Interaction with children, Families and communities	01-05-2022
Supervision	02-05-2022
Nutrition and Healthy Eating	10-05-2022
Dealing with Complaints & Grievances of Staff and Families	12-05-2022
Delivery and Collection of Child	14-06-2022
Providing a child safe environment	14-06-2022
Environment Sustainability	14-06-2022
Participation of Students and Volunteers	14-06-2022
Water Safety	12-07-2022
Sun Protection	12-07-2022
Governance and Management	12-07-2022
Incident, injury, trauma and illness	12-07-2022
Inclusion	01-08-2022
Payment of Fee (Previously Fee Policy)	16-08-2022
COVID-19 Management Policy	16-08-2022

Termination of Enrolment	18-08-2022
Code of Conduct (previously staff code of conduct)	18-08-2022
Sleep and Rest	20-09-2022
Staffing Arrangements and Entitlements	20-09-2022
IT Environment	20-09-2022
Student, volunteers and visitors	20-09-2022
Behaviour Guidance and Management	10-10-2022
Toys and Games from Home	10-10-2022
Code of Conduct	17-02-2023
Privacy and Confidentiality	17-02-2023
Responsible Person at Centre	17-02-2023
Dealing with complaints and grievances of staff and families	17-02-2023
Family Involvement and communication	20-03-2023
Enrolment	20-03-2023
Payment of Fees	20-03-2023
Child Protection	18-04-2023
Supervision of Children	18-04-2023
Interaction with children, Families and communities	18-04-2023
Delivery and Collection of children	18-04-2023
Dealing with Infectious diseases	23-05-2023
Nutrition and Healthy Eating	23-05-2023
Medical Conditions and Administration of Medication	23-05-2023
Administration of First Aid	23-05-2023
Acceptance and refusal of authorisation	20-06-2023
Sun Safety	20-06-2023
COVID policy deleted (covered in Dealing with Infectious diseases)	20-06-2023
Emergency	20-06-2023
Excursions and Incursions	18-07-2023
Water Safety	18-07-2023
Incident, Injury, Trauma and illness	18-07-2023
Governance and Management	18-07-2023
Staffing arrangement	15-08-2023
Providing a child safe environment	15-08-2023
Students and Volunteers	15-08-2023
Sleep and Rest	15-08-2023
Teething	25-08-2023
Sick Child	25-08-2023
Emergency Policy incl. evacuation, lockdown and relocation (road works scenario evacuation procedure updated)	22-09-2023

Sleep and Rest	30-09-2023
Providing a Child Safe Environment	21-04-2024
Dealing with Infectious diseases	June 2024
Payment of Fees	9-10-2024