Lake Gardens Children’s Centre

Contents

[Centre Philosophy 3](#_Toc26873483)

[Governanace 4](#_Toc26873484)

[Work Health and Safety Policy 7](#_Toc26873485)

[National Quality Framework Policy 10](#_Toc26873486)

[Educator and Management Policy 12](#_Toc26873487)

[Staffing Arrangements Policy 22](#_Toc26873488)

[Enrolment Policy 28](#_Toc26873489)

[Unenrolled Children Policy 31](#_Toc26873490)

[Termination of Enrolment Policy 32](#_Toc26873491)

[Acceptance and Refusal of Authorisations Policy 33](#_Toc26873492)

[Hygiene and Infection Control Policy 35](#_Toc26873493)

[Rest and Sleep Policy 39](#_Toc26873494)

[Head Lice Policy 42](#_Toc26873495)

[Nutrition Policy 43](#_Toc26873496)

[Immunisation and Disease Prevention Policy 45](#_Toc26873497)

[Administration of Medication Policy 48](#_Toc26873498)

[Grievance Policy 50](#_Toc26873499)

[Relationships with Children Policy 53](#_Toc26873500)

[Additional Needs Policy 62](#_Toc26873501)

[Non-infectious Conditions Requiring Exclusion Policy 64](#_Toc26873502)

[Infectious Diseases Policy 65](#_Toc26873503)

[Child Safe Policy 66](#_Toc26873504)

[Child Protection Policy 71](#_Toc26873505)

[Incident, Injury, Trauma and Illness Policy 77](#_Toc26873506)

[Dental Care Policy 81](#_Toc26873507)

[First Aid Plan 82](#_Toc26873508)

[Employment of Staff Policy 83](#_Toc26873509)

[Food Intolerance/Preference Procedure 85](#_Toc26873510)

[Anaphylaxis and Medical Conditions Policy 86](#_Toc26873511)

[Sun Policy 90](#_Toc26873512)

[Orientation of Children Policy 92](#_Toc26873513)

[Clothing Policy 93](#_Toc26873514)

[Toileting and Nappy Change Procedure 95](#_Toc26873515)

[Physical Activity Promotion Policy 98](#_Toc26873516)

[Privacy and Confidentiality Policy 100](#_Toc26873517)

[Excursions Policy 105](#_Toc26873518)

[Water Safety Policy 107](#_Toc26873519)

[Technology Usage Policy 108](#_Toc26873520)

[Delivery and Collection of Children Policy 110](#_Toc26873521)

[Social Media Policy 112](#_Toc26873522)

[Fees Policy 113](#_Toc26873523)

[Emergency Management and Evacuation Policy 115](#_Toc26873524)

[Education, Curriculum and Learning Policy 117](#_Toc26873525)

[Environmental Sustainability Policy 119](#_Toc26873526)

# Centre Philosophy

At Lake Gardens Children’s Centre, we operate under the guidance of the Victorian Early Years Learning Framework which supports us all as early childhood professionals to work together with each other, other educators and the families within our community to achieve common outcomes for every child in our care.

We believe in working together with the educators at our service to meet indicators of quality care and with families and the children to support all children in reaching outcomes.

We believe that the environment needs to be safe, secure, comfortable and encouraging so that we are fostering the children’s trust, self esteem, self worth and their overall sense of belonging. By encouraging family centred practice, we are able to collaborate with families to ensure our environment meets the needs of every individual family and child in our service. By developing these relationships with families and engaging in this practice, we are able to collect information about every child so that our service continually provides an environment for the children to learn, grown and thrive.

We believe that by engaging in partnerships with professionals, we are continually reflecting on our own practice and working towards ways to grow as a centre. We believe that we are gaining new insights into current practices and discussing new ideas to implement, and we also believe in the benefits of offering our educators professional training workshops to keep their knowledge fresh and current. This ensures that our reflective practice is continual and relevant in terms of striving towards implementing quality practices.

We believe children learn best through play and we have high expectations for every child. By engaging in play and by simply ‘being’, the children are able to embrace knowledge and build on their skills to successfully reach learning outcomes. We believe in encouraging children’s independence enabling them to learn and grow in a supported environment. In conjunction with the children’s play, our educators believe in respectful relationships and responsive engagement. This assists the children in achieving success and working towards being citizens of their community.

We believe in equity and diversity at Lake Gardens Children’s Centre and we believe that when a child’s diversity is respected, they are best supported to grow, learn, develop and achieve. We believe that each child is to be treated equally irrespective of their culture, capabilities, religion or gender and we embrace any child’s additional needs or individual requirements. As a result, we encourage and embrace culturally relevant programs and opportunities for all children to be provided with an environment that assists them and their capabilities.

We believe that as we work towards following the EYLF, we will embrace integrated teaching and learning approaches so that an emergent curriculum is practiced, providing each child with a vital role in their own play and learning. We believe that by having an input into their curriculum, the children respond better and have greater success in reaching their desired outcomes.

We believe it is vital for management at Lake Gardens Children’s Centre to establish and maintain positive relationships with educators, children and families and we value the necessity of open, trusting and honest communication between all parties involved.

We believe in forming and maintaining relationships within the local community, to utilize these resources and enhance experiences provided for and by the children.

We believe that this centre philosophy should continually be reflected upon and evaluated as new insights are gained.

# Governanace

Our service has the following organisational structure lead by Kathy Lloyd who is the Director and owner of the service.

* The approved provider has a range of responsibilities prescribed in the Education and Care Services National Law and Regulations, including keeping accurate records and retaining them for specified timeframes.

Our approved provider is also responsible for:

* ensuring the financial viability of the service by implementing budgets and managing risks
* overseeing control and accountability systems
* supporting the Nominated Supervisor / responsible person/Certified Supervisors in their role and providing resources as appropriate for the effective running of the service
* providing leadership which promotes a positive and quality culture and direction for all stakeholders. This also encompasses taking feedback/complaints and actioning on these
* managing legal functions and elements of the service including being honest and working with integrity
* acting ethically, respectfully and professional at all times so as to ensure the centre remains financial and not bringing the service into disrepute
* ensuring all stakeholders are treated fairly.

Our Nominated Supervisor and Educational Leader is Narissa Campbell.

The Nominated Supervisor is responsible for the day to day management of our service and has a range of responsibilities prescribed in the national law and regulations.

**Commitment to good governance**

* Lay solid foundations for management and oversight.

*Management Principles*

To ensure our working relationships are characterised by open and respectful communication, accountability and trust our service adheres to the following management principles.

1. Management by Agreement

Nominated Supervisors and educators agree to produce outcomes together. Educators agree on their accountabilities and to work according to existing procedures and policies. Nominated Supervisors agree to provide educators with training, resources and support.

1. Management by Exception

Once a system is in place or the Nominated Supervisor and educators have agreed upon a course of action, the educator is accountable for identifying and reporting whenever something significant occurs that isn't part of the plan.

1. Clearly Defined Reporting Relationships

Everyone in the Service has only one primary manager. This reduces confusion and increase accountability and transparency.

Information, requests, or delegations that would cause our educators/staff to take action or change the course of their actions will only come from the person to whom they report.

Our reporting relationships are:

* The Nominated Supervisor reports to the Approved Provider.
* The responsible person in day to day charge of the service reports to the Nominated Supervisor.
* Each Room Leader reports to the Nominated Supervisor. The Nominated Supervisor has the authority to communicate information about the work and to direct the activities of the Room Leader.
* Educators in their report to the Room Leader

Our service will:

* regularly review the work process
* give quick, clear, and direct feedback and instruction that is timely and specific
* communicate in writing
* avoid under-regulating, over-regulating and unnecessary meetings.
* Promote ethical and responsible decision-making

Our service will make decisions which are consistent with our policies, our obligations and requirements under the national education and care law and regulations, our approved learning framework (EYLF) and the ethical standards in our code of conduct.

* Make timely and balanced disclosure

Unless there is a risk to the health, safety or wellbeing of a child enrolled at the service, our service will provide at least 14 days notice before making any change to a policy/procedure that may have a significant impact on our provision of education and care or a family’s ability to utilise our service, including making any change that will affect the fees charged or the way fees are collected.

Our service will also:

* ensure all notifications required under the National Law and Regulations and the Family Assistance Law are made within the timeframes required
* develop a Quality Improvement Plan that is completed regularly, available on request and ready for submission to the Regulatory Authority when requested.
* Respect the rights of shareholders, parents, children

Our service will support and encourage the involvement of parents and families by:

* developing and implementing plans to ensure regular communication with families including advice about events, activities and policy updates
* enabling them to have access and provide input to reviews of policies and procedures
* providing space for private consultations
* providing and displaying a range of information about relevant issues

Our service will respect the rights of children by ensuring:

* the Nominated Supervisor complies with their responsibilities under the national law and regulations
* we follow our policies and procedures including the Relationships with Children Policy, Child Protection Policy and Privacy and Confidentiality Policy.
* our children are provided with the experiences and learning which allows them to develop their identities, wellbeing and social connection.

5. Recognise and manage risk

Our service will take every reasonable precaution to protect children from harm and any hazard likely to cause injury. We will follow service policies including those covering Workplace Health and Safety, Child Protection, Excursions and the Delivery and Collection of Children and complete regular risk assessments and safety checks.

6. Remunerate fairly and responsibly.

# Work Health and Safety Policy

We aim to do everything possible to protect the health, safety and welfare of all educators and other people who may be affected by our operation including our children and their families.

**Implementation**

**Duty of Care**

The Approved Provider and Nominated Supervisor will ensure he or she takes all reasonable steps 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 identifying and eliminating or reducing all reasonably foreseeable hazards and providing appropriate training and instruction. Our educators, staff and volunteers will also ensure they take reasonable care for their own health and safety and that their conduct does not adversely affect the health and safety of other people.

**Consultation, Cooperation and Coordination**

Our service will share information about health and safety matters with educators, staff, and volunteers and encourage them to express their views or raise issues.

Our service will consult with educators, staff, and volunteers when:

* identifying hazards and assessing risks arising from work
* proposing changes that may affect the health and safety of workers
* carrying out activities prescribed by the Work Health and Safety Regulation.

Our service will also consult with educators, staff, and volunteers when making decisions about:

* ways to eliminate or minimise risks
* the adequacy of their facilities
* consultation procedures
* resolving health and safety issues
* monitoring their health and safety or the safety of workplace conditions
* how to provide health and safety information and training.

Consultation with our educators, staff, volunteers and health and safety representatives means:

* relevant work health and safety information is shared
* they have a reasonable chance to express their views
* they are given a reasonable opportunity to contribute to the decision making process
* their views are taken into account
* they are advised of the outcome of the consultation in a timely manner.

Our educators, staff, and volunteers are entitled to:

* elect a health and safety representative
* request the formation of a health and safety committee
* cease unsafe work
* have health and safety issues resolved in accordance with an agreed issue resolution procedure
* not be discriminated against for raising health and safety issues.

A HSR can:

* inspect the workplace of their work group
* accompany a workplace health and safety inspector during an inspection
* be present at an interview with a worker that the HSR represents (with their consent) and the Approved Provider/Nominated Supervisor or an inspector about health and safety issues
* request a health and safety committee be established
* monitor compliance measures by the Approved Provider/Nominated Supervisor
* represent the work group in health and safety matters
* investigate complaints from members of the work group
* inquire into any risk to the health or safety of workers in the work group
* request the assistance of any person, including a union, whenever necessary.
* direct workers to cease unsafe work where the HSR considers there is a serious health and safety risk if consultations the Approved Provider/Nominated Supervisor do not resolve the issue.

Our service will ensure a HSC has access to any information related to workplace hazards and the health and safety of workers, except for personal or medical information which would identify individual workers.

**Employees**

* Are expected to willingly co-operate to maintain a safe and healthy working environment throughout the centre and encourage other employees to follow safe work practices
* Will immediately notify the centre manager of any accident or incident or any other matter which may affect the health and safety of any person at the centre

**Visitors, Students and contractors**

Are expected to comply with the safety standards of the centre.

**Notification of Death, Serious Injury or Illness**

The Approved Provider/Nominated Supervisor must notify the Workplace Health and Safety Regulator as soon as they become aware of a death, or a serious injury or illness that results in:

* immediate treatment as an in-patient in a hospital, or
* immediate treatment for:
	+ the amputation of any part of the body
	+ a serious head injury
	+ a serious eye injury
	+ a serious burn
	+ the separation of skin from an underlying tissue (such as degloving or scalping)
	+ a spinal injury
	+ the loss of a bodily function
	+ serious lacerations or
* medical treatment within 48 hours of exposure to a substance.

A serious illness is:

* any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:
	+ with micro-organisms
	+ that involves providing treatment to a person
	+ that involves contact with human blood or body substances, or
	+ involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

A dangerous incident is also notifiable under the legislation. Dangerous incidents include:

* an uncontrolled escape, spillage or leakage of a substance
* an uncontrolled implosion, explosion or fire
* an uncontrolled escape of gas or steam
* an uncontrolled escape of a pressurised substance
* electric shock
* the fall or release from a height of any plant, substance or thing
* the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
* the collapse or partial collapse of a structure
* the collapse or failure of an excavation or of any shoring supporting an excavation
* the inrush of water, mud or gas in workings, in an underground excavation or tunnel

The approved provider or nominated supervisor must notify the regulator by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. If notified by telephone, the regulator may require a written notice of the incident within 48 hours. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by the regulator.

# National Quality Framework Policy

Our service participates in the National Quality Framework (NQF). The service aims is to provide the highest quality education and care available across all areas.

**Implementation**Our Service participates in and values the National Quality Framework (NQF), including the National Quality Standard (NQS), the Early Years Learning Framework (EYLF) and the National Regulations – an Australian Government initiative linked to the funding of the Child Care Benefit for parents. This is conducted through the Australian Children’s Education and Care Quality Authority (ACECQA) and the state licensing department through scheduled site assessment visits and where appropriate, spontaneous visits.

The NQS provides standards of quality practices for care provided in our Service as well as guidance and support from the Service’s self evaluation through our Quality Improvement Plan (QIP). The system also allows educators to continually improve practices by identifying the quality aspects of care the Service is already providing and assisting the Service in developing goals for further improvement through our QIP. The Service is required to complete and submit a comprehensive QIP every twelve months.

The Service will ensure that all educators and management are informed about current practices and requirements in the NQF process by attending appropriate in-service/training, accessing any other publications and information about the accreditation process that may be of benefit – including those published by ACECQA.

Educators will involve parents, families and management in each stage to seek their input and views into practices and care in our Service – this includes having parent input into policy reviews, parent meetings and providing updates in newsletters about the Service’s current stage in the process.

**The seven Standards under the NQS are –**

1. Educational program and practice

2. Children’s health and safety

3. Physical environment

4. Staffing arrangements

5. Relationships with children

6. Collaborative partnerships with families and communities

7. Governance and Leadership
**The Rating System**

The NQS is accompanied by a national quality rating and assessment process that promotes transparency and accountability and assists parents to make informed choices about the quality of education and care at a service. Our service will display the rating received for each quality area and the overall rating.

**The Ratings are as follows –**

* Excellent
* Exceeding National Quality Standard
* Meeting National Quality Standard
* Working towards National Quality Standard
* Significant improvement required.

We will access regular updates on the ACECQA website – [www.acecqa.gov.au](http://www.acecqa.gov.au)

# Educator and Management Policy

Our Service aims to ensure that positive working relationships are formed between all educators and management. Educators and management will at all times conduct themselves in an ethical manner and strive to make all interactions positive and compliant with the Service’s philosophy.

**Code of Conduct**

The Approved Provider, Nominated Supervisor, educators, staff members, volunteers and students will uphold the following **ethical conduct principles** at all times, and promote positive interactions within the Service and the local community.

1. Commitment to our service Philosophy and values, including the promotion of a meaningful connection to the NQF and best practice in early childhood education in partnership with our families
2. Effective, open and respectful two-way communication and feedback between employees, children, families and management
3. Honesty and integrity in all interactions between children, families, employees and managers
4. Consistency and reliability in all exchanges with children, families, employees and managers
5. Commitment to a workplace which values and promotes the safety, health and wellbeing of employees, volunteers, children and families.
6. Commitment to an Equal Opportunity workplace and culture which values the knowledge, experience and professionalism of all employees, team members and managers, and the diverse heritage of our families and children.

**The Approved Provider, Nominated Supervisor, educators, staff members and volunteers will:**

* ensure their work is carried out efficiently, economically and effectively. They will act in a professional and respectful manner at all times while at work, giving their full attention to the Service responsibilities and adhering to all Service policies, procedures, laws and regulations
* act honestly and exercise diligence in all Service operations. They will carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman
* consider all relevant facts and make decisions or take actions fairly, ethically, consistently and with appropriate transparency. If they are uncertain about the appropriateness of a decision or action they will consider:
* whether the decision or conduct is lawful
* whether the decision or conduct is consistent with our policies and objectives
* whether there will be an actual, potential or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties
* comply with our Confidentiality Policy when dealing with confidential information and records
* report (suspected) breaches of the code of conduct to a manager, preferably in writing
* include children and families in the decision making process
* implement activities and experiences that are age appropriate, culturally sensitive and inclusive
* refrain from developing close personal relationships with children outside work
* refrain from using abusive, derogatory or offensive language
* comply with all service policies, including those which ensure our activities and environment are safe for children and protect children from harm, abuse and neglect.

**Examples of Appropriate Interactions with children**

* use of YouTube, social media and technology to support age appropriate curriculum
* physical contact to soothe children, build trusting relationships, demonstrate learning and skills and assist children with additional needs

**Examples of Appropriate Educator Interactions**

* positive, trustworthy and co-operative relationships with team members
* respectful, courteous and empathetic communications and behaviour.
* resolving workplace conflicts where possible directly with the person concerned, and never through gossip or by including people who are not involved in the issue
* valuing cultural differences, diverse viewpoints, and unique contributions
* looking for and supporting educators’ strengths not weaknesses
* sharing professional resources, knowledge and information
* supporting others to meet their professional development goals and needs
* recognising the professional achievements of others
* sharing information, experiences and expertise about children and families at the Service with team members to enhance children’s learning and development
* actively participating in regular meetings at the Service to discuss professional issues and problems
* updating team members about meeting outcomes or workplace issues if they have been absent
* sharing the work load equitably with team members

**The Approved Provider, Nominated Supervisor, educators, staff members and volunteers will not:**

* 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
* accept gifts which exceed $30 in value. If this occurs in circumstances where the gift cannot reasonably be refused or returned, the gift will be immediately disclosed to the Approved provider or Nominated Supervisor. Modest gifts or benefits valued less than $30 may be accepted if they do not create a sense of obligation, are conducted transparently and there are no conflicts of interest
* accept an offer of money, regardless of the amount
* seek or accept a bribe
* acquire personal profit or advantage because of their position (eg through the use of Service information)
* convert any property of the Service to their own use unless properly authorised
* approach other employees, managers or visitors directly on individual matters that don’t concern them
* engage in any action in breach of our Confidentiality Policy, including but not limited to disclosure of confidential Service or customer information, or the improper or illegal use of that confidential information. Confidential information will only be accessed by authorised persons for the purpose intended
* engage in or support any action in breach of our Social Media Policy, including the use of communication media to search for, download, access, transmit or store any material of an offensive, obscene, pornographic, threatening or abusive nature
* drink alcohol or use illicit substances on the Service’s premises during operating hours or come to the Service under their influence
* smoke in or around the service.
* show favouritism towards any child.

**Families, visitors and children will:**

* treat all children at the service equally and respectfully
* report any suspicious behaviour to the Nominated Supervisor or Approved Provider and encourage 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 we see any instances of bullying, harassment or discrimination at the Service
* cooperate and follow classroom rules
* listen to educators’ instructions and follow them
* control emotions and talk to an educator (if a child) if we are feeling upset
* speak to an educator (if a child) or the Approved Provider or Nominated Supervisor if we are worried, concerned or have a grievance about something

**Families and visitors will not:**

* not drink alcohol or use illicit substances while on the service’s premises or come to the Service under their influence
* not smoke on the service’s premises including in the car park
* have physical contact with children at the service that are not their own unless a staff member is present

**Management Responsibilities**

In our service the Approved Provider and the Nominated Supervisor are responsible for:

* supporting the Nominated Supervisor or Approved Provider, Certified Supervisor, Educational Leader, Room Leaders and educators in their role.
* keeping all service families up to date with relevant issues.
* recruiting and selecting educators and other staff members.
* ensuring educators and staff members have the correct qualifications.
* ensuring educator ratio and qualification requirements are met.
* ensuring all educators and staff understand their responsibilities under the education and care law and regulations, the National Quality Standard, the Early Years Learning Framework.
* developing the service policies and ensuring all educators follow our policies and procedures.
* ensuring all educators, staff, visitors and volunteers are aware of and comply with our Code of Conduct
* investigating and managing grievances from educators, staff members, families or volunteers (including incidents of workplace bullying) in accordance with our Grievance Guidelines.
* implementing effective communication and consultation procedures with educators and staff members about workplace issues.
* promoting the diverse skills and achievements of educators and staff (eg at educator meetings, through regular feedback, by sharing information with families and the community through notices and newsletters.)
* providing or organising appropriate information, instruction, training or supervision to educators and staff
* maintaining the financial viability of the Service.

**Visitors**

The Approved Provider or Nominated Supervisor will ensure the safety, health and wellbeing of all children by:

* ensuring visitors are only allowed entry to the service if they can be adequately identified. Tradespeople, business representatives and early intervention specialists or professionals, or support workers provided by early childhood agencies, must carry appropriate identification. Family members and family friends who, for example, attend service events or assist with learning activities may be identified by the parents of children at the service.
* requiring all visitors to sign in and out of the service for work health and safety and child protection reasons
* ensuring visitors, including long term visitors, are never left alone with any children being educated and cared for. Visitors will be supervised by educators or staff members at all times
* ensuring specialists or professionals engaged to support a child are only allowed to visit and engage with the child if authorisation has first been obtained from the child’s parents. Authorisation may form part of an education or support plan.

**Communication Procedures**

To allow effective communication and consultation to take place with educators/staff the Approved Provider / Nominated Supervisorwill use variousmethods of communication including:

* direct conversations.
* phone communication including SMS messaging if appropriate.
* a communication diary.
* educator meetings.
* other forms of written communication eg letters, notices, emails.
* educator appraisals and reviews.

**Professional Development and Performance Management**

We employ caring, loyal and capable educators who bring a high skill level, appropriate qualifications and a wide and varying amount of experiences to help implement our curriculum and philosophy. To maintain our commitment to quality education and care, we will implement a performance appraisal process.

**Performance Management/Appraisal**

The Approved Provider or Nominated Supervisor will complete a performance appraisal for all educators in an ongoing basis.

The appraisal process will be used as a tool:

* to ensure educators and staff are aware of their duties and responsibilities.
* Ensure staff are meeting the standards for accreditation as identified by ACECQA
* to discuss the level of performance expected.
* for indentifying professional development and training needs.

The appraisal meeting will be linked to the educator’s job description and will include:

* an appraisal of the educator’s performance in relation to their job description based on peer evaluation and feedback
* review and if necessary clarification of the job role and its expectations.
* self assessment of performance by the educator or staff member.
* two way feedback between the Approved Provider or Nominated Supervisor and educator or staff member.
* discussion on an action plan for further training.
* feedback about how the appraisal process could be improved.

Any outcome from this appraisal may recommend additional training and this may be delivered through:

* mentoring by appropriate educators/staff
* in-house workshops run by an external trainer
* external workshops, seminars etc.
* formal TAFE, college of University courses
* on-the-job training (eg through changes in role or through exchange of information between educators/staff)
* educator and management exchanges between services
* provision of appropriate resources (books, movies, documentaries etc).

**Work, Health and Safety Issues**

**Bullying, Discrimination and Harassment**

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

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

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

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

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

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

* setting reasonable performance goals, standards and deadlines.
* rostering and allocating working hours where the requirements are reasonable.
* transferring a worker for operational reasons.
* deciding not to select a worker for promotion where a reasonable process is followed and

documented.

* informing a worker about unsatisfactory work performance when undertaken in accordance

with any workplace policies or agreements such as performance management guidelines.

* informing a worker about inappropriate behaviour in an objective and confidential way.
* implementing organisational changes or restructuring.
* termination of employment.

The Approved Provider or Nominated Supervisor will:

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

Educators, staff, visitors and volunteers will:

* consider whether something they do or don’t do will adversely affect the health and safety of others
* comply with any reasonable instruction, policy and procedure given by the Approved Provider or Nominated Supervisor in relation to workplace bullying, harassment and discrimination.
* report all incidents of workplace bullying, harassment and discrimination using our Grievance Guidelines.
* talk to the Approved Provider or Nominated Supervisor if they have any questions about workplace bullying, harassment and discrimination.

**Identifying Workplace Bullying, Harassment and Discrimination**

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

1. **Identifying the risk of workplace bullying, harassment and discrimination**
* talking to educators, staff and volunteers (or conduct an anonymous survey) to find out if bullying is occurring or if there are unreasonable behaviours or situations likely to increase the risk of bullying, harassment and discrimination.
* monitoring patterns of absenteeism, sick leave, staff turnover, grievances, injury reports, workers compensation claims and other such records to establish any regular patterns or sudden unexplained changes.
* watching for any changes in workplace relationships between educators, staff, volunteers, visitors and/or managers
* seeking feedback on the professionalism of workplace behaviours in exit interviews and from supervisors and where relevant families.
1. **Implementing measures to prevent and respond to workplace bullying, harassment and discrimination**
* implementing a Code of Conduct.
* providing educators, staff, volunteers and visitors with information about our bullying, harassment and discrimination policy and relevant procedures.
* implementing grievance procedures which deal with bullying complaints in a confidential, reliable and timely way (see Grievance Guidelines).
* implementing effective performance management processes.
* clearly defining jobs and seeking regular feedback from educators and staff about their role and

responsibilities.

* reviewing and monitoring workloads and staffing levels.
* including educators and staff in decision making which affects their roles and responsibilities.
* consulting with educators and staff as early as possible about any changes that affect their roles and responsibilities.
* promoting and modelling positive leadership styles eg communicating effectively and providing constructive feedback both formally and informally.
* organising relevant leadership training for managers and supervisors eg on performance management.
* mentoring and supporting new and poor performing leaders, educators or staff.
* facilitating teamwork and cooperation.
* ensuring supervisors act in a timely manner on any unreasonable behaviour.
1. **Reviewing measures to prevent and respond to workplace bullying,** **harassment and discrimination**

The Approved Provider or Nominated Supervisor will implement a review of the bullying, harassment and discrimination procedures if there is an incident of workplace bullying, when new or additional information about bullying becomes available or at the scheduled review date.

**Employee Support**

To ensure children are exposed to a safe and supportive environment at all times, the Approved Provider/Nominated Supervisor will assist educators and staff members who are adversely affected by issues that happen at home or work to access appropriate support services. They may include internal or external mentoring, medication, conflict resolution, coaching or training and counselling services. Employees may also be offered flexibility in their working arrangements where this can be accommodated to meet service needs.

**Stress Management Guidelines**

If an educator feels stressed in any way they should:

* approach the Nominated Supervisor and talk together to see if the situation can be remedied in any way.
* approach their team leader, the Approved Provider, or if relevant a Union official if the educator feels unable to approach the Nominated Supervisor.
* accept opportunities to have stress alleviated (including counselling if recommended).

The Approved Provider or Nominated Supervisor will:

* discuss the cause of the stress with the educator or staff member and discuss viable options to alleviate it.
* refer educator/staff member to counselling if required.
* monitor and review the effectiveness of educator stress management procedures.
* monitor workloads to ensure educator is not overloaded or overwhelmed.
* monitor overtime hours and regular working hours to ensure educator is not overworked.
* monitor holidays to ensure educator is taking, or at least aware of, their entitlements.
* ensure that bullying and harassment is not taking place.
* be aware that educators may be suffering personal stress e.g. a death in the family or separation and offer additional support.
* raise any issues in a sensitive manner.
* support an educator or staff member on stress leave.
* work with the educator or staff member on stress leave to set up at return to work plan.
* monitor and discuss with the educator /staff member their stress levels in the workplace after they return to work.

**New and Returning/Staff**

**Orientation**

Before a new educator or staff member commences their job the Nominated Supervisor will:

* Show them around the service, allow them to spend some time in their designated room, introduce them to other educators and staff, children and families.
* Ensure they understand how to adequately supervise children at all times, including during transitions and rest/sleep times.
* Ensure they know where we store the First Aid Kit(s), emergency asthma kits, Epi-pens and children’s medication, which educators hold first aid qualifications, and who has undertaken asthma and anaphylaxis training.
* Highlight all policies, procedures, our Code of Conduct and the Service philosophy, and ensure they know where the Policy Booklet is and how to access it at all times.
* Highlight relevant legislation including the Education and Care Services National Law and Regulations, Child Protection, Work Health and Safety (WHS), Anti-Discrimination, Bullying and Privacy and Confidentiality.
* Ensure they know under which industrial award/ agreement they are employed and how to access it.
* Ensure they are familiar with Work Health and Safety (OHS) principles and child protection principles, particularly the procedures and safeguards that apply in the Service.
* Provide them with necessary forms in regards to taxation, superannuation and payment of salary.
* Advise them about the Service’s management structure.
* Provide them with a copy of their Job Description.
* Clarify any questions they have.

We will use an Induction-Orientation checklist to ensure all steps of the induction process are covered.

**Return from Extended Leave**The Approved Provider or Nominated Supervisor will work with both the educator who has been on leave and educators at the Service to ensure a smooth return to work by:

* encouraging the educator to visit a few days before they return to work to reacquaint themselves with the environment and take in any changes.
* notifying the educator of any policy changes.
* notifying families of the educator’s return.
* offering training and development if necessary.
* discussing any special conditions or considerations and drawing up an appropriate plan to manage these.

If the period is due to an illness the educator must produce a medical certificate stating they are fit to return to work.

**Work Experience Students and Volunteers**

The Service is happy to support Work Experience Students and Volunteers in their efforts to become Early Childhood Professionals. They will be encouraged to obtain the qualifications necessary to work with children under the National Quality Framework.

**Work Experience Students and Volunteers MUST follow all policies and procedures at the service.**

Educators will:

* maintain open communication with Work Experience Students and Volunteers along with their practicum teachers.
* support all students and volunteers undertaking work experience during their placement.
* pass relevant skills and knowledge onto each student and volunteer.
* ensure all educators are provided with relevant feedback about tasks that the student is required to complete in the service as part of their practicum.
* be aware of student and volunteer expectations.
* have the time and capabilities to support each student and volunteer in their placement.

Work Experience Students and Volunteers will:-

* learn about the children through observation and practical experience.
* develop skills and abilities needed to care for and educate children.
* learn about working as part of a team in the Early Childhood Profession.
* learn strategies employed when working in a team environment.
* learn skills already acquired by qualified educators in the Service.
* become familiar with families and children in the Service.
* keep educators aware of all written work requirements.

 **METHOD:**

The Nominated Supervisor or Approved Provider will appoint an educator to be ‘Student Supervisor,’ arrange a pre-placement visit for the student or volunteer and inform those at the Service when this will occur. Families will also be informed when Work Experience Students and Volunteers are present at the service.

During the visit the Supervisor will:

* give the student or volunteer times/hours and dates of the placement.
* take the student or volunteer on a tour of the Service.
* introduce the student or volunteer to educators and their Room Leader.

Work Experience Students and Volunteers will:

* inform the Student Supervisor in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms. If this has not happened during the pre-placement visit it will occur on the Student’s first day.
* discuss with the Student Supervisor any problems they may be experiencing.

The Room Leader will:

* discuss progress of written work and performance with the student and volunteer.
* discuss any issues raised by the student with the Student Supervisor.

Fail Procedure:

If educators feel that the student is at risk of failing their practicum, the following steps will be taken:

* Room Leader will alert the Student Supervisor of any concerns with the student.
* Both the Student Supervisor and the Room Leader will discuss these issues with the Student.
* The Student Supervisor will arrange for the students teacher to visit the Service and discuss issues that have arisen.
* The student’s educational institution will ultimately determine the outcome of the practicum.

Termination of Practicum:

Termination of student’s placement will occur if the student:

* harms or is at risk of harming a child in their care.
* is under the influence of drugs or alcohol
* has disregard for the Service and fails to notify the Service if unable to attend
* 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.

# Staffing Arrangements Policy

To ensure our supervision and staffing practices keep children safe at all times.

**Supervision**

Children’s safety and wellbeing is taken very seriously at our service. All educators and staff members will ensure that children are adequately supervised at all times, and that they can respond immediately to any child that is distressed, in need of assistance or support or in a dangerous situation. This includes during transition periods throughout the day when children may, for example, be changing rooms or groups, moving between outdoor and indoor environments, arriving or leaving the service, moving from service vehicles to the service premises, leaving or returning from excursions, moving to meal areas, washing their hands, or using the toilet or nappy change facilities.

To achieve this outcome educators will be alert, aware and in sight and sound of all children for whom they are responsible. Educators supervising outdoors must position themselves to see as much of the play area as possible and follow any playground supervision plans if relevant. They will also actively engage with children when required by the child and not stand back and watch. They will not group together in the outdoor environment except for brief, necessary discussions regarding the children.

In particular, children will be supervised:

* when resting or sleeping
* during hand washing and/or toilet times
* while undergoing toilet training (they will not be left unsupervised in the bathroom)
* at the table when eating
* in any areas where risk is increased
* during any water activity (at least one educator close at all times)

To ensure all children are accounted for during transitions between environments or rooms, Room Leaders will ensure a copy of the daily sign in sheet or similar record is used to check that all children under educators’ supervision have made the transition.

There may also be times when minimum ratio requirements are not sufficient to ensure children are adequately supervised. On these occasions the Nominated Supervisor will assess the situation and when necessary ensure there are extra adults present to ensure children’s health, safety and wellbeing.

Issues affecting the adequacy of supervision include:

* the number, ages and abilities of children
* the number and positioning of educators
* each child’s current activity
* areas where children are playing, in particular the visibility and accessibility of these area
* risks in the environment and experiences provided to children
* the educators’ knowledge of each child and each group of children
* the experience, knowledge and skill of each educator.

Educators will ensure team members know when they leave the room or area, or finish their shift, and are aware of any particular issues that may require additional oversight of children. They will do this verbally and there must be acknowledgement by the other educator prior to leaving the environment.

To further ensure children are always adequately supervised the Approved Provider or Nominated Supervisor, and where relevant Room Leaders, will ensure:

* only educators working directly with children are included in the educator to child ratio
* students, volunteers and any educator under eighteen years are supervised at all times by an educator eighteen and over
* no child is ever left alone with a visitor/ unauthorised person
* they promote continuity of care when organising rosters and a regular pool of relief educators
* any educators on a meal-break in the Service return to duty to supply adequate supervision in any emergency situation where adequate supervision of children is threatened. Relief staff requirements will be reviewed if educators begin to be regularly recalled

**Responsible Person**

Our service will have at least one “responsible person” present at all times when caring for and educating children. A responsible person is:

* an approved provider
* a nominated supervisor
* a person who is in day to day charge of the service.

The name of the responsible person will be clearly displayed in the main entrance of the Service.

The Nominated Supervisor/Approved Provider will be the person in charge. In their absence, the Diploma qualified staff member who opened the service will be the person in charge. When this person has left the premises, the Diploma qualified staff member who closes the service will be the person in charge unless otherwise stated.

**Nominated Supervisors and Persons in Day to Day Charge**

The Approved Provider will make sure people appointed as a Nominated Supervisor or Person in Day to Day Charge are at least 18 and have:

* the required skills to be a nominated supervisor or person in day to day charge eg has adequate knowledge and understanding about providing education and care including understanding of child protection obligations
* can effectively supervise and manage the service

The Approved Provider will take all reasonable steps to ensure children’s safety and wellbeing is protected and ensure the person is ‘fit and proper’ person to fill the role by:

* considering their age, qualifications and experience
* checking their child protection clearance is current

A person who accepts a Nominated Supervisor position must consent in writing using ACECQA notification form NS01 which must be submitted with form NS02 ‘Notification of Change to Nominated Supervisor’ to the Regulatory Authority.

A person who accepts being in day to day charge must also consent in writing. The nominated supervisor will keep a record of all persons who may be placed in day to day charge.

The Approved Provider or Nominated Supervisor will keep a record of all information and documentation supporting a person’s appointment as Nominated Supervisor or in day to day charge.

**Notifications**

The Approved Provider and Nominated Supervisor will comply with all the notification requirements relating to staff changes and staff details as outlined in the Governance Policy.

**Educator to Child Ratios**

The Approved Provider and Nominated Supervisor will ensure our educator to child ratios always meet the minimum requirements below:

* For children aged from birth to less than 36 months, 1 educator to 4 children.
* For preschool aged children 36 months and over, 1 educator to 11 children.

In relation to ratios:

* The numbers of children do not include children being cared for in an emergency for no more than two consecutive days the service operates
* Students or volunteers will never be included in ratios
* An early childhood teacher (ECT) can be included in the ratios if they are present at the service
* More than one educator will be present when children are in attendance where possible.

The Nominated Supervisor and staff will calculate ratios for mixed age children by first considering the total number of children and the educator to child ratio required for each age range. Ratio requirements must always be met for younger children before allocating educators to older age brackets.

**Rostering**

The Approved Provider and Nominated Supervisor will comply with award requirements in relation to rostering. The Nominated Supervisor will:

* post or display a staff roster where it can be easily accessed by all employees
* discuss any potential changes to the roster with affected staff members first, and consider their views about the impact of changes
* only change an employee’s rostered hours if:
* the employee agrees to the change or
* they give the employee seven days notice

This does not apply in an emergency where there is an imminent or severe risk to people at the service or the service premises need to be locked down. An emergency does not include a parent being late to collect a child.

**Educator Qualifications**

At least 50% of educators who work directly with children and are included in our educator to child ratios must have or be actively working towards an approved Diploma level education and care qualification.

All other educators who work directly with children and are included in our educator to child ratios must have or be actively working towards an approved Certificate III level education and care qualification.

Exception

* The Certificate III qualification requirements don’t apply to an educator who has been employed on probation for up to 3 months at one or more centres operated by the Approved Provider.

To be actively working towards a qualification, a person must be enrolled in the course and provide written evidence that they:

* have commenced the course
* are making satisfactory progress
* meet the requirements to maintain enrolment .

If they are working towards a diploma qualification, they must also hold an approved Certification III qualification or have completed approved Certificate III units or have completed 30% of the units in an approved ECT qualification.

If an ECT is required to be in attendance at the service, the ECT is counted as meeting the Diploma qualification.

**Approved Diploma Qualification**

A person is taken to hold an approved Diploma level education and care qualification if:

* they hold an approved qualification or former qualification as published on <http://www.acecqa.gov.au/qualifications/> or
* if immediately before 1 January 2012, they were recognised under the former education and care services law of any participating jurisdiction as a Diploma level educator and employed or engaged in a declared approved service.

**Approved Certificate III Qualification**

A person is taken to hold an approved Certificate III level education and care qualification if:

* they hold an approved qualification or former qualification as published on <http://www.acecqa.gov.au/qualifications/> or
* immediately before 1 January 2012, they were recognised under the former education and care services law of any participating jurisdiction as certificate III level educator and employed or engaged in a declared approved service or
* before 1 January 2012 the educator completed a professional development course approved by the Secretary under the Children’s Services Regulations 2009 of Victoria and :
	+ was employed full-time and continuously as an educator at a licensed children’s service or outside school hours care service for a period of at least 5 years immediately preceding 25 May 2009 or
	+ was employed at least part-time and continuously as an educator at a licensed children’s service or outside school hours care service for a period of at least 10 years immediately preceding 25 May 2009.

**Requirements for an Early Childhood Teacher (ECT)**

The Approved Provider and Nominated Supervisor will ensure we always meet the minimum ECT requirements below:

The numbers of children do not include children being cared for in an emergency for no more than two consecutive days the service operates.

If an ECT is absent, we may cover their absence with a person who holds an approved Diploma level qualification or a qualification in primary teaching if the period of absence does not exceed 60 days in any 12 month period.

**Approved ECT qualifications:**

The following are approved ECT qualifications:

* an approved ECT qualification or former qualification as published on <http://www.acecqa.gov.au/qualifications/>. Any restrictions applying to qualifications as an ECT still apply
* the educator was recognised as an ECT under the former law of any participating jurisdiction (does not apply if the educator was working towards an ECT qualification), or for the purposes of a preschool funding program and was employed or engaged in a declared approved service as an ECT
* some teaching qualifications as per regulation 241. See [www.acecqa.gov.au/qualifications](http://www.acecqa.gov.au/qualifications)

The Approved Provider or Nominated Supervisor will notify the Victorian Institute of Teaching of any action taken against a registered teacher in response to allegation of serious misconduct, serious incompetence or unfitness to teach.

**First Aid Qualifications**

The Approved Provider or Nominated Supervisor will ensure that at least one educator, staff member or Nominated Supervisor present at the service:

* + holds a current approved first aid qualification
	+ has undertaken current approved anaphylaxis management training and
	+ has undertaken current approved emergency asthma management training.

An educator is taken to hold an approved first aid qualification or training if the educator holds an approved qualification or training as published on the ACECQA website.

**Child Protection**

The Approved Provider will ensure each Nominated Supervisor and Person in Day to Day Charge has successfully completed the child protection training (if any) or protocols required by the VIC government.

The Approved Provider and Nominated Supervisor will ensure all employees understand the current child protection law and their obligations under the law.

**Fitness and Propriety and Working With Children Check**

The Approved Provider or Nominated Supervisor will ensure that educators, staff, volunteers and students have a Working With Children Check before they work or volunteer at the service unless the person is:

* under 18 and works with children at the service only under the immediate supervision of an educator who has attained the age of 18 years or
* a volunteer and works with children at the service only under the immediate supervision of an educator who has attained the age of 18 years
* registered as a teacher under the Victorian Education and Training Reform Act 2006 and the approved provider, nominated supervisor or person in day to day charge of the service has checked the relevant register to ensure the person is registered. Further information is available at <http://www.workingwithchildren.vic.gov.au/>

The Approved Provider or Nominated Supervisor will notify Working with Children Check Victoria if they become aware of any information which may negatively affect a person’s fitness and propriety to work with children. In relation to registered teachers, they will also notify the Victorian Institute of Teaching if teachers have been given a negative notice or have been charged or convicted of a Category A (sexual offences against children) or Category B offence ( sexual offences against adults, violent offences, drug offences).

**Child Care Subsidy and PRODA**

Any person with management or control of the Provider and persons responsible for the day to day operation of the service must be registered with the Federal Government’s Provider Digital Access (PRODA) for administering Child Care Subsidy/Additional Child Care Subsidy. Any staff member nominated by a person who meets these criteria may also be registered as a service contact with PRODA. In addition to obtaining a Working with Children Check if required to hold one, the Approved Provider will ensure all registered persons meet the fitness and propriety requirements under the Family Assistance Law.

# Enrolment Policy

To ensure that each child’s enrolment is completed as per our legal requirements. Additionally, we aim to ensure that each child and family receives an enrolment and orientation process that meets their needs, allowing the family and child to feel safe and secure in the level of care that we provide.

**Implementation**Our service accepts enrolments of children aged between 0-6 years.

**Enrolments will be accepted providing**:

* The maximum daily attendance does not exceed the approved number of places of the service.
* Child-educator ratios are maintained across the service.
* A vacancy is available. (Please see Priority of Access Guidelines below.)

We maintain the right to refuse enrolment if this enrolment will/has negatively affected the business or families and children at the centre.

**Priority of Access Guidelines:**

Children who are enrolled at the service or whose families are seeking a place at the service will be given Priority of Access in accordance with the guidelines that have been established by the Federal Government.

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

1. A child at risk of serious abuse of neglect.

2. A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy the work/training/study test under Section 14 of the Family Assistance Legislation Amendment (Child Care) Act 2010.

3. Any other child.

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

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

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

If we are providing a funded kindergarten program we must meet the Victorian Government’s Priority of Access criteria and will prioritise the enrolment of children who:

* are at risk of abuse or neglect
* are Aboriginal and Torres Strait Islander
* are asylum seekers or refuges
* are eligible for the Kindergarten fee subsidy
* have additional needs ie require additional assistance to participate, have an identified specific disability or developmental delay, require various services which are individually planned.

 **Enrolment:**

When a family has indicated their interest in enrolling their child in our service, the following will occur:

* A tour of our service. During this tour, the educator conducting the tour will give the family information about the service including, but not limited to, programming methods, meals, incursions, excursions, inclusion, fees, policies, procedures, our status as a Sun Smart service, regulations for our state and the licensing and assessment process, signing in and out procedure, the National Quality Framework, room routines, educator qualifications, introduction of educator in the room the child will be starting in and educator and parent communication. Families are also invited to ask any questions they may have.
* Families are advised to read the Parent Handbook available in hard copy on our internet site and are invited to ask questions.
* Discussions are held between office staff and families regarding availability of days, a start date and tailoring an orientation process to suit the needs of the family and child. Families are informed of the Priority of Access Guidelines, and have their position assessed as to how they place within this system. Any matters that are sensitive of nature, such as discussing a child’s medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with the Nominated Supervisor at this time. Should a child use English as a second language, or speak another language at home, we request that families provide us with some key words in the languages the child speaks at this time so that educators can learn the words.
* Families can claim Child Care Subsidy online by signing into their Centrelink online account through my Gov and completing a Child Care Subsidy claim. If eligible, the Subsidy will be paid directly to the service on families’ behalf and will reduce the fees owed. This can only occur after our service enters families’ enrolment information online, and families confirm their enrolment information through their myGov account. Until Child Care Subsidy details are available, families will need to pay full fees.
* As per our Orientation for Children Policy, families will be invited to bring their child into the service at a time that suits them so the child and family can familiarise themselves with the environment.
* Before the child begins their first day with us, the service must have all required documentation for the child. The child will not be accepted into the service without this being completed.

**On the child’s first day:**

* The child and their family are welcomed into their room for the first day.
* The Nominated Supervisor will ensure all details are finalised and complete.

**Other information about our service’s enrolment includes:**

* We will try and accommodate families so that children from the same family can attend our service. This will be carried out in line with our obligations under the Priority of Access Guidelines.
* There are strict immunisation requirements for children who are enrolled at our service. Please see our Immunisation Policy for further information.
* In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other children and communicate effectively to resolve conflicts. We will also work with each child’s family to support any children with diagnosed behaviour and social difficulties. However, a child’s enrolment at our service may be terminated if the nominated supervisor decides the child’s behaviour threatens the safety, health or well being of any other child at the service.

# Unenrolled Children Policy

To ensure that educators and the service are only responsible for children who are enrolled at our service to meet our legal requirements and child/educator ratios.

**Implementation**

* On occasion, children who are not enrolled at our service may be present at the service.
* An example of this is when families come to pick up an enrolled child and they bring their other children with them.
* At times like this, the children who are not enrolled at the service are the responsibility of the adult that brought them to the service.
* We ask these adults to keep unenrolled children off any equipment at the service, and for the child to be accompanied by the adult at all times.
* Should a child who is not enrolled at the service attend an excursion with the service, they may only attend should the child to educator ratio not be compromised for enrolled children.
* Any child that is enrolled at the service on a temporary basis will be included in the educator/child ratios.

# Termination of Enrolment Policy

We aim to provide a safe and financially sustainable environment which promotes the wellbeing of all children and employees.

**Implementation**

**Health, Safety and Wellbeing**

The Approved Provider and Nominated Supervisor have a legal duty of care to ensure the health, safety and wellbeing of all children, employees and volunteers at the service. They must also ensure all children make satisfactory progress towards the learning outcomes of the approved learning framework.

To promote these outcomes the Nominated Supervisor and educators work in partnerships with families and outside professionals where relevant to ensure all children feel included, can participate in the curriculum, receive the guidance and support they need, and are supported with individualised education plans or behaviour plans if required. This includes providing families with relevant information about support services and professionals, and/or parenting and child development issues.

The Nominated Supervisor and educators will document all strategies and practices implemented at the service to support children with identified needs, and the details of all communication, or attempts at communication, with families and outside professionals.

On rare occasions it may be necessary to terminate a child’s enrolment if their safety, or the safety and wellbeing of other children and staff at the service is, or is likely to be compromised. This will only be considered after every reasonable effort has been made, in consultation with families, to implement practices which meet the child’s needs and support their learning.

 **Non-compliance with Service Policies and Procedures**

The Nominated Supervisor may also terminate a child’s enrolment if the child’s family consistently refuses to comply with service policies and procedures including:

* Fees Policy which requires all fees be paid on time and children are collected before the centre closes
* Code of Conduct Policy which requires families /carers to interact with staff in a respectful, non-threatening manner at all times
* Additional Needs Policy and Behaviour Policy which require families work with educators to ensure their child receives the best possible support and do not adversely affect the learning environment for other children at the service.

**Termination**

If terminating a child’s enrolment, the Nominated Supervisor will advise the family in writing that their child’s enrolment will be terminated, the reason for the termination including actions taken to assist the child and family, how much money the family owe the service or will receive on termination, and the effective date of termination. This date will be at least two weeks from the date of the letter unless the safety and wellbeing of children or staff is at risk. In this case the two week notice period may be waived.

# Acceptance and Refusal of Authorisations Policy

Our service aims to provide clear and transparent policies and procedures for authorisations. This helps staff and parents understand exactly what they need to do.

**Implementation**

To ensure children’s health and safety, and comply with the requirements of the National Law and Regulations and our policies and procedures, we will only allow the following activities to occur in respect of individual children if they are properly authorised in writing and dated:

* Administration of medication
* Administration of medical treatment, and ambulance transportation (required in enrolment records)
* Excursions including regular outings
* Taking of children’s photographs
* Posting of children’s photographs on the service social media account
* Collection of children by people other than parents eg child
	+ leaves in accordance with authorisation (can be given over the phone) of a parent or authorised nominee
	+ is given into care of a person or taken outside the premises for urgent medical treatment or because of another emergency
* Disclosure of a child’s personal information where this is not legally required or families would not expect the disclosure

Written authorisations will contain all information required under the National Regulations and service policies - please see specific policies for more details.

Our service will accept verbal authorisations in the following situations:

* there is a medical emergency (authorisations are not required for asthma and anaphylactic emergencies)
* parents or authorised nominees are unable to collect a child before the service closes and authorise an alternate person to collect the child

Whenever a person not known to educators is authorised verbally or in writing to collect the child, they must be adequately identified by educators before the child is released. See Delivery and Collection of Children Policy for more information.

**Refusing Authorisations**

Staff will refuse an authorisation if it unreasonably risks the child’s safety, is not in line with our policies and procedures or is fraudulent. For example staff will refuse an authorisation in the following situations:

* the authorisation is not (or does not appear to be) made by an authorised person
* the authorisation does not comply with aspects of our policies and procedures eg medication is not in the original container, does not have the child’s name on it, has expired, has an illegible label or the authorised dosage does not match the doctor’s instructions
* an authorised nominee, or person authorised by a parent or authorised nominee, does not appear to be capable of safely collecting the child (Delivery and Collection of Children Policy)

For transparency and accuracy, if staff refuse an authorisation they will record the following information in the child’s file:

* the details of the authorisation
* why the authorisation was refused
* actions taken eg parent asked to supply medication in original container

# Hygiene and Infection Control Policy

Many of the hygiene habits develop during childhood will continue throughout life. At Lake Gardens Children’s Centre we demonstrate to children the hygiene practices which reduce the likelihood of cross infection and explain the reasons for them. Experiences that promote basic hygiene awareness assist children to become competent and independent and develop valuable life skills.

At Lake Garden’s we are committed to protecting our families through the implementation and monitoring of simple hygiene and infection control strategies.

The staff at Lake Gardens encourages all children to use correct hygiene procedures by:-

* Being a role model for the children and using the correct procedures.
* Initiating discussions with the children on good hygiene and dental care and the reasons for them.
* Providing relevant information for parents on hygiene and dental care.
* Create simple rules for children to follow.
* Supervise bathrooms at all times.

All staff adhere to the following:-

**HANDWASHING**

* Before preparing or serving of food.
* Before giving a child a bottle
* After wiping child’s or own nose.
* After each nappy change or toileting.
* Before and after administering medication.
* Before and after applying First Aid.
* After handling animals.
* After any other unhygienic practices.
* After applying sunscreen to children.

**GLOVES**

* Gloves are to be worn and disposed of immediately after nappies.
* Whenever administrating First Aid (especially blood)
* When cleaning toilets in the bathrooms.

 **DISINFECT**

* Nappy Change mat, after each child.
* Tables and chairs before and after usage (chair to be wiped down after main meals).
* Floors, twice daily
* Toilets, twice daily
* Toys weekly or as required (mouthed toys cleaned immediately or put into sterilizer).
* Dummies sterilized after every use.
* Mattresses cleaned with paper towel daily
* Carpets every 6 months (nursery Room 3 monthly or when required).

 **TOILETING**

* Children are encouraged to flush toilet after each use.
* Children are encouraged to model correct hand washing procedures.
* The Centre ensures that toilets and hand washing facilities are easily accessible.
* Bathrooms are cleaned and disinfected twice daily and rubbish removed.
* Staff washes and dry hands after assisting each child with toileting.

**LAUNDRY**

* Sheets and blankets are washed weekly and according to each rooms washing chart. Uncleaned sheets are not to be shared.
* Mop head washed weekly and disinfected daily.
* The mop water is changed at least twice a day.
* Daily Linen cleaned daily.

(Washing is to be hung outside on the line unless raining, use clothes rack or dryer when necessary).

**SAFE STORAGE OF MATERIALS IN CONTACT WITH BODY FLUIDS**

* When vomit or soiled clothes occur staff must wear gloves and rinse children’s clothes under warm water and place in to plastic bag and send home. We will not wash children’s clothing if it comes into contact with bodily fluids, such as vomit, faeces and blood.
* If sheets or blankets come into contact with bodily fluids such as blood, vomit or faeces we soak these in the laundry with a sanitiser according to the label instructions.

 **BUILDINGS, GROUND AND EQUIPMENT**

The Centre has a systematic process for ensuring buildings, grounds and equipment are hygienic by implementing the use of the daily cleaning schedules.

**BOTTLES**

Bottles which are brought into the centre are to have been sterilized by the parents at home. It these bottles need to be reused, these will be sterilized at the centre. Bottles are rinsed out under warm water and put into your child’s bag. As per our Nutrition Policy, bottles are not to be reheated.

**DUMMIES**

Dummies are put into separate containers which contain sterilizing solution provided by the Centre. Dummies can stay at the Centre but it’s the responsibility of the parents to replace them when required.

Staff are encouraged to pick up bottles and dummies without touching the teats.

**KITCHEN**

The kitchen staff is encouraged to attend hygiene courses.

We use separate chopping boards for :-

White – Dairy

Green – Fruit & Vegetables

Brown – Cooked Meats

Red – Raw Meats

Blue – Seafood

Yellow – Poultry

- All surfaces, appliances and equipment are cleaned after each use.

- Food preparation areas are used only for that purpose.

- Floors are washed daily at the end of day.

- Rubbish bins and recycled bucket are emptied at the end of the day and bins are disinfected weekly.

- Temperature of refrigerator and freezer in Nursery, kitchen and staff room, are maintained daily.

- Personal hygiene practices are maintained.

- Disposable paper towels and soap dispensers are used for washing hands.

- Drinking and eating utensils are washed and sterilized as per Food Safety Standards.

Cold Food is stored at 4 degrees Celsius or below Hot Food is kept at 75 degrees Celsius above if not consumed it is refrigerator within one hour.

All food is stored in refrigerator and covered, or placed in sealed containers and stored correctly with cooked and ready to eat foods placed above raw foods.

All Chemicals are kept under the sink with labels.

**EATING**

* Staff supervise children at all times.
* Children do not share food from other bowls/plates.
* Utensils dropped on the floor are replaced with clean ones.
* Tongs and serving spoons are used to serve food.
* Children drink water after eating to encourage good dental hygiene.

 **BINS**

The bins are supplied for soiled disposable nappies, and paper towel. These bins are kept in the bathrooms next to the sinks. The bins are cleaned with disinfectant and placed upside down in the sink at the end of every day.

The rubbish bins are to be emptied once full.

**DISPENSERS**

Soap dispensers, paper towel and toilet roll dispensers are supplied in each bathroom and are re stocked every morning by the morning staff. These items reduce the risk of infection.

**DENTAL HYGIENE**

Staff encourage all children to practice correct dental hygiene by:-

* Ensuring limited sweet drinks are offered to children during the day.
* Giving children a serving of dairy during lunch time to ensure all acids in the mouth are neutralized.
* Encourage children to drink water following meals as it’s a means of rinsing out their mouths.
* Educating children via discussions and stories in relation to food choices that strengthen teeth and reduce teeth decay.
* The Centre provides information on dental care.
* The Centre displays information on dental care for all age groups.

# Rest and Sleep Policy

At Lake Gardens Children’s Centre we have a duty of care to ensure that all children are provided with a high level of safety when resting or sleeping while in our care. We believe effective rest and sleep strategies are important factors in ensuring a child feels secure and safe in a childcare environment.

We will consult with families about their child’s individual needs and to be aware of the different values and parenting beliefs and cultures, which are associated with rest.

Our strategies and Practices for a safe resting/sleeping routine for all children are as followed:

* Children’s rest environments are free from cigarette or tobacco smoke as we are a smoke free Environment.
* Rest Environments, equipment and materials will be safe and free from hazards and clear walk ways will be defined.
* Staff monitor resting children and supervise the rest environment.

 **SAFE RESTING PRATICES FOR BABIES (0-24MONTHS)**

* Babies will be placed on their backs to rest, however if they turn over during their sleep, we will allow them to find their own sleeping position.
* If a medical condition exists that prevents a child from being placed on their back, the alternative resting practice must be directed in writing by the medical practitioner.
* If requested by parents children can be wrapped with a light cotton sheet.
* At no time will a baby’s face be covered with bed linen.
* Quilts, duvets, pillows, lamb’s wool and cot bumpers will not be used, and soft toys are not recommended.
* Only light bedding is used and children are stripped down to a small amount of clothing to sleep (preferably nappy and t-shirt).
* Sleeping bags with a fitted neck and arm holes are an alternative option to bed linen and encourage a baby to rest on their back. Sleeping bags should not have a hood.

**SAFE RESTING PRACTICES FOR TODDLERS (2-3 YEARS)**

* Toddlers will be placed on their back to rest and will be left to their own desire to find their own sleeping position.
* At no time will a toddler’s face be covered with bed linen.
* Quiet experiences maybe offered to those toddlers who do not fall asleep.

**SAFE RESTING PRACTICES FOR PRESCHOOLERS (3-5YEARS)**

* Preschool children will rest on mattresses, those who sleep will have light bedding, and up to the children to strip their clothing off as they desire.
* Quiet experiences maybe offered to preschoolers who do not fall asleep.

**Relaxation Music is played through this rest period in all rooms to make the room relaxed and peaceful for the children to rest/sleep.**

**SAFE RESTING PRACTICE FOR A CHILD WHO IS UNWELL**

A child who is unwell due to illness such as high temperature, vomited or received a minor trauma to their head will be constantly supervised by staff, and will rest on their backs on mattresses/cots until parents arrive. Parents will be notified of illness as soon as possible.

**PROTECTIVE BEHAVIOURS AND PRACTICES**

Supervision of Resting Children:

* All children who are resting will be supervised by staff, special attention to breathing patterns.
* Students/volunteers will not be left unsupervised when settling children for a rest.
* Adults will sit with resting children but will not sleep.

We address the issue of supervision and resting children by observing the following:

* The position of each child’s body in their cot/mattresses.
* Each child’s breathing rate. If a child is not breathing then the staff will commence First Aid plan for a non breathing child.
* The arrangement of bed linen, if a child’s face is covered they will be immediately uncovered.
* The Environment, staff will monitor the temperature and security of each cot (making sure cot sides are up and locked).

 **TEETHING NECKLACES**

Children who are wearing teething necklaces will have these removed before the child goes to sleep as there is a high risk of strangulation. This is in line with the recommendations of the Red Nose foundation. The necklaces with be placed back onto the child when they awake. Staff will also monitor children who wear these beads on wrists and ankles as there is the potential for these bracelets to break and cause chocking on the beads. If a child shows signs that they may break these bracelets/necklaces or the bracelet/necklace compromises their safety, the bracelet/necklace will be removed and placed in the child’s bag.

**SETTLLING CHILDREN FOR REST**

The techniques and strategies for settling a child/children for rest may be reflected by:

* Meeting the individual needs of children
* Maintain health and safety practices
* Minimize and distress or discomfort
* Acknowledge children’s emotions, feelings and fears;
* Avoid using settling and resting practices as a behaviour guidance strategy because the child begins to relate the rest environment, which should be calm and secure, as a disciplinary setting.
* We understand that children especially children between 0-3years settle confidently when they have formed bonds with familiar and trusted staff/carers.
* We believe in providing continuity of care for the children to keep it more settled and relaxing.

**THE REST ENVIRONMENT AND EQUIPMENT**

We conduct a safety check on all resting equipment and environment. If staff identify any hazards they will be reported directly to the coordinator.

We do not permit the use of the following:

* hot water bottles
* electric blankets
* heated wheat bag

These items present a risk of children either being scalded or developing hyperthermia.

**COTS and MATTRESSES**

All cots and mattresses met the Australian Standards.

To prevent injury occurring to the children we only use cots for the children 12months and under. “Data from the Victorian Injury Surveillance System suggest that nursery Furniture is associated with 23 percent of injuries in the first year of life the most common items of nursery furniture are prams, strollers, high chairs, baby walkers, bouncinettes, change tables and cots. Cots and prams are associated with fatal injuries in this age group”[[1]](#footnote-1) ([www.monash.edu.au](http://www.monash.edu.au)).

Prams will not be used to sleep children due to the high number of accidents in prams and the pram has many surfaces and cracks where a child could easily have their head trapped or smothered.

**HYGIENE PRACTICES**

All rest equipment is cleaned daily with the use of disinfectant. Each child has their own linen which is supplied by the Centre, and is washed weekly according to the room washing chart.

WE ENCOURAGE ALL PARENTS TO GIVE US AS MUCH INPUT AS POSSIBLE INTO THEIR CHILDS REST/SLEEP ROUTINE.

# Head Lice Policy

Head lice are very small, wingless insects that live on the human scalp and in the hair. They are more commonly found on young children than adults. Head lice move by crawling, they are unable to fly or jump and are usually spread by direct head to head contact. Head lice are very common in young children as young children often share personal space.

Head lice cause a number of minor problems such as itching and redness or small bite marks where they feed from the scalp.

Head lice are a community problem and no reflection on a child’s cleanliness or the hygiene of the family. Head lice usually prefer clean hair. Head lice will affect approximately 2-3% of the population at any one time and infestations are more frequent in the warmer months.

It is important to ensure that cases of head lice are treated thoroughly and promptly in order to minimise the spread of head lice among contacts. It is recommended that parents conduct weekly head lice inspections in order to identify head lice infestation in the early stages so that head lice treatment can begin promptly. Staff are able to help you with this process if needed.

Children will be checked for headlice if signs of infestation are present or if another child in the room has been found to have contracted head lice and parents will be asked to collect their child if live lice are found and these have not been treated. Children will not be allowed to attend childcare until the day after appropriate treatment has commenced.

Treatments are available from chemists, but thoroughly combing of the hair with a metal nit comb ensuring the removal of all the nits (eggs) is extremely helpful to control the infestation.

# Nutrition Policy

During our childhood our eating habits and understandings of foods are formed. Research shows that poor nutrition in childhood can adversely affect adult health. Diet related diseases include heart disease, diabetes and cancer. It is estimated that 25% of Australian children are overweight or obese, and this is increasing.

Current recommendations for adult daily food intake is five serves of vegetables and two serves of fruit. Serves for children should meet their appetite, but children should eat a variety from the five food groups (breads/grains, vegetables/legumes, fruit, milk/yoghurt/cheese and meat/fish/ poultry/nuts).

Dietary guidelines for Australian children and adolescents developed by the National Health and Medical Research Council 1995, includes:

* Encourage and support breastfeeding
* Children need appropriate food and physical activity to grow and develop normally. Growth should be checked regularly
* Enjoy a wide variety of nutritious foods
* Eat plenty of bread, cereals, vegetables (including legumes) and fruits
* Low fat diets are not suitable for young children. For older children, a diet low in fat and in particular, low in saturated fat is appropriate
* Encourage water as a drink. Alcohol is not recommended for children
* Eat only a moderate amount of sugars and foods containing added sugars
* Choose low salt foods.

We aim to provide the children with a variety of foods that are nutritious, low refined (unrefined where possible), meet dietary guidelines for children, and help develop healthy eating patterns. During a full day at childcare, it is recommended that children under 5 receive at least ½ their daily requirements of cereals, vegetables/legumes, fruit, milk, and meat.

How will we implement this?

* By introducing children to a variety of foods from all food groups
* By encouraging children to drinks water and milk (breast/formula for babies)
* Serve only low salt foods
* Eat moderate amounts of foods containing sugar and fat
* Encourage children to eat more fruit and vegetables
* Regular monitoring of the menu and foods offered, to children to ensure that we are meeting their needs whilst in childcare
* Continually researching current food advice available from recognised authorities and implement this information when needed

During lunchtimes for our older children, vegetables will be served first as this is the time when children are most hungry and the time when they will be more tempted to eat vegetables. No child will ever be forced to eat their vegetables or food. Certain foods may need to be served many times before a child will try the food. Our aim is to make mealtime and enjoyable occasion and not a time of war. If a child refuses a meal, a sandwich will be offered as an alternative.

Older children in our babies room and children in toddlers will be encouraged to drink from cups and not from bottles. Bottles will be offered at sleep time if required. Current information advises that children over 12 months only consume around 600ml milk per day. This will be taken into account when children are given bottles to go to sleep. Some toddlers are given high doses of milk per day and in doing this, many of these children miss out on nutrition provided by other foods. Children over 12 months of age will not be given bottles to settle children to sleep due to the risk of damage to teeth.

Kitchen staff and Room Leaders will be aware of allergies of children in their care and are to prepare and serve food that is appropriate for these children. Kitchen staff and Room Leaders will also serve food appropriate to young children when being introduced to solids and different food textures. Consultation with parents in all cases is essential.

The centre management will help educate parents in food choices for their children through posters, take home material and through explanation of foods served to their child/ren throughout the day.

Parents who continually bring in foods from home which are not meeting recommended guidelines for their child, will be encouraged, through resource material, to correct this habit.

**Breastfeeding, Breast Milk and Bottle Warming**

Healthy lifestyles and good nutrition for each child is paramount. We encourage all families to continue breast feeding their child until at least 12 months in line with recommendations by recognised authorities, and will feed children breast milk supplied by their families.

**Educators and mothers who breastfeed at the Service**

We support mothers who wish to breastfeed at the service by providing a quiet, relaxing place with a comfortable chair for mothers to breastfeed or express milk. Educators will take into account mothers’ preferences for privacy.

All reasonable efforts will also be made to support educators who continue breastfeeding their child when they (return to) work at the service.

**Breast milk procedure**

Breast milk that has been expressed should be brought to the service in a clean sterile container labelled with the date of expression and the child’s name. We encourage families to transport milk to the service in cooler bags and eskies. Educators will:

* put the breastmilk in the fridge as soon as families arrive at the Service
* refrigerate the milk at or below 4° Celsius until it is required
* warm and/or thaw breastmilk by standing the container/bottle in a container of warm water
* test the temperature of the milk before giving it to the child
* consult individual families for instructions if they do not have enough breast to meet the child’s needs that day
* return any unused breastmilk to families when they collect their child.

Our service will uses bottle warmers that have a thermostat control to heat Infant Formula/Cow’s Milk/Breast Milk.

* The service will use the bottle warmer as per the manufacturer’s instructions.
* Educators will ensure that bottle warmers are inaccessible to children at all times.
* Bottles will be warmed for less than 10 minutes.

# Immunisation and Disease Prevention Policy

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

**Implementation**

**The National Immunisation Program (NIP) Schedule** can be accessed and downloaded from <http://www.immunise.health.gov.au/>

**Department of Health, Victoria Immunisation Program**<http://www.health.vic.gov.au/immunisation/>
Telephone - 1300 882 008

**Immunisation Records**

Parents who wish to enrol their child are required to provide a copy ofa current Australian Immunisation Register (AIR) Immunisation History Statement not more than 2 months old as at the date the child first attends the service which shows that the child’s immunisations are up to date in line with the National Immunisation Schedule. Note Immunisation History Statements can show immunisations are up to date while also recording medical exemptions or catch up vaccines.

AIR Immunisation History Statements are available on the Department of Human Services website <http://www.humanservices.gov.au/> . The AIR can be contacted on 1800 653 809 or email air@humanservices.gov.au

The service may enrol the following children without proof they are fully immunised under a grace period. The families of these children must take action to fully vaccinate their children, and provide proof of immunisation status within 16 weeks of the child’s first attendance at the service:

* children evacuated from their place of residence due to an emergency (eg bushfire)
* children in emergency care within meaning of section 3(1) of the Children, Youth and Families Act 2005
* children in the care of an adult who is not their parent due to exceptional circumstances
* Indigenous children
* children whose parents hold a health care card, pensioner concession card, Veteran’s Affairs Gold or White card
* children from multiple births of triplets or more
* other circumstances specified in the guidelines made by the Secretary to the Department of Health and Human Services

If evidence of immunisation status is not provided within 16 weeks of the child’s first attendance at the service, the child’s enrolment at the service may be cancelled. We will assist families with information about accessing immunisations and obtain required documentation.

**Records**

The Nominated Supervisor will ensure there is a record (eg register) of the immunisation status of each child and that supporting evidence (eg AIR statements) are maintained. We will also remind parent who’s child is due for immunisation renewal via our Kiosk system at the start of the month when they are due.

If requested, our Service will provide a copy of the record and certificates kept for a child to:

* the parent of the child so they can enrol the child at another education and care Service or
* the Approved provider or Nominated Supervisor of another Service at which the child may enrol.

Information about each child will be kept for three years from the date a child last attends the service.

We will ask parents via email, notices or verbally in November and May to provide an updated immunisation record as required by legislation. The service will also monitor and remind families at these times if they have immunisations due.

**Catering for Children with Overseas Immunisation Records**

Overseas immunisation records will not be accepted. They often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule. Children vaccinated overseas must attend an immunisation provider (eg doctor) to have their overseas record assessed and be offered appropriate immunisations. The Provider will complete an Immunisation History Form which should be provided to the Service. A copy of the AIR Immunisation History Statement should also be provided to the service when it is received by families. Parents are responsible for having their child’s overseas immunisation record transcribed onto the AIR.

**Exclusion Periods**

Any child that is not fully immunised may be excluded for a period of time if there is a case of a vaccine preventable disease at the service, or if the child has been in contact with someone outside the Service who has a vaccine preventable disease. We will consider the Exclusion Periods recommended by the National Health and Medical Research Council.

It is the responsibility of families to inform the Service that their child has come into contact with someone with a vaccine preventable or infectious disease.

Parents are responsible for payment of fees while their child is excluded.

**Immunisations for Educators and Staff**

It is important that educators remain up to date with their vaccinations in order to protect themselves as well as children in their care. The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against:

* Hepatitis A
* Measles-Mumps-Rubella (MMR)

Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination

* Varicella if they have not previously been infected with chickenpox
* Pertussis (whooping cough). An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated
* Influenza (annually)
* Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

The Nominated Supervisor will:

* regularly provide educators and staff with information about diseases that can be prevented by immunisation
* regularly advise educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant. These infections include chickenpox, cytomegalovirus and rubella (German measles)
* strongly encourage all non-immune staff to be vaccinated
* advise female educators / staff who are not fully immunised to consider doing so before getting pregnant
* advise pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service
* ensure pregnant educators and staff follow good infection control and hygiene procedures

**Immunisation Related Payments for Parents - Child Care Subsidy**

Families are eligible for Child Care Subsidy if their child is fully immunised, on an approved catch-up schedule or has an approved exemption from immunisation. Approved exemptions include a general practitioner has certified the child can’t receive one or more vaccine(s) for medical reasons or the child has a natural immunity, but do not include conscientious objection.

This initiative reminds parents about the importance of immunising their children at each of the milestones. Further information is available at <http://www.humanservices.gov.au/>

# Administration of Medication Policy

Our service and educators will only administer medication to children if it is authorised by parents or another authorised person named on the enrolment form. If there is a medical emergency, we will also administer medication when authorised verbally by a parent or another authorised person, medical practitioner or an emergency service, however we may administer medication during an asthma or anaphylaxis emergency without first receiving authorisation.

Medication under the Regulations includes medication covered by the Therapeutic Goods Act 1989. Therapeutic goods include those for [therapeutic use](http://www.austlii.edu.au/au/legis/cth/consol_act/tga1989191/s3.html#therapeutic_use?stem=0&synonyms=0&query=definition) to:

* prevent, diagnose, cure or alleviate a disease, ailment, defect or injury
* influence, inhibit or modify a physiological process.

This covers products like sunscreen and nappy cream.

The Nominated Supervisor will ensure a copy of this policy is provided to parents when they enrol their child.

The Nominated Supervisor will ensure children’s medication is regularly audited to ensure it has not expired, and is in the original container with legible labels.

**Administration of Medication (non-emergency)**

Educators will administer medication to a child if it complies with our policy requirements and:

1. if the medication is authorised in writing by a parent or another authorised person and
	* is the original container
	* has not expired
	* has an original label and instructions that can be clearly read and, if prescribed by a doctor has the child’s name
	* is administered in accordance with any instructions on the label or from the doctor.
2. after the child’s identity and the dosage of the medication is checked by an educator who is not administering the medication. This educator will witness the administration of the medication.

**Over the Counter Medication (non-prescription medication)**

Our service does not administer over the counter medication unless it has been prescribed by a medical practitioner. Paracetamol will be given with permission, if deemed appropriate by a first aid officer at the centre, ie the child has a high temperature. Medication may mask the symptoms of other, more serious illnesses and our educators are not qualified medical professionals. However, we will administer nappy cream and sunscreen without prescription.

Anyone delivering a child to the service **must not** leave medication in the child’s bag or locker. Medication must be given directly to an educator on arrival for appropriate storage. Auto injection devices (eg Epipens) and asthma puffers will be stored up high in rooms so they are inaccessible to children. All other medication will be stored in accordance with the storage instructions on the medication in a locked labelled container in a cabinet or fridge. Non-refrigerated medication will be kept away from direct sources of heat.

**Administration of Medication in emergencies other than anaphylaxis or asthma emergencies**

1. Educators will administer medication to a child in an emergency:
* if a parent or another authorised person verbally authorises the administration of the medication or
* they receive verbal authorisation from a registered medical practitioner or emergency service if the parent or authorised person cannot be contacted.
1. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
2. The Nominated Supervisor will contact the child’s parent/guardian, and provide written notice to the parent/guardian, as soon as possible.
3. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

Educators will not administer medication if parents or authorised persons provide verbal authorisation in circumstances that are not emergencies. If educators are unsure whether they should be administering a medication in an emergency after receiving verbal authorisation from a parent or authorised person, educators will obtain authorisation from a registered medical practitioner or emergency service.

**Administration of Medication during Anaphylaxis or Asthma Emergencies**

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Nominated Supervisor will contact the child’s parent/guardian and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child’s parent/guardian in writing as soon as possible.
5. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

**Medication Record**

Educators will complete a Medication Record with the name of the child which:

* contains the authorisation to administer medication
* details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next
* if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child’s identity and dosage before it was administered and witnessed the administration.

# Grievance Policy

To ensure that all grievances (complaints) are investigated in a timely, transparent, thorough and impartial manner, and that affected parties are advised of the outcome and their rights of appeal.

**Managing Breaches and Complaints/Grievances**

All breaches of our Code of Conduct (including corruption, maladministration and waste of resources) and complaints or grievances from educators, staff members, families, visitors and volunteers associated with the workplace will be managed in line with our Grievance Guidelines.

This includes incidents of bullying, discrimination and harassment at the Service. Our Service takes any incident of (alleged) bullying, discrimination or harassment very seriously because it can cause significant health and wellbeing issues for employees.

Grievances can occur in all workplaces and handling them properly is important for maintaining a safe, healthy, harmonious and productive work environment. Documented grievance procedures are important because:

* staff and visitors need to know a process exists for receiving and managing grievances and complaints fairly, impartially, promptly and thoroughly.
* they help to ensure small issues or problems do not escalate.
* supervisors and managers need to be aware of issues causing conflict.
* documentation provides evidence and a record of the grievance and the outcome.
* complaints facilitate continuous improvement of Service operations.

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

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

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

Union members may seek assistance or support from their trade union at any time.

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

* get involved in complaints/ grievances that don’t concern them. This is not ethical nor helpful in managing the complaint
* raise complaints with an external complaints body, such as a court or Tribunal, without using our grievance procedures and appeal process first.

The Director or Assistant Director will:

* discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
* properly, fairly, confidentially and impartially investigate the issue including:
* thoroughly investigating the circumstances and facts and inviting all affected parties to provide information or respond where appropriate . To encourage teamwork and respect, the issue may be discussed at an educator meeting if the privacy of the people involved can be protected.
* inviting the complainant to have a support person present during an interview (eg health and safety representative, but not a lawyer acting in a professional capacity)
* provide all affected parties with a clear written statement (letter, email or SMS) of the outcome of the investigation within seven working days of receiving the verbal or written complaint.
* If the resolution of the complaint involves a written agreement, all parties must agree with the wording etc.
* If the Director or Assistant Director decides not to proceed with the investigation after initial enquiries, he or she will give the complainant the reason/s in writing.
* keep appropriate records of the investigation and outcome, and store those records in accordance with our Privacy and Confidentiality Policy. Unsubstantiated complaints against educators/staff may be retained on file if the person has been given the opportunity to record a comment on the documentation
* monitor ongoing behaviour and provide support as required
* ensure the parties are protected from victimisation
* offer external review by a Tribunal or alternate organisation where employees, visitors and volunteers are unhappy with the outcome of the grievance procedure. Workplace bullying matters may be referred to the Fair Work Commission which can direct employers to take specific actions against workplace bullies or the Work Health and Safety (WHS) Regulator which may investigate whether WHS duties have been contravened
* request feedback on the grievance process using a questionnaire
* track complaints to identify recurring issues within the Service
* notify the regulatory authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Refer Incident, Injury, Trauma and Illness Policy.

**Outcomes may include:**

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

Outcomes will take into consideration relevant industrial relations principles and guidelines and make provision for procedural fairness. The Director or Assistant Director will consider:

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

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

The Director or Assistant Director will notify the regulatory authority through the online NQA ITS:

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

# Relationships with Children Policy

Our Service aims to ensure that all educators form positive relationships with children that make them feel safe and supported in the Service. Educators will encourage positive relationships between children and their peers as well as with educators and volunteers at the Service.

**Interactions with Children**

Our Service’s statement of philosophy will guide our interactions with children.

In order to maintain positive interactions with children our service and educators will maintain the following:

* Our service will provide a relaxed and happy atmosphere for the children.
* Our service will ensure mealtimes are relaxed and unhurried and educators take the time to sit and talk with children.
* Our educators will encourage children to initiate conversations about their experiences inside and outside the service as well as what is happening around them, express their ideas and feelings, share humour with the nominated supervisor, educators, coordinators and educators and seek assistance as they take on new challenges and try to do things for themselves.
* Our educators and coordinators will respond sensitively and appropriately to children’s efforts to communicate and engage them in sustained conversations about their interests in a positive manner.
* Our educators will talk with children in a two-sided manner. That is, encourage children to have their own opinions, ideas and comments. Educators should support children with this and let them know that their ideas are valued.
* Our service will have in place predictable personal-care routines that are enjoyable experiences for babies and toddlers and will respond to babies and toddlers when they practice their verbal communication skills.
* Our routines, as well as planned and spontaneous experiences will be organised to maximise opportunity for meaningful conversations between children and educators and the service will ensure that all children have equal opportunity to engage in one to one and small group conversations with educators.
* Our educators will be knowledgeable in the communication strategies and non verbal cues of babies and toddlers and staffing and grouping arrangements within the service will support the development of trusting relationships between educators, babies and toddlers to allow them to feel secure in the service.
* Our educators will participate in children’s play using children’s cues to guide their level and type of involvement while always maintaining a positive approach when responding to children and offering assistance.
* Our educators will model reasoning, prediction and reflection processes and language.
* Our educators will collaborate with children about routines and experiences.
* Our educators will use techniques such as sign language and other resources and tools to support children with additional needs.
* Our educators will engage in give and take communication by adding to interactions initiated by babies and toddlers by describing objects and talking about routine activities with babies and toddlers.
* Our educators will use their interactions with children to support the maintenance of home languages and learning English as an additional language.
* Our educators and coordinators will use information from their observations of interactions with children to extend the children’s thinking and learning.
* Our educators will also support children to build secure attachments with one and then many educators and use a favourite toy or comfort item to help them feel secure in the service. Most toddlers suffer a form of separation anxiety when away from their families. Educators need to reassure the toddler and work with the toddler’s family in order to make the child feel safe and happy at the Service.
* Our service will ensure that there are many opportunities for babies and toddlers to experience relaxed physical contact and close interactions with familiar educators.
* Our nominated supervisor, educators and coordinators will learn more about the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families using the service.
* Our educators will frequently talk with families to get an idea of the non-verbal forms of communication used by their children in order to convey messages such as hunger, needing the toilet, tiredness and emotions.
* Our educators will allow time to talk to parents about their children. This allows educators to gain insight into their home life.
* Our service will implement strategies to assist all children to develop a sense of belonging and confidence through positive interactions between the children and educators.
* Our service’s roster will be planned in a way that promotes continuity for children.
* Our service will gather information from families in the enrolment form in order to be able to provide support for children during the settling in process.
* When children have special needs our service will consult with other professionals or support agencies that work with children to gather information that will guide our interactions with these children. This information will be recorded in the child’s file.
* Our service’s approach to equity and inclusion will be documented in our statement of philosophy.
* Our service will ensure that educators document the knowledge gained about children, through their interactions, in the child’s file for reference for other educators and will continually review the experiences that are planned for children in light of this information.

**Group Relationships**

In order to encourage respectful and positive relationships between children and their peers and educators our service will adhere to the following practices:

* Our service will encourage children to participate in enjoyable interactions with their peers, respond positively to ideas, negotiate roles and relationships, contribute to shared play, and develop friendships.
* Our educators will engage children in ongoing group projects that involve research, planning, problem solving and shared decision making.
* Our educators will model strategies for children to initiate interactions and participate in group play and social activities and assist them when they have trouble understanding or communicating with each other.
* Our service will ensure that the children have many opportunities for peer scaffolding.
* Our educators will promote a sense of community in the service.
* Our service will coordinate the staffing and grouping arrangements to support positive relationships between children.
* Our educators will support and promote children’s interpersonal relationships and support the inclusion of children from diverse backgrounds and capabilities in group play, projects and experiences.
* Our educators will learn about children’s shared interests and will use this information to plan further experiences that provide collaborative learning opportunities.
* Our educators will pre-empt potential conflicts or challenging behaviours by monitoring children’s play and supporting interactions where there is conflict.
* Our service will ensure that the program and routines of the service will include regular opportunities for children to engage in social play and group experiences.
* Our service will ensure that food is being used appropriately and not as a reward or punishment.
* Our service will ensure that corporal punishment is not used as part of behaviour guidance or any other aspect of our interactions with children. Corporal punishment is never to be used in our service.

**Behaviour Guidance**

**Positive Behaviour**

Educators, staff and volunteers will model positive behaviour and guide children’s behaviour in ways that promote their self esteem by:

* encouraging children to be cooperative and helpful, to express their feelings and responses to others’ behaviour confidently and constructively, and to respectfully guide the behaviour of other children when it is disrespectful or unfair
* supporting children to explore different identities and points of view, to negotiate their rights and the rights of others in a positive, respectful way and to communicate effectively when resolving disagreements
* discussing emotions and issues of inclusion and exclusion, fairness and bias
* encouraging children to listen to other children’s ideas, consider alternate behaviour and co-operate to solve problems
* using positive language, gestures, facial expressions and tone of voice when redirecting or discussing children’s behaviour with them, and remaining calm, gentle, patient and reassuring even when children strongly express distress, frustration or anger
* using their knowledge of children’s personalities and friendships to help them manage their own behaviour and develop empathy
* using information from families about their children’s social skills and relationship preferences to engage children in experiences that support their social development
* speaking in comforting tones and holding babies to soothe them when they are distressed, and responding positively to babies’ and toddlers’ exploratory behaviour
* intervening sensitively when children have difficulty resolving a disagreement, and helping them remove themselves from situations where they are experiencing frustration, anger or fear
* interacting with children and teaching them how to play in different ways: movement play, object play (understanding and solving problems), imaginative play (emotional resilience, creativity and empathy), social play (friendship and belonging, rough and tumble play, celebrations and ritual play), storytelling (my world, myself and where I fit in), creative play (new behaviours and thoughts) role play
* promoting children’s agency by allowing them to be as independent as possible, to try things they see for themselves and experience the consequences of their choices while considering the risk and benefit to others. This may include teaching children how to use things
* ensuring curriculum is mainly based on children’s ideas and interests rather than being led by educators
* setting up rooms and environments to foster positive behaviour eg room is interesting but not cluttered, defined and obstacle free walkways, resources are attractively displayed. The environment may include mirrors to help children focus and provide interest, contains photos of where resources belong
* ensuring activities are of interest to children eg are visual, smelly, have patterns,
* supporting children with strategies to deal with their raw emotions eg anger, fear, panic and being patient when children revert to old behaviour if they are stressed, tired, hungry etc. This includes listening empathetically to children when they express their emotions and reassuring them that it is normal to experience positive and negative emotions
* ensuring children’s basic needs are met eg they aren’t hungry or tired
* supporting children who appear to be insecurely attached by sensitively building relationships with the child and family
* allowing children to have uninterrupted play where they can continue their engagement in learning as they explore and improvise (one of the ideas behind progressive morning teas), and not interrupting a child who is actively engaged in an activity, or forcing a child to share when they are engaged with a resource. Simple strategies may be reducing unnecessary transitions or introducing progressive morning snack or mealtimes.
* providing explicit instruction for routines and learning
* understanding that children’s comprehension of vocabulary concepts or instructions may require support such as visuals, key word signing, two step instructions or allowing time for a child to process the instruction or information. This may be as simple as waiting three seconds after speaking to the child so they can process what has been said
* understanding that children may not be able to interpret or understand some words. For example ‘sharing’ may not be understood as taking turns.

**Inappropriate Behaviour**

Educators and staff understand that inappropriate behaviour is a child’s way of saying they need support. Educators will reflect on the reasons for the child’s behaviour and develop strategies or a plan with the Nominated Supervisor which can be implemented by all educators to ensure consistent responses to the child’s behaviour at the service.

Children’s behaviour may be inappropriate for a variety of reasons. Some of these include:

* insecure attachment to educators or families
* emotional immaturity
* insufficient language skills to express their needs and wishes
* used to gaining attention from negative behaviour
* condition or number of toys, resources and equipment
* a diagnosed or undiagnosed spectrum disorder.

Depending on the reason for the behaviour, some strategies for dealing with inappropriate behaviour may include:

* ignoring the negative behaviour and praising the positive behaviour (while ensuring the safety of all children), and ensuring all body language is consistent with actions and words
* building strong social bonds through a focus current theories
* using key words with signing and objects or visuals to help children with communication difficulties
* using minimal steps in directions then allowing time for a child to understand eg 3-5 seconds
* using terminology that children understand such as ‘my turn’ ‘your turn’ rather than assuming children understand eg children may not understand what it means to “share” or that saying “sorry” does not mean they can repeat the behaviour
* allowing children to develop their reasoning and emotional knowledge by helping them to reflect on their actions eg “Tommy, what are you doing?” “I saw you ....” “What were you about to do with ...?”
* talking with children about the consequences of their actions, our rules and why we have them
* providing sufficient opportunities for exercise including running which can calm anxious or agitated children through the production of certain brain chemicals
* intentionally teaching behaviours like walking inside, never assuming children know how to do think or behave, and reaffirming those and other positive behaviours
* using empathy and putting themselves in the child’s position to try and understand where the behaviour came from (rather than yelling at the end result of the behaviour)
* documenting incidences of inappropriate behaviour and when they are occurring and developing a behaviour plan with parents and if relevant other professionals
* appointing one person (eg Nominated Supervisor) as a contact point for parents

Educators will not isolate, intimidate or subject children to corporal punishment to guide behaviour.

Parents will:

* work in partnership with educators where concerns are raised about the behaviour of their child
* consent in writing where educators believe liaising with relevant professionals to support the learning and development of their child and apply for funding to do this where necessary
* agree to work with educators to minimise risk where the child’s behaviour is a danger to children and educators. This may include seeking professional support from, for example a paediatrician, speech pathologist or family support services, or reducing the hours of care until the child’s behaviour is supported and risk to others is minimised.

If we feel that a child’s behaviour requires outside support and is endangering other children at the service, we require the support of the child’s parent/guardian. If we cannot obtain this support, and have tried to change the behaviour, this child’s enrolment may be cancelled. This will only occur after considered effort and consultation (sometimes with an qualified authority in this area ensuring that the child remains anonymous) and is a last resort.

**Inclusion**

Australia is a pluralistic society regardless of specific regional variations in cultural profiles. In order to reduce bias and ensure that no child is excluded our service will abide by the following practices:

* Our service will promote and value cultural diversity and equity for all children, families and educators from diverse cultural and linguistic backgrounds;
* Our service will recognise that children and adults from all cultures have similar needs and that each individual is unique and valuable;
* Our service will develop a positive self concept for each child and adult in the group by exploring the cultural backgrounds of each family and child;
* Our service will endeavour to provide a foundation that instills in each child a sense of self identity, dignity and tolerance for all individuals;
* Our service will increase the knowledge and understanding each child has about his or her own cultural ethnic heritage in partnership with their family, educators and community and other children in the Service;
* Our service will explore family compositions, customs and lifestyles of children and families in many cultures;
* Our service will assist, in partnership with parents, extended family and the community in exploring their own “roots” as they involve children in the culturally diverse environment of the Service;
* Our service will provide support for fostered or adopted children to develop a sense of heritage and belonging;
* Our service will avoid common stereotypes and recognise individual differences within a cultural or ethnic group;
* Our service will assist wherever possible families who are new to Australia with a transition to a new and different culture.
* Our educators will become aware of their own beliefs, attitudes, cultural backgrounds, their relationship with the larger society and their attitudes to individuals;
* Our educators will acknowledge that they too have been influenced by their own background prejudices and their points of view;
* Our educators will accept that all children can learn and that differences in lifestyles and languages does not mean ignorance;
* Our educators will broaden their own cultural and ethnic group awareness and help children to understand themselves in relation to their family, community and other cultures;
* Our educators will be actively involved in the development of appropriate resources, support and implement an anti bias, cross cultural program throughout the Service environment which is reflective of all families/children and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;
* Our educators will be actively involved with children, showing respect, sharing ideas and experiences and asking questions.
* Our educators will access and make available resources and information supporting the delivery of anti bias concepts in the program and attend regular training courses as required. Such resources will be integrated into the daily program and be made available to families.
* Our educators will reflect on the service’s philosophy and ensure that practices and attitude concur with the philosophy.
* Our educators will work with families to encourage positive attitudes to diversity and an ant-bias ethos.
* Our educators will ensure that casual workers or visitors to the service are aware of these practices and respect these values.
* Children will listen to records and practice singing songs in different languages;
* Children will learn words and phrases in a language not native to children in their group;
* Children will talk to other children using the words from their culture;
* Children will be encouraged to become independent wherever possible and be actively involved with their peers.
* Children will explore with foods from other cultures (eg. have family members from different home cultures come in and cook, to have “food tasting” parties);
* Our service will encourage children to bring in real objects and artifacts used by their families that may be historical or typical of that child’s/family’s cultural group including food;
* Our service will help children to develop ease with and have a respect for physical, racial, religious and cultural differences.
* Our service will encourage children to develop autonomy, independence, competency, confidence and pride.
* Our service will provide all children with accurate and appropriate material that provides information about their own and other’s disabilities and cultures.

**Supporting Children through Difficult Situations**

When a child, family, educator or the service as a whole experiences a stressful or traumatic situation such as a bushfire, car accident, sudden illness or death, crime or violent situation it is important to provide appropriate support so they can recover from the ordeal. A child’s reaction to a stressful or traumatic situation will depend on factors such as their age, stage of development and impact of the event on individuals around them. A child may react in ways that you don’t expect and sometimes will act normally at first but be wary of a delayed reaction. Some reactions include:

* Physical symptoms such as stomach aches and headaches.
* Being anxious or clingy.
* Suffering from separation anxiety.
* Having sleeping problems or nightmares.
* Re-living the experience through drawing or play.
* Losing interest in activities.
* Loss of self-confidence.
* Regressing to “babyish” activities.

Our educators will talk with the child about the event to bring any issues out into the open. The ways our educators will approach this are:

* Reassuring the child that they are safe, but only if they really are.
* Talking to the child about what happened in a way that they will understand and without going into frightening or graphic detail. Our educators will not leave out important information though, as children will fill in the gaps.
* Ensuring the child hasn’t jumped to conclusions. Some children will think they are to blame in a tragic event; our educators will make sure they know this isn’t so.
* Talking about the event with appropriate individuals (for example, all children if the event has affected the whole service or the children that have been affected) and letting everyone have their say including children.
* Talking to the children about how individuals react to stressful or traumatic situations and that the feelings they are feelings are normal.

**Coping Mechanisms**

Some strategies that our educators will use to help children cope in these situations are:

* Giving children a sense of control of their environment and life. Letting the child make minor decisions, such as what to eat for lunch, what to wear or what toy to play with will make the child feel more in control.
* Allowing the children plenty of time to play and to do physical exercise; this will help the child burn off stress chemicals and allow for more sleep.
* Helping the children physically relax with story times and cuddles.
* Limiting stimulants like chocolate, lollies etc.

It is important to remember how you respond to the stressful or traumatic event will affect your child’s response. Children look to their families and educators to find ways to deal with a situation they probably don’t understand. Children need their family members (and other adults who are close to them) to help them understand the situation and their emotions and also offer comfort and support. If adults are distressed about a situation it is important for them to seek help for themselves.

At the service, we wish to help in whatever way we can if your family has undergone a tragedy. Talk to educators (or confidentially to the Nominated Supervisor) and we will endeavour to work with families and children to support all parties through the situation.

Should it be required, educators will liaise with appropriate authorities, such as the Department of Education and Children’s Services, and follow any recommendations made by these authorities.

**Bullying**

In order to overcome bullying in our service, our educators will be aware of the following information and maintain the following practices:

**Our educators will be aware of the following characteristics in children who bully -**

* Children of all backgrounds can bully
* Preconceived notions of children who bully should be avoided
* The child who bullies may also be the victim of bullying
* The child who bullies will often think that they are innocent, and that the child being bullied is somehow deserving of this negative experience.
* Recent research demonstrates that aggressive behaviour and bullying inclinations begin in some children as early as two years old, which highlights the importance of children’s services educators in effectively responding to children who bully.

**Our educators will be aware of the following characteristics of victims of bullying -**

* Children of all backgrounds can fall victim to bullying
* Preconceived notions of children who fall victim to bullying should be avoided
* Boys are victims of bullying more than girls.
* Victims may have low self-esteem, lack of confidence, lack social skills or be viewed as unpopular.
* It is important to remember that victims are often sensitive and easily hurt and feel incapable of preventing such negative experiences.

**Our educators will implement the following strategies to overcome bullying -**

* Our educators will practice all-encompassing and socially inclusive care.
* Daily programs will recognise, value and reflect the social and cultural diversity of our community.
* Our educators will role model and actively encourage appropriate behaviours.
* Our educators will form a close relationship with family members in order to work cooperatively to overcome instances of bullying.
* Our educators will empower children by giving them responsibilities that will make them feel valued.
* Our educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable.
* Our educators will seek the support of children’s services professionals when it is necessary.
* Our educators will respond promptly to children’s aggressive or bullying behaviour.

**Biting**

All individuals involved in the care of a child need to recognise that at times, some children, for a variety of reasons, attempt to bite other children.

Some reasons a child may bite are:

* Infants – Experimental, Sensory Pleasure, Teething
* Toddlers – Frustration, fatigue, attention seeking, confined spaces.
* Older Children – Aggression, deliberate.

In the event of a biting incident, educators will abide by the following procedure:

* Check for broken skin.
* Clean all bites, regardless of whether the skin is broken or not.
* Apply a cold compress to the bitten area
* Our educators will contact the families of the child who has bitten and the child that has been bitten as soon as possible. Families are then responsible for any follow up medical treatment.
* If the biter is a known infectious disease carrier or can be seen to have facial herpes and the victim’s skin is broken, the Nominated Supervisor or Authorised Supervisor will convey this information to the family.
* Should the behaviour continue, our educators will work in conjunction with families and, if necessary, external agencies, to develop a Behaviour Guidance plan for the child who is biting.
* Our educators will complete an incident report for any occasion where a child bites and submit to the Nominated Supervisor.
* Monitor the behaviour of the child who has bitten and use distraction techniques to prevent the child reaching the point where the child feels the need to bite.

# Additional Needs Policy

To provide each child regardless of their additional needs and abilities with a supportive and inclusive environment that allows each child to fully participate in their education and care at the service. Educators will remain positive, open-minded and honest at all times when working with families and external support professionals to most positively meet the additional needs of each child being educated and cared for at the service.

**Implementation**

As per the National Quality Standard, our service positively responds to and welcomes children with additional needs.

We understand that additional needs arise from different causes, and that causes require different responses any child may have additional needs from time to time.

We recognise that additional needs may be temporary or for a lifetime.

**Learning Environments**

* The service environment and equipment will be designed or adapted to ensure access and participation by every child in the service to support the inclusion of children with additional needs.
* The indoor and the outdoor environment will be suitable for children with additional needs.
* The service will ensure the program and curriculum meets the needs of children with additional needs. Learning materials and equipment such as books and games will reflect positive inclusion and children with additional needs in the community.
* The service will work with external professionals and families to ensure that learning environments are most suited to each child with additional needs and children and families from culturally diverse backgrounds. We will also involve children in this process. And where appropriate, the service will keep a copy of any specific plans or instructions provided by external resource providers and professionals for children with additional needs.
* Children may have sensory sensitivities to pressure, texture, smell, noise, visual expectation of the environment or colour which may need to be considered in the environment.
* Children will be encouraged to feel safe and secure during their education and care at the service by developing trusting relationships with educators, other children and the community.

**Positively Promoting Each Child’s Personal Ability**

Our service wants children to develop to the best of their personal ability. Our philosophy highlights our commitment to equity and fairness for all children. Every child in our service is an individual and we aim to promote and encourage this by:

* Ensuring each child is able to fully participate in their education and care at the service.
* Helping children to develop ease with and have a respect for physical, racial, religious and cultural differences.
* Enabling children to develop autonomy, independence, competency, confidence and pride.
* To provide all children with accurate and appropriate material that provides information about the additional needs of others.
* Providing educators of a high calibre who encourage children to experience active any energetic play in order to develop their physical potential.
* Presenting children with a wide range of male and female work roles, both within the home and the workplace, including nurturing roles.
* Encouraging children to develop friendships with each other based on mutual trust and respect.
* Providing, an awareness of cross-cultural and non-discriminatory practices.
* Using a program that is based on a child’s development and that is also relevant to the children’s life experiences, interests and social skills.
* Encouraging parents from non-English speaking backgrounds to contribute their knowledge and culture to the service to enhance the program.
* Providing a fair environment for all children.
* Educators will familiarise themselves with, and share knowledge about, the specific communication needs of each child. This will include verbal and non-verbal communication skills and cues. Where applicable, this may include things such as sign language and or learning key words in the child’s home language.

**Professional Support Services for Children**

* Our service will if needed, access external professional support services for children with additional needs.
* The service will use the Enrolment Form to gather information about children with additional needs. Educators will encourage families to update this information throughout the year and families are responsible for passing on information from any professional support services accessed outside of the service. This will promote the continuity of learning for each child.
* Information gathered about children with additional needs may be used to develop an individual support plan that will kept on file at the service and shared with families, the child’s medical practitioners and/or professional support services and where appropriate the child’s local school if known by the family.
* Educators will remain positive, open-minded and honest at all times.
* The service may deem it necessary to call for extra support workers though government funding. The service will work with the family and relevant government body confidentially and respectfully to ensure the best outcomes for the child.

# Non-infectious Conditions Requiring Exclusion Policy

This policy is developed to give all parents and staff clear guidance on our acceptance of children we believe to be sick and should not be in attendance at childcare.

In general

If a child is so sick that he/she:

* Sleeps at unusual times
* Has a fever of 39 degrees or above
* Has a fever above 37°C but below 39°C and has already had a dose of Panadol within the last 2-4 hours
* Is crying constantly as a result of discomfort due to illness
* Is reacting badly to medications
* In need of constant one to one care
* Has had a second passing of extreme diarrhoea

The parent will be asked to take their child home as the Centre unfortunately does not have the staff resources to adequately care for the children in these conditions. If parents are unable to be contacted, the “emergency contact” will be sought.

If a child’s guardian(s)/emergency contact cannot be contacted, the child should be placed in isolation at the Centre as much as possible.

If a child is ill and is deemed by the person in charge of the centre to be seriously ill, the centre will call for an ambulance to assess the situation. The parent/guardian or emergency contact will be contacted as soon as possible, but will not necessarily be the first person contacted depending on the severity of the illness.

The decision to exclude or re-admit a child who has been sick will be the sole responsibility of the Director or the person in charge.

These decisions will be made in the best interests of the children in the Centre, taking into consideration:

* Results of clinical tests
* Medical opinion
* Staff experience
* Diseases prevalent in the Centre or community at the time of illness.

# Infectious Diseases Policy

Due to the current nature of our social closeness, many infectious diseases are present in a younger age group than previously. Today children are exposed to many different cultures and this brings exposure to a new set of pathogens. The children also have age specific behaviours that contribute to the spread of infection; these include lack of toilet training, lack of control of bodily secretions and the inability to correctly wash their hands.

Our main aim is to provide an environment that is as safe and hygienic as possible.

If a child is exposed to a possible infectious disease in the centre, a notice will be posted on the front door of the centre. Parents are also requested to advise as soon as possible if their child has contracted an infectious disease. Notifiable diseases will be confirmed with a medical practitioner and the Department of Human Service will be advised.

If children are displaying initial symptoms of an infectious disease, the parent/guardian will be contacted immediately. Failing this, the emergency contact will be called and requested to immediately collect the child.

# Child Safe Policy

It is important that children are able to learn and develop in a safe and supportive environment. The safety, health and wellbeing of children is our number one priority. We have zero tolerance for child abuse and are committed to acting in children’s best interests. We will ensure our environment and practices are always safe, consistent with best practice and legislative requirements including the Child Safe Standards.

**Implementation**

Our Service commits to an environment and practices which are consistent with the Child Safe Standards as follows:

* Strategies to embed an organisational culture of child safety, including through effective leadership arrangements
* A child safe policy
* A code of conduct that establishes clear expectations for appropriate behaviour with children
* Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel
* Processes for responding to and reporting suspected child abuse
* Strategies to identify and reduce or remove the risk of abuse
* Strategies to promote the participation and empowerment of children

Many of the practices and procedures which support these standards are embedded in our existing policies which are referenced below with additional comment where relevant.

**Strategies to embed an organisational culture of child safety, including through effective leadership arrangements**

We embed a culture of child safety in several ways including:

* ensuring staff are appropriately qualified and ratios are met
* ensuring all staff understand their responsibilities under the National Law and Regulations, National Quality Standard (NQS) and the Early Years Learning Framework (EYLF)
* ensuring all staff, visitors and volunteers are aware of and comply with our Code of Conduct
* organising appropriate information, instruction, training or supervision to staff

Our Child Protection Policy outlines our strategies:

* Code of Conduct
* Recruitment, selection and training procedures which include child protection principles
* Procedures for reporting and documenting abuse and neglect
* Procedures for managing breaches
* Risk management for high risk activity
* Information for families

Under the NQS, children’s culture and heritage must be regularly embedded in our learning programs. For example:

NQS 1.1.1 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.

NQS 1.1.2 Each child’s current knowledge, ideas, *culture*, abilities and interests are the foundation of the program

Additionally, educators integrate EYLF Principles and Practices like ‘respect for diversity’, ‘cultural competence’ and ‘high expectations and equity’ into the curriculum to ensure children achieve the learning outcomes related to their identity, connection to their world and sense of wellbeing. Educators do this in numerous ways including:

* providing resources and information that promote Indigenous and other cultures
* establishing links with local Indigenous and cultural groups
* inviting families and community members to visit the service and complete activities and experiences with the children
* through intentional teaching strategies promoting Indigenous customs, stories, traditions, history and that of other cultures
* working with other professionals to assist children with additional needs
* ensuring all children can participate in learning activities

Records which enable staff to monitor and review incidents, and implement continuous improvement practices, are maintained as required under the National*.*

*This policy is available to all parents either on request or is available on our website.*

**A code of conduct that establishes clear expectations for appropriate behaviour with children**

Our policies set out clear expectations for appropriate behaviour with children. For example, all staff and volunteers will:

* implement activities and experiences that are age appropriate, culturally sensitive and inclusive
* comply with all service policies, including those which protect children from harm, abuse and neglect
* refrain from developing close personal relationships with children outside work (unless this is due to family ties)
* refrain from using abusive, derogatory or offensive language
* not favour any particular child.

The Code also provides the following examples of appropriate interactions with children

* use of YouTube, social media and technology to support age appropriate curriculum
* physical contact to soothe children, build trusting relationships, demonstrate learning and skills and assist children with additional needs
* families and visitors will not have physical contact with children at the service that are not their own unless a staff member is present.

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

*Our Relationships with Children Policy* also contains clear guidelines on appropriate behaviour with children as discussed under Standard 6.

All families must declare they have read and understand our policies and Code of Conduct and will comply with them when signing our enrolment form.

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

We are committed to the professional development and performance management of all staff. For example, the Nominated Supervisor will complete an annual performance appraisal for all staff. Appraisals are used to ensure staff are aware of their duties and responsibilities and to indentify training needs which include child safety practices.

Child protection training may cover the definition of abuse, how to identify abuse and reduce risks, including for children with disabilities, inappropriate behaviour between children and inappropriate behaviour between children and adults. Training may occur through a recognised face to face or on-line training course, mentoring and at staff meetings.

This Policy also outlines orientation practices to ensure new or returning staff are aware of current service policies and procedures, and relevant legislative requirements including their child protection obligations. Training is undertaken where required.

Our *Child Protection Policy* contains recruitment and selection procedures which reduce the risk of child abuse by staff. The procedures cover position descriptions, advertising, interviews, and selection of candidates. For example:

* position descriptions will clearly describe the expectations for staff to provide a safe and supportive environment for children (also Standard 1)
* job advertisements will state applicants need to have a clear Working with Children Check
* applicants will be questioned on their understanding of child safety and child protection

We require staff to be aware and adhere to ratios of staff to children and staff qualifications and the requirement for the Nominated Supervisor to read a person’s Working with Children Check before the person is employed or works as a volunteer at the service (unless exemptions apply).

Other procedures in this policy that reduce the risk of abuse include:

* more than one staff member being present when children attend
* always supervising students and volunteers
* educators positioning themselves (outdoors) so they see as much as possible

**Processes for responding to and reporting suspected child abuse**

Our *Child Protection Policy* contains clear procedures for responding to and reporting suspected abuse and neglect, including allegations of abuse made against staff members. Where staff members are involved, the Approved Provider or Nominated Supervisor must review the person’s duties, and if they continue to interact with children while the allegation is investigated, ensure they are appropriately supervised at all times.

The Policy outlines appropriate interactions and behaviour if staff receive a disclosure of abuse from a child or adult, and contains information for families about the way staff teach children about protective behaviour.

Our response to cases of abuse will be culturally sensitive. For example we will engage with families and/or community members to improve our understanding of cultural behaviours and inform our responses.

**Strategies to identify and reduce or remove the risk of abuse**

Our Child Interaction Policy promote positive interactions with children to enhance their self esteem, with positive behaviour guidance. At no time will staff isolate, intimidate or subject children to corporal punishment to guide behaviour. Instead staff may take actions which include:

* ignoring negative behaviour and praising positive behaviour
* using key words with signing and visuals to help children with communication difficulties
* using minimal steps in directions and allowing time for children to understand
* using terminology that children understand
* providing opportunities for exercise which can calm anxious or agitated children
* intentionally teaching behaviours
* putting themselves in the child’s position to try and understand where the behaviour came from

In relation to visitors to our service:

* visitors must never be left alone with children and will always supervised by staff
* specialists or professionals engaged to support a child will only be allowed to visit and engage with the child if authorisation has first been obtained from the child’s parents/guardians.

Technology is only be used to support children’s learning, that only age appropriate websites will be accessed and that staff will directly supervise children when they are on-line. If children are viewing videos, these will be ‘G’ rated only.

In relation to social media:

* staff will not post any information or photos from the service on personal social media accounts
* staff will not use their personal camera or phones to take photos or video while at the service
* the Nominated Supervisor must obtain authorisation from a child’s parents before posting any photos of their child on a service social media account or website

**Strategies to promote the participation and empowerment of children**

The National Quality Standard (NQS) promotes children’s agency and participation in many ways. We are required to meet the following NQS Elements for example:

1.1.2 Each child’s current knowledge, ideas, culture, abilities and interests are the foundation of the program

1.1.3 The program, including routines, is organised in ways that maximise opportunities for each child’s learning

1.1.5 Every child is supported to participate in the program

1.1.6 Each child’s agency is promoted, enabling them to make choices and decisions and to influence events and their world

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.

Together with the EYLF, the NQS requires educators be responsive to children’s ideas, interests and needs. For example EYLF principle ‘Partnerships with Families’ and EYLF Practice ‘Responsiveness to Children’ promote respectful and reciprocal relationships with children based on deep understanding of their interests, community and culture. Educators view children as active participants and decision makers. These types of relationships empower children to voice their views, ideas and concerns.

Staff will regularly discuss children’s rights with children, including their right to make decisions about their body and privacy, that they have a right to feel safe at all times, to recognise signs that they do not feel safe, and that staff are available for them if they have any concerns (discussed further in our *Child Protection Policy*)

Our *Child Interaction Policy* promotes inclusion and agency by:

* allowing children to be as independent as possible, try things for themselves and experience the consequences of their choices while considering the risk and benefit to others
* ensuring curriculum is generated mainly from children’s ideas and interests
* promoting and valuing cultural diversity and equity for all children, families and colleagues

In relation to children with additional needs (including children from diverse cultural backgrounds) and will design or adapt the environment to ensure every child can participate and achieve meaningful learning outcomes. We will work with professionals, families and children to ensure that learning environments are suitable and implement plans or instructions.

Any questions about child safety or this Policy may be directed to the Approved Provider, Nominated Supervisor or Person in day to day charge of the service. If employees, volunteers and families have concerns about the Approved Provider or Nominated Supervisor’s ability to provide or maintain a child safe environment they should first discuss their concerns with another Responsible Person (Approved Provider, Nominated Supervisor, Person in Day to Day Charge) who will investigate the concerns and if substantiated contact the Child Protection Hotline on 131 278, the Department of Education and Training (Children’s Services ) on 1300 307 415, the Police on 000 or the Commission for Children and Young People on 1300 78 29 78 for advice. Employees, volunteers and families may contact these organisations directly if they believe the Responsible Person has not taken appropriate action.

# Child Protection Policy

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

**Implementation**

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

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

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

**Mandatory reporters currently include teachers or early childhood teachers** registered under the Education and Training Reform Act 2006, while all adults are mandated reporters if they form a reasonable belief that a sexual offence has been committed against a child under 16 by someone 18 or over. **Despite this, all educators and staff members who believe on reasonable grounds that a child is in need of protection will report** abuse and neglect to either Child Protection on **131278** (and the Police on 000 if sexual abuse is involved) or Child FIRST. Child FIRST contacts are available at [http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams](http://www.dhs.vic.gov.au/for-individuals/children%2C-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information%2C-referral-and-support-teams).

A report to Child Protection will be made if:

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

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

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

A step by step guide to making a report to Child Protection or Child FIRST is available on the Victorian Department of Human Services website at <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0003/582591/flowchart-mandatory-reporting-27-5-10.pdf>

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

becoming aware that a child’s health, safety or wellbeing is at risk and the child’s

parents are unwilling or unable to protect the child. For example:

* a child states that they have been physically or sexually abused
* a child states that they know someone who has been physically or sexually

abused (sometimes the child may be talking about themselves)

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

**Child Protection Risk Management Strategy**

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

1. Aim (page 2)
2. Code of Conduct
3. Recruitment, Selection and Training Procedures for employees and volunteers which include child protection principles
4. Procedures for handling disclosures and suspicions of harm Reporting and Documenting Abuse or Neglect
5. Procedures for Managing Breaches
6. Risk Management for High Risk Activities and Special Events
7. Strategies for Communication and Support
8. **Code of Conduct**

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

1. **Procedures for managing disclosures and suspicions of harm**

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

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

* I think I saw…‖
* Somebody told me that…‖
* Just think you should know…‖
* I‘m not sure what I want you to do, but…‖

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

A suspicion of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm. Note there may be circumstances where there is concern for a child’s welfare but it does not reach the threshold to be considered a disclosure or suspicion of harm. In this case educators will connect families with Family and Child Connect with the family’s consent.

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

* a child says they have been harmed
* someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
* a child tells them they know someone who has been harmed (it is possible that they may be referring to themselves)
* they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
* they see the harm happening.

**Managing and recording a disclosure of harm**

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

* find a private place to talk
* remain calm and listen in an attentive, active and non-judgemental way
* encourage the person (including a child) to talk in their own words
* take anything a child says seriously
* allow children to be part of decision-making processes where appropriate
* ask just enough open ended questions to act protectively without asking any leading questions which suggest an answer and could compromise later investigations
* tell the person they have done the right thing in revealing the information and they’ll need to tell someone who can help keep them safe
* not try to investigate or mediate the matter themselves
* record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child)
* document as soon as possible so the details are accurately captured including:
	+ time, date, location and who was present
	+ full details of the (suspected) abuse
	+ exactly what the person said using “I said”, “they said,” statements
	+ the questions educators asked
	+ any comments educators made
	+ educators’ actions following the disclosure
* ensure the management and storage of records complies with our Privacy and Confidentiality Policy.
* follow our reporting procedures

See template at Appendix B

**Managing and recording a suspicion of harm**

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

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

See template at Appendix B

**Making a Report**

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

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

1. **Consider whether disclosure or suspicion needs to be reported to Police**
* contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so
* contact the police on 000 where the child has been or may be the victim of a criminal offence (**including sexual abuse** and where a child is at risk of significant harm outside the family)
* contact the Police immediately on 000 if the Approved Provider, or an employee, volunteer or visitor has abused or is alleged to have abused a child
* get clear guidance from Police about who will tell child’s parents about the disclosure and who can give ongoing support
1. **Consider whether the disclosure or suspicion must be reported to Children Protection**
* make a report by phone to the Child Protection hotline on **131 278** (available 24 hours/7 days a week)**.** You may also contact Regional offices (See page 2)
* make the report with the assistance or support of the Nominated Supervisor. If the Nominated Supervisor does not follow through and make the report, employees and volunteers will make the report
* get clear guidance from the person answering about who will tell child’s parents of the disclosure and who can give ongoing support
1. **Consider whether referral is needed to Child FIRST**
* connect families with Child FIRST agencies(available 24 hours/7 days a week) where concerns of abuse or neglect do not require reports to Child Protection or the Police. Family consent first. See contacts page 2
1. **Consider whether you must notify ECEC Regulatory Authority**
* notify the Regulator about any incident, including any suspected or alleged incident, of child abuse that has occurred at the service. This includes any physical or sexual abuse that has occurred or is occurring while the child is at the service.

**Allegations against Service Personnel**

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

* complete an Incident, Injury, Trauma and Illness Record and notify the Regulatory Authority within 24 hours of making the report
* provide appropriate support for any employee/volunteer who has an allegation made against them
* protect the identity of employees/volunteers in relation to unsubstantiated complaints
* review the person’s duties, and if they continue to interact with children, ensure they are appropriately supervised at all times
* seek legal advice about restricting that person’s work activities if relevant.

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

**Support after disclosure**

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

**5. Procedures for Managing Breaches**

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

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

A breach of that duty of care includes any action or inaction by an employee, volunteer or child that fails to comply with any of the eight components of the Strategy.

Employees, volunteers or families should report the breaches to the Nominated Supervisor or Approved Provider who will manage an investigation into the breach in a fair, unbiased and supportive. For example:

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

Depending on the nature of the breach outcomes may include:

* emphasising the relevant component, for example, the Code of Conduct
* providing closer supervision
* professional development and training
* mediating between those involved in the incident (where appropriate)
* disciplinary procedures if necessary
* reviewing current policies and procedures and developing new policies and procedures if necessary
* termination of employment.

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

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

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

The Nominated Supervisor and educators will:

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

See Appendix E for a Risk Management template.

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

# Incident, Injury, Trauma and Illness Policy

The service and all educators can effectively respond to and manage accidents, illness and emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.

**Implementation**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 -

(a) is injured or

(b) becomes ill or

(c) suffers a trauma or

(d) is involved in an incident at the service

The Approved Provider/Nominated Supervisor will ensure that:

* a parent of a child is notified as soon as possible, preferably on the same day of the injury, illness, trauma or incident
* an Incident, Injury, Trauma and Illness Record is completed without delay
* the regulatory authority is notified within 24 hours of any serious incident (see heading ‘Notification of serious incidents’)
* the regulatory authority is notified within 24 hours of any serious complaint about the health, safety and welfare of a child, that regulations have been breached , children are being cared for in an emergency or incidents that require service to close or reduce attendance
* the regulatory authority is notified within 7 days of circumstances that pose a risk to the health, safety and wellbeing of a child
* at least one first aid qualified educator (with asthma and anaphylaxis training) is present at all times at the service
* first aid qualifications (including anaphylaxis and asthma management training) are current and updated at least every 3 years
* all components of first aid qualifications are current if some require an earlier revision (eg CPR)
* first aid qualified educators never exceed their qualifications and competence when administering first aid

The Nominated Supervisor will also diarise to ensure the contents of first aid kits and their location are reviewed at least annually and after every use. Audits will ensure each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. Consideration will also be given to whether the contents suit the injuries that have occurred, based on our incident, injury, trauma and illness records and action taken to obtain additional resources if required.

During our induction process for new educators and staff the Nominated Supervisor or delegated staff member will:

* advise which (other) educators and staff have first aid qualifications
* the location of the first aid kit(s)
* obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee’s consent or in order to meet our duty of care to the employee.

The Nominated Supervisor will review the following matters in consultation with employees (eg at staff meetings) where appropriate, at least annually or when there are staff changes:

* our first aid procedure
* the location of our first aid kit(s)
* the nature of incidents occurring at the service

If children are injured or become ill at the service, educators or staff members will request parents or authorised nominees to collect children.

**Administration of First Aid**

If there is an accident, illness or injury requiring first aid an educator with a current first aid qualification will:

* assess any further danger to the child, other children and any adults present and take steps to remove or mitigate the danger
* respond to the injury, illness or trauma needs of the child or adult in accordance with their current first aid, asthma and anaphylaxis training, and in accordance with the child’s medical management plan and risk minimisation plan if relevant. As part of first aid response educator may if required:
* call an ambulance (or ask another staff member to call and co-ordinate the ambulance)
* notify a parent or authorised nominee that the child requires medical attention from a medical practitioner
* contact a parent or authorised nominee to collect the child from the service if required
* notify the nominated supervisor and parents of the incident, illness or injury the same day that it occurs
* complete an Incident, Injury, Trauma and Illness Record without delay

The Nominated Supervisor and educators will supervise and care for children in the vicinity of the incident, illness or injury as appropriate.

**If an ambulance is called, the cost of the ambulance and/or medical treatment is the responsibility of the parent/guardian of the child. It is recommended that all families using our service be subscribers of the ambulance service. The cost of the ambulance should not be an added pressure in a stressful situation faced by the first aider.

First Aid Kit Guidelines**

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

We will use the checklist in the VIC First Aid in the Workplace Compliance Code or Safe Work Australia First Aid in the Workplace Code of Practice as a guide on what to include in our first aid kits, and tailor the contents as necessary to meet our service needs (Tab B).

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

**Any First Aid kit at the service must -**

* not be locked
* not contain paracetamol (Panadol)
* have sufficient first aid resources for the number of employees and children
* have appropriate first aid resources for the immediate treatment of injuries at the service (including asthma and anaphylaxis)
* be accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury occurring if relevant
* be provided on each floor of a multi-level workplace
* be provided in each work vehicle
* be taken on excursions
* be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
* preferably be fitted with a carrying handle as well as internal compartments
* have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
* contain a list of contents
* display emergency telephone numbers, and the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces)
* display a photograph of the first aid trained educators along with contact details to assist in the identification process
* be maintained in proper condition and the contents replenished as necessary.

**Notification of serious incidents**

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS within 24 hours of any serious incident at our service (s. 174). 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.

Serious incidents include:

* the death of a child at the service or following an incident at the Service
* any incident involving a serious injury or trauma to a child at the service which a reasonable person would say required urgent attention from a medical practitioner, or the child attended or should have attended a hospital eg broken limb
* any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital eg severe asthma attack, seizure or anaphylaxis.

This does not include treatment at a hospital for non-serious injury, illness or trauma in cases where a General Practitioner consults from a hospital eg in rural and remote areas

* any emergency where emergency services attended ie there was an imminent or severe risk to the health, safety or wellbeing of a person at the service. It does not include incidents where emergency services attended as a precaution
* a child is missing or cannot be accounted for at the service
* a child has been taken from the service by someone not authorised to do this
* a child is mistakenly locked in or locked out of the service .

A serious injury, illness or trauma includes:

|  |  |
| --- | --- |
| * amputation
 | * epileptic seizures
 |
| * anaphylactic reaction requiring urgent
 | * head injuries
 |
| * asthma requiring urgent hospitalisation
 | * measles
 |
| * Broken bone/fractures
 | * meningococcal infection
 |
| * bronchiolitis
 | * sexual assault
 |
| * burns
 | * witnessing violence or a frightening event
 |
| * diarrhoea requiring urgent hospitalisation
 |  |

 **Notification of serious complaints and circumstances**

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS:

* within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
* within 24 hours of any complaints that the National Law or Regulations have been breached
* within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child
* within 7 days of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
* within 24 hours of any children being educated and care for in an emergency, including where there is a child protection order or the parent needs urgent health care. Emergency care can be no longer than two consecutive days of operation. The Approved Provider or Nominated Supervisor will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency
* within 24 hours of any incidents that require the Service to close or reduce attendance.

**Notification of Work Health and Safety incidents**

As per our WHS policy

# Dental Care Policy

By providing the children in our care with a healthy and nutritious menu, with twice daily toothbrushing at home, we are encouraging awareness to the children as well as their families on the importance of dental care.

Our aims are to:

* Encourage healthy eating by following the healthy eating pyramid to maintain healthy teeth, gums and supporting bone tissue throughout life
* Promote to all families in the centre the importance of healthy eating and ongoing dental care
* Encourage the children to drink plenty of water rather than high sugar content drinks such as fruit juices, cordial and soft drinks and educate parents on the importance of providing healthy, low sugar choices

In regards to our policy

* All meals and snack foods are prepared by following the healthy eating pyramid
* During lunch times, children will be offered high cheese content meals (or cheese after this meal if meal does not contain high cheese content), which will neutralise dental acid
* We believe that children will be brushing at home morning and night and therefore do not require more brushing during the day
* All dental care information received by the centre is handed out to all families
* All milk and water necessary for bottles (with the exception of baby formula), is provided by the centre. The centre is to discourage the children drinking and going to sleep with high sugar content drinks, therefore reducing the risk of dental caries.

# First Aid Plan

In case of accident **Contact the first aider**. Also advise the first aider if you believe an ambulance is required.

A **first aid kit** is contained in both children’s bathrooms. Also near these boxes is a **first aid book**. This will outline what is to be done when an incident occurs. These books are to be followed. This action will also be required to be documented in the incident/accident report.

If a child has a minor accident or injury, a first aider will apply first aid and comfort the child until the child is no longer distresses.

**In no circumstances should the injured person be left unattended**. Wait with them until the first aider arrives.

An accident and injury report will be filled out by a staff member and we request that parents read and sign this form when they collect their child at the end of the day. If your child needs to go to the hospital in an ambulance and you arrive at the centre before the ambulance, we will request that you read and sign this form before you leave. The accident will be recorded in the medication/accident/incident book of the child’s room.

The first aider will assess the situation and decided if an ambulance is required. If an ambulance is required, this will then be told to the co-ordinator who will contact the ambulance and direct them to the injured person.

The parent (or if the parent cannot be contacted, the emergency person identified on the enrolment form) will be advised immediately after contacting the ambulance. If we can not contact anyone on the emergency list, then if possible a staff member from your child’s room will travel to hospital with your child.

**NO STAFF MEMBER IS PERMITTED TO TAKE A CHILD TO A DOCTOR OR HOSPITAL IN THEIR CAR**.

**First Aid Personnel**

|  |  |  |
| --- | --- | --- |
| Kathy Lloyd | Narissa Campbell | Janette Donnelly |
| Jess Donnelly | Michelle Shields | Tegan O’Dowd |

Cupboards which contain chemicals also are displayed with data safety sheets. If a chemical has been ingested, inhaled, etc, this data sheet will advise what action is to be followed. This information will also be required to be advised to the poisons information line or the operator at 000.

First aid personnel will only provide treatment within their level of competence and training. The ambulance personnel or Ballarat Base Hospital will provide any treatment beyond this level.

**Telephone numbers**

**Ambulance 000**

**Ballarat Base Hospital 5320 4000**

**Poisons Information Centre 13 1126**

If a parent notices an accident/injury that the child may have received whilst in our care and an accident/injury report has not been filled in, then they are requested to speak to the co-ordinator as soon as possible. The co-ordinator may request the staff to fill out an accident/injury report stating the facts.

# Employment of Staff Policy

At Lake Gardens Children’s Centre we acknowledge that we have a responsibility to provide high quality carers and additional staff to provide the best quality of care we can for the children we are entrusted with. We have a legal and ethical responsibility towards recruitment of these staff members and this also includes ensuring that this does not directly or indirectly affect current employees in a negative way, and that the stakeholders and carers of the service are made aware of new staff being recruited. No staff will be employed without a current working with children check.

Process:

Management will be made aware of the fact that new staff members are required. This will be due mainly to increasing numbers of children, staff holiday or absences, departure of staff members or times at the services where it may be very busy. We have a legal requirement to provide diploma qualified child care staff to work in the centre ratio and the employment will be based on these regulations.

When a vacancy exists, management will liaise with staff in the room as to what they envisage the role to take. Other aspects of the role to be considered are whether a trained, more experienced staff member may be needed, if the role requires the prospective employee to have skills in translation or has training in caring for children with additional needs. This list is not exhaustive.

Management will then take this information and see if this role needs to be externally filled or can be filled in with other staff members. This may also involve using a reliever to fill this position. If the position is to be filled externally, then this may be advertised in the local paper or on the web. The advertisement will give a brief description of the job and details on how to respond.

Applications will then be screened as to the elements required and those closely meeting the criteria will then be called in for an interview. Other criteria may include the candidate’s willingness to undertake further training, and their ability to apply these to their role. The initial interview will be with the Director or person in charge. This initial interview will be a chance for the interviewer and interviewee to discuss the position further and to further understand the candidates experience and future direction. The interviewer will ensure that all legal and ethical legislation is followed. At this time the interviewee will be asked if the interviewer is able to contact referees for a verbal feedback.

Candidates who closely meet the role requirements will be called back for another interview where they will then meet the staff they will be working with. This will be an informal interview where the staff in the room will be able to assess the candidates “fit” in the room. This will then be fed back to the director who will then make the decision for the appointment. This appointment will be based on referee checks, colleague feed back and correct fit to the role. Referees will also be asked about suitability of candidate for the role and whether there are or could be any safety and welfare concerns with this candidate in relation to the child.

Staff who are to be employed in a casual position will not need to attend a second interview.

Unsuccessful candidates who fail to reach interview will be advised via mail or email of this outcome. Candidates who reach interview stage but fail to be appointed will be contacted via phone to advise of the decision.

It will ultimately be the employers decision on the successful candidate, but views of other staff members will also be taken into account.

Casual staff:

A bank of casual staff will be used on days that this temporary service is required. Casual staff will be sourced from resumes given to the centre. The Director will check resumes for the “correct fit” and when required, these staff will be used under the supervision of a room leader. As the casual staff member is used, this supervision will be lessened if the casual has the capability

Other agencies will be used to find staff if this service is available and the bank of casual staff is unavailable.

All staff whether casual or permanent will be required to have a Working with Children’s Check without any notations on the report. Staff are encouraged to have a current first aid certificate with current CPR and current anaphylaxis training and anaphylaxis management training.

Induction:

All new staff members will be paired with a more experienced person in the room. This staff member will then show them the expectations of their job and how to do the job. New staff will also be introduced to parents. This will be the responsibility of staff working with the new staff member.

Prior to starting work, the new employee will be given a copy of the workplace agreement and staff handbook. This will outline what the job entails and also covers some health and safety aspects of the centre. New staff are required to read this prior to starting. The new employee will also be given a copy of the centre’s policies for staff. This is expected to be read and carried our as the job starts.

As per the workplace agreement, new staff may take part in discussions about their job performance at the end of 3 month work and then again at 6 months the position may then be discussed with a view of making the position permanent.

# Food Intolerance/Preference Procedure

Upon enrolment, parents are requested to advise of any allergies or food intolerances their child has which may affect them during their time at childcare. This is to ensure that the safety and wellbeing of the child is maintained. If the child suffers and allergy, then the Anaphylaxis and Medical Condition Policy will be used. This procedure is to be used for parents wanting their child to avoid certain products.

Once this information is received, this information is passed on to the rooms involved and the kitchen.

**Kitchen**

All food allergies and avoidance requests are documented on the sheets on the wall in the kitchen. The staff who prepare food will monitor this list daily to ensure that the foods they serve do not contain the child’s allergen. If the main food for the day is prepared containing allergen/intolerance products, other dishes are prepared with out this food or the main meal is prepared separately and will not contain the allergen/food avoided.

When serving the meal, food which has been prepared separately for children with intolerance and allergies or to be avoided will be placed in the coloured bowls. When the food is taken into the room, the kitchen staff will look at the allergy lists in the rooms to ensure that they have not missed a child which may be in attendance. The kitchen staff member will then advise the room leader who is to receive which food.

**Rooms**

Each room will display near where the food is put on plates, a **blue and a green sheet** which will indicate the children with allergies/intolerance and whether they are in attendance for the day.

This display will have a laminated slip of paper with a photo of the child, their allergens/intolerances/avoidance and the days they are normally in attendance. Each morning, the staff in the room will clear the board. The children who are in attendance on the day are then placed onto the blue A4 board. If a child attends the service on a day which is not indicated on their slip, as soon as the slip is placed on the board, the kitchen staff are advised that this child is in attendance on an abnormal day (it is not indicated on the slip). **IT IS EXTREMELY IMPORTANT THAT THIS INFORMATION IS ADVISED TO THE KITCHEN STAFF.**

**Non food allergies**

*Bandaids*

The first aid boxes in the rooms where the child belongs will identify the children who have allergies to bandaids. Staff are not to place bandaids on children who have these allergies. A child with this allergy may require a small bandage to the area which is bleeding.

*Other*

Room leaders will be advised of children who have allergies. A list of these allergies will be placed in an area where it is deemed relevant, ie, a child with a sunscreen allergy will be identified in an area where the sunscreen is stored or even on the bottle.

It is the responsibility of the parent to provide information to the centre about items which they know their child is allergic/intolerant or wish to avoid.

Egg cartons can be used in rooms unless it has been medically diagnosed that the child has an allergy to eggs.

# Anaphylaxis and Medical Conditions Policy

At Lake Gardens Children’s Service we believe that the safety and wellbeing of children who are at risk of anaphylaxis and other medical conditions is a community responsibility. We are committed to:

* Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis and other medical conditions can participate equally in all aspects of the children’s program and experiences.
* Raising awareness about allergies and anaphylaxis amongst our community and children in attendance.
* Actively involving the parents/guardians of each child at risk of anaphylaxis and other medical conditions in assessing risks, developing risk minimization strategies and management strategies for their child.
* Ensuring staff members and other relevant adults has adequate knowledge of allergies, anaphylaxis and emergency procedures.
* Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis and other medical conditions.

When the medical practitioner advises that the child has an allergy and mentions that this child might benefit from having an epipen or similar device, this child will then be deemed by the service as a child at risk of anaphylaxis. Anaphylaxis can be a threatening situation and its minimisation is taken very seriously by the service. The centre will not be held responsible for any actions or inactions as a result of failing to advise the service of this or any other medical condition advice.

**Purpose**

The aim of our policy is to:

* Minimise the risk of an anaphylactic and other medical condition reactions occurring while your child is in our care.
* Ensure that staff members respond appropriately to any medical condition which may occur as a result of a medically diagnosed condition and being able to react and initiate appropriate treatment which has been agreed upon.

**PROCEDURE**

The Nominated Supervisor at the service shall:

* Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis or other medical conditions are in care, and develop a risk minimisation plan for the Centre in consultation with staff and families of the child/ren.
* Ensure staff are appropriately trained and that it is reinforced at yearly intervals.
* Ensure that all relieving staff are aware of symptoms and the child in concern. If relieving staff are not trained in anaphylaxis/asthma/or other medical conditions relevant, then the licensee will ensure there is one staff member present who is.
* Ensure that no child who has been prescribed an Epi Pen or device required to treat this child is permitted to attend the service without their Epi pen or device.
* Make parents/guardians aware of this policy and provide access to it on request.
* Encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation.
* Display an ASCIA generic poster called Action Plan for Anaphylaxis and also for Asthma in a key location at the service, for example in the children’s bathroom or room.

 **ANAPHALAXIS:**

At Lake Gardens parents are to bring in a copy of their medical management plan prepared and signed by a Doctor. On the form we require the child’s name, allergies, a photograph of the child and clear instructions on treating the anaphylactic episode.

An example of this is the Australian Society of Clinical immunology and Allergy (ASCIA) Action Plan.

Room leaders and centre management will work between parents/guardians of children at risk of anaphylaxis. They will also check that the Epi Pen is current and the Epi Pen kit is complete.

**Background and Legislation**

Anaphylaxis is a serve, life threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto injector called an Epi pen.

At Lake Gardens we recognise the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of anaphylactic reaction occurring.

Staff and parents need to be aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community.

We recognise the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

**Staff responsible for the child at risk of anaphylaxis shall:**

* Ensure a copy of the child’s anaphylaxis action plan is visible to all staff.
* Follow the action plan in the event of an allergic reaction.
* In a situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialing 000

- Commence First Aid measures

- Contact the parent/guardian

- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

* Practice Epi pen administration procedures using an epi pen trainer and “anaphylaxis scenarios” on a regular basis.
* Ensure that parents inform staff and have on the child’s enrolment form allergies documented. Also ask the parents to provide a medical management plan signed by a Doctor.
* Ensure that parents provide an anaphylaxis action plan signed by the child’s doctor and a complete Epi pen kit while the child is present at our Centre.
* Regularly check the Epi pen expiry date.

 **Parents/guardians of a child at risk of anaphylaxis shall:**

* Inform staff either on enrolment or on diagnosis of their child’s allergies.
* Provide an anaphylaxis action plan and written consent to use the epi pen.
* Provide staff with child’s epi pen
* Regularly check the epi pen expiry date and replace expired pens before attending service.
* Assist staff by offering information and answering any questions regarding their child’s allergies.
* Notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.
* Communicate all relevant information and concerns to staff for example, any matter relating to the health of the child.
* Comply with the services policy that no child who has been prescribed an Epi pen is permitted to attend the service or its programs without that Epi pen.

 **ASTHMA ACTION PLAN AND PROCEDURE:**

On enrolment, if a child is asthmatic, a parent is required to provide an asthma management plan. Details required on this plan include symptoms and signs, what triggers an asthma attack, name of medication, how to administer that medication, and an emergency treatment plan. This plan will be available in the bathroom of the child’s room so that staff can understand when this plan should be executed. This plan must be signed and completed by a medical practitioner.

Any medication such as pumps, inhalers, syrups etc should be labelled clearly with the child’s name. Medication must be either left at the centre or brought in on a daily basis and handed to staff.

If an asthma attack occurs:

1. A staff member, for close monitoring, will move the child to a quiet area.
2. Staff will settle and reassure the child.
3. Staff will administer medication strictly as per information sheet including calling an ambulance if prescribed reliever does not appear to be helping and the child is not getting better or getting worse.
4. A parent or nominated person will be contacted if there are still concerns about the child’s health.
5. Staff will record action taken in the illness book.
6. A parent will sign the illness book when collecting their child.
7. Staff will contact child’s doctor if there are any unusual changes in the child’s condition.

At least one staff member on duty at the center will have completed a recognized course in asthma management. The centre will have a spare reliever and spacer available to use. The centre has disposable spacers available and if these are used, this will be charged back to the parent is no spacer is provided.

As per our first aid plan, if this is the first incident and is believed by trained first aiders to be an asthma attack **or if a completed action plan is not provided, an ambulance will be called** as this is a medical emergency.

Asthma information is available from the Centre by request.

**OTHER MEDICAL CONDITIONS:**

Parents are required to bring a plan from a registered medical practitioner which identifies the child, states the diagnosed condition and how staff are recognize and respond to situations which may occur. This must be signed by the practitioner.

If whilst at the service a child who has a diagnosed medical

**Contact Details For Resources And Support**

* Australasian Society of Clinical immunology and Allergy (ASCIA) at [www.allergy.org.au](http://www.allergy.org.au). (provides information on allergies)
* Anaphylaxis Australia Inc, at [www.allergyfacts.org.au](http://www.allergyfacts.org.au). (provides information on food anaphylactic)
* Royal children’s hospital, department of allergies at [www.rch.org.au](http://www.rch.org.au). (provides information about allergies and the services provided by the hospital.

# Sun Policy

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.

* To assist with the implementation of this policy, educators and children are encouraged to access the local sun protection times via the free SunSmart app or at [sunsmart.com.au](http://www.sunsmart.com.au).
* The sun protection measures listed are used for all outdoor activities **during the daily local sun protection times.** (The sun protection times are a forecast from the Bureau of Meteorology for the time of day UV levels are forecast to reach 3 or higher. At these levels, sun protection is recommended for all skin types. In Victoria, UV levels regularly reach 3 or higher from mid-August to the end of April.)
1. **Outdoor Activities**

Educators and staff will use a combination of sun protection measures for all outdoor activities from September to the end of April and whenever UV Index levels reach 3 and above. UV levels will be monitored by reviewing the UV Alert information available at from the sun smart app.

1. **Shade**

The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments will be conducted to monitor existing shade structures and assist in planning for additional shade.

Outdoor activities will be planned in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns. Children will be directed to use available areas of shade when outside.

1. **Hats**

Educators, staff and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is a:

* legionnaire hat
* bucket hat with a deep crown and brim size of at least 5cm (adults 6cm)
* broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

**Please note: Baseball caps or visors are not sun safe because they do not provide enough sun protection.**

1. **Clothing**

When outdoors, educators, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:

* loose fitting shirts and dresses with sleeves and collars or covered neckline
* longer style skirts, shorts and trousers
* dark coloured clothing that is made from cool, densely woven fabric

Children who are not wearing sun safe clothing can be provided with spare clothing.

Please note: Midriff, crop or singlet tops are not sun safe because do not provide enough sun protection.

1. **Sunglasses**

Children who choose to wear sunglasses will be encouraged to wear close fitting, wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4), are preferably marked eye protection factor 10, cover as much of the eye area as possible and have soft elastic to keep them in place.

1. **Sunscreen**

All educators, staff and children will apply SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. With written parental consent, children with naturally very dark skin are required to wear sunscreen as recommended by Sun Smart. Sunscreen will be stored in a cool, dry place and the use-by-date monitored. Authorisation to apply sunscreen will be obtained from parents. Children and babies may not be able to play outside if we are not authorised to apply sunscreen. Families are welcome to bring their own sunscreen to use on their child as long as the SPF is greater than 30 and has not expired.

1. **Babies (under 12 months)**

SunSmart practices consider the special needs of infants. All babies under 12 months are kept out of direct sun when UV levels are 3 or higher. Physical protection such as shade, clothing and broad-brimmed hats are the best sun protection measures. If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, then sunscreen need only be used occasionally on very small areas of a baby’s skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

1. **Role Modelling**

Educators and staff will act as role models and demonstrate sun safe behaviour by:

* wearing a sun safe hat (see Hats)
* wearing sun safe clothing (see Clothing)
* applying SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapplying every 2 hours
* using and promoting shade

**Families and visitors are encouraged to role model positive sun safe behaviour.**

1. **Education and Information**

Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to educators, families and visitors. Further information is available from the Cancer Council website <http://www.cancervic.org.au/>.

# Orientation of Children Policy

At Lake Garden’s Children Centre we believe in providing an orientation process to help settle both parents and children into our service. (Whether the child is starting care for the first time or moving between rooms within the centre). As we understand leaving your child in somebody else’s care can be an anxious time for both children and parents.

We offer a 1 hour orientation visit at an agreed time. This is where you can come into your child’s room, talk with the staff in the room and get an understanding about how the room runs. We then encourage parents to make another time to come in and leave your child for an hour on their own. Leaving the child allows time for the child to adjust without parents in sight, and for you as parent’s to adapt to the change also.

We also encourage parents to say goodbye to your child and reassure them you will be back, as it’s important for your child to understand you have left them.

These orientation visits are free of charge.

We suggest parents to start these orientation visits 2 weeks before commencing care, and do these as often as the staff in the room feel is necessary. Once you and your child feel comfortable we can then extend the hours to include lunch and possible sleep, and then into full days. We will call you if we feel your child is showing signs of being stressed.

We do the same orientation process for children moving between rooms within the Centre. The staff in your child’s room will discuss this with you when the time is right for your child to move along.

# Clothing Policy

We focus on dressing in our program because we believe that by giving this routine some special attention, it can become a valuable learning experience. Equally important, dressing offers many opportunities just to spend time together with children.

1. Each day a child attends the Centre, **w**e require a complete change of clothing for them if they are over eighteen months old. For babies we require two sets of clothing per day.
2. Please cater for Ballarat’s unpredictable weather by ensuring you pack clothing for warm and cold days. Staff will ensure they adjust each child’s clothing during the day to accommodate daily changes in weather.
3. Staff will ensure that all children sleeping are wearing comfortable appropriate clothing for sleeping according to conditions.
4. Children’s religious beliefs will be acknowledged and respected if possible in relation to the removal and adding of clothing. In consultation with parents, staff may need to alter children’s clothing for particular reasons such as extreme weather changes, to adhere to center policies and to cater to programming experiences (messy play etc). Children’s religious, cultural or personal choice in wearing accessories such as necklaces, rings etc, will be removed if they are a potential safety risk either to the child or other children. These personal items will be placed in the office for safe keeping and will be returned or placed back on the child at a more appropriate time.
5. Children whose clothing preferences are not practical on the day, and refuse to remove items upon staff requests, will be continually encouraged by staff of correct clothing practices, role modeled by staff, and staff will monitor their comfort levels ensuring children’s health and safety are never compromised.
6. All clothing is to be clearly labeled with your child’s name, including coats, hats, shoes and the child’s bag.
7. Children are to be appropriately dressed in clothes they can: -

Be active in

Do messy play in

Move and do in

1. Children over 18 months should be dressed in clothing that is easily managed by themselves. This includes clothing: -

 With elastic waists

 Slip on jumpers and tops

 Shoes with velcro strips

Clothing which can be difficult for the children include: -

 All in one outfits

 Braces

 Belts

 Shoes with laces

 Zips and buttons

By dressing children appropriately, they will find it much easier to try and dress and undress themselves. This skill can make them feel more competent. Staff will assist children with dressing/undressing (like partially putting on a sock) however staff will not take over thus continuing to encouraging self help skills.

1. The Centre will provide a varied collection of suitable dress up clothes for both boys and girls, including hats, shoes, scarves and necklaces. The Centre will consider health and safety issues when choosing dress up clothes for the various age groups and development across the centre. Staff will actively supervise children during dress up play.
2. The Centre will provide art smocks for children when they are doing messy play such as art work and water play.
3. In winter or cold and wet days, please provide a waterproof jacket or coat, a hat, and suitable footwear for outdoor play.
4. In summer, please supply comfortable footwear such as sandals (thongs are not acceptable) and a wide brimmed hat or legionnaires hat. We require your child’s hat to be kept at the centre throughout the year.
5. Children who are not dressed appropriately for outdoor activities, will not be able to participate. Staff ensure children are dressed appropriately for outdoor and indoor activities at all times. Staff will also model appropriate clothing for indoors and outdoors.
6. Children should have coats which do not have drawstrings or long cords on them (choking risk). If children use sleeping bags to sleep, they must not have a hood and require close fitting arm holes.
7. The centre will endeavour where possible to provide a supply of clothing for weather changes and toileting accidents.
8. Staff discuss weather, seasons and appropriate clothing with children and encourage children to dress accordingly.
9. The centre will send dirty clothing home in a plastic bag.
10. The centre’s staff are expected to dress in a professional manner at all times. Staff need to wear appropriate clothing to “do and move” with the children. Staff are asked to wear foot wear that covers their toes to eliminate any potential safety issues.
11. The center will not be responsible for lost items of clothing.
12. The center will not be responsible for accidents that occur due to children being dressed inappropriately (thongs)

**Together, we can make dressing a positive learning experience for your child.**

**LOST PROPERTY**

The center encourages all families to label their children’s clothes at all times. The center will make every attempt to locate the owner of lost property, via corridor displays and notices on doors. It is the policy of the center to donate all lost property items to a charity organization within 28 days of the notice/foyer display.

# Toileting and Nappy Change Procedure

The purpose of this procedure is to clearly define the staff’s role in children’s toileting, to make this a positive experience for children and to provide an opportunity for the centre and parents to work towards achieving agreed hygiene practices, developmental milestones and learning. Children’s needs and wants will be respected during this process..

**Nappy changing**

* All nappy changes are to occur on the change mats in the toddler/babies or junior/kinder bathrooms.
* Nappy changing procedure is above or next to each change mat. All staff/parents are to follow this procedure when changing nappies
* All nappies supplies are to be out of the reach of children
* Step ladders are to be used with older babies, toddler, junior and kinder room children.
* Staff are to hold the child’s hand as they step up the ladder. This ladder is to be stored away so that children are not able to use them when they are not needed.
* When children are on the change mat, they are not to be left unattended. One hand should be placed on the child at all times.
* Nappies are to be changed at least 3 times per day. If soiled, they are changed immediately
* Disposable Nappies are provided

 **Toileting**

* Staff will watch and report to parents for signs of toileting readiness and will give information and support when toilet training a child. This will be a mutual process.
* Parents are encouraged to provide information on toilet training/toileting at home, including if different terms are used in the process.
* Staff will supervise all children using the toilets. Depending on the toileting ability, this may involve the staff standing near the child whilst on the toilet. If the child is competent using the toilet, the toileting may be monitored from a further distance as this gives the child the opportunity for independence and privacy.
* Children who are toilet training are to be encouraged to sit on the toilet.
* No child should be rushed using the toilet
* Staff need to monitor hygiene practices with the children and may need check cleanliness, but only with the agreeance of the child.
* Staff are to watch out for ques that a child needs to use the toilet. Respond quickly and don’t make children wait to use the toilet
* Praise and encourage all children’s efforts at toileting.
* All staff are to effectively wash their hands after using the toilet
* All children are to wash their hands after using the toilet
* Staff are not to show displeasure or negative reactions to a child’s toileting, no matter how messy or smelly they are.

 **Soiled Clothing**

If a child soils their clothes during the day, these will be rinsed out in the laundry and placed in a tied plastic back and returned to the child’s back for parent retrieval at the end of the day.

**Nappy Changing and Toileting**

**Hygienic Nappy Changing**

***Remember***

*Have an area specifically set aside for changing nappies. Do not share the same nappy change mat with children from another room.*

*Check to make sure that the supplies you need are ready.*

*Get a walking child to walk to the change area.*

*Have steps available so that the child can reach the change mat.*

*Never make a child feel uncomfortable by mentioning that they may be smelling.*

Use the following method to stop disease spreading through the contact of faeces.

**Staff must never leave a child unattended on a mat. At all times, one hand is to be on the child.**

- Always wear gloves.

- Follow the procedures for Nappy Changing above the mats

Remove the child’s nappy and any soiled clothes. Put them in the sink (rinse clothes under sink with gloves and place in plastic bag and put in child’s bag after nappy change is completed).

- Wash your own hands.

**GLOVES**

Gloves should always be worn for both urine and dirty nappies

**CLEANING THE NAPPY CHANGE TABLE**

- After each change wash the mat well with the disinfectant. Use the paper towel to rub the surface. Put the paper towel in the bin.

- If faecal matter spills onto the change mat clean with the disinfectant and then wipe with bleach and leave to dry.

- Disinfect the surface the nappy mat is sitting on after lunch and at the end of the day.

Disinfect both sides of the mat and leave standing to air dry.

Mattresses and covers used on the nappy change table need to be smooth because germs can survive in cracks, holes, creases, pleats, folds or seams.

**Toilet Training**



- Work with parents to provide a consistent approach to toileting, including terms used by parents to refer to certain practices

- Always supervise children using the toilet. For newly training children, this will need to be a closer contact and more for observance for better toileters

- Ask parents to supply a couple of changes of clothing.

- Place soiled clothes in a plastic bag after they have been rinsed under tap, for parents to take home at the end of day. Soiled clothes will not be washed at the centre due to the spread of germs.

- If a child has had an accident, take them into the bathroom, clean them and put on fresh clean clothes.

- Always praise attempts at toileting and never degrade a child for having an accident.

- Help the child use the toilet.

- Help the child **wash their hands**. Ask older children if they washed their hands counting to ten and ten again. Explain to the children that washing their hands will stop germs that might make them sick.

- Look for cues that the child needs to use the toilet and respond quickly and appropriately.

 - Using a potty chair increases the risk of spreading disease. If the child can use a toilet this is preferable. If the child must use a potty, empty the contents into the toilet and wash the chair with disinfectant. Do not was it in a sink used for washing hands.

- **Wash your own Hands.**

# Physical Activity Promotion Policy

We aim to provide children with a physically active program that is developmentally appropriate.

**Implementation**
The service will implement the Get Up & Grow, Healthy Eating for Physical Activity for Early Childhood program. A copy of the program can be found at the below web address:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources>

 In line with this, our service will implement the following promotion of physical activity as per the age and development stage of each child in attendance:

* For healthy development in infants (birth to 1 year), physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth.
* Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.
* Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).
* For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.
* Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time – with the exception of sleeping

**Educator’s Will:**

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

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

* Learning to use increasingly complex motor skills and movement patterns in order to combine gross and fine movement and balance skills, spatial awareness and problem-solving skills.
* The development of their physical skill set by providing regular opportunities for outdoor play.
* The development of their physical skill set by talking with children about how the human body and how important physical activity is for an individual’s health and wellbeing.
* The development of their physical skill set by providing experiences for the children that draw on elements of dance, dramatic play and creative movement.
* The development of their physical skill set by providing babies with encouragement and safe areas to practice rolling over, sitting, crawling, standing and walking.

# Privacy and Confidentiality Policy

Our service recognises that every individual has the right to ensure their personal information is accurate and secure, and only used or disclosed to achieve the outcomes for which it was initially collected. Personal information will be managed openly and transparently in a way that protects an individual’s privacy and respects their rights under Australian privacy laws.

**Collection of personal information**

We collect personal information if it is necessary for us to carry out Service operations or to comply with our legal obligations. This includes information required to comply with the National Education and Care Law and Regulations and to promote learning under the Early Years Learning Framework. Information may also be collected to comply with other Laws including State or Territory Health Laws.

During the enrolment process the Approved Provider or Nominated Supervisor will explain what personal information we need to collect, why we need to collect it, whether the information is required or authorised by Law and how it may be shared.

Personal information includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents’ occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, immunisation records, medical information, medical management plans, photos of children and family members and information about children’s strengths, interests, preferences and needs, including special needs. Personal information also includes “government related identifiers” like Medicare numbers and CCB references.

* advise families about our Privacy and Confidentiality Policy and how to access it.
* attach a copy of our Privacy Notice to our Enrolment Form and other forms we use to collect personal information.
* verbally advise children’s emergency contacts and authorised nominees that we have some of their personal information on file and explain the advice in the Privacy Notice.
* explain the advice in the Privacy Notice to individuals who provide personal information verbally (eg by phone).

We usually collect personal information directly from a parent or guardian either in writing or verbally, for example during enrolment, when completing waiting list applications, or as we establish a partnership with families in caring for and educating a child. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses.

We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child. For example, we may request a copy of a child’s immunisation records where they are transferring to us from another Service, or where we request information about a child from a special needs educator or organisation. We will not request information without obtaining the consent of the individual (or parent) concerned.

In most cases, if we are unable to collect relevant personal information, we will be unable to enrol a child at the Service.

The Approved Provider or Nominated Supervisor will advise individuals about any unsolicited personal information we receive from other organisations and keep because it is directly related to our functions and activities (unless we are advised not to by a Government authority). The Approved Provider or Nominated Supervisor will destroy any unsolicited personal information that is not directly related to our Service operations unless it adversely impacts the health, safety and wellbeing of a child or children at the service. If this happens the Approved Provider or Nominated Supervisor will contact the appropriate Government authorities and take action as directed while protecting the confidentiality of the individuals concerned.

**Use or disclosure of personal information**

We will not use personal information for any purpose that is not reasonably needed for the proper or effective operation of the service. Personal information may be accessed by and exchanged with staff educating and caring for a child or by administrative staff.

We do not disclose your personal information to others unless you would have reasonably expected us to do this or we have your consent. For example, personal information may be disclosed to:

* emergency service personnel so they can provide medical treatment in an emergency
* special needs educators or inclusion support agencies
* volunteers, trainees and work experience students (with consent)
* trainers or presenters if children participate in special learning activities
* another Service to which a child is transferring where you have consented to the transfer.
* the new operator of the Service if we sell our business and you have consented to the transfer of enrolment and other documents listed in Regulation 177 of the National Education and Care Regulations.

We may disclose personal information where we are permitted or obliged to do so by an Australian law. For example, personal information may be disclosed to:

* authorised officers when our service is assessed and rated under the National Education and Care Law and Regulations
* Government employees (eg for CCB, Immunisation, Medicare purposes)
* software companies that provide child care management systems
* management companies we may engage to administer the Service
* software companies that provide tailored computer based educational tools for children
* lawyers in relation to a legal claim.
* officers carrying out an external dispute resolution process
* a debt collection company we use to recover outstanding fees
* authorities if we are taking action in relation to unlawful activity, serious misconduct, or to reduce or prevent a serious threat to life, health or safety.

We do not disclose personal information to any person or organisation overseas or for any direct marketing purposes.

**Quality of personal information**

The Approved Provider or Nominated Supervisor will take reasonable steps to ensure the personal information we collect, use and disclose is accurate, current and complete. Educators and staff will:

* view original sources of information if practical when information is collected.
* collect and record personal information in a consistent format, for example using templates for enrolment, incident, injury, trauma and illness and administration of medication.
* update information in our physical or electronic records.

In addition the Approved Provider or Nominated Supervisor will:

* regularly remind families via newsletters, emails or through displays on the Service notice board to update their personal information including emergency contact details and their child’s health information.
* verify the information is accurate, current and complete before disclosing it to any external organisation or person.
* ensure documentation about children and families is based on facts and free from prejudice.

**Security of personal information**

The Approved Provider or Nominated Supervisor will take reasonable steps to protect personal information from misuse, interference and loss, unauthorised access, modification or disclosure. These steps include:

* taking responsibility for the security of personal information and regularly checking the practices implemented to protect it. This will include management of access privileges to ensure only people who genuinely need to see personal information can access it.
* ensuring information technology systems have appropriate security measures including password protection, anti-virus and ‘malware’ software, and data backup systems.
* ensuring physical repositories of personal information are secure
* ensuring all educators and staff are aware of their obligations in relation to the collection, use and disclosure of personal information, through activities like mentoring, staff meetings or on-line training courses.
* requiring all educators, staff, volunteers and work experience students to sign a ‘Confidentiality Statement’ acknowledging that personal information:
	+ can only be accessed if it is necessary for them to complete their job
	+ cannot be disclosed to other organisations (including colleges, RTOs) or discussed with individuals outside the service including personal family members unless they have written consent from the person (or parent) concerned.
	+ must be stored in compliance with service practices which safeguard its security.
* ensuring records which we don’t need to keep, including unsuccessful job applications and records which fall outside the record keeping timeframes under the National Education and Care Law and Regulations are destroyed in a secure way as soon as possible by, for example, shredding, incinerating or permanently deleting electronic records including archived or back-up copies.
* ‘de-identifying’ personal information so that people (eg our accountant) who require the information may access it without being able to identify individuals.
* ‘de-identifying’ personal information which may come into the public domain. For example, removing identifying names or details from newsletters etc.
* ensuring staff comply with our Social Media Policy (for example by obtaining authorisation from a child’s parents before posting any photos of their child on the Service social media page, and not posting personal information on any social media page which could identify children or families.)
* ensuring confidential conversations with parents or with staff are conducted in a quiet area away from other children, parents and staff.

**Access to personal information**

Individuals may request access to their (or their child’s) personal information and may request the correction of any errors.

The Approved Provider or Nominated Supervisor will always verify a person’s identity before providing access to the information, and ensure someone remains with the individual to ensure information is not changed or removed without our knowledge.

There is no charge for making a request to access the information. However, we may charge a reasonable cost for staff, postage and material expenses if the information is not readily available and retrieving the information takes a lot of time. We will advise you of the cost and get your agreement before we proceed.

There may be rare occasions when we are unable to provide access because we believe:

* giving access would be unlawful, the information relates to unlawful activity or serious misconduct, or it may prejudice the activities of a law enforcement body.
* there is a serious threat to life, health or safety.
* giving access would unreasonably affect the privacy of others.
* the request is frivolous or vexatious, for example to harass staff.
* the information relates to legal proceedings (eg unfair dismissal claim) between the Service and the individual.
* giving access would reveal sensitive information about a commercial decision.

We may, however, provide the information in an alternative way for example by:

* deleting any personal information which cannot be provided
* providing a summary of the information
* giving access to the information in an alternative format
* allowing the individual to inspect a hard copy of the information and letting them take notes.

We will advise you promptly if we are unable to provide access to the information, or access in the format requested. The advice will include the reasons for the refusal to provide the information (unless it is unreasonable to do this) and information about how to access our grievance procedure.

**Correction of personal information**

The Approved Provider or Nominated Supervisor will take reasonable steps to correct personal information that is inaccurate, out of date, incomplete, irrelevant or misleading as soon as it is available. The Approved Provider or Nominated Supervisor will:

* take reasonable steps to ensure information supplied by an individual is correct.
* verify the identity of an individual requesting the correction of personal information.
* notify other organisations about the correction if this is relevant, reasonable or practical.
* advise the individual about the correction to their information if they are not aware.
* if immediately unable to correct an individual’s personal information, explain what additional information or explanation is required and/or why we cannot immediately act on the information provided.
* if unable to correct the information, include reasons for this (for example we believe it’s current) and inform the individual about our grievance procedure and their right to include a statement with the information saying they believe it to be inaccurate, out-of-date, incomplete, irrelevant or misleading.
* correct the information, or include a statement if requested, as soon as possible.

We will not charge for making a request to correct personal information or for including a statement with personal information.

**Complaints**

If you believe we have breached Privacy Laws or our Privacy Policy may lodge a complaint with the Approved Provider or Nominated Supervisor by telephone on 03 5337 6529 or email lakegardenscc@bigpond.com or by mail to: 2 Stirling Dr, Lake Gardens Vic 3355. The Approved Provider or Nominated Supervisor will follow the Service’s grievance procedure to investigate the complaint. Individuals who are unhappy with the outcome of the investigation may raise their complaint with the Office Australian Information Commissioner [www.oaic.gov.au](http://www.oaic.gov.au) GPO Box 5218 Sydney NSW 2001 or GPO Box 2999 Canberra ACT 2601, phone 1300 363 992 or email enquiries@oaic.gov.au

# Excursions Policy

Excursions and incursions are planned to provide the children with an invaluable learning experience to explore the broader community and extend learning experiences beyond the centre providing more opportunities to connect and contribute to their world. Excursions and incursions are planned based on the interests of the children and as an extension of their learning.

**Risk Assessment:**

The Centre must ensure that a risk assessment is carried out prior to the implementation of the excursion. The conducted risk assessment must identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion. When completing a risk assessment the following considerations must be made:

* What is the proposed route and destination for the excursion?
* Is the any water hazard that may pose a risk?
* How will the participants travel to and from the destination and will a vehicle be required? What will the number of adults and children that will be involved in the excursion?
* What are the proposed activities?
* What is the likely length of time of the excursion?
* What equipment will need to be taken on the excursion?
* Will the planned activities compromise the required adult to child ratios?

Completed risk assessments must specify how the identified risks will be managed and minimised.

**Equipment required to be taken on excursions:**

A mobile phone and a list of emergency contact for all participants will be taken on the excursion. This includes for children, Educators, Staff and any other volunteers that are participating in the excursion. Additional equipment may be required pending on the posed risks of the excursion. This includes but is not limited to: drinking water, sun hats, sunscreen etc.

In the event that a child has prescribed medication that is to be administered in the event of an emergency, this medication must accompany the child on the excursion. A copy of the child’s emergency medical action plan will also accompany the child on the excursion.

**Authorisation:**

The Centre’s Nominated Supervisor/Centre Director will ensure that written consent has been given from each child’s parent or legal guardian prior to the child’s participation in the excursion. Permission forms must detail the following information:

* The child’s name
* Reason the child is to be taken outside the premises
* Date the child will be taken outside the premises
* A description of the proposed destination for the excursion
* Method of transport for the excursion
* Proposed activities to be undertaken by the children during the excursion
* The period the child will be away from the premises
* The number of children likely to attend the excursion
* The ratio of the educators to children attending the excursion
* The anticipated number of staff and any adults who will accompany and supervise the children on the excursion
* That the risk assessment has been prepared and is available at the Service

**Procedure:**

* All excursions and incursions will be approved by the Centre Director
* The Centre Director or person in charge will make a site visit to the venue to ensure they are able to view any possible risks in undertaking.
* The Centre Director or person in charge must conduct and record a complete risk assessment prior to the implementation of the excursion.
* At least 1 staff member with a current First Aid Certificate will attend the excursion.
* A basic first aid kit will accompany all out of Centre excursions. We will also take water, sunscreen and sun hats as required. Medication and Emergency Action Plans for any child attending the excursion must accompany all out of Centre excursions.
* Exhibitions or performances (incursion) at the Centre may require parent/legal guardian permission for their child to attend or participate in. Information will be provided to families on the purpose of the visitor, who/m the visitor is, the date, times, costs etc.
* If a family prefers their child does not participate in an excursion or incursion at the Centre, the child will be involved in experiences within another room for the duration of the experiences.
* The Centre’s Supervision and Sun Protection Policies are followed during excursions.
* Children attending excursions will be given identification tags with the child’s name (first only) Centre’s name and phone number clearly printed on them.
* Families are encouraged to attend excursions and performances held at the Centre.
* Road and safety rules will be discussed prior to leaving and enforced when walking with children, Educators/staff will be aware of additional risks like crowds, roads, water etc.
* Children with allergies or medical conditions will have this information recorded on their Leading Educator’ information pack and their medication bought with them. For the safety of those children it is best an Educator with first aid accompanies them if their parent cannot attend.
* Each Educator will also have the mobile phone number of each adult in the ratio of children and the team leader will carry a copy of all children’s emergency contacts numbers.
* All remaining Educators and Staff in the Centre will be aware of the excursion and the most senior Educator will have a copy of the excursion itinerary in case of an emergency.
* On returning to the Centre, Educators will evaluate the excursion for any improvements or changes for how future excursions are planned.
* Follow up experiences, discussions or activities are to be planned and documented to extend children’s learning and any knowledge gained from the excursion.

# Water Safety Policy

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.

Water use within the Centre will be supervised to ensure the safety of children, staff and families is a priority. The hygienic state of water will be assessed before it is used for children’s play. Drinking water will be accessible but hygienically stored and maintained.

**Procedure**

* Staff will ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times by adults and containers or troughs will be emptied onto garden areas after use. Children will be discouraged from drinking from these water activities.
* The children will be provided with clean drinking water at all times. This water will be supervised to ensure that it is safe and hygienic for consuming. Water containers must always be securely sealed. At the end of each day, the water container must be emptied and cleaned thoroughly.
* Buckets used for general cleaning in the Centre will be emptied immediately after use. No buckets will be left in play areas or accessible to children.
* The Centre will maintain all hot water accessible to children is below 40°C.
* Staff will use their breaks to consume hot drinks away from the children. If staff choose to have hot drinks in the rooms, they must have the drink in a thermal mug with a lid that securely screws onto the mug and can be closed to stop spillage. These mugs will be used and stored in the storerooms on shelves which are inaccessible to children.
* Excursions will not be located near large bodies of water. If an excursion occurs where children must pass water the staff will ensure that correct staff:child ratios are met as per current children services regulations and follow all guidelines as set out in the Excursion Policy.
* The children’s play areas will be checked each morning to ensure that no containers or pools of water are accessible for children. If rain occurs during the day, outdoor play areas will be checked for safety prior to the children entering the outdoor environment.
* At all times, the staff will be aware of the children’s safety and health when playing with water.

# Technology Usage Policy

The Service will provide an extension to the daily program assisting in development of social, physical, emotional, cognitive, language and creative potential of each child.

**Implementation**

Information technology (IT) devices include, but are not limited to, computers, laptops, iPads, tablets, Smart Boards, televisions (including smart TVs) and DVD players.

**Service IT devices**

* IT devices at the service may only be used for work relevant to the operations and activities of the service. Examples of these activities include administration, research, programming and professional development
* Educators will integrate technologies into children’s play and projects. For example, if relevant to the children’s learning, child appropriate websites may be accessed.
* Similarly, music, videos etc may be streamed if it is relevant to the children’s learning or professional development undertaken by educators. However, streaming of this kind will only take place from websites where this can legally take place such as iTunes or YouTube
* Television, DVDs and videos etc will be used where relevant to enhance curriculum activities and never used as a substitution for interactions and collaborative learning between educators and children. Educators will sit with children to monitor and discuss any aspects of the content they are viewing
* All screen content viewed by children at the service must, for example:
* assist in expanding the content of the curriculum
* be suitable to the needs and development levels of each child watching
* hold the interests of the children watching
* be carefully selected with suitable content eg content depicting violence like graphic news reports will not be shown
* be rated 'G' If relevant (eg videos).
* The time children spend watching content on IT devices at the service will be consistent with the Federal Government’s ‘Get Up and Grow’ Guide ie:
* birth to 2 years zero time per day (very short viewings for educational purposes is okay)
* 2-5 years no more than one hour per day

Educators will take into consideration the time children may also spend watching screen content at home

**Personal IT devices**

Educators must not access personal IT devices (eg smart phones, iPads, tablets) while interacting with children or contributing to service ratios. Staff are only able to access social media sites on their breaks. Personal IT devices are not to be used in the centre during the course of the day unless this has been with the approval of the person in charge at the time. Staff caught using a personal IT device can be given a formal warning and further breaches will amount to dismissal.

Any educators or staff members found to be using IT devices inappropriately will face an enquiry by management and other relevant parties to decide a course of action based on the severity of their misconduct. Illegal conduct will be reported to the Police or appropriate authority. Outcomes of inappropriate or illegal conduct include termination of employment.

# Delivery and Collection of Children Policy

The Nominated Supervisor, educators, staff and volunteers will adhere to the following procedure at all times to ensure the safety of children.

Children and families will not be allowed to enter our building for education and care prior to the advertised operating hours of the service as we are not licensed or insured to accept children before this time.

**Arrival:**

* All children must be signed inby their parent or person who delivers the child to our service. If the parent or other person forgets to sign the child in they will be signed in by the nominated supervisor or an educator.
* An educator will greet and receive each child to ensure the child is cared for at all times.
* Educators will assess the health and wellbeing of each child. Children who are unwell, including those who have symptoms of an infectious disease, or an injury which prevents them from participating in activities, or an injury which a doctor has or would likely say means the child must be excluded from care (eg a head injury) will not be permitted to attend until a letter of clearance is provided by a doctor
* A locker or shelf space will be made available to children and their families.

 **Departure:**

* All children must be signed outby their parent or person who collects the child from our service. If the parent or other person forgets to sign the child out they will be signed out by the nominated supervisor or an educator.
* Children can only be collected by a parent, an authorised nominee named on their enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Authorisations from parents or authorised nominees must be made in writing, unless parents or authorised nominees are unable to collect the child before the service closes (eg in an emergency). In this case educators may accept verbal authorisation for an alternate person who can be adequately identified to collect the child
* Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises, including authorisation to go on an excursion (please refer Excursion Policy).
* No child will be released into the care of an unauthorised person. If the person becomes aggressive or violent and will not leave the premises the Nominated Supervisor or educator will:
	+ ensure the safety of all children and adults at the service, and implement lockdown procedures if required
	+ ring the police on 000.
* Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 16 to collect children.
* No child will be released into the care of anyone not known to educators. Parents must give prior notice where:
	+ the person collecting the child is someone other than those mentioned on the enrolment form (eg in an emergency) or
	+ there is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to educators.

If educators do not know the person by appearance, the person must be able to produce some photo identification. If staff cannot verify the person’s identity they will be unable to release the child into that person’s care

* If a parent appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to collect their child, they will:
	+ discuss their concerns with the parent, if possible without the child being present
	+ suggest they contact another parent or authorised nominee to collect the child
	+ inform the police of the circumstances, the person’s name and vehicle registration number if the parent insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child, but must consider their obligations under the relevant child protection laws
* If an authorised nominee, or person authorised by a parent or authorised nominee, appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take responsibility for the child, they will not let the child leave with the person. They will contact the parent and advise that another person needs to collect the child
* If a child has not been collected by the time we are due to close the service, the Nominated Supervisor will:
	+ (again) attempt to contact the parents or other authorised nominees
	+ leave a voicemail or SMS message on the parent’s phone if they do not answer advising he or she will wait up to 30 minutes before ringing the police or Child Protection Hotline
	+ wait for 30 minutes and, if the parents or authorised nominee has not arrived, ring the police or Child Protection Hotline for guidance on the appropriate action to take.
* At the end of each day educators will check all beds and the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes.
* Children may leave the premises in the event of an emergency, including medical emergencies.
* Details of absences during the day will be recorded.

# Social Media Policy

This policy provides guidance for employee use of social media. Social media is an open forum situation where information is shared with others. Examples include Facebook, twitter, LinkedIn, My Space, Flickr, YouTube, Instagram etc.

Staff are not:

* to defame the employer or the business on any social media site
* share information that may be considered confidential information or intellectual property
* to bring the employer or the business into disrepute
* to bully or harass other employees within the organisation

All staff are personally responsible for the content they publish in a personal capacity on any form of social media platform. Blaming someone else for the post, even though it’s on your account, is not an excuse.

Staff are not to post or be involved in anything that may adversely affect their standing as an employee of this centre. This includes posting images, information or links to images or information, engage in heated debate or argument, be disrespectful to other people, even outside the centre. Just remember that the information on these sites can be permanent and very difficult to remove. Current and future employers are also able to look back at these posts.

**Workplace Relationships**

Workplace bullying and harassment includes any bullying or harassing comments employees make online, even on their own private social networks or out of office hours.

Abusive, harassing, threatening or defaming postings are in breach of the centre’s policies, and will result in disciplinary action.

All employees are expected to treat their colleagues with respect and dignity, and must ensure their behaviour does not constitute bullying and/or harassment.

Staff are discouraged from “friending” parents at the centre for their own protection. Parents don’t want to see that the people entrusted to look after their child are not what they appear at the service.

Staff are able to communicate with each other over social media sites but in a respectful manner. If in doubt about what you can say, management will be able to help you.

Staff are only able to access social media sites on their breaks. Phones are not to be used in the centre during the course of the day unless this has been with the approval of the person in charge at the time. Staff caught using the phone can be given a formal warning and further breaches will amount to dismissal.

Staff and ex staff leave themselves open for dismissal and/or legal action for breaches of this policy. This also includes instant dismissal for serious offences and bullying.

# Fees Policy

Parents fully understand fee payment procedures and requirements, and pay their child care fees on time.

Fees will be invoiced to families weekly and all fees are due at this time. As part of our payment system, we use a direct debit system which is our preferred way of payment. We do offer direct debit and EFTPOS facilities.

**Child Care Subsidy (CCS)**

Child Care Subsidy is available to all families who are Australian Residents if the child meets immunisation requirements and parents meet eligibility requirements. Entitlement is determined by an activity test which determines the number of hours of subsidised care to which families are entitled.

|  |  |
| --- | --- |
| ***Hours of activity per fortnight*** | ***Maximum number of hours of subsidy per fortnight*** |
| 8 hours to 16 hours | 36 hours |
| More than 16 hours to 48 hours | 72 hours |
| More than 48 hours | 100 hours |

A broad range of activities meet the activity test requirements, including paid work, self-employment, unpaid work in a family business, active job hunting, volunteering or studying. You can also include reasonable travel time to and from a place of activity to the centre. In two parent families, both parents must meet the activity test, and subsidy hours are calculated on the lower number where parents have different levels of activity. There are exemptions for parents who legitimately cannot meet the activity test requirements. Low income families who do not meet the activity test can access 24 hours of subsidised care per fortnight.

The percentage of subsidy a family receives is based on their estimated combined annual income.

All families wishing to access Child Care Subsidy need to complete an online Child Care Subsidy assessment through their myGov account. Assessment asks families to provide information about their expected combined family income, activity level of parents and types of child care service being used.

The Additional Child Care Subsidy may be available to help support:

* families needing help to support their children’s safety and wellbeing
* grandparents on income support who are primary child-carers
* families in temporary financial hardship
* families moving to work from income support

Families can claim Child Care Subsidy or Additional Child Care Subsidy online by signing into their myGov and completing a Child Care Subsidy claim. If eligible, the Subsidy will be paid directly to the service on families’ behalf and we will reduce the fees owed. This can occur after our service enters families’ enrolment information online, and families confirm their enrolment information through their myGov account. Until Child Care Subsidy details are available, families will need to pay full fees.

Families are entitled to receive Child Care Subsidy for up to 42 days where their child is absent, for example due to illness, public holidays and parental leave. Evidence to support these absences is not required. Additional absence days may be available if they meet the situations outlines in the Family Assistance Law and there is evidence to support these.

**Late Fees**

Families who do not collect their child before we normally close for the day may be charged a late fee of $15 for every 15 minutes or part thereof they arrive past our closing time. This fee covers the cost of employing the staff required to supervise a child outside our operating hours. It may be waived at the discretion of the Nominated Supervisor.

**Termination**

Should you wish to end your child’s place at the service or should management make the decision to terminate your child’s place, 2 weeks written notice is required from the ending/terminating party. If you do not provide this notice, you will be charged 2 weeks fees. Centrelink will only pay their portion of fees on the last day the child physically was cared for at the centre. Failing this, the parent/guardian is responsible for the full cost of the fees – ie, no rebates would apply.

**Overdue Fees**

**If families are having difficulty making fee payments they should immediately speak with the** approved provider or nominated supervisor to discuss fee payment arrangements. Information provided by families will be treated as strictly private and confidential.

In cases of non-payment of fees, where the service is unable to contact families about the debt, or families do not meet agreed arrangements for repayment of the debt and ongoing payment of fees, the Nominated Supervisor may immediately suspend or terminate the child’s place at the service. Families will be advised of this action in writing.

Fees which remain unpaid or not meeting payment plans will be directed to a debt collection company where the debt collection fee (normally 20% of the outstanding debit or more), will be added to the debt and all action will be taken to collect this accumulated fee plus additional costs if required to go to court or the Sheriff’s Office.

# Emergency Management and Evacuation Policy

In the event that the service needs to be evacuated, we aim to conduct this in a rehearsed, timely, calm and safe manner to secure the safety of each person using the service. The safety and wellbeing of each child, educator and person using the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

**Implementation**

The WHS officer and where relevant each educator is responsible for:

* conducting a risk assessment to identify potential emergencies that could affect the principal office and each residence/venue and use this to prepare emergency and evacuation procedures. eg an evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc.
* developing and implementing an Emergency Management Plan based on all identified risks and which includes appropriate responses including evacuation, lockdown, lockout and shelter-in-place, and drill and training schedules. If appropriate, local emergency services (eg fire, police, ambulance), local government, community leaders and other relevant agencies will be consulted for advice about issues like evacuation routes, assembly points and accessibility for adults or children with special needs.

Our Emergency Management Plan has been developed by the Approved who will lead an EMP planning team.

The **Emergency Management Plan** will include:

* Emergency contact details for people who have specific roles or responsibilities
* Contact details for local emergency services
* A description of how we will alert people to an emergency eg siren/bell
* Evacuation procedures (see Appendix A)
* How we will assist any child or person with special needs
* An evacuation diagram based on the floor plans of the principal office or residence/venue showing the location of fire equipment, emergency exits and assembly points
* Processes to ensure staff are trained in our emergency procedures
* Processes we will follow after an incident
* Procedures we will follow to test the Plan and familiarise children and staff with the Plan
* Ensuring relevant information from the Emergency Management Plan is displayed and is accessible to all educators, educator assistants, staff, visitors, volunteers and families. Relevant information includes:
* Emergency service telephone numbers which will be displayed near telephones
* evacuation procedures and diagrams which will be displayed near each exit
* Establishing an Incident Management Team (IMT)
* Ensuring that visitors and relief staff are aware of the emergency response procedures
* Reviewing **t**he Plan annually.
* Keeping records of all emergencies
* Keeping records of meetings and emergency drills

**Communication during Emergency**

The Nominated Supervisor will ensure there is access to reliable communication channels in the event of an emergency by maintaining access to a telephone (such as fixed-line telephone, mobile phone, satellite phone, 2-way radio, video conferencing equipment) at all times.

If there is a complete loss of electricity and the telephones are not available, a mobile phone will be available and ready to use at all times to ensure educators can make emergency contact.

**Emergency Communication Plan**

The Nominated Supervisor will regularly remind families that the Service maintains a Register of emergency telephone numbers for families and we must have current contact information.

**Emergency and Evacuation Procedures and Drills**

The service will add to each child’s sense of security, predictability and safety, and ensure all educators and staff are familiar with our emergency evacuation procedures, by conducting rehearsal evacuation drills **every three months**. The WHS officer will develop a schedule for conducting drills for the different types of emergencies identified in the Emergency Management Plan. The drills will:

* take place at various times of the day and week (rather than always on a Tuesday at 10 am for example) to ensure all children and staff members get the opportunity to rehearse. All persons present at the service during the evacuation drill must participate
* be immediately followed by a debriefing session if possible to identify any improvements that may be made. Any training needs will be identified and action taken to implement the relevant training.

# Education, Curriculum and Learning Policy

To create a positive, inclusive learning environment which encourages children to engage in activities and experiences based on their interests and everyday lives, and achieve the Learning Outcomes of an approved learning framework.

**Implementation**

**Our Educational Leader is Narissa Campbell.**

The role of the Educational Leader is to affirm and extend educators’ teaching practices, support the development of curriculum based on an approved learning framework and ensure children progress towards and achieve the outcomes of that framework.

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

 *“While educators may plan or assess with a focus on a particular outcome or component of learning, they see children’s learning as integrated and interconnected. They recognise the connections between children, families and communities and the importance of reciprocal relationships and partnerships for learning.* *They see learning as a social activity and value collaborative learning and community participation.”* Early Years Learning Framework p 14

**EYLF Learning Outcomes**

The Learning Outcomes recognise the importance of literacy, numeracy and social and emotional development.

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

Educators will:

* plan a Curriculum based on children’s interests, culture, language, ideas, play and everyday lives ie connections between children, families and communities
* work in partnerships with families to achieve Learning Outcomes, and encourage families to contribute to the Curriculum by sharing information about their child or completing activities with children
* build connections between the service, schools and the local community
* include children in decision making, including decisions about indoor and outdoor spaces, programming, routines and documenting their achievements, and give them appropriate levels of responsibility
* make use of spontaneous ‘teachable moments’ to scaffold children’s learning
* engage in sustained shared conversations with children to extend their thinking
* support children’s learning by participating in child led play
* provide a balance between child led, child initiated and educator supported learning by creating learning environments and activities that stimulate children’s imagination, creativity and curiosity and encourage children to investigate, experiment, explore, solve problems, create and construct
* use strategies like demonstrating, dramatic play, role play, open questioning, speculating, explaining, shared thinking and problem solving to promote and extend children’s learning
* use resources (eg man- made and natural loose parts) and implement activities (eg dramatic play, visual arts, role play, games) to promote learning across all Learning Outcomes
* create outdoor learning spaces which invite open-ended interactions, spontaneity, risk-taking, exploration, discovery and connection with nature
* create both indoor and outdoor spaces that stimulate children’s imagination, creativity and curiosity and encourage children to investigate, experiment and solve problems
* regularly provide opportunities for children to learn individually and as part of a group
* regularly assess what each child knows, can do and understands through an ongoing cycle of planning, documenting and evaluating, and then implement activities to help each child achieve all Learning Outcomes. Assessments will take into account the period of time each child spends at the service
* regularly add to a learning portfolio for each child which includes written assessments of the child’s learning. Portfolios will be available for a child’s family members to view but they remain the property of the Service for the duration of the child’s enrolment
* plan the curriculum with each child and the learning outcomes in mind, and remember that learning is not always predictable and linear
* celebrate the achievements and learning of each child
* with parents’ consent, liaise with external agencies and professionals to support children with additional needs
* regularly (at least weekly) evaluate their practices and reflect on how well the Curriculum is helping each child progress towards and achieve the Learning Outcomes
* display the daily curriculum in children’s rooms and encourage families to contribute, make suggestions or ask questions about children’s learning at any time
* provide the following information to parents whenever requested:
* the content and operation of the educational program
* information about the child’s participation in the program
* assessments of the child’s developmental needs, interests, experiences and progress against the Learning Outcomes
* complete a Transition Learning and Development Statement through the Insight Assessment Platform for every Kindergarten child going to school in the following year, to provide schools with information about the child’s capabilities and interests.

# Environmental Sustainability Policy

Our service aims to help children learn about and implement sustainable practices and foster respect and care for the living and non-living environment.

**Implementation**

Children develop positive attitudes and values about sustainable practices by engaging in learning experiences, joining in discussions that explore solutions to environmental issues, and watching adults model sustainable practices. Children learn to live interdependently with the environment.

**Environmental Sustainability and our Curriculum**

* Our educators will promote a holistic, open ended curriculum which explores ideas and practices for environmental sustainability and helps children understand the interdependence between people and the environment by:
	+ connecting children to nature through art and play and allowing children to experience the natural environment through natural materials like wood, stone sand and recycled materials, plants including native vegetation.
	+ celebrating childrens’ environmental knowledge and sustainable activities.
	+ involving children in nature walks, education about plants and gardening and growing plants and flowers from seed.
	+ engaging children in learning about the food cycle by growing, harvesting, and cooking food for our service kitchen.
	+ using resource kits and information on environmental issues.
	+ acknowledging and celebrating environmental awareness events.

**The Role of Educators**

Our educators will model sustainable practices by embedding sustainability into all aspects of the daily running of our service operations including:

* + recycling materials for curriculum and learning activities
	+ minimising waste and effectively using service resources
	+ turning off equipment and lights when not in use
	+ using the least hazardous cleaning substance appropriate for the situation, for example, ordinary detergent for cleaning dirt from tables and other surfaces.
	+ incorporating water wise strategies ensuring taps are turned off and leaks fixed.
	+ using food that we have grown in meals on our weekly menu
	+ implementing environmentally friendly pest management

**Partnerships with Families and the Community**
Our educators will facilitate collaborative partnerships with local community groups, government agencies and private companies to enhance and support childrens’ learning about sustainable practices. We will share their brochures and fact sheets on sustainable practices like recycling, saving water and power and green cleaning with our children and their families. Families will be encouraged to participate in decision making and information sharing about environmental sustainability.

The NSW Early Childhood Environmental Education Network has resources which may assist Early Childhood Services to identify and work towards an Environmentally Sustainable Service. The Network’s website also has links to many organisations and Government agencies that provide information on sustainable practices at <http://www.eceen.org.au/links.htm>

1. Monash University Accident Research Centre Report #168-2000 ([www.monash.edu.au](http://www.monash.edu.au)) [↑](#footnote-ref-1)