



Parent Booklet



Lake Gardens Children's Centre

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Preparing for Childcare/Kindergarten

There is no “best time” to start childcare – it depends on what suits your family and child. Research shows that quality care is more important than the age your child starts care.

Once you have been offered a place in the service, you will be guided through our orientation process which starts with a brief time for your child to be with you and the staff in the service, followed by time for your child to familiarize and form bonds with staff whilst parents/carers are out of the room. When staff feel that your child is comfortable with this stage, they will increase the amount of time in orientation. This is normally started 2 weeks before your child starts their formal enrolment. Please see our orientation policy for more details.

Children can often experience some difficulty settling into childcare, particularly if they find it hard to separate from family. We would encourage a longer orientation process and if children have security items, these are very welcomed in the centre, particularly at this time. Parents can also feel anxious about leaving their children in a new environment, and children can sense this anxiety. Show your child that you feel comfortable about leaving them as you feel confident that they will be happy, enjoy their time and will be cared for. It also helps that when talking about the service with your child that you understand your child's feelings, and that you are confident in the care and activities that will be provided to your child whilst they are away from you.

Childcare can play a large role in your family's life so it is important that we can build a good relationship between each other and are able to exchange important information about your child. Childcare offers many positive outcomes for children, including opportunities to develop meaningful relationships with peers and carers and to engage in experience that will benefit them both now and in their future.

Information sourced from Boyle, L. (2009) Settling your child into childcare and Owens, A. (2008) Preparing for childcare. www.ncac.gov.au

Our Philosophy

At Lake Garden's Children Centre, we believe in moving forward into a childcare future that provides a service of High Quality Care for all children and families in our care.

We believe that the environment needs to be safe, secure and encouraging, to promote each child's needs of trust, warmth and comfort.

We believe children should be cared for by staff who involves themselves in each child's day, in a professional manner, who are welcoming, affectionate and are on hand to praise, encourage, cuddle and support the individual needs of children and families.

We believe children learn best through play, therefore we will provide different types of play, modeling/imitating, observing, experiencing, discovering/exploring and contemplating. These types of play as well as each child's developmental needs and interests, as well as family expectations are all taken into consideration when planning.

We believe that all children are special and have individual needs to be embraced and accepted. We believe that each child is to be treated equally irrespectively of

their culture, capabilities, religion, gender and age. We also believe in accepting and recognising individual requirements for children with additional needs.

We believe that cultural values and cultural diversity is an important aspect within today's society, and is welcomed at Lake Gardens. We respect diversities between children and encourage culturally relevant programs.

We believe in developing positive relationships with parents that are based on mutual trust and open communication. We encourage families to share their knowledge of their child with us and reciprocate by sharing our knowledge of children in general with parents, so that there is mutual growth and understanding in ways that benefit the child.

We believe that the contributions of families are essential and suggestions, participation and feedback are strongly encouraged. We acknowledge the uniqueness of each family and the significance of its culture, customs, language and beliefs.

We believe that the staff's role is to provide a nurturing, stimulating and responsive environment and to interact with all children in a manner which makes learning possible. We believe that one of the roles of staff is to manage and guide behaviour through positive reinforcements and encouragement. We value staff that has a commitment to young children and their families, and a range of early childhood qualifications and/or experiences.

We believe in offering staff with professional training workshops to keep their knowledge updated.

We believe it's important that management establishes relationships with staff, children and families. We value the need of having open, honest and trusting communication between all at Lake Gardens.

We believe in forming relationships with the local community bodies to utilise the resources within our community and to enhance the standards of care provided.

We believe that a statement of the Centre's Philosophy changes as new insights are gained and practice is evaluated.

Our Centre

Lake Gardens Children's Centre was opened in November 2006 and is a privately owned and managed by Ballarat local, Kathy Lloyd.

The Centre is divided into four rooms; the 0-15mth room (babies boulevard), 15mth – 2 yrs room (toddlers terrace), 2 – 3 yrs (junior junction) and the 3-5 room (kinder crossing). Each room has it's own Educational Leader and accompanied by the staff members designated to each room, these staff members will be proactive in developing and helping the children in their care.

The Victorian Early Years Framework (EYLF)

The Early Years Learning Framework has been created to ensure your child receives quality education programs in their early childhood setting. This is a vital time for them to learn and develop.

The Framework's vision is for all children to experience play-based learning that is engaging and builds success for life.

It is a guide for early childhood educators who work with children from birth to five years. They will use the Framework in partnership with families, children's first and most influential educators, to develop learning programs responsive to children's ideas, interests, strengths and abilities, and recognise that children learn through their play.

The Early Years Learning Framework describes childhood as a time of *belonging*, *being* and *becoming*.

- **Belonging** is the basis for living a fulfilling life. Children feel they *belong* because of the relationships they have with their family, community, culture and place.
- **Being** is about living here and now. Childhood is a special time in life and children need time to just 'be'—time to play, try new things and have fun.
- **Becoming** is about the learning and development that young children experience. Children start to form their sense of identity from an early age, which shapes the type of adult they will become.

PLAY IS LEARNING

Play is very important for children. Through play babies and young children explore and learn to understand the world around them as they come to communicate, discover, imagine and create.

When children play they are showing what they have learned and what they are trying to understand. This is why play is one of the foundations of the Early Years Learning Framework.

By using this Framework educators will guide your child's play by carefully designing learning activities and stimulating indoor and outdoor learning environments.

“I want my child to have lots of opportunities for creative play”

RELATIONSHIPS ARE KEY

It is well known that children learn best when they have secure relationships with caring adults. When children from a very early age develop trusting relationships they feel more confident and able to explore and learn.

In early childhood settings, when children feel emotionally secure they learn through play to develop the skills and understandings they need to interact positively with others and gradually learn to take responsibility.

HOW WILL IT WORK?

Educators will use this new Framework in a range of early childhood settings, including long day care, preschools and family day care to ensure that your child receives a high quality experience. It has been created and trialled by experienced early childhood educators, academics, parents and carers.

The Framework focuses on your child's learning. Educators will work with you in order to get to know your child well. They will create a learning program that builds on your child's interests and abilities, and keep you in touch with your child's progress.

Through the Framework's five learning goals educators will assist your child to develop:

- a strong sense of their identity
- connections with their world
- a strong sense of wellbeing
- confidence and involvement in their learning; and
- effective communication skills.

“The learning outcomes are positive and help me to think about how my child is progressing”

WATCHING YOUR CHILD'S PROGRESS

Using the Early Years Learning Framework educators will observe your child's learning so they can build on it and plan the next steps. They will do this by listening, watching and talking to your child. They will keep in touch with you regularly to discuss your child's progress. They may use photos or keep a folder of your child's work to show what your child is learning, how they are developing and what particular learning interests them.

Before your child starts school educators will prepare information about your child's learning and development to share with their new teacher. This will help ensure that your child's new school is well prepared to continue your child's learning.

“The Framework helps me to understand how skilled the staff at my centre are and what a great support they are to me and my family”

WORKING TOGETHER

By working together parents and educators can enhance a child's learning and wellbeing. As the most important person in your child's life you can make a difference by talking regularly with your child's early childhood educator and asking about their learning. Information you provide allows educators to link your child's experiences at home with the time they spend together in the early childhood setting.

FIND OUT MORE

To find out more or to access translations visit www.deewr.gov.au/earlychildhood or ask your child's early childhood educator.

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 administering 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 3 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. Under no circumstances do we 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 Nappy San 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 and need to be sterilized are to have been sterilized by the parents at home. If 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.

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.

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.

Lake Gardens will review the Hygiene and Infection Control Policy and procedures and related documents every year or as required.

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 care 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, lambs 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).

SETTLING 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 12 months 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 (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 and paper towel. 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.**HYGIENE PRACTICES**

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.

¹ Monash University Accident Research Centre Report #168-2000 (www.monash.edu.au)

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.

Information on headlice and the controlling and removing of headlice is available in the foyer.

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.²

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?

² What's there to Eat, The practical guide to feeding families. Department of Human Service 2001

- ❖ By introducing children to a variety of foods from all food groups
- ❖ By encouraging children to drink 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 an 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.

Immunisation Policy

Immunisation is one of the most effective ways to prevent disease. They provide high levels of protection from an increasing number of diseases and some of these can be fatal, especially to young children.

The federal government has recently introduced legislation in which all children who attend childcare must be vaccinated. There are exceptions to this requirement, but these can only be granted by a medical practitioner.

Upon enrolment, parents are requested to bring a letter from the Immunisation Register stating that the child being enrolled is up to date with their vaccinations. If parents are unable to provide this documentation, then a record of immunisation including the child's full name, date of birth, address, list of vaccines and dates given, date next vaccine is due/or record stating all vaccinations have been completed, medical provider's name/organisation name, medicare provider number or Australian Childhood Immunisation Register number and this must all be signed and dated by the immunisation provider.

We cannot accept overseas immunisation records as often these do not align with Australian schedules. In this case, you must discuss this with a medical practitioner who is authorised to complete an immunisation status certificate.

If the child has a medical condition which excludes the child from receiving immunisations, they must seek assistance from a medical doctor who will complete paperwork for the Australian Childhood Immunisation Register advising which immunisations the child can or cannot have and the schedule of immunisations needed as a result of this. This statement can be provided to the service as proof of immunisation status for the purpose of enrolment.

Children who are wanting to be enrolled at the service and who's immunisations are not up to date there is a "grace period" to update immunisations, but this must not be more than 2 months prior to enrolment.

After this time, all parents should continue to immunise their child as per the immunisation schedule. If a child's immunisation falls behind and an immunisable infection occurs at the centre, the child **will be excluded** from care **during outbreaks of some infectious diseases** (i.e. measles, whooping cough), even if your child is well. The centre will adhere to the "Recommended minimum periods of exclusion from child care centres for cases of and contact with infectious disease" or information issued by the family Doctor. The information relating to the infectious disease will be reported to the relevant health authorities as soon as it has been reported to the service.

The centre encourages parent's to inform the service of their child's updated immunisation status. The centre circulates to parents every 6 months a prompt to update the centre records of recent immunisations. This is to further encourage parents to keep the centre informed.

The centre's staff are encouraged to receive vaccination against:

- Hepatitis A and B
- Measles, Mumps and Rubella
- Chicken Pox
- Meningitis
- Meningococcal C
- Whooping Cough

to reduce the risk of infections transmitted in the care setting. The centre will keep a profile on each staff member's immunisation history. These are updated regularly.

Up to date information on adult and childhood immunisation is available at the service or in the Australian Immunisation Handbook under publications on the website www.health.gov.au/internet/immunise/publishing.nsf/Content/home

The centre will maintain and provide current information on immunisation to staff and families as received.

Medication Policy

If your child requires medication whilst at the centre, the parent or legal guardian of the child must fill in the medication book listing the child's name, date, name of medication, dosage, time required and then sign the sheet. This must be done separately each day. If the medication is required to be given more than once per day, then this must also be written up as another separate entry.

Medication recorded on the medicine sheet must clearly state the time and/or circumstances for administering medication. The centre will not accept "If required" as a valid reason to administer medication. The centre will not administer paracetamol or ibuprofen unless the child has become unwell and is deemed by the First Aider to need this. Outside this, these medications will only be given on a medical practitioner's authorization.

Medicine bottles and packets must be clearly labelled and left in the fridge or the medicine shelf in the kitchen. Do not leave any medicine in your child's bag at any time.

Prescription medicine will not be administered if labels have been altered and the label does not identify the said child or if the medication is contrary to the age of the child or the medication has expired.

If a child becomes ill and the parent requests that the child is given Panadol, then if the staff member is unsure that the parent is the caller the caller must make this request to TWO STAFF over the phone. The staff will complete the medication book and the parent must sign the book when they collect their child. Dosage given will be the lower dosage as recommended on the bottle.

Only Panadol will be given when requested by the parent over the phone

If Herbal or natural medicines are needed to be given, they will also follow the same procedures and requirements as prescription medication.

When staff administer medication, two staff must be involved. Both will check labels and dosage of medication to be administered. Staff will use measuring equipment to measure medication. If staff have concerns about contrary indications by parents and what is stated on the label, the co-ordinator will be advised and medication will not be administered. The co-ordinator will then check with the relevant authority or parent as to the problem.

All given medications are required to be signed by the parents when they collect their child. Medications are to be given to staff for appropriate storage when the child starts care for the day. Medications are not to be left in children's bags.

Prior to administering medication, staff must follow these procedures: -
Early staff member will advise the staff member from the appropriate room that medication must be given. Medication will be stored in the kitchen in the fridge or in the medication cupboard.

Check with other staff and in the medication sheet, to make sure that no one else has given the medication already

- Check that the name on the prescription is definitely that of the child who is to receive the medication
- Check that the name of the medication is the same as that stated in the medication sheet
- Check that the date of the medication has not expired
- Check when the medication was last given and what dosage was administered
- Check the correct dosage of medication to be given
- Check that the parent has given authority to administer the medication

This procedure is to be followed by a second staff member administering the medication.

Medication is then to be written up in the medication sheet completing all the requirements of the document. This record is to be kept in the medications folder and the child's name is to be highlighted in the in/out book for the parent to see a staff member to sign this form.

We will not administer Vallergan, Phenergan or Painstop to children without a general practitioner's letter of consent. We will not administer these medications at all to children under 2 years of age as they are generally deemed unsafe and inappropriate for this age group.

Complaint and Grievance Policy

We believe that all families at our centre have a right to high quality care as outlined in our Philosophy. All families and the community have a right to voice their concerns should they feel that the service is not being provided. These concerns will be handled in a fair and timely manner.

Minor complaints may be dealt with at room level. This would mean approaching the Room Leader with the concern. If the complainant feels that this has not been successful, then this should be taken to the Director.

Other complaints should be taken to the Director. The Director will then document the conversation. This complaint will then be discussed with the Room Leader or person involved as soon as possible so that an assessment of the situation can then

be made. The Director will rely on centre policies for guidance in this matter and also regulatory rules. If the complaint is complex, this may need to be taken outside the centre for regulatory/ legal advice. At all times, the complaint will be governed by our confidentiality policy.

Results of the investigation will then be advised to the complainant in a timely manner (depending on the complexity). If the complainant is unsatisfied with the result, they have the right to forward this complaint to the Dept Education and Early Childhood Development (DEECD) for resolution. The address for this department is located on the noticeboard in the foyer.

It is recommended that the complaint be investigated by the childcare centre first before taking to DEECD as per Children's Services Regulations. The complainant is able to approach DEECD first. DEECD will ask if the matter has been discussed with the service and the outcome. DEECD will not act on complaints in regards to fees, lost clothing, bookings etc.

All matters relating to this will be handled professionally and confidentially and only divulged to parties who are involved in this matter. If the matter is taken outside the service, the service will not identify the child or family.

We try to resolve all issues families raise and respect their views, and as such, all complaints will be unbiased and fair and encouraged families to contact the service as soon as an issue is raised.

Child Interaction Policy

Staff are experienced and trained in meeting young children's needs. They are professional, caring people who set up the centre appropriately in order to encourage and stimulate learning. They spend time making observations of each child's interest, behaviour and development and plan a program, building on children's interests, that will meet the individual child's needs. More importantly, they are friends, providing a warm and loving alternative for part of the child's play, providing consistent quality care for each child.

As early childhood educators, we need to have a good understanding of each child. This means making time to talk to parents about any changes, experiences that have, are, or will happen in a child's life. When there is a sharing of knowledge, there is a mutual growth and understanding in ways that benefit the child.

Educators are to offer creative play experiences which are non-sexist and non aggressive and that encourage children to think, reason, explore and solve problems creatively. They also reflect and promote sensitivity to and awareness of our immediate environment and the environment at large and as such, make extensive use of both natural and recycled material in play experiences.

Educators are to encourage children to express themselves and their opinions in an environment that is non judgmental and maintain the dignity and rights of each child. This also requires educators to consider the family and cultural values, ages and physical and intellectual development and abilities of each child.

The most important goal of our early childhood program is to help children to become enthusiastic learners. This means encouraging children to be active and creative explorers and discoverers who are not afraid to try out their ideas and to think their own thoughts. Our goal is to help children become independent, self-confident, inquisitive learners, teaching them how to learn at their own pace, providing them with space and time to do so, learning in ways that are best for them. We help in developing good habits and attitudes, and in particular a sense of self confidence, self reliance and high self esteem. We also need to give positive guidance and encouragement to each child.

The activities we plan for the children, the way we organise the environment, select equipment and materials, plan the daily schedule and talk with children are all designed to accomplish the goals of our program and give the child a successful start in their early years. Play enables us to achieve these goals - play is the work of early childhood.

This policy will be assessed by management and staff constantly via staff communication and through lines of accountability where breeches of this policy will be reported to the person in charge of the centre at that time and this breach will then be investigated. Parents are also asked to monitor compliance with this policy and inform management if they feel this is not occurring.

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 Abuse Policy

As part of our responsibility for the care and protection of children, all staff are required to report to the director or person in charge, any cases of suspected child abuse. All suspected abuse will be recorded and if the abuse is of concern or ongoing, the matter will be referred to the Department of Human Service. Room Leaders are also asked to keep detailed records on the child if they consider there may be abuse.

Accident and Injury Procedure/Policy

If a child has a minor accident or injury, a staff member will apply first aid and comfort the child until the child is no longer distressed. An accident and injury report will be filled out by a staff member and parents are required to read and sign this form when they collect their child at the end of the day as per Children's Services Regulations.

For any serious accidents and injuries, first aid will be applied and then either:

- the parent or emergency person is informed so that they may elect to collect their child and seek medical attention, or
- the staff will phone for an ambulance and then phone the parent to inform them of the situation.

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

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.

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.

For all serious accidents/injuries resulting in attending a doctor, hospitalisation or ambulance, a full report will be forwarded to the Dept Education and Early Childhood Development.

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.

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, Asthma 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 without 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

Band aids

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 each staff member 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 severe, 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 enrollment 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 labeled 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:

- A staff member, for close monitoring, will move the child to a quiet area.
- Staff will settle and reassure the child.
- 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.
- A parent or nominated person will be contacted if there are still concerns about the child's health.
- Staff will record action taken in the illness book.
- A parent will sign the illness book when collecting their child.
- 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 if 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 to 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. (provides information on allergies)
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au. (provides information on food anaphylactic)
- Royal children's hospital, department of allergies at www.rch.org.au. (provides information about allergies and the services provided by the hospital).

Behaviour Guidance Policy

At Lake Gardens Children's Centre, we believe that it is important for the safety and protection of children, others and the environment, to provide a consistent way to handle and guide behaviour of children in our care. We believe that there is no occasion that we should use any physical punishment on children in our care.

In providing the following set of guidelines, this will help us to be consistent in our guidance and ensure that children will not be receiving confusing messages about what is expected of them whilst at the centre.

What is disruptive behaviour?

- ❖ Children who inhibit other children from what they are doing
- ❖ Children who interfere when other children are being constructive
- ❖ Children who interrupt quiet time (eg. Story telling)
- ❖ Children who are destructive to the children when they are playing (eg. Knocking down building blocks)

Why does this behaviour occur?

This can be many and varied and includes boredom, attention seeking, feeling left out, frustration, sad and unhappy.

How will we respond to disruptive behaviour and tantrums?

- Staff will remain calm and in control
- Staff to be pro active rather than reactive
- Staff will use do's rather than don'ts
- Attempt to find out why the child is being disruptive
- Listen to and observe the child
- Explain why behaviour is not acceptable
- Ask the child what they would like to do
- Offer alternatives to the child
- Assist the child/children to resolve issues if age appropriate

- Allow the child to say sorry

How will we respond if a child resists positive change and is repeating disruptive behaviour?

- Remain calm
- Ask the child why they are acting as they are
- Listen to the child
- State why the behaviour is not acceptable
- Direct child to other activities
- Discuss matter with other staff members/ parents / co-ordinator

Hurting Others

What is hurtful behaviour?

- ❖ Biting another child
- ❖ Scratching, pulling hair, pushing, throwing things at another child
- ❖ Name calling

Why do children hurt each other?

- ❖ To get a reaction
- ❖ Frustration or anger
- ❖ To made another child give something up (eg. Toy)
- ❖ Inability to communicate
- ❖ Retaliation for being hurt by another child

How will we respond to hurtful behaviour?

- Anticipate problems and prevent them if possible
- Intervene as quickly as possible
- Comfort the child that has been hurt
- Show and explain why the other child is distressed
- Show the child how to be gentle, such as stroking the child's hair instead of pulling
- Encourage the child to show affection towards the child that has been hurt
- Explain simple and clear rules about hurting other children
- Encourage and assist the child to play/share together

How will we respond if hurtful behaviour continues?

- Explain clear and simple rules about hurtful behaviour
- Involve child in comforting attacked child (eg. Icepack for bite)

- Move the child to another activity
- Assess reasons for action (ie. Are they attention seeking)
- Speak to parents/ colleagues / co-ordinator and assess in-house plans and work out a change management plan if appropriate

Staff Behaviour

Acceptable behaviour be staff when dealing in behavioural management

- Staff to remain calm and in control
- Staff to be proactive
- Staff to remain friendly at all times
- Staff to be consistent
- Staff to give clean and simple rules

All behaviour guidance is to be age/stage appropriate and acceptable behaviour to be modelled by staff.

Sun Policy

As part of our continuing care of the children in our centre, it is critical that this care also extends to children and families when it comes to sun exposure so as to minimise damage caused by the sun.

Children should attend the service with a broad brimmed hat to be worn outside. This hat should be labelled with the child's name. If a child attends the service and wishes to play outside but does not have a hat, then the child is to be given a spare hat to use, otherwise play for this child should be in a shaded area.

Staff are also required to follow the procedure above.

During daylight savings hours, children's exposure to full sun should be minimal. Play outside should not occur between 11am and 3pm. Outside play prior and after these hours should only be for a maximum of 45min, and on days of over 26°C temperature, play should be limited to a maximum of 30 minutes and hours of play are to be prior to 10am and after 4pm. This time limit procedure will come into effect when the SunSmart UV alert begins for the day ie, if the alert begins at 8.50 and the children are outside prior to this time, this time outside is not taken into account when calculating exposure in the timed method. The SunSmart UV alert will be found in the local paper or on the Bureau of Meteorology website.

Sunscreen of a rating of 30spf or higher is to be applied to each child on areas of exposed skin 20mins prior to the children going outside. This sunscreen is to be checked for expiry date and only sunscreen which is within this expiry date will be used. Children and staff will be encouraged to wear sunglasses whilst outside.

Whilst outside, children will be encouraged to play in shaded areas as much as possible and outside activities will be planned to be in shaded areas.

Sun safety and awareness is to be incorporated in the program planning.

Our sun protection policy is followed from the beginning of Oct until the end of April and whenever the UV index level reaches 3 or above. More specific UV ratings can be obtained from “The Courier” or the sun smart website.

During colder months, children are encouraged to wear warm beanies and coats whilst playing outside.

Orientation Procedure

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.

- 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.
- 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.

- Staff will ensure that all children sleeping are wearing comfortable appropriate clothing for sleeping according to conditions.
- 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.
- 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.
- All clothing is to be clearly labeled with your child's name, including coats, hats, shoes and the child's bag.
- Children are to be appropriately dressed in clothes they can: -

Be active in
Do messy play in
Move and do in

- 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.

- 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.
- The Centre will provide art smocks for children when they are doing messy play such as art work and water play.

- In winter or cold and wet days, please provide a waterproof jacket or coat, a hat, and suitable footwear for outdoor play.
- 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.
- 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.
- 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.
- The centre will endeavour where possible to provide a supply of clothing for weather changes and toileting accidents.
- Staff discuss weather, seasons and appropriate clothing with children and encourage children to dress accordingly.
- The centre will offer, for your children's clothes to be washed, in the cases where parents choose for this not to happen dirty clothing will be sent home in a plastic bag.
- 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.
- The center will not be responsible for lost items of clothing.
- 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 cues 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

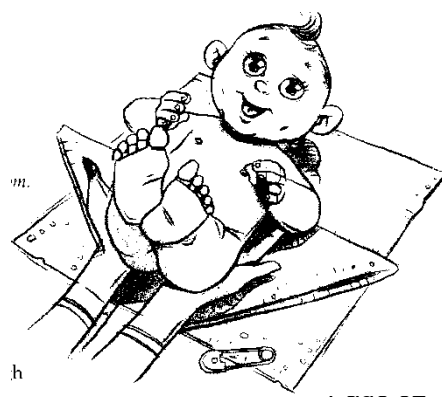
If a child soils their clothes during the day, these will be rinsed out in the laundry and placed in a tied plastic bag and returned to the child's bag for parent retrieval at the end of the day.

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 wash it in a sink used for washing hands.
- **Wash your own Hands.**

Anti Bias and Inclusion Policy

At the centre we recognize that all children are unique, and have the right to access the service. Centre staff recognize that Australia is a multicultural society composed of people from a variety of ethnic backgrounds, therefore staff aim to foster within each child an awareness and acceptance of others. Children will be proud of their identity, and staff will support through their actions, that they understand that the child's beliefs and culture is an important part of the child. We also believe by providing extensive experiences that portray a snap shot of our diverse society, we will enable children to understand and respect differences in the community they live in.

The centre aims to allow children to reach their full potential regardless of gender, race or culture. Experiences that reflect a non-sexist role / stereotypes will be presented to the children during the program.

All children are special and have individual needs. Some children have particular needs due to physical, emotional or cognitive delays. Staff aim to provide an integrated program at the centre using specialists and visitors, when required. These services work together with staff to provide the individualised and systematic program necessary to meet the needs of the whole child and program.

We will provide an inclusive program by:

- Resources will display female's and male's doing the same work and if not staff and children will challenge stereotyping.
- The staff will encourage children to treat both sexes with equal respect.
- The staff will interact with both sexes in the same style
- Staff will encourage friendships between children of opposite sex
- Staff will assist children in joining in activities dominated by one sex
- Staff will assist children in developing a sense of belonging
- Staff will role model to children the acceptance and appreciation of diversity and respect for all people as individuals, environment and experiences
- Staff will respond to families similarities and differences to encourage partnerships with families for the care and development of the children.
- To increase self awareness, staff support one another by monitoring their own and others responses and behaviours to biases
- The Program Evaluation incorporates any gender bias present and staff responses to this

- Staff to develop a culturally aware environment for the children
- Staff to discuss any evidence of gender or other bias in children's play in their relationships with one another
- To enable all children in the community the right to access the child care centre
- To ensure that all families are able to participate in information sharing, via taking into consideration the varied forms of communicating and ensuring that individual needs are met.
- Maintaining a free and stimulating, safe and non-threatening, non-judgemental environment for the children, throughout daily interactions and the environment.
- Understanding that Inclusion is a process not a product.
- The staff will support all children's efforts, through displaying their acceptance via interaction / positive feedback and verbal / non verbal cues

Confidentiality Policy

Lake Gardens Children's Centre respects the right of every family's details to remain confidential. At Lake Gardens we adhere to the privacy obligations when handling families personal information. (Enrolment forms, Medication records, Medical History Forms, Child's Progress Records, Staff Personal Record Sheets, Invoices, Credit Card Details, Waitlist Applications or other information obtained verbally/non verbally).

Lake Gardens will only collect personal information that is necessary in order to adhere to Government Regulations and the Centre Policies and Procedures and to better understand the children in their care.

Collect personal information directly from an individual if it is reasonable and practicable to do so.

When information is collected, or as soon as practicable, the provider will be aware of:

- Why we are collecting information about them.
- Who else we might give it to.

Alert the individual if someone else has collected the information. This would only be given to government bodies who require this information as part of the regulatory process, otherwise the individual is requested prior for this information.

The information provided will only be used or disclosed for its Primary Purpose:

- unless consent is given
- specified law enforcement or public health and public safety circumstances.

Ensure reasonable steps are taken in collecting personal information and it is

accurate, complete and up to date.

Take reasonable steps to protect the personal information from misuse, loss, unauthorized access, modification or disclosure.

To ensure required information is archived in a private and safe environment.

Upon individual request access will be given to personal information held about them unless particular circumstances apply that allow the centre to limit the extent to which we give access.

Anonymity is respected if it is lawful and practicable to do so.

Get consent to collect sensitive information unless specified exemptions apply.

Lake Gardens Children's Centre will ensure this policy is regularly up dated according to information obtained under the Privacy Act, 1988.

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 there 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 be 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.

Delivery and Collection of Children Policy

The purpose of this policy is to give parents and carers of children who use our service, clear guidelines in relation to their responsibility in collecting and delivering their children to the centre. This policy also is a requirement under the Children's Services Regulations 1998 and the Education and Care Services National Regulations.

Procedure

Delivery of children

Children are brought into the service by a parent/guardian/carer. The child will then be signed in by that person by completing the sign in books for the child's room. Children can be signed in electronically or if this is not available, their attendance must be recorded and signed in on the clipboard beside the sign in pad. Only people who are nominated on the enrolment form to collect the child will be allowed to collect the child.

Children are then to be taken to the room where the staff from the child's room are and staff need to be made aware that this child has now been placed in their care.

Medication which may be required for the day is to be advised to the staff member and a medical form is to be completed. Medication is to be passed to staff members and not left in children's bags where other children will have access to this bag.

At this point, parent/guardian/carer can now leave the service.

If parent/guardian/carer is going to be abnormally early or late, they are required to alert staff in that child's room to ensure that we have sufficient staff to cover this. If your child is unable to attend the service on their normal day, please also advise the service prior to or as early as possible in that day.

Staff will periodically check sign in books/tablets to ensure that all children attending at that time are signed into the service. Parents who have not signed in their children will be reminded to do so. Staff will maintain an accurate record of all children in attendance in their room via their daily record sheet.

Collection of children

When the child is to be collected from the service, parents/guardians/carers are to sign the children out of the services care via the tablets or record this on the sign in/out sheets.

Please check your child/ren's locker to ensure that you have all items brought into the centre and also check pockets to ensure that you have received all notices/artwork.

When taking children out of the room, please ensure that staff members are aware that this is occurring. This is also a good opportunity to have a short discussion on how the child's has been and if there is any documentation ie. accident sheets which may be required to be completed.

Please advise staff if there is any medication to be collected, if they have not already attended to this. Medication sheets also need to be signed.

Staff will not allow children to be taken from the service who are not authorized to collect the child/ren. If staff are unfamiliar with the person collecting the child, staff will ask for photo identification and will check on the enrolment form to ascertain if this person is authorized to collect the child/ren.

Staff will request any persons collecting a child who seems to have impaired driving skills (eg. Under the influence of drugs or alcohol) to call another authorized person to collect the child. If this request is ignored, staff may call police for assistance.

People under the age of 16 will not be allowed to collect children from the service.

The service must be made aware immediately of any custody/access arrangements which may affect the collection of the child from the service. Staff will not become involved in personal disputes between parents, therefore all details must be documented in writing by the court and signed by a judge. Without court issued

documentation to the contrary, both parents are legally able to collect children from the service. These orders may also have expiry times and the centre will abide by these times and orders.

At the end of the day, when staff are leaving the service, they are to ensure that all children have been signed out the service. They are also to check all rooms and cots for children.

Late Collection

The service closes at 6.30pm and as per the Parent Policy Booklet, fees apply for late collection of children due to staff having to be paid to stay with the child/ren. As per the children's services regulations, two staff members are required to stay on the premises with the child/ren.

Parents who have not collected their child/ren at this time will be called and then collection will try to be made with persons authorized to collect the child/ren. If contact is unable to be made with any of these people, staff will wait 20 minutes and then contact Department of Human Services, Child Protection for advice (13 12 78). Staff will also make contact with DEECD advising of the situation.

Staff who are unable to stay with the child are to contact the centre director or authorized nominee for assistance.

Staff are not allowed to take children home.

If children are continuously collected after the service closes, then parents will be given 2 weeks notice by the service that their place will no longer be available.

Authorisation to collect

All authorization for collection of children is to be made on the child/rens enrolment form. This can be updated at any time by the parent/guardian either in writing or via the "Parent Lounge" app (please advise the centre via email if you have changed this electronically). Failing this, the parent/guardian can advise over the phone the change of details. If staff are unsure of the identity of the parent/guardian, the staff member may then ask the caller.

Fees

Fees are to be paid a week in advance and are paid via our direct deposit system – EziDebit.

Fees are **payable** for days **absent and public holidays** this is due to fees being charged on a permanent booking basis. We do not charge a casual rate for fees as this would be very expensive for most families. Centrelink will only fund their part of the fees for 42 days per financial year for days absent. If you exceed 42 days absent from the centre without a medical certificate, then fees are charged at the full amount without Centrelink assistance. Please see either Kathy for more details on this if required.

Holiday Fees

Fees are payable during holidays but will be reduced by 25%. To receive this discount, fees must be up to date and two weeks notice of intention to take holidays is also required.

Late Fees

Fees are payable when a child is collected late from the centre. Fees for this service are \$20 for the first 15mins and then \$1 per minute thereafter. This is billed up until the time the child and parent leave the centre.

Fire Evacuation Procedure

When the whistle is blown loudly, all children, parents and staff are to evacuate immediately to the exit gates in the appropriate play area. The person in charge the co-ordinator is to ring 000 and ask for the Fire department. If the co-ordinator is not on the premises, the following person will be in charge for the duration of the procedure:

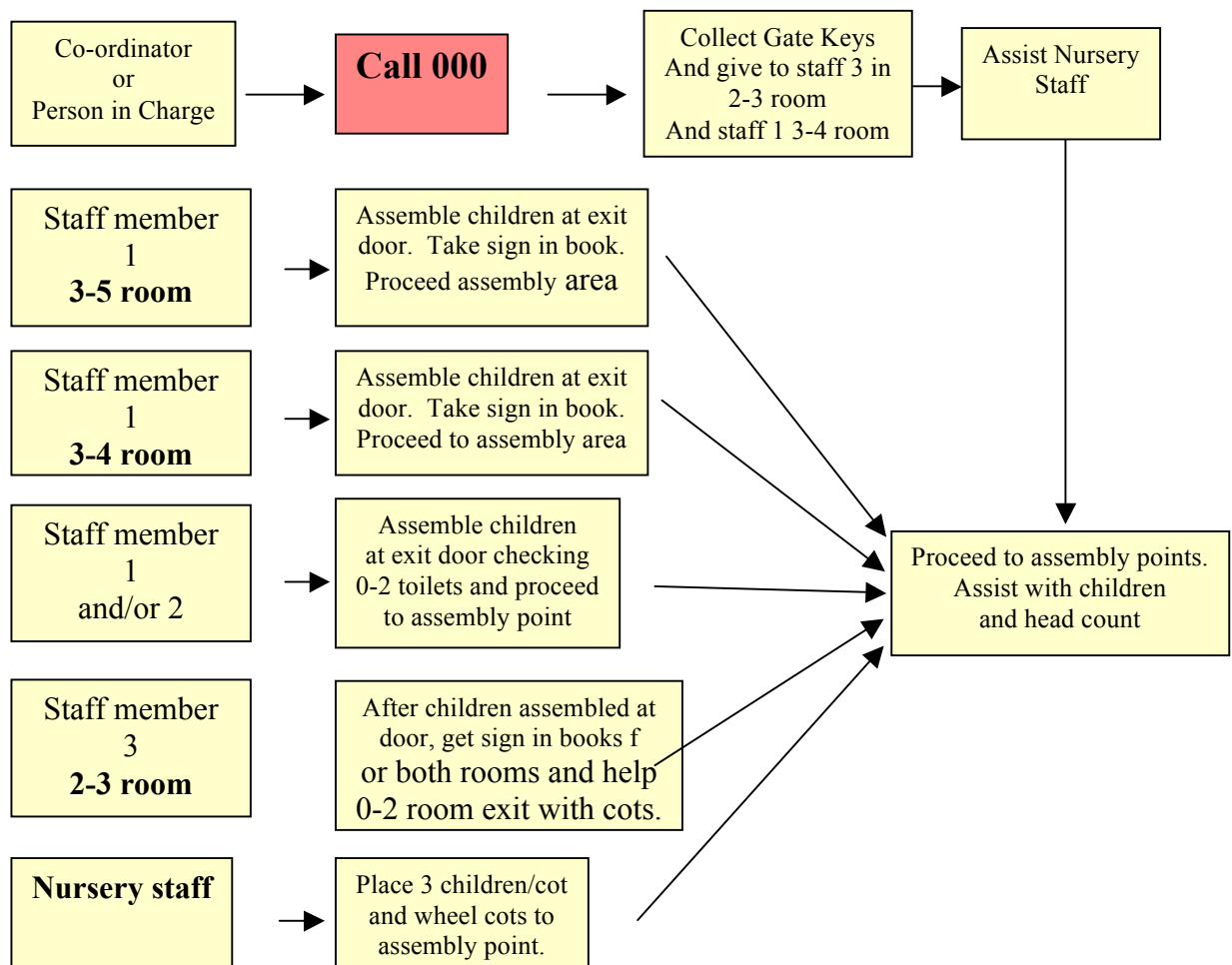
Qualified person from the 4-5 room or if unavailable, the qualified person from the 3-4 room.

The person in charge will state the address of the centre

Lake Gardens Children's Centre
2 Stirling Drive, Lake Gardens

The co-ordinator will retrieve the children's emergency details. The staff in charge will check the building thoroughly and proceed to assist the staff in the nursery.

If any person other than staff is on the premises, they shall proceed to assist in evacuating the nursery unless instructed otherwise by the person in charge.



The person in charge will use the fire equipment if the fire is small and will notify the Fire Brigade if all persons are accounted for on their arrival. If the building cannot be re-entered once the fire is out, then the staff and children are to proceed (after notification from the person in charge) to the location point in the rear car park (behind the shed).

