



**“We make a difference”**

# Centre Policies

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## **Accident & Illness Prevention for Staff and Children Policy**

### **Aim**

Accidents are the result of a child's growth and developmental stage. Staff should be able to identify such hazards in each stage, and take all precautions necessary to avert such accidents. It is the responsibility of all staff members to increase and encourage parent/guardian family awareness of accident prevention, and of their child's ability to learn safety habits at a very early age.

### **Legislative Requirements**

Children's Services Regulations 2009.

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
 Staff  
 Families  
 Management  
 Visitors

### **Implementation**

- The following precautionary measures are to be implemented in the centre:
- All chemical, cleaning and other products and medications are to be kept in their original containers, and stored in cupboards not accessible to children. i.e. out of reach or with childproof locks.
- Proper medication procedures must be followed at all times.
- Children are to be prohibited access from the kitchen area, with the exception of children three years and over who may be involved in a planned cooking experience. Such instances should be closely supervised by staff members.
- Children are never left alone and/or unsupervised on change tables, in baths, in high chairs, or eating alone.
- The temperature of hot water systems should be consistently set between 60 to 65 degrees Celsius.
- The drinking of any hot beverage is to be restricted to childfree areas such as staff rooms. Staff should not enter child rooms with hot beverages.

- Mary's Little Lambs ELC has an approved earth leakage circuit breaker fitted to the main power box. Such devices are not to be relied solely as electrocutions are reduced by the use of circuit breakers, rather than being prevented entirely.
- Power points must have protective shutters, or be fitted with protective plugs.
- Electrical appliances must not be used in wet areas.
- Children should be taught to respect all electrical appliances by positive staff role modelling.
- Avoid water on floors. Any spillages should be mopped up immediately and without undue delay. Particular and close attention needs to be given to the bathroom area and lunch area during use periods.
- All children must remain seated whilst eating during meal times. Babies should be closely supervised by staff at all times when drinking from a bottle.
- Plastic bags are to be kept out of the reach of children and/or in locked cupboards.
- Safe toys are to be used considering the age and relevance to the child. i.e. avoid small removable parts for infants, choose durable toys, avoid movable parts which may pinch the child, etc. All toys should be checked on regular basis to ensure they are in proper working order, and repair or discard any broken toys.
- All water play areas must be supervised by staff members at all times. Staff members should never leave buckets of water unattended.
- All playgroup equipment must be checked daily for:
  - Stability
  - Broken pieces
  - Insect, spider and / or snake infestation.
- All playground equipment must be checked for the following:
  - Provision of safety rails on platforms and equipment over 1.5 metres high
  - It should not be possible to fall from any structure onto an object below
  - Provision of clear landing places at the base of slides, etc.
  - Timber top edges should be rounded, and logs checked for splinters
  - Ensure there are no projections on sliding surfaces
  - Bolts should be counter-sunk
  - Check all structures regularly for stability
  - Check equipment for wear.
- Boards are to be cared for properly to avoid cracking, i.e. never leave boards out when not in use, and regularly oil boards with recommended products.
- Shock-absorbing surfaces should be implemented under play equipment.
- Provide stable and permanent barriers to prevent children running into the path of moving objects such as swings and/or other play equipment.
- Children must be supervised closely by staff members when using climbing equipment.
- Any vertical railing such as 'monkey bars' in the centre is to be no more than eight centimetres apart.
- All playground equipment must be used with consideration of the child's age and ability; e.g. it may be necessary to restrict younger children using certain climbing equipment.
- Refer to recent safety standards when purchasing equipment, e.g. the Choice Guild to Baby Products, and where Australian Safety Standards approved items are available, these must be purchased in preference to others.
- Display Emergency Exit procedures and complete practice drills on a quarterly basis.
- Ensure all centre fire extinguishers are reviewed annually and instruct all staff members on their proper usage.

## Sources

**Children's Services Regulations 2009.**

**Managing a Child Care Service: A hands on guide for service providers**

**Occupational Health and Safety Act 2004.**

**WorkSafe Victoria**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: December 2009**

**Date for next review: December 2010**

## **Accreditation Policy**

### **Aim**

**Mary's Little Lambs ELC** actively participates in the Quality Improvement & Accreditation System (QIAS). The centre's aim is to provide the highest quality childcare available across all areas.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

Family Assistance Legislation Amendment (Child Care) Act 2009

### **Who is affected by this policy?**

Staff

Families

Child

Management

Visitors

### **Implementation**

Our Centre participates in and values the Quality Improvement & Accreditation System (QIAS) – an Australian Government initiative linked to the funding of Child Care Benefit. This is conducted through the National Childcare Accreditation Council through scheduled validation visits and as of October 2006, spontaneous visits.

The QIAS provides standards of quality practices for care provided in our centre as well as guidance and support from the centre's self evaluation. The system also allows staff members to continually improve practices by identifying the quality aspects of care the centre is already providing and assisting the centre in developing goals for further improvement through a "continuing improvement plan". The Centre is required to complete a comprehensive self study every two & a half years.

The steps in the QIAS system are as follows:

- STEP 1: Registration
- STEP 2: Self Study & Continuing Improvement
- STEP 3: Validation
- STEP 4: Moderation
- STEP 5: Accreditation Decision

The Centre will ensure that all staff members and management are informed about current practices and requirements in the QIAS process by attending appropriate in-service/training, accessing any

other publications and information about the accreditation process that may be of benefit – including those published by the National Childcare Accreditation Council.

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

For more information about the Accreditation System, please see the QIAS Handbook (3<sup>rd</sup> Ed, 2005) or visit NCAC's website: [www.ncac.gov.au](http://www.ncac.gov.au)

## Sources

**Children's Services Regulations 2009.**

**Family Assistance Legislation Amendment (Child Care) Act 2009**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# Active Play Policy

## Aim

In the past 10 years the prevalence of childhood obesity has increased considerably and there is growing recognition of the need to establish positive attitudes to healthy lifestyle practices from an early age if this trend is to be reversed. Childcare centres provide ideal environments from which to develop these positive attitudes.

## Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

## Who is affected by this policy?

Child  
Staff  
Families  
Management

## Implementation

Birth–12 months	<ul style="list-style-type: none"><li>• Infants' physical activity should promote the development of movement skills</li><li>• Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods</li></ul>
Toddlers 12–36 months	<ul style="list-style-type: none"><li>• Toddlers should accumulate at least 30 minutes daily of structured physical activity</li><li>• Toddlers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping</li></ul>
Pre-schoolers 3–5 years	<ul style="list-style-type: none"><li>• Preschoolers should accumulate at least 60 minutes daily of structured physical activity</li><li>• Preschoolers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping</li></ul>

- Children will be actively encouraged to accept and respect each other's range of physical abilities.
- Staff will create strategies to promote active play and its benefits to children.
- Staff/carers consult with families and resource agencies on providing physical experiences that reflect diverse backgrounds and abilities.
- Children will be dressed appropriately to support engagement in active play.
- Staff will act as role models wearing appropriate footwear.
- The centre will provide safe and adequate space in both indoor and outdoor play areas for physically active play.

- Staff will engage children in physically active behaviours that are suitable for their developmental ability.
- Staff will plan for opportunities for children to be more physically active by providing space and activities that vary on a daily basis in children's play areas.
- Staff will ensure a balance of active and sedentary activities throughout the child's day, and minimize sedentary behaviours unless the child is tired or ill.

## Sources

**Children's Services Regulations 2009.**

**Physical activity guidelines for birth to five year olds (National Association for Sport and Physical Education, 2006)**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## Anti Bias Policy

### Aim

Pursuant of the Centre's beliefs and aims, the Centre endeavours to respect and demonstrate awareness of and appreciation for each individual's uniqueness of background. Such factors include,

but are not limited to, age, culture, ethnicity, traditions, practices, beliefs, values, religion, gender, sexuality, special needs and/or socio-economic status.

## **Legislative Requirements**

Children's Services Regulations 2009.

Equal Opportunity Act 1995

Human Rights and Equal Opportunity Commission Act 1986

Human Rights and Equal Opportunity Commission Regulations 1989

National Childcare Accreditation Council

Racial and Religious Tolerance Act 2001

## **Who is affected by this policy?**

Child

Staff

Families

Management

## **Implementation**

In order to achieve this, staff members will:

Aim to develop each child's capacity to recognise and avoid bias. Each child, with the guidance and mentoring of staff members, will develop confident strategies to challenge or address bias towards themselves and/or others including children, staff members, visitors, families etc. This will also be supported by the development of positive attitudes (appreciation) and respect for each child and others regardless of perceived similarities and/or differences.

All staff members and the Centre will encourage active appreciation of differences by using resource services, materials, books, posters in the environment to help children explore, encourage education and understanding of such differences and similarities. This will include planned and spontaneous activities experiences.

All staff members and the Centre will access and make available resources and information to support the delivery of anti bias concepts in the program, as well as attend regular training as required. Such resources should be integrated into the daily program and made publicly available to families.

The Centre and staff members will regularly review and reflect on the implemented practices and staff member attitudes to ensure they match the Centre's philosophy, goals and aims.

All staff members and the Centre will regularly work with families to help educate and encourage positive attitudes and values and seek their contribution in relation to policies and practices in the Centre.

That at all times staff members & Management will ensure that all casual staff are aware of such practices and reflect these values.

That such policy directives are applied to all persons, including staff, children, visitors and families.

*NB: Please see specific policies for gender, inclusion, additional needs and multicultural.*

## **Sources**

**Children's Services Regulations 2009.**

**Handle with Care: A Guide to Early Childhood Administration**

**Equal Opportunity Act 1995**

**Human Rights and Equal Opportunity Commission Act 1986**

**Human Rights and Equal Opportunity Commission Regulations 1989**

**Racial and Religious Tolerance Act 2001**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Anti Gender Bias Policy**

### **Aim**

Pursuant of the Centre's aims, our Centre endeavours to respect and demonstrate awareness of each person regardless of their gender.

## **Legislative Requirements**

Children's Services Regulations 2009.

Equal Opportunity Act 1995

Equal Opportunity for Women in the Workplace Act 1999

Human Rights and Equal Opportunity Commission Act 1986

Human Rights and Equal Opportunity Commission Regulations 1989

National Childcare Accreditation Council

## **Who is affected by this policy?**

Child

Staff

Families

Management

## **Implementation**

In order to achieve this, staff members will:

The Centre and staff members will respect, and encourage respect of, all individuals and provide equal opportunities for each child to develop their full potential, regardless of gender.

Staff members and the Centre will show respect for children who engage in practices which occur in other societies and cultures. Staff members will work with families to engage in communication in relation to such practices and discuss the value of different experiences and values with parents/guardians.

The Centre and all staff members will access information, resources, support and ideas from outside agencies to enhance the program and environment and help implement, demonstrate and encourage anti biases to gender. Staff members will implement such resources to develop the capacity for each child to recognise and challenge bias.

Staff members will provide equal opportunities for all children to participate in all areas of the program, and demonstrate anti biases towards gender through their interactions.

Staff members will regularly reflect on their own attitudes and practices as well as undertake regular training as required to support such anti bias policies.

## **Sources**

**Children's Services Regulations 2009**

**Equal Opportunity Act 1995**

**Equal Opportunity for Women in the Workplace Act 1999**

**Human Rights and Equal Opportunity Commission Act 1986**

**Human Rights and Equal Opportunity Commission Regulations 1989**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## Arrival and Departure Policy

### Aim

To ensure and encourage the safety of children, families, visitors and staff members during arrival and departure experiences at the Centre and to educate such persons of appropriate procedures.

### Legislative Requirements

Children's Services Regulations 2009.

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### Who is affected by this policy?

Child  
Families  
Staff

### Implementation

The following guidelines must be adhered to at all times to ensure the safety of the children

#### Arrival:

- All children must be signed **IN** by their parent or responsible adult in order for parents to be eligible for Childcare Benefit. This also assists staff in the event of evacuation of the Centre. **This is the parent/caregivers responsibility.**
- To ensure each child is cared for at all times, a staff member will greet and receive the child at all times.
- A locker should be made available to children and their families. A sign is posted above the lockers nominating a symbol/name for each child.

#### Departure:

- Authorised Supervisors are to ensure that the authorised pick-up list for each child is kept up to date.
- No child will be released into the care of any persons not known to staff. If staff do not know the person by appearance, the person must be able to produce some form of photo identification to prove that they are a person authorised to collect the child on the child's enrolment form.
- Parents must give prior notice where the person collecting the child is someone other than those mentioned on the enrolment form, e.g. in an emergency situation. The person nominated by the parent must be able to produce some form of identification.
- Children are not to be released into the care of persons not authorised to collect the child, e.g. court orders concerning custody and access.
- Parents must give prior notice of any variation in the persons picking up the child. If notice is not given, and staff cannot contact the parent, the child must not be released into the care of that person.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take responsibility for the child, the staff members are to bring the matter to the person's attention before releasing the child into their care. Wherever possible, such discussion is to take place without the child being present. Staff are to suggest that they contact the other parent or emergency numbers from the enrolment form, inform them of the situation and request they collect the child as soon as possible. If the person refuses to allow the child to be collected by another authorised person, staff members are to inform the police of the circumstances, the person's name and vehicle registration number. Staff cannot prevent a parent

from collecting a child, but do have a moral obligation to persuade a parent to seek alternative arrangements if they feel the parent is in an unfit state to accept responsibility for the child.

- All children must be signed **OUT** by a parent or responsible adult in order for parents to be eligible for Childcare Benefit. This also assists staff in knowing who has left the centre
- At the end of each day 2 staff members check all beds and the premises including outdoors and indoors to ensure that no child remains on the premises after the centre closes.

## Collection of Children

Children are to be collected before the closing time to allow time to sign out and communicate with staff in the centre. Staff on duty must, under their Award, finish at the closing time of the centre. Parents should ensure that they arrive in time to communicate with staff before closing time, as staff will not be available from this time.

Staff are to notify the Director of any parent who is on the premises for any period beyond closing time on the next working day. After three occurrences, the Director will review the placement with the parent.

*See Appendices for standard letters re Non-collection of children below.*

Staff who are kept waiting more than 15 minutes are to attempt to contact parents and emergency contacts as listed on the enrolment form. Overtime will be paid on receipt of the late fee, which will be billed to parents on the weekly invoice.

## Late Fees

Requesting payment of late fees is a routine, if difficult, responsibility for staff.

Parents are to be requested not to take enforcement of this policy personally.

**A late fee of \$5.00 per minute** is charged after the centre closing time to offset staff overtime costs. It is the Directors/Authorised Supervisor's responsibility to discuss late fees with the parent at the time of the occurrence.

## Non-Collection of Children

If children are left at the centre 45 minutes after closing time the following guidelines will apply:

- Two staff members should be present to care for the child if possible
- Staff will continue to endeavour to contact parents' emergency contacts listed on the enrolment form.
- If no-one has been found to collect the child, the State or Territory department may be contacted for further advice where possible.
- The Director, and the local Police Station will be informed
- In the above circumstances the child may be delivered to the Police Station by a staff member.
- The enrolment form should go with the child. If the centre premises is left, a notice will be displayed on the centre door, asking the parent/guardian to contact the local Police Station (address and phone number to be supplied).
- Staff members involved in the care of a child in this situation will ensure that the Director, is given a full written report of the circumstances on the centre's next working day.

## **Late collection of child**

Centre Name

Address

Date

Contact:

Phone:

**Subject: .....Child Care Centre – Hours of Operations**

I have been advised that your child [NAME] was not collected from the centre before its closing time on .....

The centre is licensed to operate between 6.30 am and 6.30 pm and it is a condition of enrolment that you abide by those times. The centre is unable to operate child care outside these hours without formal approval of the **State or Territory department**

Centres, nor are staff permitted to work outside their normal hours of work.

I would appreciate your co-operation in this matter, as failure to do so will necessitate the withdrawal of your child from the centre.

If you wish to discuss this matter further please make an appointment to see me, Childcare Centre Director by telephoning .....

Director Name

Signature

## **Expulsion of Child due to Late collection of child**

Centre Name

Address

Date

Contact:

Phone:

**Subject: ..... Child Care Centre**

Reference is made to correspondence from our centre dated referring to the collection of your child [NAME] after the Centre's closing time of 6.30 pm.

I have been advised that your child was again not collected by 7.15pm on [DATE]. Therefore we have no alternative than to give notice that your child's place is no longer available as of [DATE].

Would you please contact me, the Director to arrange your final fee payment.

Director Name

Signature

## Sources

**Children's Services Regulations 2009.**

**Occupational Health and Safety Act 2004**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: Decemebr 2010**

# Asthma Policy

## Aim

The Centre aims to provide appropriate attention and care to children with asthma and ensure that such children are integrated into all activities. We encourage play and exercise for children with asthma. All staff members will uphold and implement positive beliefs and values in relation to children with asthma to develop a sense of security and confidence. Staff members will assist children with asthma, other children, visitors and families to understand asthma and medication in a positive manner.

## Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

## Who is affected by this policy?

Child  
Families  
Staff  
Management

## Implementation

Management will:

- Identify children with asthma during the enrolment process
- Provide all affected families with a copy of the Asthma policy upon enrolment
- Provide staff members with a copy of the Asthma policy
- Opportunities for staff members to attend regular asthma training should be encouraged and made available by the Centre
- Provide an Asthma Record to all families of children with asthma on enrolment.
- Ensure all staff are informed of the children with Asthma in their care
- Ensure that an Asthma First Aid poster is displayed in a key location.
- Encourage open communication between families & staff
- Identify and where possible, minimise asthma triggers using appropriate techniques, policies and procedures.

Staff will:

- Ensure that they maintain current Asthma First Aid Training
- Ensure that they are familiar with each child with asthma in the care
- In regular consultation families, optimise the health and safety of each child through supervised management of the child's asthma
- Only administer prescribed and approved medication.
- No medication prescribed for anyone other than a particular child will be given
- All medication must be clearly marked with the child's name and be stored appropriately.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on Child's Asthma Record.
- Medication is to be administered (on a non-emergency basis) and is to be recorded accurately by the parent/guardian, in relation to time and dosage, and will be signed by a staff member on its administration.
- Communicate without undue delay to management and families, if they are concerned about a child's asthma limiting his/her ability to participate fully in all activities.
- Provides families with details of Asthma Foundation

- <http://www.asthmaact.org.au/>
- 1800 645 130

Families will:

- Formally inform staff members and the Centre, either upon enrolment of their child with Asthma or on initial diagnosis (without undue delay), that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Record as provided by the child's doctor.
- Notify the Centre staff members, in writing, of any alterations to the Asthma Record.
- Ensure that their child maintains adequate supply of appropriate medication (reliever) and spacer device clearly labelled with the child's name including expiry dates.
- Communicate all relevant information and concerns to staff as the need arises.
- Parent/guardian must give written authority for medication to be dispensed by filling in a Medication Form. If the medication Form is not filled in, except in the case of an emergency, medication will not be administered on that day.
- Do not leave medications in your child's bag or locker. Give it directly to a staff member upon arrival.

#### **In the event of a child having an asthma attack whilst at the Centre:**

1. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained staff member.
2. Asthma medication will be administered as outlined in the child's Asthma Record Form.
3. The parent/guardian will be contacted by phone immediately if staff members become concerned about the child's condition.
4. In the event of a severe attack, the Ambulance service will be contacted on 000 immediately and the 4 Step Asthma First Aid Plan will be implemented until Ambulance officers arrive.

## **Sources**

**Asthma Foundation** <http://www.asthmaact.org.au/>

**Children's Services Regulations 2009.**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

**Asthma Record**  
**Asthma Friendly™**  
**Children's Services**

This form is to be completed by parents/carers AND the child's doctor (general practitioner or specialist).  
Parents/carers should inform the service immediately if there are any changes to the child's asthma management.  
A new Asthma Record should be provided at the beginning of each year.  
Please tick the appropriate box, and print your answers clearly in the blank spaces where indicated.

## Personal Details

Child's name: \_\_\_\_\_ Gender: \_\_\_\_\_

M / F

(First name) (Family name)

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Name of Children's Service: \_\_\_\_\_

**Emergency Contact 1** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(E.g. parent / carer)

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

**Emergency Contact 2** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's telephone: \_\_\_\_\_

## Asthma Management Plan

Does the child tell the carer when he / she needs medication?  Yes  No

Child's symptoms (e.g. wheezing): \_\_\_\_\_

Triggers: \_\_\_\_\_

**Medication requirements** (Parents need to supply asthma medication e.g. puffer and spacer)

Name of medication Method of delivery (e.g. puffer and spacer) When and how much?

## In an EMERGENCY, follow the Plan below that has been ticked

### Standard Asthma First Aid Plan

Step 1: Sit the child upright and remain calm and provide reassurance. Do not leave the child alone.

Step 2: Give 4 puffs of a blue reliever (Airomir, Asmol, Epaq or Ventolin), one puff at a time, through a

spacer device\*. Ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes.

Step 4: If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an

Ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

\*Use a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) on its own if no spacer is available

**OR**

### My Child's Asthma First Aid Plan as written in consultation with my child's doctor

(Full details must be attached or staff will use the above Standard Asthma First Aid Plan)

Additional Comments: \_\_\_\_\_

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I authorise the staff at the service to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should he/she require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms whilst attending the service.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Child's Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

# Bullying Policy

## Aim

Our Centre aims to provide an environment where the safety and wellbeing of everyone on the premises is ensured. Bullying can be on many levels such as verbal, physical, exclusion, online, extortion and through gestures. It is crucial that staff respond to bullying either amongst children or other staff members as quickly and effectively as possibly.

## Legislative Requirements

Children's Services Regulations 2009

National Childcare Accreditation Council

## Who is affected by this policy?

Child  
Staff  
Families  
Management  
Visitors

## Implementation

### Some characteristics of a child that bullies include:

- Preconceived notions of why children bully should be avoided.
- Children from all cultural backgrounds can bully.
- Many children who bully may be the victim of bullying.
- Research shows that bullying tendencies can begin as young as 2 years of age. This shows how important the role of child-care professionals in effectively dealing with bullying.
- The child who bullies will often think they are innocent of any bad behaviour, and that the child being bullied is deserving of this treatment.

### Some characteristics of children who have been bullied include:

- Boys are victims of bullying more than girls.
- Children of all cultural backgrounds can be victims of bullying.
- Preconceived notions of children who are bullying victims should be avoided.
- Victims may suffer from low self-esteem, low-confidence, lacked social views and be seen to be unpopular.
- Bully victims are often sensitive and easily hurt. They often feel incapable of preventing or stopping the negative experience.

### Strategies to overcome bullying include:

- The centre will practice socially-inclusive care.
- Daily programs will recognise and value Australia's multicultural community.
- Staff will model and encourage appropriate behaviours.

- Staff will form close relationships with centre families in order to work together to overcome any bullying problems if they arise.
- Empowering children by giving them responsibilities so they will feel valued in the centre.
- Helping children to deal with their anger. This includes offering conflict-resolution methods.
- Seeking support of professional children's services if necessary.

## Sources

**Managing a Child Care Service: A hands on guide for service providers**  
Slee, J. (2003). **Managing difficult behaviour in young children.** NSW: ECA.

**Children's Services Regulations 2009**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: December 2009**

**Date for next review: December 2010**

# Child Self Reliance And Self Esteem In Children Policy

## Aim

For children to be confident, flexible, engage in a variety of interactions and relationships and have a view of oneself as being a capable and resilient worthwhile individual with a positive self esteem.

“We want more for our children than healthy bodies. We want our children to have lives filled with friendship and love and high deeds. We want them to grow up with confidence in the future, a love of adventure, a sense of justice, and courage enough to act on that sense of justice. We want them to be resilient in the face of setbacks and failures that growing up always brings”.

*Seligman 1995:6*

## WHEN CHILDREN HAVE A HEALTHY SELF ESTEEM THEY:

- Make transitions easily
- Approach new and challenging tasks easily
- Set goals independently
- Have a strong sense of self-control
- Assert their own point of view when opposed
- Trust their own ideas
- Initiate activities confidently
- Show pride in their work and accomplishments
- Cope with (occasional) criticism and teasing
- Describe themselves positively
- Make friends easily
- Lead others spontaneously
- Accept the opinions of others
- Cooperate and follow rules, remaining largely in control of their own behaviour
- Make good eye contact (although this will vary across cultures).

*Sources: Adler et al 2001; Clark 1997 and Curry & Johnson 1990*

“Resilience does not come about by avoiding adversity but by receiving the necessary support to overcome it in a way that enhances children’s self esteem, confidence and faith in their own ability to master challenges”. Therefore... the Centre has strategies in place for developing acceptance of and support for all children.

## Legislative Requirements

Children’s Services Regulations 2009.

**Young Children’s Behaviour. Practical Approaches for Caregivers and Teachers, Louise Porter 2003**

**Challenging Behaviour in Young Children, Barbara Kaiser & Judy Raminsky 2003**

## Who is affected by this policy?

Child

Families  
Staff  
Management

## Implementation

### ***Staff will***

- Share in children's positive emotions and appreciate the pleasure the child derives from independence and competence.
- Actively encourage all children to show empathy and self confidence irrespective of gender and other differences.
- Monitor children's play and learning to prevent the development of inequity in all areas of children's development.
- Ensure that all children at the centre have equal opportunities to participate in all activities.
- Make sure the environment actively encourages all children to have a positive attitude to diversity including different abilities and backgrounds of others.
- Use effective individualised teaching strategies to foster self reliance and self esteem of all children.
- Communicate with all children in ways that convey patience, genuine interest and respect.
- Show respect for all home and cultural customs.
- Interact in such a way that the child feels like an individual.
- Show interest in what the child is saying and is doing.
- Acknowledge children's efforts to solve problems and behave positively.
- Involve the children in setting the rules.
- Recognise and respond to children's feelings e.g. Signs of sadness, boredom, interest, curiosity, pleasure, wariness, and frustration and help them to recognise, label and manage these feelings.
- Respond to children's attempts at independence with encouragement and offer children choices when appropriate and assist when necessary to avoid frustration and a feeling of inadequacy, ie. given children sufficient confidence and resilience to persevere in the face of obstacles and not be devastated by the lack of success.

Children with other children will:

- Be encouraged to empathise with and support each other, especially children with special needs.
- Listen to each other's point of view.
- Be encouraged to develop problem solving skills and resolve conflicts.
- Be encouraged to think about how their peers may be feeling.
- Listen to one another and show interest, and ask questions in positive ways.
- Become involved in small interest groups which allow them to cooperate, collaborate, feel a worthwhile contributor to an end project/interest.

### ***Conclusion***

Overall the main aim of this policy is to develop children's enthusiasm for learning, impart self management skills, facilitate the development of high order thinking and problem solving skills, help children establish satisfying and successful relationships and develop in children a healthy self esteem and feeling of self worth.

## Sources

**Young Children's Behaviour. Practical Approaches for Caregivers and Teachers, Louise Porter 2003**

**Challenging Behaviour in Young Children, Barbara Kaiser & Judy Raminsky 2003**

**Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Child and Staff Immunisation Policy**

### **Aim**

To encourage all children, their families and staff members to maintain up to date immunisation and provide such records in accordance with the Australian Standard Vaccination Schedule and to ensure such records are maintained in an orderly and up to date manner at all times.

### **Legislative Requirements**

Children's Services Regulations 2009

Public Health and Wellbeing Act 2008

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Staff

Families

Management

Visitors

### **Implementation**

To minimise risks, complications and the spread of vaccine preventable diseases, Mary's Little Lambs ELC will:

- The Public Health and Wellbeing Act 2008 requires parents/guardians of all children enrolling in child care facilities and pre-schools to provide written/documented evidence of the child's immunisation status and records. Immunisations received should be appropriate to the child's age. Immunisation is not compulsory; however, in the event of an outbreak of a vaccine-preventable disease at the centre, unimmunised children will be required to remain at home throughout the duration of the outbreak. Documentation accepted is
  - A letter from the doctor, baby health clinic or nurse, local council or hospital or
  - The Personal Health Record ("Blue Book") or
  - The Australian Childhood immunization Register History Statement
- It is the families' responsibility to ensure that their child's immunisation is up to date.
- An up to date and orderly immunisation register will be kept with a separate record for each child and staff member at the centre.
  - Parent will be provided regularly with reminders to update their immunization register
  - Parents must provide updates to the child's immunisation record. Failure to comply with this directive will mean the child will be regarded as being unimmunised.
  - Staff will advise management with updates to immunisation.
- The Centre will provide information on and encourage all children and staff to have up to date/age appropriate immunisation in accordance with the current Australian Standard Vaccination Schedule.
- When required, inform families that homeopathic immunisation has not been proven to give protection against infectious diseases. Children who have only received homeopathic immunisation are considered not to be protected against vaccine preventable diseases and they are not considered immunised.

- Aboriginal and Torres Islander children have a different immunisation schedule which is available on request/or if needed.
- The Public Health Unit is to be advised as soon as the centre is aware that a child has contracted a vaccine-preventable disease. The Medical Officer of Health may direct that unimmunised contacts be excluded from the centre for the duration of the outbreak. Any such directive must be complied with by all staff members, children, families and visitors.
- If required by the Public Health unit, all families, staff members and persons normally working in and/or visiting the premises will be notified in writing that an outbreak of a particular infectious disease has occurred
- On instruction from the Public Health Unit, the child/staff that is to be excluded will be notified in writing and the Centre must ensure that the child/staff is excluded for the specified period.
- The Immunisation Register must be made available for inspection by the Medical Officer of Health of the local Public Health Unit.
- Parents will be informed on enrolment that all unimmunised children will be excluded if a there is an outbreak of a vaccine preventable disease, if advised by the Public Health Unit.
- Parents are responsible for payment of fees while their child is excluded under all circumstances.

## **Birth**

### **Hepatitis B (hepB)**

#### **2 months**

### **Hepatitis B (hepB)**

**Diphtheria, tetanus and whooping cough (acellular pertussis) (DTPa)**

**Haemophilus influenzae type b (Hib)**

**Polio (inactivated poliomyelitis IPV)**

**Pneumococcal conjugate (7vPCV)**

**Rotavirus**

#### **4 months**

### **Hepatitis B (hepB)**

**Diphtheria, tetanus and whooping cough (acellular pertussis) (DTPa)**

**Haemophilus influenzae type b (Hib)**

**Polio (inactivated poliomyelitis IPV)**

**Pneumococcal conjugate (7vPCV)**

**Rotavirus**

#### **6 months**

### **Hepatitis B (hepB)**

**Diphtheria, tetanus and whooping cough (acellular pertussis) (DTPa)**

**Haemophilus influenzae type b (Hib)**

**Polio (inactivated poliomyelitis) (IPV)**

**Pneumococcal conjugate (7vPCV) [**

**Rotavirus [See footnote j]**

#### **12 months**

### **Hepatitis B (hepB)**

**Haemophilus influenzae type b (Hib) [See footnote d]**

**Measles, mumps and rubella (MMR)**

**Meningococcal C (MenCCV)**

**12–24 months**

**Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas)**

**18 months**

**Chickenpox (varicella) (VZV)**

**18–24 months**

**Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander children in high risk areas)**

**Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas)**

**4 years**

**Diphtheria, tetanus and whooping cough (acellular pertussis) (DTPa)**

**Measles, mumps and rubella (MMR)**

**Polio (inactivated poliomyelitis) (IPV)**

**10–13 years**

**Hepatitis B [See footnote h]**

**Chickenpox (varicella) (VZV)**

**12–13 years**

**Human Papillomavirus (HPV)**

**15–17 years**

**Diphtheria, tetanus and whooping cough (acellular pertussis) (dTPa)**

**15–49 years**

**Influenza (Aboriginal and Torres Strait Islander people medically at-risk)**

**Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people medically at-risk)**

**50 years and over**

**Influenza (Aboriginal and Torres Strait Islander people)**

**Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people)**

**65 years and over**

**Influenza (flu)**

**Pneumococcal polysaccharide (23vPPV)**

## **Sources**

**National Immunisation Program Schedule**

**Children's Services Regulations 2009.**

**Public Health and Wellbeing Act 2008**

**Occupational Health & Safety Act 2004**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# Child Health Policy

## Aim

The Centre aims to provide, promote and encourage the maintenance of a safe and healthy environment from which children will learn about the world in which they live. The implementation of preventative measures through a comprehensive infection control process aims to minimise and/or prevent the spread of infections and will be upheld by all staff, children, families, visitors or other persons attending the child care Centre at any time.

## Legislative Requirements

Children's Services Regulations 2009.

Public Health and Wellbeing Act 2008

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

Australian and New Zealand Food Standards Code

## Who is affected by this policy?

Child  
Staff  
Families  
Management

## Implementation

### Hygiene

- Hand washing is considered to be the most effective way of controlling infection in the Centre. Caregivers and children should wash their hands:
  - When arriving at the centre to reduce the introduction of germs.
  - Before all clean tasks e.g. handling and preparing food and eating.
  - After all dirty tasks e.g. nappy changing, toileting, cleaning up faeces, vomit or blood, wiping a nose, playing outside, handling animals.
  - After removing gloves
  - Before and after giving a child medication
  - After giving first aid
  - Before going home to prevent taking germs home.
  
- Nappy changing will be done only in the nappy change area which will be properly stocked with paper towels, towelettes, plastic bags, fresh nappies, clean clothes, rubbish bin with sealed lid lined with plastic. After each nappy change the child's and caregivers hands will be washed and the change table cleaned. At the end of each day the nappy change area will be disinfected. The procedure for nappy changing will be displayed in the nappy change area.
- The centre uses disposable nappies.
- The laundry area includes a washing machine and trough with hot & cold water supply for the laundering of soiled cloths and linen.
- The Centre will ensure that toilets and hand washing facilities are easily accessible to children. Children will be encouraged to flush toilets and wash hands after use.

- Staff will use separate cloths or tissues to wipe different children's faces and noses. Tissues will be disposed of immediately after wiping a child's nose.
- Each child will have their own bedding which will be supplied by the Centre, or each child will have their own bedding, when used by one child is washed before it is used by another child.
- The centre will wash mouthed toys daily using alcohol wipes.
- Surfaces will be cleaned with detergent after each activity and all surfaces cleaned thoroughly daily. Floor in all rooms will be washed each day. Areas contaminated with body fluids will be disinfected.
- Each child will bring their own drink bottle each day which will be washed by parents every evening. Staff will encourage children not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- Staff will ensure that children do not eat food that has been handled by another child or that has been dropped on the floor.
- Food will be prepared; kept and served hygienically.
- Food preparation facilities will be maintained according to requirements.
- The Centre will ensure it meets all requirements for food handling premises in accordance with the FSANZ Food Safety Code.
- The rules of hygiene and dental care will be included in the child's program and staff will initiate discussion about these subjects with groups and individual children at appropriate times.
- Information on hygiene and dental care principles and practices will be displayed in the reception area and the Parent Handbook and drawn to the attention of all parents on a regular basis.
- No alcohol or unlawful substances will be consumed on the premises of the centre at any time when the service is being provided to the children
- No smoking of any substance will be smoked on any part of the premises of the centre at any time when the service is operating.

## Sources

**Children's Services Regulations 2009.**

**Public Health and Wellbeing Act 2008**

**Occupational Health & Safety Act 2004**

**Australian and New Zealand Food Safety Code**

**Staying Healthy in Child Care: Preventing infectious diseases in child care 4th edition - Endorsed December 2005**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# Child Protection Policy

The centre approach to child protection is based on the following principles:

- Children have the right to feel safe, secure and under the protection of responsible, caring, trustworthy, adults at all times.
- Children will be respected and in no way degraded, endangered, exploited, intimidated or harmed psychologically or physically.
- Warm words and loving touch are basic needs throughout life. The loss of spontaneous affection would be detrimental to both children and staff.
- Physical contact is part of the nurturing of children and helps create and sustain trusting relationships and add to feelings of security.

## Legislative Requirements

Children's Services Regulations 2009.

Public Health and Wellbeing Act 2008

The Child Health and Wellbeing Act 2005

Children, Youth and Families Act 2005

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

Jurisdiction	Responsible authority	Website
Vic.	Child Protection and Family Services – Department of Human Services	<a href="http://www.cyf.vic.gov.au/child-protection-family-services">www.cyf.vic.gov.au/child-protection-family-services</a>

## Who is affected by this policy?

- Parents
- Children
- Staff
- Management
- Volunteers
- Students
- Ancillary staff
- Service visitors
- General Community

## **Informing families about our policies and procedures on child protection**

The centre will include information in all new enrollments, enquiries and newsletters informing the families that they have access to our policies and procedures regarding child protection. We welcome comments and feedback from all families and care givers regarding our policies and procedures.

Posters will be displayed in our common areas and near sign in books informing families that they have access to all of the centre's policies and procedures.

## **Staff awareness of their responsibilities in relation to child protection** (Read in conjunction with annual child protection review)

### **Strategies for staff and child protection**

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

It is the responsibility of the center's Director/Authorised Supervisor to carefully monitor the adequacy of the supervision of children throughout the day and ensure that the following strategies are implemented.

- Individuals or groups of children are not be permitted to be withdrawn into areas where they are not visible by other staff members, or taken into rooms that can be locked.
- Permanent and temporary child-care staff are to be directed to ensure that they at all times remain readily accessible and within the visibility of other staff while with the children.
- Students and volunteers are to be directed to ensure that they are never alone with children in a direct, un-supervised capacity.
- Casual staff are to be directed to ensure they are not alone with children in a direct, un-supervised capacity until they have received successful employment screening.
- Casual staff are to at all times remain readily accessible and within the visibility of other staff while with the children.
- While there is a child on the premises of a service, there is to be a minimum of 2 staff on the premises. It is the responsibility of the Director to ensure that rosters meet this requirement and it is the responsibility of **all** staff to ensure this requirement is upheld.
- Parents are to be informed of the procedures staff use to toilet children. Changing of babies should take place within view of other adults where practicable.

- Parents should be made aware that it may be necessary to physically restrain an out of control child who may be compromising the safety of him/herself, other children or staff, or to isolate the child from others for short periods of time.
- Up-to-date developmental records on all children are to be kept. Relevant conversations with parents that may relate to a child's behaviour change (eg. parents separating, new baby in the family, moving house etc) are to be noted in the developmental record.
- Staff should be aware of their own level of tolerance and stress factors and acknowledge that there may be some children that are found to be more difficult to relate to than others. Team members are to be requested to assist in the appropriate management of the children in these instances.
- Staff should ensure that they are aware of the individual child's stage of development and particular needs and plan the curriculum accordingly.
- Staff should work with parents to develop and record appropriate procedures for managing toilet practises and behaviour management.

### **Mandatory reporting requirements**

Acts of reportable conduct can occur in our society within all cultural, occupational and socio-economic groups.

	<b>Who is mandated to notify?</b>	<b>What is to be notified?</b>	<b>Maltreatment types for which it is mandatory to report</b>
<b>Vic</b>	Registered medical practitioners, registered nurses, a person registered as a teacher under the Education, Training and Reform Act 2006 or teachers granted permission to teach under that Act, principals of government or non-government schools, and members of the police force	Belief on reasonable grounds that a child is in need of protection on a ground referred to in Section 162(c) or 162(d), formed in the course of practising his or her office, position or employment	Physical abuse Sexual abuse

## **Indicators of Abuse**

There are many indicators of child abuse and neglect. The following is a guide only. One indicator on its own may not imply abuse or neglect. Each indicator needs to be considered in the context of other indicators and the child's circumstances.

### **General indicators of abuse and neglect**

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

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

- poor standard of hygiene leading to social isolation
- scavenging or stealing food
- extreme longing for adult affection
- lacking a sense of genuine interaction with others
- acute separation anxiety
- self comforting behaviours, e.g. rocking, sucking
- delay in development milestones
- untreated physical problems

### Indicators of **Neglect** in parents and caregivers

- failure to provide adequate food, shelter, clothing, medical attention, hygiene or leaving the child inappropriately without supervision
- inability to respond emotionally to the child
- child abandonment
- depriving or withholding physical contact
- failure to provide psychological nurturing
- treating one child differently to the others

### Indicators of **Physical Abuse** in children

- facial, head and neck bruising
- lacerations and welts
- explanations are not consistent with injury
- bruising or marks that may show the shape of an object
- bite marks or scratches
- multiple injuries or bruises
- ingestion of poisonous substances, alcohol or drugs
- sprains, twists, dislocations
- bone fractures

- burns and scalds

#### Indicators of **Physical Abuse** in parents and caregivers

- direct admissions from parents about fear of hurting their children
- family history of violence
- history of their own maltreatment as a child
- repeated visits for medical assistance

#### Indicators of **Emotional Abuse** in children

- feeling of worthlessness about them
- inability to value others
- lack of trust in people and expectations
- extreme attention seeking behaviours
- other behavioural disorders (disruptiveness, aggressiveness, bullying)

#### Indicators of **Emotional Abuse** in parents and caregivers

- constant criticism, belittling, teasing of a child or ignoring or withholding praise and affection
- excessive or unreasonable demands
- persistent hostility, severe verbal abuse, rejection and scape-goating
- belief that a particular child is bad or “evil”
- using inappropriate physical or social isolation as punishment
- exposure to domestic violence

#### Indicators of **Sexual Abuse** in children

- they describe sexual acts
- direct or indirect disclosures
- age inappropriate behaviour and/or persistent sexual behaviour
- self destructive behaviour
- regression in development achievements
- child being in contact with a suspected or know perpetrator of sexual assault
- bleeding from the vagina or anus
- injuries such as tears to the genitalia

#### Indicators of **Sexual Abuse** in parents, caregivers of anyone else associated with the child

- exposing the child to sexual behaviours of others
- suspected of or charged with child sexual abuse
- inappropriate jealousy regarding age appropriate development of independence from the family
- coercing the child to engage in sexual behaviour with other children
- verbal threats of sexual abuse
- exposing the child to pornography

#### What is **domestic and family violence**?

Domestic or family violence occurs when one person in a “relationship” uses violent or abusive behaviour to control another.

*The behaviour which may be classified as domestic or family violence includes:*

- Physical abuse
- Damage to property
- Sexual abuse
- Verbal abuse
- Harassment or intimidation
- Financial abuse, or
- Threatening any of the above.

*Domestic violence does not just occur between spouses.*

- *Spousal — including defacto, biological parents of a child or same sex couples*
- *Intimate personal — two people in an established relationship (does not have to be sexual)*
- *Family — related by blood or marriage, or culturally related*
- *Informal care — unpaid carer who assists with day to day living.*

*Children's issues*

*Exposure to domestic violence has a profound and long-term effect on children.*

*Recent research indicates that children between 0–4 yrs show measurable neurological delays in brain development when witnessing violence, and the psychological effects are the same as if they had directly experienced the violence themselves.<sup>5</sup> This is the age where we normally assume children don't know what is happening. In fact, infants show clear disturbances in response to spousal violence from at least six weeks of age.<sup>6</sup>*

*Child witnesses of domestic violence are found to develop post-traumatic stress disorder symptoms in the same way as child victims of war or natural disasters. That is, they are more likely to have dreams and recurring memories related to the event, show hyper-vigilance, sleep disturbances, psychosomatic disorders, withdrawal and anxiety, and have a lower level of cognitive performance.*

Other behavioural indicators can include:

- *Nervousness and anxiety*
- *Withdrawn behaviour*
- *Adjustment problems, few interests and poor school performance*
- *Enuresis (bed wetting)*
- *Psychosomatic illnesses (asthma, stomach aches, headaches etc.)*
- *Excessive cruelty to animals*
- *Aggressive behaviour and language*
- *Pseudo-maturity*
- *Boys imitating aggressive behaviours, bullying/ abusing their mothers.*

## **Documentation**

It is essential that the centre maintains well kept records to prepare and support its ability to make a report. Ensure that you have procedures that outline the purpose and format of record keeping, the retention of records for appropriate periods and the procedure for making a report.

When notifying, it is important to have as much information as possible. The operator will ask for the following information;

*Details of the child or young person and family composition:*

Child's Name:

Child's DOB:

Child's Address:

Phone:

Siblings:

Natural Mother:

Natural Father:

Address:

Phone:

CALLERS DETAILS:

Name:

Position:

Address:

Phone:

Fax:

CALLER'S CONCERNS/REASON FOR CALL:

Has anything occurred that has prompted you to call today?

Does the caller have a concern for the immediate safety of the child or young person? If yes, why?

### **Notification of Abuse**

When a mandatory reporter has responsible suspicion of abuse they need to contact the Helpline and provide them with the necessary details. It is advisable to have all documentation needed available at the time of the call to ensure that all information can be given at once.

**The phone number for mandatory reporters is:**

Victoria	<p>Metropolitan Regions</p> <p>1300 360 391</p> <p>Eastern</p> <p>1300 655 795</p> <p>Southern</p> <p>1300 369 536</p> <p>Northern &amp; Western</p> <p>Rural Regions</p> <p>1800 075 599</p> <p>Barwon South Western</p> <p>1800 020 202</p> <p>Gippsland</p> <p>1800 000 551</p> <p>Grampians</p> <p>1800 650 227</p> <p>Hume</p> <p>1800 675 598</p> <p>Loddon Mallee</p> <p>After Hours</p> <p>Child Protection Emergency Service – 13 1278</p>
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**It is important that when making a notification that the notifier asks the following questions in relation to notification;**

- Name of person you spoke to.
- What the next step in the process is to be.
- What confirmation will be sent to confirm the report has been made.
- Is there any further action you as the notifier need to take?

#### *Notification of those involved in Children's Services*

A situation may arise where someone involved in the provision of care for children in a children's service has witnessed, or has suspicion of another person involved in the provision of care for children in a children's services, of being the one that is abusing children. The same definition of abuse apply to those involved in children's services as they do for children's suspected of abuse outside the service.

Any person involved in the service is a mandatory reporter if they suspect someone involved in the service of abusing children. Any incident involving another person involved in the service must report the incident or suspicion to their State or Territory Authority.

The same details must be provided as previously listed.

Your concerns should be raised with the service management / Licensee or Authorised Supervisor as part of the process of notification.

Each service needs to develop a written procedure to ensure that staff are aware of the alternatives if it is the service management / Licensee or Authorised Supervisor who is the person that is being notified. ALL staff are mandated to report suspicion of abuse even if it involves the service management / Licensee or Authorised Supervisor.

As well as making the notification, the service should contact their State or Territory Authority Adviser from the Department to inform them of the incident as it may also be a breach of the regulations and need to be investigated as a licensing matter.

#### *Confidentiality*

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated.

#### **Procedural Fairness**

The investigation and decision-making processes that are in place are to ensure the safety and well-being of children and employees.

- The centre will act fairly, confidentially and without bias towards any allegation and subsequent investigation. All investigations will be carried out or determined by someone deemed not to have a conflict of interest concerning the case. All investigations will be carried out without undue delay, with the person subject to the investigation given an opportunity to respond to the allegation.
- The rights of each employee against whom an allegation is made will be paramount.

- Throughout the investigation, support will be offered to the employee. The employee also has a right to have support/independent person present during any meetings or interviews held as part of the investigation. This person may be a Union Representative or someone of the employee's choice.
- This will be offered by Directors/Authorised Supervisor and will be arranged if the employee so wishes.
- All persons involved in the investigation are bound by confidentiality. All parties will be informed and reminded by this requirement. Any breach of confidentiality by any persons will be subject to disciplinary action under the centre Discipline Policy.
- The outcome of each investigation will be supported by documentation and records taken during the course of the investigation.
- Any employee or parent dissatisfied with the process of the investigation or the outcome has a right to appeal or review. Appeals/reviews can be lodged internally with the Directors/ Authorised Supervisor. The staff member/care provider also has the right to lodge a complaint with the State and Territory Authorities
- Directors/Authorised Supervisor may consult with the State and Territory Authorities should it be necessary to undertake disciplinary action arising from an investigation. Any disciplinary action will be the responsibility of the Directors/Authorised Supervisor.
- In the event that, after thorough investigation, it is concluded the employee is innocent of any inappropriate behaviour relating to the allegation, all parties will be informed in writing of this finding. The employee will be re-instated to their position held prior to the allegation. All team members and colleagues of the employee will be informed of the outcome and the centre will offer team building support if required.

### **Documentation and records**

All documentation regarding allegations, investigations and notifications of suspected acts of reportable conduct (including those made to the State and Territory Authorities) are strictly confidential. Files created to maintain this information will be kept indefinitely and confidentially with access restricted to the Directors/Authorised Supervisor. These files will be kept in the "Restricted Access" area of the centre Records.

The centre Directors/Authorised Supervisor is responsible for keeping confidential records and documentation relating to the child/ren about whom an allegation is made on the premises while the child/ren remains enrolled. These records will be kept on a separate file in a locked filing

cabinet accessible by the Centre Directors/Authorised Supervisor, At no time will the person who is the subject of the allegation be named in the child's records.

## Helping the Child

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

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

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

*All staff, volunteers and students are informed of and follow the centre's policies and procedures on child protection*

The centre has a commitment to recruiting suitable staff/care providers for employment/ registration in its children's services. The recruitment process is to ascertain a preferred applicant's suitability for a position through detailed questioning during interviews, thorough reference checking, and pre-employment screening.

Before employment or placement in the case of students and volunteers all staff, volunteers and students will be inducted into the centre. The induction will include Child Protection. This induction includes:

- All staff are required to complete the Prohibited Persons Declaration and all preferred applicants are required to undergo the Working with Children Check prior to employment.
- staff, volunteers and students are to read the child protection policy
- staff, volunteers and students are to be familiarised with the centre's child protection procedures
- staff, volunteers and students are to sign that they have been inducted and are aware of the centre's child protection policy
- All staff including ancillary staff (centre cooks and administration) will attend accredited Protective Behaviours and/or relevant Child Protection courses, within their first year of employment.

*Familiar staff are to know the particular protection needs of children in their care*

In the case of staff needing to know particular protection needs of children in their care, the director and staff will have a formal documented confidential meeting. In this meeting the director and staff will use the template (located with this policy) to identify the needs of the child. The Confidentiality Policy will be required to remind staff members of the importance of such sensitive information. Confidentiality Policy located with this policy.

**Staff will be receptive to information families provide about their child and link this information with their own observations and centre policies to promote the protection of each child**

It is important for staff at all times to be sensitive to the practices of families of culturally diverse or indigenous backgrounds, however, this child protection policy must be adhered to. The processes and procedures within this policy attempt to allow for the individual differences of families.

- Up-to-date developmental records on all children are to be kept. Relevant conversations with parents that may relate to a child's behaviour change (eg. parents separating, new baby in the family, moving house etc) are to be noted in the developmental record.
- Staff should work with parents to develop and record appropriate procedures for managing toilet practises and behaviour management.
- Parents should be made aware that it may be necessary to physically restrain an out of control child who may be compromising the safety of him/herself, other children or staff, or to isolate the child from others for short periods of time.

### Staff and Family Relationships

Directors should encourage all staff to keep separate their private and professional roles. Counseling of staff by the Director regarding confidentiality and preferential treatment may be required.

When a relationship is developed with the families of the children enrolled, confidentiality and objectivity must be maintained.

It is the responsibility of the Director to ensure there is a clear understanding of the difference between personal and professional roles by both parties in such cases.

### **The centre is open to referrals from support agencies and works with them to develop programs for children with protection needs**

The centre is open to referrals from government departments and community agencies. To support child protection and strengthen parenting competencies and confidence. We will endeavour to:

- enhance family, child and youth health and well being.
- prevent child abuse and neglect.
- support families through major life transitions and/or crisis
- develop a protection needs plan.

### **Extension of Licensed Numbers**

An extension of the licensed numbers of the service will not normally be permitted except in the case of an emergency in the centre. In the case of an emergency the consent of the State and Territory Authorities will be sought to extend the licence of the centre provided it is deemed that the staff are able to maintain the safety and quality of the program.

**Sources:**

	<b>Relevant sections of the Act/Regulations</b>
Vic	Sections 182(1) a-e, 184 and 162 c-d of the Children, Youth and Families Act 2005 (Vic.)

**Public Health and Wellbeing Act 2008**

**The Child Health and Wellbeing Act 2005**

**Children, Youth and Families Act 2005**

**Occupational Health & Safety Act 2004**

**Children's Services Regulations 2009**

<http://www.aifs.gov.au/nch/> National Child Protection Clearing House retrieved Jan 2009

<http://www.napcan.org.au/> National Association for Prevention of Child Abuse and Neglect retrieved Jan 2009

<http://www.unisa.edu.au/childprotection/> Australian Centre for Child Protection retrieved Jan 2009

<http://www.aihw.gov.au/> Australian Institute of Health and Welfare retrieved Jan 2009

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# Cultural Relevance Policy

## Aim

At the Centre an Aboriginal, Cross Cultural and Anti Bias perspective will be reflected in all aspects of service delivery.

## Legislative Requirements

Children's Services Regulations 2009  
National Childcare Accreditation Council  
Racial and Religious Tolerance Act 2001

## Who is affected by this policy?

Children  
Family  
Staff  
Management

## Implementation

### **Background**

Australia is a pluralistic society regardless of specific regional variations in cultural profiles.

Culture is a complex concept with a range of factors such as gender, ethnicity, language, religion, age, social and education status to name but a few.

The purpose of an anti bias and multicultural approach is to attach positive feelings to Centre experiences so that each child and adult will feel included and valued and will also feel friendly, respectful and have empathy toward other people in their interactions with a range of people of diverse cultural and linguistic backgrounds.

### **Strategies**

*The Centre will:*

- promote and value cultural diversity and equity for all children, families and staff from diverse cultural and linguistic backgrounds;
- recognise that children and adults from all cultures have similar needs and that each person is unique and valuable;
- develop a positive self concept for each child and adult in the group by exploring the cultural backgrounds of each family and child;
- endeavour to provide a foundation that instills in each child a sense of self identity, dignity and tolerance for all people;
- increase the knowledge and understanding each child has about his or her own cultural ethnic heritage in partnership with their family, staff and community and other children in the Centre;
- explore family compositions, customs and lifestyles of children and families in many cultures;
- assist, in partnership with parents, extended family and the community in exploring their own "roots" as they involve children in the culturally diverse environment of the Centre;
- provide support for fostered or adopted children to develop a sense of heritage and belonging;
- avoid common stereotypes and recognise individual differences within a cultural or ethnic group;

- assist wherever possible families who are new to Australia with a transition to a new and different culture.

### **Staff**

Staff – the most critical element in cross cultural education.

The staff will be involved at Centre meetings and will attend inservices as his or her attitudes will impact on the service, policy and implementation.

*Staff will:*

- become aware of their own beliefs, attitudes, cultural backgrounds, their relationship with the larger society and their attitudes to people;
- acknowledge that they too have been influenced by their own background prejudices and their points of view;
- accept that all children can learn and that differences in lifestyles and languages does not mean ignorance;
- broaden their own cultural and ethnic group awareness and help children to understand themselves in relationship to their family, community and other cultures;
- be actively involved in the development of appropriate resources, support and implement an anti bias, cross cultural program throughout the Centre environment which is reflective of all families/ children and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;
- be actively involved with children, showing respect, sharing ideas, experiences and ask questions.

### **Curriculum – Children**

The Centre will provide a cross cultural perspective in all areas of the program.

*The children will:*

- listen to records and practice signing songs in different languages;
- learn words and phrases in a language not native to children in their group;
- talk to other children using the words from their culture;
- be encouraged to become independent wherever possible and be actively involved with their peers.

*Children's self concepts grow when they feel an important part of the Centre and therefore:*

- children will explore with foods from other cultures (eg. have different home cultures food cooked);
- we will have children bring in real objects and artefacts used by their families that may be historical or typical of that child's/family's cultural group;
- collect ways the families and children recognise special days, events, holidays or rituals and have parents decorate the entry with displays of cultural days, their heritage etc;
- through discussion and displays, food, books, interactions with families and the individual children, families and staff will bring with them specific knowledge, skills, attitudes, values and language specific to that cultural group;
- be provided with opportunities for families to be involved in the curriculum process (not only to the above) but also:
  - sharing of cultures with others
  - sharing expectations of the service
  - provision of feedback/evaluation as to how the service implements and meets the needs of all concerned ie. children, parents, staff and the Centre.

### **Source**

**A Practical Guide to Early Childhood Curriculum – Eleason and Jenkins 1986**

**KU Children's Services Cross Cultural Policy 1993**

**Children's Services Regulations 2009**

**Racial and Religious Tolerance Act 2001**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# Positive Guidance of Children's Behaviour Policy

## Aim

The centre will provide a safe, secure, caring and stimulating environment which encourages children to cooperate in order to enhance their self esteem and encourage their abilities to positively interact with others, and where acceptable behaviour is promoted and any recriminations are kept to a minimum.

Where a child continues to behave in an unacceptable manner, parents/guardians will be consulted and asked to work with the staff members to ensure discipline techniques are consistent and clear.

## Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

## Who is affected by this policy?

Children

Family

Staff

Management

## Implementation

Staff members, by using a positive approach in guidance and discipline will recognise why a child behaves in a certain way and encourage more acceptable form of behaviour.

AT *Mary's Little Lambs ELC* WE ENCOURAGE POSITIVE, CO-OPERATIVE BEHAVIOUR THROUGH:

- Establishing trust and confidence between adults and children.
- Considering the stage of development of each child.
- Considering the interests, concerns and abilities of the individual child.
- Showing sensitivity to the child's background and current home situations.
- Examining the reason behind the behaviour that suggested a need for disciplinary action.
- Getting down to the child's level to establish and maintain eye contact.
- Using language that is positive, clear and developmentally appropriate for the child in question.
- Being consistent with behaviour expectations.
- Setting limits and reminding children of them of such limits regularly or whenever necessary.
- Involving the children in the setting of limits and explaining as to why a certain type of behaviour is unacceptable. E.g.: other children and staff member safety.
- Encouraging the children to show sympathy for children experiencing difficulties.
- Guidance and discipline to encourage individuality and confidence of children so as to enhance their self-esteem.
- Offering the children clear alternatives to help them develop their ability to make decisions and direct themselves.
- Positive modelling by adults. E.g.: "**sand stays in the sand pit**" rather than "don't throw sand", and by showing the child how to dig in the sand.
- Discussing with parents the behaviour management policy and seek their assistance for solutions should the need arise.

**THE USE OF PHYSICAL FORCE, EMBARRASSMENT, SARCASM, PROLONGED PUNISHMENT, IS NEVER PRACTISED.**

**WHEN PREVENTION DOESN'T WORK:**

Try to distract/diffuse a situation, giving the child an out.

- Use "do" instead of "don't", giving a simple explanation. (If the child persists, use the word "stop" reinforced with the stop hand signal and explain positively what they should be doing).
- Always talk about the behaviour being inappropriate, not the child personally (e.g. avoid saying, bad, naughty, silly etc).
- Use a firm, calm manner, indicating what you expect from the child, presenting it to the child as a choice wherever possible - "if you choose to do "X" ..... I will have to .....". Lowering your voice gains attention. Shouting may scare the child.
- Allow time for the child to comply with the request.
- Be clear about the consequences for the child, e.g., denial of privileges, removal from situations, and help clean up the "mess".
- Follow through with consequences!
- If it becomes necessary, staff will gently remove the disruptive child from a group or activity until such time as the child has settled down and able to return to the group or activity.

When it's all over - it is *essential* to restore a positive relationship between you and the child, before either of you go home.

Keep the Director aware of on-going situations; keep a written record of continuing incidents.

**ANTI-SOCIAL: PHYSICAL BEHAVIOURS**

Staff members should explain to children that biting, hitting, pushing and kicking are not acceptable. If a child wants to hit or punch then they can use the play dough or punching bag to take out aggression. If the child wants to kick they can kick a ball.

With older children, encourage them to use problem-solving skills and to verbalise feelings instead.

If a child becomes aggressive remove them from the activity (suitable distance so as not to hurt other children); stay with them until they quieten down. Comfort when rage subsides. Some good activities if a child is aggressive are play dough, clay, hammering, bowling etc.

Always look for reasons behind belligerent behaviours and address the issues as a part of further planning (e.g. Biting could be a result of teething or not having the communication skills to tell a peer that they are taking their toy. Kicking could be a part of power play etc.) Make sure you focus attention on the child who has been hurt. Children who have hurt another child can often be encouraged to help comfort or assist the hurt child (get a tissue, hold the ice pack etc.)

**WHEN MANAGEMENT IS NOT WORKING:**

- Discuss problems with staff - where appropriate (confidentiality is observed).
- Written methods are implemented.
- Difficulties are discussed with parents, to discuss appropriate strategies.

- Early Intervention professionals are consulted with parental permission.
- Staff to implement program directives from Early Intervention.
- Other professionals and support groups to be consulted where necessary.

#### **GUIDELINES FOR DIRECTOR INTERVENTION**

If a child's behaviour is continually anti-social or aggressive and is putting other children's or staff's health at risk, then the following procedures will be followed:

- The child's parents will be continually informed of the incidents.
- A time will be made where it is appropriate for the child's carer and parent/s to discuss the issues.
- A behaviour management program will be implemented and carried out by carers and parents. External help may be sought if necessary.
- This program will be continually evaluated by carers, Director and parents.
- If the behaviour does not appear to be improving the Director may refer the parents to a support network (e.g. Inclusion Support Unit etc.)
- It may be necessary for the parent/s to collect their child early if other children or staff are put at risk of harm.
- If after a reasonable period of time the child's behaviour is not improving, the Director and staff will consult with parents in supporting them to find a more appropriate service.

## **Sources**

**Louise Porter** – Young children's behaviour: Practical approaches for caregivers and teachers  
(2008, 3rd edition, Elsevier, Sydney)

**Children's Services Regulations 2009.**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Clothing Policy**

### **Aim**

With consideration to social and cultural beliefs, values, practices and traditions, the Centre understands that the way in which a child is dressed for care can and may affect them in many contexts, and may assist and/or inhibit their independence throughout the day. Staff members will respect each child's and family's individual decisions, beliefs, values, practices and traditions. The safety and independence of the child is paramount at all times.

### **Legislative Requirements**

Children's Services Regulations 2009.

Occupational Health and Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Children

Staff

Families

Management

### **Implementation**

#### **Children:**

- Children should be clothed in an appropriate manner which will allow them to explore and play freely and not restrict them using equipment while at play
- Clothing should also allow easy access for toileting i.e. elasticised trousers, track pants – rather than buttons, zips, belts etc.
- Children will be encouraged by staff members to use art smocks for messy play and art experiences to protect their clothing. For this reason it is important to not send the children in their best clothes.
- Children should be appropriately protected from the sun during outdoor play - please refer to Sun Smart policy for further directives on hats and clothing.
- Child clothing should accommodate weather conditions. i.e. be loose and cool in summer to prevent overheating and warm enough for cold weather – including outdoor play. At all times staff will monitor children to ensure they are appropriately dressed for all weather
- Children should have appropriate footwear that enables them to play comfortably and not cause safety concerns. i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely.
- Comfortable and non restrictive clothing is important at sleep time to promote your child's comfort at this time of the day.
- Clean and appropriate spare clothing will be made available to children should it be needed.
- All clothing and belongings must be clearly labelled with the child's name.

#### **STAFF**

Staff members are positive role models for children. All staff members are required to wear appropriate, smart, casual clothes and present clean for work each day. Shirts must have sleeves (pursuant to the Sun Smart Protection Policy) and must be of appropriate length to cover hips. Closed in shoes that are supportive and non-slip must be worn.

- Staff *must* set an example by wearing a sunhat (minimum 10cm brimmed hat) and sunscreen when outside AT ALL TIMES.
- Staff must be aware of their obligations under the OHS Act 2004 and conditions of employment to abide by Centre policy.

## Sources

Children's Services Regulations 2009.

The Cancer Council [www.cancercouncil.com.au](http://www.cancercouncil.com.au)

Occupational Health and Safety Act 2004

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## Confidentiality Policy

### Aim

This policy is to address the issues of privacy and confidentiality of children, staff, volunteer workers and parents / guardians of children in care. It aims to protect the privacy and confidentiality by ensuring

that all records and information about individual children, families, staff and management are kept in a secure place and are only accessed by or disclosed to those people who need the information to fulfil their responsibilities at the centre or have a legal right to know.

## Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

National Privacy Act 1998

Fair Work Act 2009

## Who is affected by this policy?

Child  
Families  
Staff  
Management

## Implementation

- Personal information will only be collected in so far as it relates to the service's activities and functions, and in line with relevant legislation. (National Privacy Principle 1.1 - Privacy Act 1998.)
- Collection of personal information will be lawful, fair, reasonable and unobtrusive. (National Privacy Principle 1.2 - Privacy Act 1998.)
- Individuals who provide personal information will be advised of: the name and contact details of the service; the fact that they are able to gain access to their information; why the information is collected; the organisations to which the information may be disclosed; any law that requires the particular information to be collected; and the main consequences for not providing the required information. (National Privacy Principle 1.3 – Privacy Act 1998).
- The use or disclosure of personal information will only be for its original collected purpose, unless the individual consents or unless it is needed to prevent a health threat, or is required or authorised under law. (National Privacy Principle 2.1 – Privacy Act 1998).
- The service will take steps to ensure the personal information collected, used or disclosed, is accurate, complete and up to date. Parents will be required to update their enrolment details annually, or whenever they experience a change in circumstances. Computer records will be updated as soon as new information is provided. (National Privacy Principle 3 – Privacy Act 1998).
- Personal information will be kept in a secure and confidential way, and destroyed by shredding or incineration, when no longer needed. (National Privacy Principle 4 – Privacy Act 1998).
- Individuals will be provided with access to their personal information and may request that their information be up-dated or changed where it is not current or correct. (National Privacy Principle 6 – Privacy Act 1998).
- Individuals wishing to access their personal information must make written application to the Co-ordinator, who will arrange an appropriate time for this to occur. The Co-ordinator will protect the security of the information by checking the identity of the applicant, and ensuring someone is with them while they access the information to ensure the information is not changed or removed without the Co-ordinator/Supervisor's knowledge.

- The Co-ordinator will deal with privacy complaints promptly and in a consistent manner, following the centre's Grievance Procedures. Where the aggrieved person is dissatisfied after going through the grievance process, they may appeal in writing to "The Director of Complaints, Office of the Federal Privacy Commission, GPO Box 5218, Sydney NSW 1042, or phone the Commissioner's Hotline on 1300 363 992. (Privacy Act 1998). [www.privacy.gov.au](http://www.privacy.gov.au)
- Every employee and the Operator is provided with clear written guidelines detailing:
  - What information is to be kept confidential and why
  - What confidential information they may have access to in order to fulfil their responsibilities and how this information may be accessed.
  - Who has a legal right to know what information?
  - Where and how the confidential information should be stored.
- Every employee and the Operator is required to sign a Confidentiality Statement.
- Every enrolling parent/guardian is provided with clear information about:
  - What personal information is kept, and why.
  - Any legal authority to collect personal information.
  - Third parties to whom the service discloses such information as a usual practice.
- Confidential conversations that staff have with parents, or the Co-ordinator has with staff members will be conducted in a quiet area away from other children, parents and staff. Such conversations are to be minuted and stored in a confidential folder.
- Personnel forms and employee information will be stored securely. (The Fair Work Act 2009).
- Applicants, students or volunteers will be informed that their personal information is being kept, for what reason, for how long, and how it will be destroyed at the end of the time period.
- Applicants will be asked for their consent before their references are checked. Unsuccessful applicants will be advised of when and how their personal information will be destroyed.
- Information about staff members will only be accessed by the Co-ordinator, Staff Liaison Officer/ Operator and individual staff member concerned. (The Fair Work Act 2009.)
- All matters discussed at committee meetings will be treated as confidential. (Privacy Act 1998.)
- No member of staff may give information or evidence on matters relating to children and/or their families to anyone other than the responsible parent/guardian, unless prior written approval by the responsible parent/guardian is obtained. Exceptions may apply regarding information about children when subpoenaed to appear before a court of law. Notwithstanding these requirements, confidential information may be exchanged in the normal course of work with other staff members at the Centre and may be given to the Operator, when this is reasonably needed for the proper operation of the Centre and the wellbeing of users and staff. (Children's Services Regulations 2009 and Privacy Act 1998).
- Reports, notes and observations about children must be accurate and free from biased comments and negative labelling of children.
- Staff will protect the privacy and confidentiality of other staff members by not relating personal information about another staff member to anyone either within or outside the centre.

- Students/people on work experience/volunteers will not make staff/children or families at the centre, an object for discussion outside of the centre (e.g. college, school, home etc.), nor will they at any time use family names in recorded or tutorial information.
- Students/people on work experience/volunteers will only use information gained from the Centre upon receiving written approval from the Centre to use and/or divulge such information, and will never use or divulge the names of persons.

## Sources

**Children's Services Regulations 2009.**  
**National Privacy Act 1998** [www.privacy.gov.au](http://www.privacy.gov.au)  
**The Fair Work Act 2009**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## Continuity of Care Policy

### Aim

Our Centre aims to ensure the continuity of care of all children attending the Centre in the absence of their family members and/or primary carers. Our Centre will strive to ensure that all children feel comfortable and secure whilst at the Centre.

## Legislative Requirements

National Childcare Accreditation Council

Children's Services Regulations 2009

## Who is affected by this policy?

Child  
Staff  
Families

## Implementation

- When our Centre employs casual staff, or where volunteers and work experience students are present at the Centre, these persons will be engaged in an induction process that familiarises them with the Centre environment and any needs of children.
- The Centre's policies and procedures, a staff handbook and description of their roles and responsibilities at the Centre will be available to the abovementioned persons.
- The Centre will seek to make use of the same casual staff where possible. This will ensure that casual staff members are able to familiarise themselves with the Centre environment, expectations, and routine and children and their families.
- The Centre will seek to employ casual staff on a regular day where possible. This will ensure that casual staff members are able to familiarise themselves with the children and their families attending the Centre on that day. Building positive relationships between staff, children and families will encourage effective continuity of care.
- Where possible and without undue delay, regular staff members will inform family members via the Centre newsletter of any changes to staffing that will be occurring.
- Casual staff members are encouraged, and should be encouraged by the Centre, to display a photo of themselves with an introductory paragraph about them to help children and their families familiarise themselves.

## Sources

**Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees

- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# **Dangerous Chemicals and Dangerous Material Policy**

## **Aim**

The Centre will actively seek to protect all children, staff members, families and visitors who attend the Centre at any time from any risks associated with dangerous chemicals, substances, medicines and equipment that are in and around the Centre.

## **Legislative Requirements**

Children's Services Regulations 2009

National Childcare Accreditation Council

*Australian Standards* for storage and handling of hazardous chemicals and materials.

## **Who is affected by this policy?**

Child

Staff

Families

Management

Visitors

## **Implementation**

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, our Centre will:

- Select and make use of the least hazardous substance or equipment.
- Only purchase and make use of substances which have child resistant lids or caps. Staff members will ensure that such lids or caps are properly fixed at all times.
- Store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact at all times. Any substance or medicine found to be stored in a different container than originally provided, must be clearly labelled as to the type of chemical and its use by date if applicable. Containers should be disposed of correctly following local council guidelines, and not reused under any circumstances.
- All dangerous chemicals, substances, medicines and equipment must be stored in a locked place or facility which is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges, toiletries, medicines and all first aid equipment.
- Staff members should follow the instructions of manufacturers, particularly of medicines which may need to be stored in a refrigerated environment pursuant to the abovementioned directives.

- Particularly dangerous and hazardous materials such as pesticides, herbicides, petroleum, kerosene, solvents and equipment which is operated by an engine or hazardous to children, will be stored in a locked facility external to the main Centre building. The facility must have a bonded floor and be inaccessible to children and clearly labelled as storing dangerous substances and/or equipment. Such facilities should be separate from children's play or outdoor environments.
- All hazardous containers and equipment should be properly discarded pursuant to local council guidelines.
- Any substances that need to be refrigerated, they are stored in a labelled child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children.
- If bulk chemicals or non-domestic products and quantities are used or stored, have a Hazardous Substances Register and Risk Assessment in accordance with the OHS Act and Regulation. This should record product name, application, whether the product is labelled, whether a MSDS (Material Safety Data Sheet) is available, what class risk the chemical is, the controls for prevention of exposure that are required and what first aid, medical or safety action should be taken if a person is exposed.
- The manufacturer's instructions for use, storage, and first aid instructions should be followed and recording on an MSDS (Material Safety Data Sheet).
- The Centre should keep a register of all hazardous chemicals, substances, medicines and equipment used at the Centre. Information recorded should include where they are stored, their use, any risks, and first aid instructions.
- Appropriate personal protective clothing should be worn pursuant to the manufacturer's instructions when using and disposing of hazardous substances or equipment.
- Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 131126, or call an Ambulance on 000.
- In the case of any child or staff member injured by a chemical, substance or equipment, institute your emergency, medical and first aid procedures, notify WorkCover Vic. immediately and any other person or authority as required by the regulation or these guidelines (see Section 7. and 8. on Managing Emergencies).
- In any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard, call the emergency services, dial 000 and notify WorkCover Vic. immediately and any other person or authority as required by the Regulation or these Guidelines

## Sources

*The Toxic Playground*, Immig, J, 2000; *Managing the Risks in*

*Children's Services*, Caton, S. Roche D., 1999; *Handling Pesticide Wastes - EPA:*

*Staying Healthy in Child Care: Preventing infectious diseases in child care 4th edition - Endorsed December 2005*

**Planet Ark FACT SHEET ON CLEANING PRODUCTS & METHODS** The health & environmental hazards of synthetic cleaning products Retrieved June 21, 2007, from <http://www.planetark.com.au>

**Children's Services Regulations 2009**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Death of a Child Policy**

### **Aim**

Staff members will ensure that immediate and appropriate action is taken to notify any relevant authorities in the event of the death of a child whilst at the Centre.

### **Legislative Requirements**

Children's Services Regulations 2009.

### **Who is affected by this policy?**

Child  
Staff  
Families  
Management

### **Implementation**

Staff members will follow and implement this procedure:

- Attempt CPR pursuant to current guidelines.
- Call an Ambulance immediately on 000.
- The Director will call the parents/guardians of the child and arrange to meet at the Hospital or medical facility.
- Medical staff will advise parents.
- Contact Insurance Company
- Notify state Police Department
- Notify the Department of Human Services

### **Sources**

**Children's Services Regulations 2009.**

### **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Dental Care Policy**

### **Aim**

The Centre will actively seek to establish good dental health practices at the Centre, and educate and encourage children and their families to implement good dental health practices at all times.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council.

### **Who is affected by this policy?**

Child  
Staff  
Management  
Families

### **Implementation**

- Staff members should actively seek to be positive role models for children and families in attendance at the Centre.
- Staff members form positive relationships with family members and children to discuss and encourage good dental health practices and ensure the continuity of care of each child. Information should be made available to family members and staff in their home language.
- The Centre integrates educative information and guidelines on good dental health practices into the daily routine. This should include information on tooth brushing, tooth friend snacks and drinks and going to the dentist and/or dental health professionals.
- The Centre will actively encourage good dental health practices including eating and drinking habits, tooth brushing.
- Children will be encouraged to drink water to quench their thirst and remain hydrated.
- Children will be encouraged to rinse their mouths with water to remove food debris after every meal or snack. Staff members will supervise such practices.
- Family members should be informed without undue delay any incident or suspected injury or issue with their child's dental health which may include teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing food or drink.
- Staff members will be aware of dental first aid and receive appropriate professional development opportunities where appropriate.

### **Sources**

**Children's Services Regulations 2009.**

**Dental Association Australia**

### **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Equipment Policy**

### **Aim**

The Centre will purchase toys and equipment that are pursuant to Australian safety standards and appropriate to the developmental stages, interests, and social and cultural considerations of each child at the Centre. Toys which encourage violence or inappropriate behaviour will not be purchased.

Staff members will ensure that all toys and equipment are maintained, used and stored in a safe, clean, hygienic condition. Children will be educated on how to use equipment appropriately.

Management will liaise with staff members to determine which equipment is most appropriate for the Centre, taking into account; durability, easy maintenance, cost, benefit to the children's program. If large/expensive items of equipment are requested the Operator will determine the centre's budget limitations.

### **Legislative Requirements**

Australian Standards

Children's Services Regulations 2009.

National Childcare Accreditation Council.

### **Who is affected by this policy?**

Children

Families

Staff

Management

### **Implementation**

- The Licensee will be ultimately responsible for any purchases of equipment.
- Staff members will compile a list for the Licensee of equipment which needs maintenance on a prioritised basis, twice annually.
- The Centre will actively seek the input of parents/guardians regarding toys and equipment at the Centre.
- All new equipment will be checked against Australian Safety Standards.
- Children will be carefully introduced to new toys & pieces of equipment and taught how to use and care for them appropriately.
- Equipment that should only be used under supervision will be stored in a safe place pursuant to the dangerous substances, chemicals and equipment policy directives.
- The use of pools and toys or equipment which involve the use of water will be used under the direct supervision of staff members. All equipment will be emptied of water when not in use, and stored in such a manner that it cannot collect water.
- Children will only use a trampoline whilst under the direct supervision of an adult staff member.
- Equipment will be checked regularly by the staff to ensure it is in a clean and safe condition.
- All equipment purchased for the Centre will be within budget limitations.

## Sources

**Australian Standards**

**Managing a Child Care Service: A hands on guide for Service Providers**

**Handle with Care: A guide to Early Childhood Administration**

**Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Ethical Conduct Policy**

### **Aim**

Our Centre has adopted the Moral Code of Conduct which establishes the expected behavioural requirements for staff members whilst at the Centre. The Code guides staff members to act appropriately and assist them in fulfilling their statutory duty and social obligations to act honestly and professional in their interactions with other staff members, children, families and visitors.

#### **KEY PRINCIPLES:**

The Model Code of Conduct for our Centre is based on the following key principles:

***Integrity***

***Selflessness***

***Respect***

***Honesty***

***Leadership***

***Accountability***

***Objectivity***

***Openness***

### **Legislative Requirements**

Children's Services Regulations 2009.

Children, Youth and Families Act 2005

National Childcare Accreditation Council

### **Who is affected by this policy?**

Staff

Management

### **Implementation**

#### **GENERAL OBLIGATIONS**

You must avoid conduct that:

- Is detrimental to the pursuit of the charter of the centre.
- Is improper or unethical.
- Is an abuse of power.
- Causes or involves intimidation, harassment or verbal abuse.
- Causes or involves discrimination, disadvantage or adverse treatment in relation to employment.

You must act lawfully, honestly and exercise diligence.

You must treat others with respect at all times.

#### ***Fairness and Equity***

You have an obligation to consider issues fairly and consistently. That being, you must take all relevant facts into consideration and you must not take irrelevant matters into consideration when making decisions.

#### ***Harassment and Discrimination***

You must not harass or discriminate against others, or support those who do the same.

#### ***Development Decisions***

It is your duty to ensure that decisions are properly made and that parties involved are dealt with fairly.

If there is any uncertainty about the ethical issues around an action or decision you are about to take, you should consider these five points:

- Is the decision or conduct lawful?
- Is the decision or conduct consistent with centre policy and objectives?
- What will the outcome be for management, work colleagues, parents, children and any other parties?
- Do these outcomes raise a conflict of interest?

You have the right to question any instruction or direction given to you which you consider to be unethical. If you are uncertain you can seek advice from your manager or Authorised Supervisor or from the following organisations:

Independent *Commission Against Corruption* 02 8281 5999  
*Vic Ombudsman* 1300 655 082

### ***Gifts or benefits***

You must not:

- Never accept an offer of money, regardless of the amount
- Seek or accept a bribe
- By virtue of your position acquire personal profit
- You may accept gifts or benefits of a nominal or token value that do not create a sense of obligation on your part.
- If you receive a gift of more than token value in circumstances where it cannot reasonably be refused or returned, you should accept the gift and disclose this promptly to your supervisor.

## **RELATIONSHIPS**

### ***Obligations of staff***

The Manager is responsible for the efficient and effective operation of the centre  
Employees have an obligation to

- Give their attention to business of the centre while on duty.
- Ensure that their work is carried out efficiently, economically and effectively.
- Carry out lawful directions given by any person having authority.

### ***Obligations during meetings***

You must respect management, other staff, parents or visitors present during meetings.

### ***Inappropriate interactions***

The following interactions are inappropriate:

- Employees approaching other employees directly on individual staff matters that doesn't concern them.
- Use centre information for personal purpose or benefit.
- Disclose any information discussed during a confidential meeting
- Use confidential information with the intention to improperly *cause* harm to another person.
- Convert any property of the centre to your own use unless properly authorised
- Use the centre's computer resources to search for, download, access or communicate any material of an offensive, obscene, pornographic, threatening or abusive nature.

You must:

- Protect confidential information,
- Only access information needed for centre business.
- Not use confidential information for any non-official purpose
- Only release confidential information if you have authority to do so.
- Only use confidential information for the purpose it is intended.
- Only release other information in accordance with established Centre policies and procedures and in compliance with relevant legislation.
- Be scrupulous in your use of Centre property and should not permit misuse by any other person or body.

## **REPORTING BREACHES, COMPLAINT HANDLING PROCEDURES:**

### ***Corrupt conduct, maladministration and waste of centre resources***

You should report any instances of the above in accordance with Centre reporting policy

### ***Reporting breaches of the code of conduct***

You should report suspected breaches of the code of conduct to the Manager, preferably in writing. Where you believe that the Manager has failed to comply with this code, you should report the matter to the Authorised Supervisor or next in charge, preferably in writing.

### ***Complaint handling procedures- staff conduct (excluding the Manager)***

Where appropriate the Manager will make enquiries into breaches of the code of conduct regarding members of staff. Where the Manager has determined not to enquire into the matter, the Manager will give the complainant the reason/s in writing.

Enquiries made into all staff conduct which might give rise to disciplinary action must occur in accordance with the relevant local government award and make provision for procedural fairness.

## **Sources**

**Children, Youth and Families Act 2005**

**Managing a Child Care Service – a hands-on guide for managers**

**Handle with Care – A guide to Early Childhood Administration**

**Children's Services Regulations 2009**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Excursion and Incursion Policy**

### **Aim**

Our Centre acknowledges the value of relevant excursions and incursions in allowing children to gain a greater insight of the society in which they live, and learn from these experiences. Our Centre will actively seek to minimise any risks associated with excursions and incursion, and respond promptly and appropriately to any emergency whilst on an excursion. Staff members will educate children and families regarding safe road (or other transport) and play practices.

### **Legislative Requirements**

National Childcare Accreditation Council

Children's Services Regulations 2009.

Bus Safety Act 2009

Transport Act 1983

### **Who is affected by this policy?**

Children

Staff

Family

Volunteers

Management

### **Implementation**

#### **Planning**

- a) The centre will identify, assess and manage any hazards / risks associated with an excursion or incursion.
- b) Prior to planning an excursion, staff members must define the rationale for going on the excursion, and identify any objectives they wish to achieve.
- c) Prior to going on the excursion, staff members must familiarise themselves with the site(s) involved in the excursion to order to outline any safety issues, accessibility and facilities such as toilets.
- d) The itinerary must include the following details:
  - Date and times
  - Proposed destinations (sites)
  - The activities children will be taking part in on the day
  - Staff members and/or other adult supervisors attending
  - The name of the staff member with First Aid qualifications who will accompany the children on the excursion
  - An emergency contact number for the day of the excursion
  - A timetable for the excursion
  - Mode(s) of transport
  - Alternative weather plans or contingents
  - Guidelines for appropriate children's attire

- Arrangements for mealtimes and toilet routines
  - Arrangement for special needs children, e.g. push chairs, etc
- e) A copy of this itinerary is to be available to all parents/guardians of children attending the excursion at least twenty-four hours before the excursion is to take place.

### **Parent Permission**

- a) All parents/guardians of children attending the excursion must receive a copy of the written itinerary, which will also outline the rationale for the excursion, prior to permission being given for the child to attend.
- b) Children who have been given written permission to attend the excursion by their parent/guardian may only the excursion. Permission must be given for each individual excursion. The form must include the excursion dates, the child's name and the authorising parent/guardian's name and signature and date of authorisation which will be kept on the child's file. Under no circumstance can a child participate in an excursion if a parent / guardian has not given written permission for the child to do so.
- c) In the event that a child is absent from the Centre and twenty-four hours notice cannot be given, the child's parent/guardian may grant written approval on the day of the excursion. However, the Centre is to attempt to contact the parents of the child prior to the excursion, and to ensure that appropriate arrangements have been made for the child to remain at the Centre, if the parent wishes.

### **First Aid Requirements**

- a) At least one supervising adult attending the excursion on the day must have a current First Aid Certificate. Contingencies should be made in the event that this person cannot attend the excursion on the day.
- b) A basic and stocked First Aid Kit should be taken on all excursions.
- c) When children aged 0 – 2 years attending an excursion, a staff member with appropriate qualifications for children 0 – 2 years must accompany them. If children aged 0 – 2 years are remaining in the centre, a staff member with appropriate qualifications for children 0 – 2 years must remain on the premises.

### **Supervision Requirements**

The ratios below are given as a minimal requirement, and the use of additional adults should be sought if the Authorised Supervisor feels it is necessary. At any time, a minimum of two staff are to be on duty.

- a) Adult child ratios are to be:
- One staff member for four children under three years of age or fraction of four children
  - one qualified staff member for twelve children who are under three years of age or fraction of twelve children.
  - If there are children over three years the ratios are as follows:
  - One staff member for every fifteen children or fraction of fifteen children
  - One qualified staff member for every thirty children or fraction of thirty children
- b) The adult to child ratios on any excursion that involved the use of motor or other transport or crossing a major road are to be:
- one adult for each two children who are under three years of age

- one adult for each four children who are three or more years of age
- c) The adult to child ratios on any excursion to a beach, river, lake or other place where there is a significant water hazard are to be:
- one adult for each child who is under three years of age, and
  - one adult for each two children who are three or more years of age but who do not normally attend school, and
  - One adult for each five children who normally attend school.
  - At least one staff member with a current First Aid Certificate.
- d) The Authorised Supervisor must ensure that all excursions involving swimming are organised only for the purposes of learning water safety and/or learning to swim. The minimum adult to child ratio of participants in this type of excursion is one adult for each child, no exceptions.
- e) The Authorised Supervisor must ensure that children are not taken on a excursion to a beach, river, lake or other place where there is a significant water hazard unless two of the adult persons accompanying the children have:
- a certificate issued on completion, within the period of twelve months immediately before the excursion, of a Senior First Aid course that relates to resuscitation approved by the Work Cover Authority under the *Occupational Health and Safety Act*
  - A Bronze Medallion Award, or award given on completion of a water rescue test, issued by the Royal Life Saving Society Australia and
  - The knowledge the ability to implement water safety procedures
- f) When Special Needs children attend any excursion, adult to child ratios may be increased dependent upon the disability of the child (children) attending. This will ensure that the child with Special Needs is most effectively incorporated into the excursion and activities and ensure the safety of all persons attending. The coordinator of the Special Needs Unit should be contacted to discuss the requirements of extra staff for the excursion and the availability of such staff.
- g) Supervising staff members and/or adults must be assigned specific children for whom they are responsible. This will ensure all children are cared for at all times. These expectations should be clearly explained to all supervising adults prior to the excursion commencing. The Authorised Supervisor who is responsible for the care of all children. Accompanying adults who are not members of staff should not be left unsupervised with the children. A member of staff must remain with the children at all times.
- h) A list of children attending the excursion is to be taken on the excursion, and checked periodically during the time out of the centre. Particularly, attendance should be checked prior and after transportation, before returning to the Centre and at other times.

## Transport

The means of transport must be stated on the permission note.

Buses – ensure that the seating capacity as displayed on the compliance plate is not exceeded. All children must sit on seats, preferably with, or close to, an adult. Seat belt guidelines must be followed depending on the bus. If the bus has seat belts, they must be worn at all times.

Trains – contact the station prior to the excursion to inform them of the time you will be travelling, the destination and the number of children and adults who will be travelling. Arrangements should be made to arrive at the station an adequate amount of time to allow for safe boarding. This will allow the station to inform the train guard so that he / she can hold the train for the period of time for safe boarding and alighting. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage, if possible.

Cars – Any motor vehicle that is used to transport children on excursion ( other than a motor vehicle with seating more than nine persons) is fitted child restraints and/or seatbelts that are appropriate for

the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

## **Insurance**

Any excursion planned must be consistent with the requirements / exclusions of the Public Liability Cover held by the service.

## **Sources**

**Children's Services Regulations 2009.**

**Roads and Traffic Authority**

**Australian Standards**

**Bus Safety Act 2009**

**Transport Act 1983**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## Family Law and Access Policy

### Definitions

**Parental Responsibility** – means that each parent/guardian has equal responsibility for their children's welfare, either in the long-term or on a day to day basis and includes matters such as where the children will live and with whom they will have contact. It is not affected by any change in the parents' relationship, for example if they separate or remarry.

**Parenting Orders** – are orders that the court will make when parents cannot decide on matters themselves. They change parenting responsibilities and stipulate which parent has what responsibilities. There are 4 types of parenting orders:

- Residence – an order to say with whom the child lives, including any shared arrangements
- Contact – an order to say the times that a child may have contact with a parent with whom they are not living, or anyone else who plays an important part in their life, such as a grandparent (contact can either be face to face, or by phone, letters)
- Child Maintenance – an order that provides for financial support of a child
- Specific Issues – an order about any other aspect of parental responsibility (this may include the day-to-day care, welfare and development of a child, issues relating to religion, education, sport, or other specific issue)

### Residency

The parent with whom the child lives is responsible for day-to-day decisions like:

- Discipline
- Going out
- Clothes
- Accommodation
- Pocket money

Residency can be a shared arrangement.

## Legislative Requirements

Family Law (Shared Parental Responsibility) Act 2006

National Childcare Accreditation Council

Children's Services Regulations 2009.

## Who is affected by this policy?

Children  
Families  
Staff  
Management

# Implementation

Parents/guardians, regardless of their marital status, have joint and equal legal responsibilities for their children unless there is a Court Order determining otherwise. Centre staff members need to be knowledgeable of which parent/guardian has specific legal rights and responsibilities. Thus, the Centre will need to access any relevant Court Orders issued. Services are not legally able to allow children to leave the Centre without permission of the custodial parent/guardian.

In the case where guardianship and custody is legally defined, Centre policy must be followed as stated on the enrolment form. When situations change a copy of the Custody Order must be provided to the Centre. Where confrontation situations arise over custody the child will be kept at the Centre, the custodial parent must be contacted without undue delay and if necessary the Police and/or the Department of Community Services.

# Sources

*The above information has been adapted from the Family Court of Australia website 2002*  
[www.familycourt.gov.au](http://www.familycourt.gov.au)

**Children's Services Regulations 2009**

# Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: Decemebr 2010**

## Fees Policy

### Aim

For parents to pay their child care fees on time.

## Legislative Requirements

Family Assistance Legislation Amendment (Child Care) Act 2009

National Childcare Accreditation Council

Children's Services Regulations 2009.

## Who is affected by this policy?

Parents

Management

## Implementation

### FEE STRUCTURE & PAYMENT:

Weekly under 3 years old.....	\$335.00
Weekly 3 years old and above.....	\$325.00
Daily under 3 years old.....	\$82.00
Daily 3 years old and above.....	\$78.00
Half daily (6:30am to 12:30 pm or 12:30 pm to 6:30 pm)...	\$55.00
Late fee per minute (no exceptions).....	\$5.00

*After 6:30 pm a late fee of \$5.00 per minute will be added to your account to cover the cost of the staff members who remain behind to care for your child.*

Invoicing is done weekly and payments must be received within one week of the invoice being issued. Payments can be accepted via Cash, Cheque and EFT direct into our bank account or EFTPOS, MasterCard & Visa.

**Your child's place cannot be maintained if fees have been outstanding for more than two weeks. The Director reserves the right to cancel bookings for accounts in arrears.**

A receipt will be issued for all fees. This will include the child/children's full name/s, date of care, date of payment, amount, etc. If the incorrect amount is paid, change will not be given but will be credited to the families account.

Our **terminating policy** requires two weeks written notice must be given otherwise **2 WEEKS FEES** will be billed to you.

### **Overdue Fees**

Any family who is one or more weeks late with their fees will received a **Friendly Fee Reminder**. Families can make appointments to speak with the Director regarding payments if there is a need to do so. Continually not paying fees will put your child/ren's place/s in the centre in jeopardy.

Upon your visit to the Centre you will meet with the Director who will discuss with you the Centre Policies, daily routines and Centre Programs. You will be given an Enrolment Information Package. Please complete the enrolment form and return it along with your deposit to the Centre as soon as possible to guarantee your child's position. A security bond of \$150.00 is to be paid at the time of enrolment, which will be held by the Centre until care ceases. This is then deducted from any fees that may be outstanding. Two weeks notice, in writing, is required when your child / children are to be withdrawn from the Centre. Otherwise, normal fees will apply.

**Please note: If care is not required the security bond is non-refundable.**

### **Sources**

**Managing a Child Care Service – a hands-on guide for managers**

**Family Assistance Legislation Amendment (Child Care) Act 2009**

**Children's Services Regulations 2009.**

### **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management,
- Employees,
- Family Members
- Interested parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Food and Nutrition Policy**

### **Aim**

Our centre aims to provide children with food and nutrition that is supported by national dietary guidelines. We also aim to support and provide adequately for children with food allergies or specific cultural practices. This dietary information will also be provided to families so they can plan a child's home meals.

### **Legislative Requirements**

Children's Services Regulations 2009

Food Act 1984

Occupational Health & Safety Act 2004

Australian and New Zealand Food Standards Code

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Staff

Families

Management

### **Implementation**

We feel we have a responsibility to help children and their families develop good food habits and attitudes.

In order to achieve these habits and attitudes, our centre will:

- Provide a menu based on the Australia Dietary Guidelines.
- Cater to individual children's needs whether they be cultural, lifestyle-based or medical.
- Present food attractively.
- Develop awareness and act to the best of our abilities on cross-cultural eating patterns and related food values.
- Provide food that is hygienically sound and has a reduced risk of choking.
- Make meal times a relaxed and pleasant and timed to meet the needs of the children.
- Discuss food and nutrition with the children.
- Not allow food to be used as a form of punishment or to be used as a reward or bribe.
- Not allow the children to be force fed.
- Encourage children to be independent and develop social skills at meal times.
- Establish healthy eating habits in the children by incorporating nutritional information into our program.
- Talk to families about their child's food intake and voice any concerns about their child's eating.
- Display the centre's menu and put up posters with nutritional information on them.
- Provide fresh drinking water at all times of the day and ensure that a child's liquid intake is adequate.
- Encourage parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
- Encourage staff to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.

- Provide nutrition and food safety training opportunities for all staff including an awareness of other cultures food habits.

**In regards to infants, the centre will aim to provide for their special needs by:**

- Providing support and encouragement to mothers with infants to breast feed them for as long as possible.
- Providing cooled boiled water for infants should they need extra fluids.
- Offer a supportive environment for breast feeding mothers to use when at the centre.
- Encouraging families to introduce solid food to their infant at about 6 months.
- Providing pureed vegetables and fruits as an infant's first solids.
- Introducing food containing iron (meat, poultry, fish, legumes and whole grain cereals) between 6-9 months.
- Providing a suitable range of food textures according to age and development of the infant.
- Encouraging the use of a cup rather than a bottle from about 12 months of age.

## Sources

**Children's Services Regulations 2009**

**Food Act 1984**

**Occupational Health & Safety Act 2004**

**Australian and New Zealand Food Standards Code**

**Caring for Children – Food, Nutrition and Fun Activities, 4<sup>th</sup> Edition 2006**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management,
- Employees,
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Food Preparation Policy**

### **Aim**

In an attempt to minimise cross infection as much as possible staff will follow Australian hygiene and safety standards in the food preparation area.

### **Legislative Requirements**

Children's Services Regulations 2009

Food Act 1984

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Families

Staff

Management

Visitors

### **Implementation**

The following procedure outlines how staff endeavour to prevent cross infection.

The centre will have an area specifically designed for food preparation where staff will:

- Clean food preparation area before, during and after use.
- Use colour-coded chopping boards in order to prevent cross contamination of raw food.
- Ensure that staff preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
  - Washing their hands
  - Keeping their personal hygiene at a high level. For example, tying their hair back and not changing nappies before preparing food.
- Ensure food is always served in a hygienic way using tongs and gloves.
- Provide families with current and relevant information about food preparation and hygiene.
- Show and discuss with children the need for food hygiene in both planned and spontaneous experiences.

### **Sources**

**Children's Services Regulations 2009**

**Food Act 1984**

**Food Standards Australia New Zealand**

**Occupational Health & Safety Act 2004**

### **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management,
- Employees,
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Food Safety & Hygiene Policy**

### **Aim**

Our centre aims to protect the safety and well being of all of our staff, children and families. Therefore, we aim to have adequate procedures and policies in place to ensure the safe handling of food and also maintain a hygiene level that meets Occupational Health & Safety standards.

### **Legislative Requirements**

Children's Services Regulations 2009

Food Act 1984

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Families

Staff

Management

Visitors

### **Implementation**

This aim will be followed by staff acting upon the below information:

The centre will have an area specifically designed for food preparation and storage which is safe and to Australia hygiene standards. We will also store all food and drink to standards indicated by current authorities and information.

Our centre will provide workplace instructions for:

- Hand washing routines
- Timing of hand washing routines.

Our centre will also follow appropriate food preparation techniques to meet Australian standards such as:

- Cleaning food preparation area before, during and after use.
- Using colour-coded chopping boards in order to prevent cross contamination of raw food.
- Ensuring that staff preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
  - Washing their hands
  - Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net along with not changing nappies before preparing food.
- Ensuring food is always served in a hygienic way using tongs and gloves.
- Providing families with current and relevant information about food preparation and hygiene.

- Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

We will also to the best of our ability educate and promote safe food handling and hygiene in the children and families by:

- Encouraging parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
- Encouraging staff to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.
- Providing nutrition and food safety training opportunities for all staff including an awareness of other cultures food habits.

## Sources

**Children's Services Regulations 2009**

**Food Act 1984**

**Food Standards Australia New Zealand**

**Occupational Health & Safety Act 2004**

**Managing OH&S in Children's Services**

**Staying Healthy In Child Care, 4<sup>th</sup> Edition.**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Food Storage Policy**

### **Aim**

To ensure the safety of our centre's staff, children and their families we aim to monitor and maintain a high quality of food storage practices in order to prevent the risk of food related illnesses.

### **Legislative Requirements**

Children's Services Regulations 2009

Food Act 1984

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Staff

Families

Management

### **Implementation**

In order to implement safe food storage practices to the highest possible standard, staff & management will access and amend their practices to the latest known information. This information will be passed onto families.

Staff will then implement these standards in the centre by inspecting food items when first brought into the centre to ensure they are in good order, for example, not in damaged packing, within their used by date period and at a correct temperature. Staff will then see that they are appropriately stored as per the following:

- All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- Store dry foods in sealed, air-tight containers.
- Store food on shelving.
- Any food removed from its original container must be stored in a container with the used by date of the food written on it.
- Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.

For cold storage, the following applies:

- All foods are wrapped, covered, dated (used by date and date it entered the centre) and labelled.

- Foods are stored at the correct temperature depending on the product. Cold foods need to be stored at less than 5 degrees (C) and frozen foods at minus 18 degrees (C).
- Store foods on shelves.
- Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- Fridges and freezers need to be cleaned regularly.
- The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

## Sources

**Children's Services Regulations 2009**

**Food Act 1984**

**Occupational Health & Safety Act 2004,**

**Food Standards Australia New Zealand**

**Staying Healthy In Child Care, 4<sup>th</sup> Edition.**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Hand Washing Policy**

### **Aim**

The centre aims to promote a healthy environment in which children will grow and learn about the world around them. The application of preventative measures such as hand washing will be an effective way of preventing the spread of infection.

Our centre aims to help your child/ren grow and learn about their world. To do so, we aim to provide to the best of our abilities a healthy environment where preventative measure like hand washing are an effective way to prevent the spread of diseases and infections in the centre.

### **Legislative Requirements**

Children's Services Regulations 2009

Food Act 1984

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Staff

Families

Visitors

Management

### **Implementation**

Our centre will provide the appropriate height basins for children to wash their hands in as well as basins height appropriate for staff. Along with this, the centre will provide either/and/or individual towels, paper towel or an automatic dryer for people to dry their hands.

Everyone on the centre premises is provided with Soap to wash their hands. Please inform staff if your child/ren have an allergy and an alternative brand or soap type will be made available.

Staff and children should wash their hands:

- Upon arrival to reduce the introduction of germs.
- Before handling food
- After doing any dirty tasks such as cleaning or changing nappies.
- After removing gloves.
- After going to the toilet.
- After giving first aid.
- Before and after giving a child its medication and if giving medication to more than one child between each child.

- Before going home to prevent taking germs home.

Below are instructions on how to effectively wash hands. All children, staff and visitors are to follow this procedure and it should be displayed above every sink.

1. Wash hands using running water and soap.
2. Rub hands vigorously.
3. Wash hands all over ensuring that the back of the hands, wrists, between fingers and under the fingernails are cleaned.
4. Rinse hands thoroughly.
5. Turn off the tap using a clean piece of paper towel.
6. Dry hands thoroughly with clean towel/paper towel or an automatic dryer.

This should take about as long as singing "Happy Birthday" twice.

## Sources

**Staying Healthy in Child Care Preventing infectious diseases in child care Fourth edition  
Children's Services Regulations 2009**

**Food Act 1984**

**Occupational Health & Safety Act 2004**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# Hazardous Plants Policy

## Aim

The centre will minimise risk of child accidents relating to hazardous plants.

## Legislative Requirements

Children's Services Regulations 2009

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

## Implementation

**Background:** Many indoor and outdoor plants pose health and safety risks for children.

Poisoning can occur if some types of plants are eaten, or some plants can cause allergies or injury. Common Australian examples of hazardous plants are listed below.

### Procedure:

To minimise risk of and respond effectively to child accidents relating to contact with hazardous plants, centres should:

- Identify both indoor and outdoor poisonous plants and ensure they are not accessible to children – remove them or prevent any child contact.
- Identify potentially hazardous plants that can cause injuries, skin irritations, or choking, such as cactus plants, rose bushes, berries, ensure they are inaccessible to children.
- Remove or keep children away from plants that can cause serious poisoning.
- Common examples are – African milk bush, angels trumpet, atrium lily, azalea oleander, castor oil plant, chestnut, daffodil, deadly nightshade, dumbcane (elephants ears), English ivy, foxglove, hyacinth, hydrangea, iris, lantana, Moreton Bay fig, rosary bean, rhubarb, rhus, white cedar, wisteria.
- Where possible use a plant reference with photos to assist in identifying poisonous plants. Local councils can provide an inspection and give advice about noxious weed control.
- Supervise children at all times when close to plants, teach children not to put any indoor or outdoor plants or berries into their mouth or nose.
- Be aware that eating poisonous plants can cause a range of symptoms such as gastrointestinal (nausea, vomiting, abdominal pain), cardiac (irregular or fast heartbeat), skin (burning of the mouth or skin rash), and allergic (hives, difficulty breathing, wheezing, asthma, anaphylaxis).

**If poisoning occurs seek emergency advice from the Poisons Information Line 131126 or call 000 for an ambulance, follow first aid and emergency procedures.**

## Resources

The Children's Hospital at Westmead: [www.chw.edu.au](http://www.chw.edu.au) ;

*Best Practice Guidelines in Early Childhood Physical Environments*, 1996, Walsh & DOCS.  
Plants for Play Spaces,

Kidsafe <http://www.kidsafe.com.au/viewStory.php?title=About%20Us>

Children's Services Regulations 2009

Occupational Health and Safety Act 2004

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# Human Immunodeficiency Virus Infection, AIDS Virus Policy

## Aim

The centre aims to effectively care for any child/ren that may be infected and also minimise the risk of exposure to HIV through effective hygiene practices.

## Legislative Requirements

Children's Services Regulations 2009

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

Public Health and Wellbeing Act 2005

## Who is affected by this policy?

Child

Staff

Families

Community

Visitors

Management

## Implementation

It is the Director's responsibility to educate and inform staff and parents about HIV/AIDS. One of the main problems surrounding HIV/AIDS is a lack of understanding which leads to an unfounded fear to the virus. The following is some basic information on HIV/AIDS.

- AIDS is a medical condition which can damage a bodies' immune system.
- It is caused by a virus which is transmitted through the exchange of bodily fluid and is primarily passed on through sexual contact.
- The AIDS virus can be transmitted through blood products. However, the risk of contracting AIDS from a blood transfusion is minimal and said to be about one in 1,000,000.
- There is no evidence of the spread of the virus to children through other means at this time.

The confidentiality of medical information must be adhered to regarding an infected child. Any information disclosed to the Director regarding a child/ren from family members must not be passed on to any other staff member unless the child/ren's caregivers provide written authorisation.

Children with the HIV virus will be accepted into the centre.

Our centre's staff will carry out routine hygiene precautions to Australian standards at all times to prevent the spread of any infections.

Staff will exercise care in regards to the exposure of bodily fluids and blood and the centre's hygiene practices will be used to prevent the spread of infection. Similarly, if the need arises to perform CPR on a child infected with HIV a disposable mouth to mouth mask will be used.

Children who are infected with HIV will be assessed by their Doctor before they are excluded from the centre. Children who have abrasions or open wounds will cover them while at the centre. If these abrasions cannot be covered for any reason unfortunately the child will have to be excluded from the centre until the wound has healed or can be covered.

Staff members who have been infected by HIV are not obliged to inform their employer but are expected to act in a safe and responsible manner at all times to minimise the risk of infection.

No child, staff member, parent or other visitor to the centre will be denied First Aid at any time.

## Sources

**Staying Healthy in Childcare 4<sup>th</sup> Edition 2006**

**AFAO Australian Federation of AIDS Organisations**

**Children's Services Regulations 2009**

**Occupational Health & Safety Act 2004**

**Public Health and Wellbeing Act 2005**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# Illness Accident & Emergency Treatment Policy

## Aim

Our centre staff will act to the best of our ability when any relation to our centre falls ill, has an accident or requires any emergency treatment.

## Legislative Requirements

Children's Services Regulations 2009

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

## Who is affected by this policy?

Child

Staff

Families

Visitors

Management

## Implementation

The director of the centre will ensure that:

- Every child's parent/guardian has given the centre:
  - Written authorisation for staff to seek urgent medical, dental, hospital treatment or ambulance service.
  - Consent to carry out appropriate medical, dental or hospital treatment.
- If a child has an accident or become ill while at the centre staff will:
  - Notify the child's nominated family member as soon as possible.
  - Supervise the child until the child feels better or until a family member comes to collect them.
  - Carry out urgent medical treatment if required. (First Aid).
  - Contact the child's nominated medical practitioner or dentist if possible.
- If a serious accident occurs while the child is at the centre that requires he/she to receive medical, dental or hospital treatment the following people will be notified:
  - The child's nominated family member.
  - The Director
  - The centre's licence holder.
- If the death of a child occurs at the centre the following people will be notified:
  - The child's nominated family member.

- The police.
- The Director.
- The centre's licence holder.

At all times, there will be at least one rostered staff member who holds a current Australia standard First Aid Qualification.

## Sources

**Children's Services Regulations 2009.**  
**Occupational Health & Safety Act 2004**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Inclusion Policy**

### **Aim**

To provide children with a supportive environment that allows them to realise their full potential regardless of their gender, age or ability.

### **Legislative Requirements**

Children's Services Regulations 2009

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

Disability Discrimination Act 1992

Racial Discrimination Act 1975

Sex Discrimination Act 1984

Equal Opportunity for Women in the Workplace Act 1999

Human Rights and Equal Opportunity Commission Act 1986

Racial and Religious Tolerance Act 2001

### **Who is affected by this policy?**

Children

Families

Staff

Community

### **Implementation**

Our centre wants children to develop to the best of their personal ability. Every child in our centre is an individual and we aim to promote and encourage this by:

Our centre wants children to develop to the best of their personal ability. Every child in our centre is an individual. We aim to encourage their individuality by:

- Helping children to develop ease with and have a respect for physical, racial, religious and cultural differences.
- Enabling children to develop autonomy, independence, competency, confidence and pride.
- To provide all children with accurate and appropriate material that provides information about their own and other's disabilities and cultures.
- Providing staff of a high calibre who encourage children to experience active any energetic play in order to develop their physical potential.

- Presenting children with a wide range of male and female work roles, both within the home and the workplace, including nurturing roles.
- Encouraging children to develop friendships with each other based on mutual trust and respect.
- Including in our program and the centres physical environment an awareness of cross-cultural and non-discriminatory practices.
- Using a program that is based on a child's development and that is also relevant to the children's life experiences, interests and social skills.
- Encouraging parents from non-English speaking backgrounds to contribute their knowledge and culture to the centre to enhance the program.
- Making it clear to children through the staff that it is not acceptable for a child to say or do unfair thing to another person and that if this does occur a staff member will firmly step in.

## Sources

**Children's Services Regulations 2009.**

**Handle with Care: A Guide to Early Childhood Administration**

**Occupational Health & Safety Act 2004**

**Disability Discrimination Act 1992**

**Racial Discrimination Act 1975**

**Sex Discrimination Act 1984**

**Equal Opportunity for Women in the Workplace Act 1999**

**Human Rights and Equal Opportunity Commission Act 1986**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management.
- Employees.
- Families.
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# **Infectious Diseases Policy for Children, Families and Staff**

## **Aim**

Our centre aims to minimise the spread of potentially infectious diseases between children, their families and staff by excluding children who may have an infectious disease or who are too ill to attend the centre.

## **Legislative Requirements**

Children's Services Regulations 2009

Public Health and Wellbeing Act 2008

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

## **Who is affected by this policy?**

Child

Parents

Family

Staff

Management

Visitors

Volunteers

## **Implementation**

To minimise the spread of infectious diseases between everyone associated with our centre, we will:

- Unfortunately have to exclude from care and notify the local Public Health Unit and provide details of any known or suspected symptoms of the following vaccine preventable diseases:
  - Diphtheria
  - Poliomyelitis
  - German Measles
  - Tetanus
  - Measles
  - Mumps
  - Whooping Cough
- Exclude a child or staff member with any of the following symptoms:

- Vomiting
  - Rash, especially if it's purple in colour or haemorrhaging spots (possibly meningococcal) or blistering (possibly staphylococcal).
  - Headache
  - Stiffness of the neck
  - Aversion to light (photophobia)
  - Drowsiness
  - An unusual state of consciousness or unusual behaviour
  - Convulsion or epileptic seizures.
  - Severe pain anywhere in the body.
  - Hives.
  - Asthma, wheezing or any difficulty breathing.
- Exclude a child or staff member if it is suspected they have any of the following symptoms which may indicate they have an infectious illness:
    - Diarrhoea.
    - Generalised rash.
    - Enlarged or tender lymph glands.
    - Severe cough with fever.
    - Head lice, nits, scabies, ringworm, impetigo or untreated mouth ulcers.
    - Mouth ulcers due to Herpes Simplex Virus or Coxsackie Virus.
    - Infection or yellow/green discharge from the eyes or ears
    - Excessive amount of yellow/green discharged from the nose.
    - If any other infectious disease is suspected.
    - A temperature over 38 degrees celsius / centigrade.
  - Exclude children, staff or any other person related to the centre who have infectious disease other than those listed above.
  - Ensure all staff and other people working at the centre conform to this policy.

If a child develops symptoms while at the centre we will:

- Isolate the child from other children.
- Make sure the child is comfortable and supervised by staff.
- Contact the child's nominated family member. If this family member is unavailable we will contact the next nominated family person. We will inform you of the child's condition and ask for the family member to pick him/her up as quickly as possible.

- Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible aired dry in the sun.
- Ensure all toys used by the child are disinfected.
- Ensure all eating utensils used by the child are separated and sterilised.
- Provide information in home languages to the best of our ability.
- Inform all centre families of the presence of an infectious disease.
- Ensure confidentiality of any personal or health related information obtained by the centre staff in related to any centre family.

If a child or staff member has been unable to attend the centre because of an infectious illness the person must provide a doctor's certificate which specifically states the child/staff member is ok to return to the centre.

## Sources

**The Australian Immunisation Handbook 9th Edition 2008**

**Children's Services Regulations 2009**

**Public Health and Wellbeing Act 2008**

**Occupational Health & Safety Act 2004**

***Staying Healthy in Child Care*. 4th edition, National Health and Medical Research**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

**The Australian Immunisation Handbook 9th Edition 2008**

**Recommended Minimum Periods of Exclusion**

Below is a chart highlighting the minimum periods of exclusion from a centre environment for people with infectious diseases.

CONDITION	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
Amoebiasis (Entamoeba histolytica)	Exclude until diarrhoea ceases.	Not excluded.
Campylobacter	Exclude until diarrhoea has ceased.	Not excluded.
Chicken pox	Exclude for at least 5 days AND until all blisters have dried.	Any child with an immune deficiency (e.g. leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.
Cytomegalovirus Infection	Exclusion not necessary.	Not excluded.
Diarrhoea	Exclude until diarrhoea has ceased.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by an appropriate health authority.
Glandular fever (mononucleosis)	Exclusion is not necessary.	Not excluded.
Hand, Foot and Mouth disease	Until blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until medical certificate of recovery is received.	Not excluded.
Hepatitis A	Exclude until medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.

CONDITION	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
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Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	Not excluded.
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Hookworm	Exclusion is not necessary.	Not excluded.
Human immune-deficiency virus infection (HIV/AIDS virus)	Exclusion is not necessary unless the child has a secondary infection.	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like illnesses	Exclusion is not necessary.	Not excluded.
Leprosy	Exclude until approval to return has been given by an appropriate health authority.	Not excluded.
Measles	Exclude for at least 4 days after onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hrs of their first contact with the first case they may return to school.
Meningitis (bacterial)	Exclude until well.	Not excluded.
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving rifampicin.
Molluscum contagiosum	Exclusion is not necessary.	Not excluded.
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.

CONDITION	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
Parvovirus (erythema infectiosum fifth disease)	Exclusion is not necessary.	Not excluded.
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (lice), trachoma	Re-admit the day after appropriate treatment has commenced.	Not excluded.
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until diarrhoea ceases.	Not excluded.
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hrs and the person feels well.	Not excluded.
Tuberculosis	Exclude until a medical certificate from an appropriate health authority is received.	Not excluded.
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by an appropriate health authority.	Not excluded unless considered necessary by public health authorities.
Whooping cough	Exclude the child for 5 days after starting antibiotic treatment.	Exclude unimmunised household contacts aged less than 7 years for 14 days after the last exposure to infection or until they have taken 5 days of a 14-day course of antibiotics. (Exclude close child care contacts until they have commenced antibiotics).
Worms (intestinal)	Exclude if diarrhoea present.	Not excluded.

Note: The NHMRC recommends that children who are physically unwell should be excluded from attending school, pre-school and child care centres. This list should be read in conjunction with the National Health and Medical Research Council's publication:

## The Australian Immunisation Handbook 9th Edition 2008

## Mary's Little Lambs ELC - Indoor Safety Checklist

	Mon	Tues	Wed	Thurs	Fri
Peeling Paint – Fridays					
Cracked plaster - Fridays					
Loose or broken tiles / lino - Daily					
Breakages or cracked glass - Daily					
Broken equipment removed - Daily					
Cots & Mattresses - Daily					
Outlets covered - Daily					
Dangerous products / Chemicals out of reach of children - Daily					
Emergency Lighting working - Fridays					
Evacuation routes unobstructed - Daily					
Fire equipment is unobstructed - Daily					
Unobstructed: - Daily <ul style="list-style-type: none"> <li>• Stairways</li> <li>• Ramps</li> <li>• Corridors</li> <li>• Hallways</li> </ul>					
Smoke detectors working 6 monthly (daylight savings change)					
Children furniture - Daily <ul style="list-style-type: none"> <li>• In good repair</li> <li>• Stable</li> <li>• Age appropriate</li> </ul>					
First aid kit maintained - Mondays					
Smoke free environment - Always					
Supervision of children - Always <ul style="list-style-type: none"> <li>• Visible at all times</li> <li>• Two staff on premises at all times</li> </ul>					
Barriers in good repair - Daily					

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

## Interactions with Children Policy

### Aim

Our centre aims to ensure that all staff interact with the children in a positive way that makes them feel safe and supported in the centre. Staff will encourage children to interact with their peers in a positive way including interaction amongst the age groups as stipulated by the .

### Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

### Who is affected by this policy?

Child  
Staff

### Implementation

In order to provide an environment where children feel safe and supported and families are happy to leave their children we will:

- Frequently have staff talk with families to get an idea of the non-verbal forms of communication used by their children in order to convey messages such as hunger, needing the toilet, tiredness and emotions.
- Work with a child when he/she has a tantrum. Tantrums can occur as a way of releasing frustration. When this happens staff members will work with the child to calm him/her down and then reassure the child. The staff member will then if possible offer the child a solution to his/her problem.
- Reassure a child that he/she is safe in the centre. Most toddlers suffer a form of separation anxiety when away from their families. Staff need to reassure the toddler and work with the toddler's family in order to make the child feel safe and happy at the centre.
- Utilise the centre's routines in order to initiate meaningful interactions with children and encourage independent behaviour when safe to do so.
- Talk with children in a two-sided manner. That is, encourage children to have their own opinions, ideas and comments. Staff should support children with this and let them know that their ideas are valued.
- Build a rapport with the children and their families. This can be achieved with the children by offering them information from your own life that they can relate to. For example, if a child tells you he got a new dog on the weekend, tell them a little about your own pet.
- Allow time to talk to parents about their children. This allows staff to gain insight into their home life.
- Use positive guidance. When a child is doing the wrong thing, let them know that what they are doing is wrong by telling them the right thing to do "We walk on the pavement" rather than "No running on the pavement."
- Give the children something to look forward to. This enables the children to feel proud of their learning.
- Be attentive to children at all times. In an attempt to prevent attention seeking behaviour staff will at all times acknowledge each child to the best of their ability.

In regards to children interacting with each other staff will encourage children to:

- Verbalise their feelings and ideas.
- Listen to each other.
- Respect each other.
- Develop strong social skills.

- Be accepting of other children's race, religion, values and culture.
- Co-operate with staff and other children.
- Have good relationships.
- Share their experiences.
- Accept routine.
- Seek help from other children or staff when they're frustrated.
- Be relaxed and happy.
- Contribute to group activities.
- Respond to positive discipline.
- Have self confidence.
- Respect other children's space and privacy.

## Sources

**Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management.
- Employees.
- Families.
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# **Safety Checks and Maintenance of Buildings and Equipment Policy**

## **Aim**

The centre will maintain buildings and equipment effectively to minimise the risk of accidents, injuries and exposure to hazardous substances.

## **Legislative Requirements**

Children's Services Regulations 2009.

Occupational Health and Safety Act 2004

Building Regulations 2006

*Australian Standards* for storage and handling of hazardous chemicals and materials.

National Childcare Accreditation Council

## **Who is affected by this policy?**

Child  
Staff  
Families  
Management  
Visitors

## **Implementation**

### **Playground Safety**

The centre's playgrounds will be designed to ensure all areas are easily supervised and visible. It is the responsibility of the staff to ensure the safety of everyone on the premises.

A daily inspection of the premises will be undertaken before children are allowed outside. This inspection will include the:

- Perimeters
- Fences
- Gates
- Paths
- Fixed equipment.

This needs to be done in order to premeditate any dangerous objects in the grounds ranging from sharps to poisonous or dangers flora and fauna.

Sandpits also need to be checked for sharps by raking them to a depth of 10cms every day. This needs to be done before children are allowed in the sandpit in order to bring up any sharp objects that have ended up in the sandpit. In the event of a sharp object being found (for example a syringe) staff

will wear gloves and use tongs to pick up the object and place it in a sealed container. Contact your local council for information on how to dispose of this container appropriately.

Similarly, trees in the grounds must be checked regularly for overhanging, dead or dangerous looking branches as well as check for any infestations or nests.

For all of these factor it the Director's/Authorised Supervisor's job to ensure that staff child ratios are maintained outdoors and that outdoor staff are appropriately situated so they can actively supervise the children.

### **Safety of Buildings**

In regards to the safety of building is the responsibility of the Director to develop a prioritised building maintenance program in January each year. This policy will be implemented through a variety of individual service procedures which will ensure that staff inspect and maintain health and safety standards in each room. This includes:

- Child proof locks on all cupboards and gates
- Regular inspections and required maintenance of electrical materials and power points.
- Installing circuit breakers on all buildings.
- Floors being cleared and cleaned to prevent damage and injury.
- Proper storage of all equipment including poisonous chemicals, medicines and first aid equipment.

Similarly, air condition units, fans and heating devices will be checked regularly and not used if they are deemed unsafe. These units will be kept out of reach of children at all times.

It is the responsibility of the Director to complete a Building Safety Checklist of the centre and its grounds bi-annually and ensure any works deemed necessary are done to Australian standards. The Director will also ensure that the centre and its ground comply with Local Government and BCA regulations in regards to fire ventilation, natural and artificial lighting and safety glass. The Director is also responsible to see that appropriate levels of cleaning is carried out on the building by cleaners.

If possible, the Director will try to provide covered outdoor space so outdoor activities can be carried out in wet weather.

Our Centre will ensure:

- The centre follows a procedural daily safety check.
- The centre has a procedure for noting and continuing maintenance of building and equipment.
- Staff identify hazards and immediately act to the best of their ability to rectify them.
- Toys and equipment are made available to children in a controlled environment.
- Toys are given age-appropriately. E.g., for a toddler nothing they could easily choke on.
- Power points not in use have safety caps on them.
- All electrical cords are secured.
- Double adaptors and power-boards are out of reach of children.
- All large furniture and toys (e.g. swing-sets) are properly secured and stable.
- Swings, slides and other climbing equipment are placed on soft-fall surfaces which are recommended by safety authorities.
- The regular collection of updated information from respected safety authorities about equipment, building and furniture maintenance.
- Staff talk to children about using toys/equipment safely. When circumstances allow, children should be involved in setting these rules.
- Any plan for playground improvement is based on the latest information from certified child safety institutions and reflect early childhood learning.
- Regular reviews and evaluations, as per the latest available safety information, are carried out regarding the centre's safety procedures and policies.
- The centre seeks advice from families about the safety of buildings and equipment.
- The centre communicates with families about the latest available safety information and makes this information available to families.
- Detailed maintenance records of building and equipment are kept.

#### **Checklist: Outdoor**

**Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Records of any damages and subsequent repairs are kept.

**Dust mites, pet allergens** – regular dusting and vacuuming.

**Fence** off securely and effectively all sides of outdoor play areas from roads, water hazards, and driveways. Maintain fences have correct height. Install childproof self locking devices on gates.

**Garbage** – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.

**Garden** and renovation debris removed. Regularly trim branches and bushes.

**Garages and sheds** - keep locked.

**Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded and are kept out of reach of children.

**Hygienic**, regularly cleaned and maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.

**Non-slip** floors, stairs, steps, grounds and nonporous indoor floors for easy cleaning.

**Renovation** dangers e.g. lead, asbestos, holes and excavations – reduce risks.

**Pesticide** residue - dangerous chemicals should not be used to remove vermin.

**Safety glass** is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.

**Security** - minimising unauthorised access with appropriate fencing and locks.

**Spills** – clean away as they occur.

**Under centre access** (including buildings on stilts and footings) – lock or block access.

**Window fly screens** securely fitted, maintained and permanent.

#### Checklist – Indoor

**Access for children and adults with disability** - ensure safe access into, within and out of the centre, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.

**Barriers** - age appropriate, child proof, self locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the centre, front and back garden.

**Children at risk** – maintain extra security and supervision for children at special risk.

**Choking hazards** e.g. small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags and balloons.

**Decorations and children's artwork** – do not place near ceiling fans, air conditioners or heaters.

**Emergency evacuation** – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures.

**Fire** – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.

**First aid** kit with approved contents is maintained and accessible. Ensure First Aid certificates are current for relevant staff.

**Furniture and nursery equipment** - stable, maintained and meets safety standards.

**Guard and make inaccessible to Children:** heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment. Ensure heaters are away from children's cots.

**Hazardous indoor and outdoor plants** identify, remove or make inaccessible to children.

**Heaters** – ensure that children cannot come in contact with hot surfaces. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating.

**Hot water** - ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current Kidsafe recommendation is below 43.5°C).

**Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.

**Noise** – reduce excessive exposure.

**Non-slip, non-porous** floors, stairs.

**Pets and animals** – inform families of pets being kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, clean, and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.

**Record details** and notify parents of any child accident.

**Safe play rules and adequate play spaces:** discourage running indoors and safe furniture layout to avoid collisions.

**Safety glass used and installed** according to Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, **safety decals** on sliding doors and plate glass doors at child and adult eye level.

**Security** – ensure all entry doors are locked at all times and place bells on doors.

**Smoke free environment** in all areas.

**Staff personal items** – ensure staff's personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.

**Stairways**, ramps, corridors, hallway, external balcony must be enclosed to prevent a child falling.

**Store in locked cabinet** any unsafe items, e.g. chemicals, medicines, razors, knives and electrical equipment.

**Supervision and visibility of children** – ensure children are visible and supervised at all times. High risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two staff on premises at all times with vision of each other and the children, have two staff present or in view when changing nappies or washing children.

**Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

## Sources

**Children's Services Regulations 2009.**

**Occupational Health and Safety Act 2004**

**Building Regulations 2006**

*Australian Standards* for storage and handling of hazardous chemicals and materials.

Kidsafe. (2000). *Kidsafe: Child safety resource manual*. Victoria: Kidsafe Victoria.

McLeod, P. (2005). Health and safety information on the internet. *Putting Children First*, 15, 12-13.2000 – an excellent introduction to OHS, including good chapters on OHS regulation and workers' compensation

Macquarie University. (2005). *Kids and traffic: early childhood road safety education program*.

Retrieved July 3, 2007, from <http://www.kidsandtraffic.mq.edu.au/>

*Managing OHS in children's services: A model for implementing an Occupational Health and Safety (OHS) management system in your children's service*. Lady Gowrie Child Centre.

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Management Participation Policy**

### **Aim**

The management structure of our centre aims to ensure that all aspects of the centre, including administration and children interactions run smoothly and efficiently. The management structure also seeks to support and offer information to families and staff about the latest childcare practices.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Staff

Management

Families

### **Implementation**

In our centre, Management holds responsibility for:

- Making sure the centre runs smoothly.
- Supporting the Authorised Supervisor in their role.
- Keeping all centre families up to date with issues in the centre.
- Selecting new staff.
- Following policies and making sure all staff members are following policies.
- Developing the centre policies.
- Financially running the centre.

### **Sources**

**Children's Services Regulations 2009.**

### **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management.
- Employee.
- Families.
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Management to Staff Communication Policy**

### **Aim**

The management of our centre aims to effectively communicate with staff and have staff effectively communicate with management in order to ensure the centre runs productively.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Staff

Management

### **Implementation**

To allow effective communication to take place between staff and the management and management and staff, different methods of communication must be made available. These include:

- Verbal communication in person.
- Phone Communication including SMS messaging if appropriate.
- Staff meetings.
- Via other forms of written word such as letters, emails etc.

### **Sources**

**Children's Services Regulations 2009.**

### **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## Medication Policy

### Aim

Our centre aims to provide to the best of our ability care for children who are on medication as well as care for children who have ongoing illnesses. We also aim to provide to the best of our ability medication to prevent a child having an episode but also administer medication if such an episode occurs in compliance with Australian medical standards and practices.

### Legislative Requirements

Children's Services Regulations 2009.

Poisons and Therapeutic Goods Act 1996

Public Health and Wellbeing Act 2008

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### Who is affected by this policy?

Child

Staff

Families

Management

### Implementation

Centre staff will at times out of necessity need to administer a child with medication. At such a time, the following will occur:

- Staff will not administer medication unless parent / carer consent has been given.
- Two staff members at all times will check the medication and dosage before it is given to a child and sign the Medical Authority Form.

#### **Short Term Medications.**

This term applies to medication that is only given for a short period of time, for example anti-biotics. Family members are to complete a Medication Authority Form upon request the medication be given. This form should include:

- The child's name.
- Identification of medication.
- Purpose of Medication.
- Required dosage of medication.

This needs to be completed everyday that a child needs to receive this medication.

#### **Long Term Medications**

This term applied when medications need to be administered to children over a long period of time e.g. asthma medication. A child's parent/caregiver are required to complete a Long Term Medication Authority Form when first requesting the medication to be given to the child. This form must be accompanied by a Medical Practitioner which outlines:

- The condition being treated.
- The purpose of the medication.

- Instructions on its administration.
- Side effects to look out for.
- An outline of the emergency care plan if needed.

This form must be renewed every 6 months.

Any Medication Authority form will be kept in a secure and confidential file until the child turns 24 years of age.

All medication kept at the centre will be securely stored in a locked cupboard on high shelving. Should the medication require refrigeration it will be placed on the highest shelf in the fridge in a childproof container.

If there is a disagreement within the family about a child taking a certain medication, including between custodial and non-custodial relatives Human Services will be contacted for advice. No medication will be given until Human Services reaches a decision.

**No medication will be given out if these guidelines are not followed.**

## **Sources**

**Children's Services Regulations 2009.**

**Poisons and Therapeutic Goods Act 1996**

**Public Health and Wellbeing Act 2008**

**Occupational Health & Safety Act 2004**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Minimising the use of potentially dangerous substances Policy**

### **Aim**

Our Centre aims to use as little dangerous substances as possible while still maintaining the highest possible levels of cleanliness.

# Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

## Who is affected by this policy?

Child  
Staff  
Families  
Management  
Visitors

## Implementation

### Procedure

Ordinary detergents will be used to help remove dirt from surfaces. Disposable rubber gloves are used and disposed of. Disposable paper towelling is used as well as cleaning cloths which are washed and then dried. Before returning to the children staff will wash and dry hands.

### Disinfectants

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, public health units may specify the use of a particular disinfectant. In this situation, for the disinfectant to work effectively, there still needs to be thorough cleaning using a detergent beforehand.

### There is no ideal disinfectant.

*Disinfectants cannot kill germs if the surface is not clean. It is more important to make ensure*

*Surfaces have been cleaned with detergent and warm water than to use a disinfectant. To kill germs, any disinfectant needs:*

- A clean surface to be able to get to the germ.
- To be able to act against those particular germs.
- To be of the right concentrate on.
- Enough time to kill the germs, this is at least 10 minutes.

Even when all of these conditions are met a disinfectant will not kill all the germs present.

### Detergents

Proper cleaning with detergent and warm water, followed by rinsing then drying and airing time kills most germs from surfaces as they are unable to multiply in a clean environment. Cleaning equipment should be stored and taken care of so it can dry between uses and not multiply germs itself.

	<b>Wash DAILY plus when visibly soiled</b>	<b>Wash WEEKLY plus When visibly soiled</b>
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<b>Bathrooms.</b> Wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if obviously soiled.	✓ (TWICE DAILY) (Midday and End of the day)	
<b>Toys</b> and objects put in the mouth.	✓	
<b>Surfaces</b> the children have frequent contact with, for example, bench tops, taps, cots and tables.	✓	
<b>Mattress covers and linen,</b> if each child does not use the same mattress cover every day.	✓	
<b>Door knobs</b>	✓	
<b>Floors.</b>	✓	
<b>Low shelves.</b>		✓
<b>Other surfaces</b> often touched by children including tables before and after meals.	✓	

### Special areas for Cleaning - nappy change area

Nappy change areas need to be cleaned after each use with detergent and warm water. If faecal matter spills onto the area wipe down with detergent and warm water and leave to dry. At the end of each day wash with warm water and leave to dry in fresh air and sun if possible.

### Clothing

Staff clothing should be wash daily. Staff should wear aprons or something similar to cover clothing that cannot frequently be washed. Staff should also have a change of clothes available in case of accidents. Dress-up and play clothes should be washed once a week in hot water and detergent.

## Sources

Children's Services Regulations 2009

**Staying Healthy in Child Care Preventing infectious diseases in child care 4th edition -  
Endorsed December 2005  
Planet Ark FACT SHEET ON CLEANING PRODUCTS & METHODS The health & environmental  
hazards of synthetic cleaning products Retrieved June 21, 2009, from [http://  
www.planetark.com.au](http://www.planetark.com.au)**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Multicultural Policy**

### **Aim**

Our centre aims to provide a program and environment that recognises Australia's policy of multiculturalism. This means that we aim to provide an environment where groups from varying ethnicities can co-exist while still maintaining their own cultural practices while recognising that every person is an individual.

Our program aims to highlight the differences but also the similarities between many different cultures while teaching the importance of equality. We aim to support families with non-English speaking backgrounds to the best of our ability in every way. We also aim to introduce the children to many cultures not just those represented within the centre.

### **Legislative Requirements**

Racial and Religious Tolerance Act 2001

Children's Services Regulations 2009

National Childcare Accreditation Council

### **Who is affected by this policy?**

Children

Families

Staff

Community

### **Implementation**

To the best of our ability we seek to encourage children and families to feel that we are supportive of their home language and cultural beliefs. This will be done by:

- Including one-on-one time with Staff for children from a non-English speaking background.
- Encouraging family members to come in as guests to teach children about their culture through traditional practices such as crafts, food, dancing, songs and dress.
- Providing children with relevant activities from other cultures including books, games, songs, craft, clothing, dolls, puzzles, play equipment, posters and utensils to help them understand the differences and similarities between some cultures.
- Consulting with families about their child when they may be a conflict of Centre philosophy and a family's culture.
- Encouraging staff to attend multicultural awareness training.
- Monitoring activities of children and other staff as well as material entering the centre to ensure that nothing of a discriminatory nature enters the centre.

## Sources

**Children's Services Regulations 2009.  
Racial and Religious Tolerance Act 2001**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **No Smoking Policy**

### **Aim**

To provide an environment that is free from tobacco and other smoke.

### **Legislative Requirements**

Children's Services Regulations 2009.

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Staff

Child

Families

Management

Visitors

### **Implementation**

**Mary's Little Lambs ELC is a Smoke Free Centre.**

In order to keep children and staff free from the dangers of tobacco smoke, the following rules apply.

Smoking is prohibited in all areas of the centre including:

- Inside
- Outside in the playground.
- Outside in the car-park.

Smoking is also prohibited:

- On excursions.
- While travelling with a child.
- At staff meetings.
- At parent meetings.
- At any social activity, whether in work hours or not, where the children and staff are involved.

**The centre will have No Smoking signs displayed.**

## Sources

Occupational Health & Safety Act 2004  
Children's Services Regulations 2009.  
Better Health Channel [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## Notifiable Disease Policy

### Aim

Our centre will notify the relevant authorities if there is a breakout of an infectious disease which can be prevented by vaccine in order to make the centre a safe place for all.

### Legislative Requirements

Children's Services Regulations 2009.

Public Health and Wellbeing Act 2008

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### Who is affected by this policy?

Child  
Staff  
Families  
Volunteers  
Students  
Management

### Implementation

All child care services must notify the Public Health Authority if an outbreak of an infectious disease that is preventable by vaccine occurs. The centre will collect and keep up to date records of every child's immunisation status. Records must also be kept of children who have not received any vaccinations. Family members have a responsibility to tell the centre if their child develops a vaccine preventable disease.

If this occurs, the following should happen:

1. The child's parent/guardian notifies the centre that their child has been diagnosed with a disease that can be prevented by vaccine.
2. The Director will call the local Public Health Officer  
**Whitehorse Council 03) 9262 6333**
3. The Director will provide the following information:
  - Child's Full Name
  - Date of Birth
  - Address
  - Contact Details
  - A list of children who are unimmunised and their details.

### Sources

**The Australian Immunisation Handbook 9th Edition 2008**

**Children's Services Regulations 2009.**

**Public Health and Wellbeing Act 2008**

**Occupational Health & Safety Act 2004**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# Occupational Health & Safety Policy

## Aim

Our aim is to ensure that all individuals who access our centre and its grounds are given the highest possible levels of Occupational Health and Safety.

## Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

*Australian Standards* for storage and handling of hazardous chemicals and materials.

Occupational Health and Safety Act 2004

## Who is affected by this policy?

Child

Staff

Families

Management

Visitors

## Implementation

- Consultation with staff is needed when considering any matters that affect their health and safety.
- Hazards in your workplace should be known and then judged as to how serious they are.

When using and storing dangerous materials, equipment and chemicals centres should:

- Choose the least hazardous material for the job.
- Choose bottles with child-proof lids.
- Make sure all dangerous materials, equipment and chemicals are stored in their original bottles with intact labels. Do not transfer chemicals to another container and do not reuse containers once they're empty.
- If original containers do not have child-proof lids store in a locked cupboard.
- Storage areas that children cannot access need to be available for the following:
  - Cleaning materials
  - Poisonous substances
  - Tools
  - Toiletries
  - Medicine
  - First Aid Kit
  - Sharp objects, e.g. knives, which could be hazardous to children.

- Dangerous garden chemicals or heating oil's should not be kept on centre grounds unless there is a separate outdoor shed away from the children's play area with a locked door, bonded floor and shelving so if by some chance a child does get into the shed they cannot reach the substances.
- Adequate storage facilities are needed for any piece of equipment that uses a motor or anything else that poses a safety threat to children or staff.
- Any substances that need refrigeration are stored in a labelled child-proof container in a separate compartment or fridge that is not accessible by the children.
- Follow the manufacturer's instructions for use, storage and first aid when possible.
- Keep a checklist of what hazardous materials are used and check regularly.
- When disposing of substances do so in accordance with manufacturer's guidelines when possible along with OHS regulations and regulations of the local council.
- Wear appropriate protective clothing when using dangerous substances.
- Seek medical treatment immediately if poisoning, swallowing, inhaling, skin or eye exposure occurs.
- Make sure that your machinery and equipment are always maintained to a high level and are used according to safety guidelines.
- Properly train employees about hazards and in workplace safety practices.

Our Centre implements this OH&S management system to reduce:

- The number of hazards in the centre.
- The number of accidents and injuries.
- The cost of worker's compensation.
- The consequences of risk in the environment.

Our Centre's OH&S policies apply to all persons employed, including casual, full-time and part-time as well as anyone else visiting the site including clients, suppliers, tradesmen, volunteers and students. Also, our centre will take into account the requirements of applicable legislation, regulations, advisory standards and Australian standards when applicable. The centre will also consult with government agencies, unions and other industry regulators to ensure that OH&S management meets the requirements of the OH&S act. Finally, our Centre will diligently maintain a safe and healthy environment and work to protect all those who use it.

**Our Centre OH&S POLICY will be:**

- Introduced to new employees at induction.
- Displayed in the foyer area on the OH&S notice board.
- Discussed with students, visitors, volunteers and suppliers to the service.

**Our Centre OH&S PRACTICES:**

- Written information on OH&S issues is available to all staff. Posters will alert staff to OH&S information as well as be addressed at all staff meetings.
- Clear guidelines will be available for staff to report OH&S issues to upper management/ directors, including form templates.

- Our Centre has a procedure for regularly assessing OH&S issues for staff, children and visitors to the Centre. These issues are addressed and rectified without undue delay.
- At least one member of staff has a current first aid certificate at all times.
- Emergency numbers and first aid charts are displayed.
- Drills for emergencies are discussed with children and practised.
- All staff respond to signs of child's illness and these observations are recorded in the child's file. Parents are notified of these signs.
- Our Centre has a process for developing and handling a child's individual health needs.
- Staff prepare and consume hot food/drink away from the children.
- Our Centre provides staff with immunisation information for adults who frequently work with children. Our Centre encourages all staff to be immunised. Posters will be present in our centre to encourage staff along with brochures from authorised health services.
- Our Centre requires all staff to complete First Aid training and to keep it current. This includes training for anaphylaxis, CPR, convulsions, poisoning and management of severe bleeding. Reminder posters for staff will be present to remind them of this.
- Emergency drill records will be kept and evaluated in order to improve efficiency and will also be evaluated as per fire safety standards.
- The centre will review this policy against the above objective annually and make changes to improve any lagging areas. If changes are made all staff will be notified.
- Our Centre has an OH&S representative who monitors staff practices, informs staff about training opportunities and recommends to management improvements that could be made to practices and the environment.
- Our Centre also provides a safe and healthy environment by developing documents for:
  - Employer and employee OH&S roles and responsibilities.
  - Employer and employee OH&S responsibilities
  - Daily safety checks for infrastructure.
  - Emergency evacuation procedures.
  - Reporting of hazards.
  - Audit and review procedures.
  - Food safety
  - Sun protection
  - Compliance checks for OH&S regulations.
  - Dangerous and Toxic Products.
  - Ensure Toxic Products are listed on a register.
- Our Centre endeavours to provide families with information about OH&S issues, in a variety of languages if applicable.
- Staff will undertake professional development related to OH&S and will ensure that effective OH&S information, instruction, training and supervision is provided to all employees.
- Our centre periodically arranged an external audit from an OH&S expert about the OH&S practices in place.
- Our Centre is committed to providing injured employees effective rehabilitation and return to work programs so they can return to their full working abilities.
- Our centre will provide adequate funding for undertaking these OH&S issues.

## Sources

**Children's Services Regulations 2009.**

**Occupational Health and Safety Act 2004**

Kidsafe. (2000). *Kidsafe: Child safety resource manual*. Victoria: Kidsafe Victoria.

McLeod, P. (2005). Health and safety information on the internet. *Putting Children First*, 15, 12-13.

P Bohle and M Quinlan, *Managing Occupational Health and Safety in Australia*, 2<sup>nd</sup> ed, Macmillan, Melbourne, 2000

*Managing OHS in children's services: A model for implementing an Occupational Health and Safety (OHS) management system in your children's service*. NSW: Lady Gowrie Child Centre.

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2010**

**Date for next review: December 2010**

## Open Doors Policy

- O** Our Centre can be accessed at any time for parental inspection.
- P** Please come and see how we help your child develop and grow.
- E** Entry by you any time shows that we are happy for you to see our practices at any time of the day.
- N** Never leave your child in a centre unless you feel 100%  
competent in their ability to provide for your child.
- D** Don't hesitate to ask us any questions about  
your child, their development or our centre  
philosophy.
- O** Our Centre is proud of the quality of care we provide.
- O** Our staff are qualified, trained, experienced and talented.
- R** Rather than take our word for this
- S** See for yourselves!

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

### Mary's Little Lambs ELC - Outdoors Safety Checklist

<b>Playground - Daily</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
Sharp Objects					
Glass					
Syringes					
Swept daily					
Animal waste					
Rubbish					
Sail Shades					
Gates Secure and working properly					
<b>Check Play Equipment Daily for:</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
Well anchored					
Rust					
Splinters					
Sharp edges					
Free of exposed uncapped screws					
No entrapment spaces					
Protruding edges					
Broken equipment					
Split, frayed rope					
<b>Sandpit - Daily</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
Cleaned					
Raked					
<b>Soft Fall - n/a</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
Adequate					
Evenly spread					

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



## **Parent / Guardian Communication Policy**

### **Aim**

Communications between family members and the centre are considered crucial for a child to reach their full development. Therefore, we aim to provide an environment where there is a strong emphasis on family/centre communication to allow consistency and continuity between the home and the centre environment.

The child's program is designed so that opportunities are created for parent and community involvement.

It is the policy of this centre to encourage parents to become involved in the program (and at meetings), working in partnership with teachers and staff. We aim to ensure consistent guidance for each child and to promote the understanding of child development, developing children's interests and growth area.

- “*program*” is considered to be the child's total experience – all the activities of the day – both planned and unplanned.

### **Background**

To provide children with the best standard of care and education possible, it is important for the home and Centre to work in collaboration. With the many commitments and busy lives we all lead, we understand families cannot always be involved in the Centre's day to day activities, so we invite families to visit when they can with the implementation of our 'open doors policy" so staff and families can create a picture of the child together and gain invaluable insights from each other. (*Refer to Open Door Policy*)

## **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

## **Who is affected by this policy?**

Child  
Families  
Staff

## Implementation

- Families have ready access to a statement of the philosophy and its Policies.
- Families will be given opportunities to discuss Centre Policies, operation and curriculum development with management and Centre staff. Strategies in place to incorporate parent input include, in addition to the following, formal questionnaires, documentation, informal and formal gatherings, access to programming materials and day to day interactions.
- Staff plan and program for family members' contributions by supporting the families' involvement whether it be sharing valued parts of family life, work skills, home language, cooking, unique talents – and plan follow-up experiences for the children. Family contributions to programs reflect both the similarities in and the diversity of cultures represented at the Centre and enrich the experiences of the children present.
- Staff gather information and views from families on their children's skills, talents and interests, that families would be happy to share to include as part of the program planning. This will occur at enrolment orientation and throughout the child's advance at the Centre with constant open communication between staff and families eg., a plan to support the child and family settle into the new environment.
- The Centre plans a program of informal gatherings for staff and families that encourages maximum family participation eg., picnics, family weekend excursions relevant to the children's learning and interests and open days.
- When the children are dropped off at the Centre and collected by their families, there is a process for families and staff to exchange basic information about them.
- Staff regularly share with the children's families some of the specific interactions they had with the children during the day and systematically pass on information about children based on staff observations. There are opportunities for confidential discussions between staff and families.
- Staff treat confidential information appropriately and the families' rights to be treated with dignity and respect will be honoured.
- The Centre has provisions for communicating with families with the provision for possible links with other appropriate community services eg., health care providers, interpreters and translators, guest speakers.
- Decisions made jointly by families and the staff about each child's program of experiences are recorded and there is evidence that staff implement these decisions.
- Issues raised by families including complaints about the Centre's service delivery are taken into account when planning and evaluating the program.
- To ensure families remain connected with every part of their child's life – the workings of these strategies are continually evaluated and reviewed to keep abreast of changes within the Centre environment with respect to individual children and their families.
- If necessary, staff have support and access to translation services to provide this information for non-English speaking families.

## Sources

**Sharing a Picture of Children's Development Resource**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Parents Grievance Policy**

### **Aim**

The Centre's aim is to welcome parent's comments and concerns in any area of our work and encourage parents to speak with us if you have any concerns or comments that may help us improve our Centre or our performance.

Our Centre aims to welcome any comments or concerns from parents or guardians in any area of our work. If you have any comments or concerns that may help our Centre's performance let us know.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Families

Staff

Management

### **Implementation**

Any parent/caregiver with a concern or complaint in relation to the running of our centre either in administration or child interaction should do the following:

- Voice their complaint or concern with the Director/Supervisor.
- Write their complaint or concern addressing it to the Director. You will receive a personal response unless you have chosen to be anonymous.
- Parents can speak to any member of staff about a specific complaint or concern. Staff will put in steps to address your concern or complaint as quickly as possible. However, staff do reserve the right to have the complaint put in writing.
- If a centre-wide problem has been brought to staff's attention all families and staff will be informed of the contents of your complaint but not your name.
- Please make use of our suggestions box located at Reception.

### **Sources**

**Handle with Care: A Guide to Early Childhood Administration**

**Children's Services Regulations 2009**

### **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Family Involvement Policy**

### **Aim**

Our Centre aims to have family members involved in the operation of the centre. A Families wishes will be taken into account regarding our program and if appropriate implemented. Our Centre values the input of its family members and welcomes them as a valued resource.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Families

Staff

Management

### **Implementation**

- Families are welcome to visit at any time of the day.
- Families are encouraged to make suggestions and offer critique on our program, philosophy, management and food menu.
- Families are encouraged to share aspects of their culture with the staff and children as well as appropriate experiences.
- Families are invited to participate in the centre's daily routine by helping out with activities such as craft, the preparation of morning tea, special activities and afternoon tea.
- A family/staff committee will be established to set goals for the centre, help write and implement policies and help to meet aims of the Accreditation process.
- Minutes of regular staff/parents meetings will be kept aside for either side to make suggestions.

## Sources

**Children's Services Regulations 2009**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**



## Parent/Guardian Questionnaire

Dear Parent/Guardian

We wish to provide your child/ren with the highest level of care. In order to do this, we would like your opinion on how you feel the Centre is being run and how our programs and our philosophy is helping your child develop. It would help us if you provided us with your thoughts on what our centre's strengths and weaknesses are so we can work to improve these.

Attached is a questionnaire which asks your opinion of some important educational issues. It would help us if you could answer these as honestly as possible. Your responses will be kept private and confidential.

Please return completed survey by .....

Thank you for your participation.

.....

Director

<b>Parent Survey</b>	Strongly Agree	Agree	Disagree	Don't Know
1. I feel welcomed in the Centre.				
2. The Centre takes my concerns seriously.				
3. The Centre provides helpful information.				
4. I feel as though I can talk to the staff about my child's progress.				
5. The Centre values my help and interest.				
6. Teacher provide an challenging and stimulating environment for my child.				
7. Teachers care if my child is not doing as well as he/she can.				
8. The Centre has a safe and secure environment.				
9. The Centre is always looking for ways to improve what it does.				
10. The staff regularly praises children.				
11. The children are the Centre's main focus.				
12. I share in the education of my child.				
13. I receive adequate notice of Centre events.				
14. Newsletters are regular and informative.				
15. The Centre's aims are to improve the quality of learning and teaching.				
What do you see as the strengths of the Centre?				
How do you see the Centre could be improved?				
In what ways would you like to be more involved in the Centre?				
What other comments would you like to make (if any)				

Thank you for taking the time to respond to these questions.

This form should be returned to the office by \_\_\_\_\_

## **Personal Hygiene Policy**

### **Aim**

Staff should act as role models for the children in regards to appropriate standards of personal hygiene.

### **Legislative Requirements**

Children's Services Regulations 2009.

Occupational Health & Safety Act 2004

National Childcare Accreditation Council

### **Who is affected by this policy?**

Staff

Families

Child

Management

Visitors

### **Implementation**

In accordance with keeping up a high level of personal hygiene staff are asked to:

- Avoid coming to work if unwell.
- Maintain healthy and clean habits including clean nails and hair and securing long hair off the face.
- Help the children learn concepts of good personal hygiene, good food handling habits and procedures for washing hands from your guidance and also seeing you as a role model.

Hand washing is the most effective way to prevent the spread of disease. Hands should always be washed at the following times.

- Upon arrival.
- After using the toilet or assisting a child use the toilet.
- Before and after changing nappies.
- Before and after giving medication to yourself or a child.
- Before or after giving First Aid.
- After wiping your own nose or a child's nose.
- Before going home.

To effectively wash hands it is estimated that you should wash them for the amount of time it takes to sing 'Happy Birthday' twice. All surfaces of the hands should be cleaned including the sides and between the fingers.

Posters which promote hand washing will be placed near hand basins. Hand basins should not be used for food or drink preparation, rinsing soiled clothes or cleaning potty chairs.

## Sources

**Occupational Health and Safety Act 2004**

**Managing OHS in Children's Services, 2002, Sue Tarrant, Lady Gowrie**

**Children's Services Regulations 2009**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## Poison Safety Checklist

Week beginning: \_\_\_\_\_

Checklist	Yes	No	Action required
Have all chemical products been checked to determine if they need to be stored in a lockable cupboard?			
Have all chemical products been checked to determine if they require disposal (out of date or no longer required)?			
Are all chemicals labelled correctly?			
Are food and chemicals stored separately?			
Are all Material Data Forms available for all chemicals in the centre and placed with the chemical?			
MSDS Register available?			
MSDS Register Current?			
Are containers for soiled nappies securely covered and the contents inaccessible to children?			
Are low toxicity products used whenever possible?			
If any handbags contain medication, are they stored safely?			
Is the Poisons Information Centre number available at every phone? (13 11 26)			
Is there any paint flaking of the walls that may contain lead?			
Have all poisonous plants been removed from the centre's premises?			
Have families been provided with information on poison safety?			
Have chemical storage areas been labelled with chemicals stored here signs?			
Medication is stored in locked containers/ cupboard?			

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

## **Policy Review Policy**

### **Aim**

Our centre aims to ensure that all procedures and policies are updated and reviewed annually or when otherwise stipulated

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Staff  
Families  
Child  
Management  
Visitors

### **Implementation**

Our centre's administration staff will ensure that all policies and procedures are reviewed annually or more often if required. This gives both families and staff members opportunities to suggest elements that need to be improved.

For staff and management this will occur:

- At staff meetings.
- At the policy review points.
- In family meeting.

For families this will occur:

- Via newsletters.
- At the policy review point.
- At parent/staff meeting.

However, at any time of the year staff and family members are invited to enquire and have input into the policies and procedures.

All policies will be signed, sourced and dated at each review and staff will continuously seek out relevant information to provide the best possible environment.

### **Sources**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Privacy and Security Policy**

### **Aim**

Our Centre aims to provide the highest possible standards of services for all families. While protecting an individual's privacy is important to us we will sometimes need to collect personal information from parents/caregivers about themselves and children at the Centre.

### **Legislative Requirements**

Children's Services Regulations 2009.

Privacy Amendment (Private Sector) Act 2000

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff  
Families

### **Implementation**

#### **What information do we collect, why and how it is used?**

For basic information such as name, date of birth, medical details, routines, address and phone numbers along with any specific requirements of a child parents/guardians will be directly contacted. These will be made up into a personal profile on each child to ensure that all their specific needs are met. If applicable, our Centre is also required to collect information regarding any government Child Care assistance.

Some of the information we collect is to meet legal requirements. When applicable, the Centre is obligated to provide legal institutions with personal information about yourself and your children. Examples of these institutions include The Family Law Court, Department of Health and the Department of Human Services. Some of this information will obviously be of a sensitive nature. The centre will use as much discretion as possible when doing so.

Our Centre can assure that your families' privacy is deeply important to us and that;

- Provided information will only be used by staff in order to deliver the best possible care for your child.
- Only your consent would allow us to provide personal information to people uninvolved in the care of your child.
- You will be given access to all records kept, including copies if asked for.
- Our records about your family will be as up to date as possible.
- Our records will be kept in a safe place in order to protect them being lost or misused.
- All employed at the Centre respect these principals at all times.

- If a trainee/student has a valid reason for needing to see these records, for example, training requirements, the student must have written consent from you and the Director.

If you have any concerns or questions about the way your personal information is being managed please contact the Director.

## Sources

**Children's Services Regulations 2009.**

**Privacy Act 1998**

**Privacy Amendment (Private Sector) Act 2000**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# **Professional Development , Training and Staff Appraisal Policy**

## **Aim**

**Mary's Little Lambs ELC** ensures the highest quality of child care through its support systems for staff, which allow staff to determine their work performance, provide high job satisfaction and opportunities for advancement, further training and development.

Our centre ensures that we will provide the highest possible level of care for your child/ren. This will be done by providing a strong support system for the staff in order to allow them to reach their full potential and pass it on to your children.

## **Legislative Requirements**

Children's Services Regulations 2009

National Childcare Accreditation Council

Equal Opportunity Act 1995

## **Who is affected by this policy?**

Staff

Management

## **Implementation**

We endeavour to employ caring, loyal and capable staff who bring to the centre a high skill level, appropriate qualifications and a wide and varying amount of experiences to help implement our centre's philosophy.

The Director will ensure that all primary staff have:

- The correct qualifications to care for children.
- An understanding of their responsibilities under the law.
- The appropriate personality to care for children.

New staff will undergo an appraisal process. They will be introduced to this process during orientation. After 3 months at the centre the new staff member will undergo appraisal to ensure they are aware of their duties and responsibilities and from then on every 12 months.

The staff member and the Director will mutually agree on a date at least 2 weeks prior to the appraisal meeting.

The appraisal meeting will be linked to the staff member's job description and will include the following:

- Appraisal for the employee's job description.

- Clarification of the staff member's job role and its expectations.
- Self assessment.
- Two way feedback.
- A discussion of future opportunities within the position.
- A discussion on an action plan for further training.
- Feedback about how the appraisal process could be improved.

After a 2 year period the Director and centre staff will re-evaluate the appraisal process and determine ways it can be improved or changed. The appraisal process will be used as a tool for identifying any need for further staff training. Also, the appraisal process is the best way to show evidence of continued poor work performance and allows formal written warning to occur if necessary.

As this process identifies the need for training, the Director will ensure that 50 % of the cost is set aside for staff training and development in the annual budget. Training will be provided on an equal basis and can be in one of the following formats:

- Shared experiences by all staff members.
- An outside presenter runs a workshop.
- Staff attend external workshops, seminars etc.
- Staff complete short TAFE, college or University courses.
- Staff members learn through changes in their position at the centre.
- Staff exchanges with staff from other centres.
- Appropriate resources (books, movies, documentaries etc).

Staff members need to respect the knowledge, experiences and skills of other staff members. It is important not to criticise each other but rather work together so the centre runs to the best of the staff members combined abilities.

All staff must hold a current first aid certificate and anaphylaxis training which is renewed when it becomes necessary.

## **Sources**

**Managing a Child Care Service – a hands-on guide for managers**

**Children's Services Regulations 2009**

**Equal Opportunity Act 1984**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: 2010**

## **Program Policy**

### **Aim**

Staff aim to observe children's behavioural patterns and skills as a foundation for individual program planning. Children and their families will be encouraged to participate in this process.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff  
Families

### **Implementation**

Observations of all children enrolled in our Centre will be recorded and used for program development. These records will be available for a child's family members to look at but remain the property of the Centre. These records will be consulted weekly (families and the children themselves are welcome to have input on this) and allow staff to give the children a schedule more appropriate to their stage of development.

- Children are encouraged to express themselves creatively through a wide variety of indoor and outdoor activities.
- Children's fine and gross motor skills are strengthened and developed through a wide variety of both indoor and outdoor activities including manipulative play, block play, carpentry, water and sand play, home corner play, drawing and other physical activities such as running and skipping.
- Maths and science concepts along with natural aspects of our environment are encouraged through block play, building, cooking, water play, collecting harmless leaves and insects.
- Language development is encouraged through staff modelling, news, show and tell, story time, games, poems and drama.
- School readiness as well as social/emotional and independence skills are strengthened through a wide range of activities designed to enhance a child's senses.
- Music and movement activities encourage physical, social, intellectual and fun areas of a child's development.
- Road safety, hygiene, dental care and nutrition will all be built into the weekly program.

These activities will be monitored in order for staff to find out what a child responds to the best as an individual and also as part of a group. Families must know that our programs are provided for different age group and to children with different levels of ability so transition from one stage to the next is individually structured. A child's home language, culture and religious practices will be accepted and included in the program.

From this, staff will start to look at the child's needs and plan ways to meet these needs, providing appropriate activities and experiences to meet these needs. We evaluate this program every week in order to make sure we stay on target and help each child to reach their full potential. The weekly program will be displayed in the room it takes place in. We welcome any suggestions and are happy to answer questions from family members at any time.

## **Sources**

**Children's Services Regulations 2009.**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# Individual Developmental Needs Of Children

## Aim

The program at the Centre will provide opportunities for the children to develop their 'whole self', at their own rate through an individualised planned program. As part of the staff's professional responsibilities, we will ensure the documentation and implementation of individual children's development and progress within the program. This will include written records, individual and group photographs (including digital), and collections of children's work.

Background: The program should complement the Centre's philosophy. A Centre program is a vital part of children's experiences in the Centre. The program must be appropriate to each child's developmental needs and interests to ensure that individuals reach their full potential in all areas of their development. Each child is a unique person and will display individual sequences and patterns of learning and development.

## Legislative Requirements

Children's Services Regulations 2009.

National Childcare Accreditation Council

Practices:

- the Centre provides a program of activities designed to stimulate and develop each child's physical, social, emotional, cognitive, language and creative potential, and is appropriate to the individual needs and developmental level of each child as indicated by the records maintained by staff trained to facilitate children's learning
- the activities that are provided are capable of engaging the interest of children
- The program at the Centre is flexible, thus recognising the need for children to develop at their own pace
- The program at the Centre is inclusive of all children. It accommodates diversity of ability and social and cultural backgrounds
- At the Centre, children are actively involved in planning and decision making for their play – providing sufficient predictability to give children a sense of security
- the program includes up-to-date observations of each child's learning, development and well-being, as well as information from families about their child/ren
- the Centre ensures frequent communication with families incorporating reviews of their child's progress, and provides a chance to offer ideas on planning for their child which helps keep families informed
- Specific goals are set for each child based on child progress records, information and ideas provided by the family, knowledge of children's relationships with adults and other children, cultural background and interests. For any group of children, there are group goals reflecting common aspirations for children within the group

- Opportunities exist within the program for individual children's learning to be linked to planning for groups in which the child is placed or which the child chooses. Records include reflections by staff on how group dynamics influence individual children's participation and well being at the Centre
- Evaluation of the program at the Centre provides information for future planning and effectiveness of the learning environment and monitors outcomes for children
- In valuing and treating children as individuals, we take into account within our program specialist support, sought where needed for the input and evaluation of plans for children with additional needs, and for advice and recommendations to families

## **Source**

**Children's Services Regulations 2009.**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# Protective Behaviours Policy

## Aim

We aim to ensure that all children have a right to feel safe all the time and provide an environment where children can talk about their fears or if they do not feel safe for any reason can tell someone at the centre.

We aim to incorporate this into our everyday program through:

- Teaching children to recognise their feelings and express them verbally.
- Teaching children to express their feelings both verbally and non-verbally.
- Teaching children that they can choose to change the way they are feeling.
- Teaching children that they have a right to feel safe at all times.
- Teaching children to recognise the signs when they do not feel safe and when they need to be alert and think clearly.
- Teaching children the difference between 'fun' scared that is the feeling of adventure and appropriate risk taking and 'dangerous' scared that is not ok.
- Teaching children to use their own skills to feel safe.
- Providing an environment at the centre where everyone feels safe.

## Beliefs

As part of our centre philosophy we believe:

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

## Legislative Requirements

Children's Services Regulations 2009

National Childcare Accreditation Council

Children, Youth and Families Act 2005

## Who is affected by this policy?

Children

Parents

Staff

Management

## **Sources**

**Children's Services Regulations 2009.**

**Children, Youth and Families Act 2005**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Routine Policy**

### **Aim**

Our centre aims to provide a smooth and free flowing day that caters for every child's needs and allows children to see the benefits of routine.

### **Legislative Requirements**

Children's Services Regulations 2009.  
National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff

### **Implementation**

A sense of routine is important along with smooth transitions as they allow staff to:

- Meet each child's needs.
- Have one-on-one interactions with children and build strong relationships

When planning a transition staff will:

- Talk to children to prepare them, giving them advice as to what is happening next and when.
- Talk with families to see if all their child's needs are being met.
- Ensure that the routine has flexibility to allow requests and suggestions from staff, families and children.
- Make use of familiar and favourite items of a child.

### **Sources**

**Children's Services Regulations 2009.**

### **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Severe Allergy Policy - Anaphylaxis**

### **Aim**

Our Centre aims to minimise exposure to any substance which is common in causing severe allergic reactions amongst children.

### **Legislative Requirements**

Children's Services Regulations 2009.  
National Childcare Accreditation Council

### **Who is affected by this policy?**

Children  
Families  
Staff  
Management

### **Implementation**

While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.

Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include nuts, seafood and in children eggs and cow's milk.

Staff should be on the lookout for the below symptoms. Staff should be on the lookout for symptoms as they need to act rapidly if they do occur. Staff should immediately call 000 if symptoms arise. If you know a child/staff member is prone to anaphylaxis reactions, and they carry an EpiPen® it should be injected by a staff member trained in first aid. CPR should be initiated should the child/staff member stop breathing.

However, steps should be taken to prevent anaphylaxis occurring:

- Upon enrolment, seek medical information from family members about any known allergies. Ask family members for supporting documentation as well as an action plan. This action plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan.

Staff should be educated to recognise how serious anaphylaxis is and the steps that need to be taken in order to minimise the possibility of occurrence. All staff members who hold First Aid licences should be instructed on how to administer an EpiPen®.

Ways to avoid exposure to triggers include:

- Not allowing children to trade food, utensils or food containers.
- Ideally, children who have severe allergies should only be served food prepared at their homes.
- Bottles, drinks and lunchboxes should be clearly labelled with the child's name that they are intended for.
- The use of food products in craft, science experiments and cooking classes may need to be changed in order to allow children with allergies to participate.
- Food preparation staff will be instructed on the necessity to prevent cross contamination.
- Parents will be asked not to send food with their children that contain high allergenic elements even if their child does not have an allergy.
- If appropriate a child with allergies may have to sit at a different table if food is being served that he/she is allergic to.
- Meals prepared at the centre should not contain ingredients such as milk, eggs or nuts.

## Sources

**The Australasian Society of Clinical Immunology and Allergy (ASCIA)  
Anaphylaxis Australia  
Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Sleep/rest for Children Policy**

### **Aim**

Our centre believes in a short period of rest each day for every child to ensure their growth and development. Our routine involves a rest time everyday but we can also provide a rest time outside this time if it is required.

### **Legislative Requirements**

Children's Services Regulations 2009.  
National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff  
Families  
Management

### **Implementation**

Our Centre acknowledges each individual child's need for sleep and rest. We actively attempt to meet these needs to the best of our abilities. At enrolment, or when a child's sleeping pattern changes, parents are to advise staff so appropriate changes can be made at our centre. Daily changes, such as a sleep-in or a bad night, should be written in the communication book so they can be followed by staff. All current information on sleeping and cot practices will be made available to families.

Our centre endeavours to provide positive experiences for your child to ensure a regular sleeping/ resting pattern both at home and in our centre. This is achieved through the use of comfort items, such as a favourite toy or blanket as well as soft music. Staff will provide feedback about your child's sleeping habits at the centre as required or when asked.

Staff will not force a child to sleep.

Staff will not deprive a child from sleeping.

The Centre provides appropriate bedding for your child.

Children who do not sleep will engage in quiet activities such as books or puzzles.

Staff will at all times:

- Ensure bedding is arranged to prevent cross infection.
- Allow easy access to/from each cot.
- The sleep/rest area has natural light.
- All bed linen will be washed every week, or after a child has used it and will not return to the centre for the remainder of the week and washed when bed linen has been soiled or wet by a child

## Sources

Children's Services Regulations 2009.

SIDS and Kids [www.sidsandkids.org](http://www.sidsandkids.org)

National Network for Child Care [www.nncc.org/curriculum/restime.html](http://www.nncc.org/curriculum/restime.html)

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Safe Sleeping (under two year olds)**

### **Aim**

We believe that providing a safe sleeping environment is very important to the health and safety of children in our care. We aim to provide a peaceful environment for your child to sleep in and also implement suggestion from any new information that becomes available.

### **Legislative Requirements**

Children's Services Regulations 2009.  
National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff  
Families  
Management

### **Implementation**

Our Centre acknowledges each individual child's need for sleep and rest. We actively attempt to meet these needs to the best of our abilities. At enrolment, or when a child's sleeping pattern changes, parents are to advise staff so appropriate changes can be made at our centre. Daily changes, such as a sleep-in or a bad night, should be written in the communication book so they can be followed by staff. All current information on sleeping and cot practices will be made available to families.

When a child is put into a cot/bed:

- The child will be placed on its back.
- The babies face will be uncovered.
- Babies' heads will be at the top of the crib and feet at the bottom.
- No quilts, doonas, pillows or cot bumpers will be allowed in the cots.
- Bed clothing will be appropriate to weather temperature.

Cots will comply with national standards.

The cot mattress will correctly fit in the cot so it does not move around when in use. This will be checked annually.

A sleeping procedure poster will be placed in the rest area to ensure all staff know the requirements.

Staff will at all times:

- Ensure bedding is arranged to prevent cross infection.

- Allow easy access to/from each cot.
- The sleep/rest area has natural light.
- All bed linen will be washed every week, or after an child has used it and will not return to the centre for the remainder of the week and washed when bed linen has been soiled or wet by a child

## Sources

Children's Services Regulations 2009.  
SIDS and Kids [www.sidsandkids.org](http://www.sidsandkids.org) 1300 308 307

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Staff & Parent Relationship Policy**

### **Aim**

Our Centre's philosophy focuses on the idea that children are not separate from their families but linked. We aim to provide an environment where families can help staff increase their understanding of their children. We also aim to provide an environment where staff help families increase their confidence in their parenting abilities.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff  
Families

### **Implementation**

The guidelines below will help staff develop positive relationship with centre families:

- Staff should respect families.
- Staff should ask families question about their children.
- Staff should involve families in decisions made about their children.
- Staff should work to establish a pattern of communication with families upon a child's arrival and departure.
- Staff should keep in mind that family members are more than just a child's caregivers. They have lives too. Show an interest in the families' life away from the centre. This will give staff an insight into the child's home life.
- Staff should be accepting of individual ways of parenting.
- Staff should accept that some parents may not be able to give a lot of time to their centre at particular times in their lives.
- Staff should know their own limits and be ready to refer families to other support persons if the situation is beyond their level of training.

Staff will ensure that all families receive orientation upon a child's enrolment and from that point in time staff will be available to discuss a child's progress with a family member at any time.

### **Sources**

**Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

# Staff Grievance Policy

## Aim

Our Centre aims to ensure that staff's work-related concerns with both the administration, the work programs and with other staff are resolved to ensure a productive and happy work environment.

## Legislative Requirements

Children's Services Regulations 2009.  
National Childcare Accreditation Council

## Who is affected by this policy?

Staff  
Management

## Implementation

Staff members who have a grievance should talk directly to the staff member they have a grievance with. Both should try to resolve the issue and develop solutions to ensure that the problem doesn't happen again.

Ethically, other staff members or parents/caregivers should not be involved in an individual concern and it is not ethical for that concern to affect inter-staff relationships. If unable to resolve the situation, the Centre's Director should be called in to conflict resolution to both sides. The Director's role is to be non-bias and fair when dealing with a problem and to maintain confidentiality. Only necessary staff will be informed of the outcome of any conflict resolution.

Staff members are encouraged to communicate openly with the Director. Problems can be discussed formally, informally or at a staff meeting. Team-work is encouraged amongst Centre staff and having respect for other team members is crucial.

## Sources

**Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Staff Meeting Policy**

### **Aim**

By having regular staff meetings, our Centre aims to allow all staff to have input into the decision making process of the centre, voice opinions, air grievances and discuss new information.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Staff

Management

Child

Families

### **Implementation**

The centre will hold a quarterly staff meeting at a time convenient for all staff. This will take place after hours so all staff members can attend and that adult/child care ratio needed during hours is not jeopardised.

Meetings will follow this structure:

- They will run for approximately 1.5 hours but can run longer if more issues need to be discussed.
- Management will chair the meeting and give a report.
- The format of the meeting will be made available in the staff diary and any staff member who wishes to speak can add their name.
- Management will provide dinner.
- In the meeting staff are able to:
  - Raise concerns
  - Negotiate solutions for any grievances.
  - Receive, share and discuss new information.
- In regards to the decision making process the following will occur:
  - If a decision cannot be reached about an issue the Director will step in and make an informed decision.

- If there is not sufficient information a staff member will be nominated to do some research by the Director.
- All decisions made will be made on a trial basis and their effectiveness will be discussed at the next meeting.
- Minutes are to be taken of all staff meetings.

## Sources

**Children's Services Regulations 2009.**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Staff Orientation Policy**

### **Aim**

Our Centre will provide all new staff members with an appropriate orientation that explains their working arrangements along with introducing them to the Centre's policies, philosophy and procedures before the commencement of their duties.

### **Legislative Requirements**

Children's Services Regulations 2009.  
National Childcare Accreditation Council

### **Who is affected by this policy?**

Children  
Families  
Staff  
Management

### **Implementation**

Before a new staff member commences their job, Management will:

- Show the new staff member the Centre and introduce them to other staff members.
- Give the new staff member a copy of the Staff Handbook.
- Highlight relevant policies including the Centre's philosophy.
- Highlight relevant legislation including Equal Opportunity, Confidentiality, Records, and Anti-Discrimination.
- Show the new staff member where the Centre's Policy and Procedures Manual is located and advise that they are available at all times.
- Induct and show the new staff member technique and relevant legislation in regards to Occupational Health and Safety.
- Provide new staff member with necessary forms in regards to taxation, superannuation and payment of salary.
- Advise the new staff member about the centre's management structure.
- Provide the new staff member with a copy of their Job Description and go through it with them.
- Clarify any questions the new staff member has.
- Allow the staff member to spend some time in their designated room so they can be introduced to other staff, children and families.
- At the end of the new staff member's first week the Director will meet with the new staff member to further clarify any questions or the job role.

## Sources

**Managing a Child Care Service – a hands on approach for managers  
Children's Services Regulations 2009.**

## Review

The policy will be reviewed as necessary.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Staff returning after a period of extended leave Policy**

### **Aim**

Our Centre aims to effectively re-introduce a staff member to the centre if they have been on extended leave as smoothly as possible.

### **Legislative Requirements**

Children's Services Regulations 2009.  
National Childcare Accreditation Council  
Occupational Health and Safety Act 2004

### **Who is affected by this policy?**

Staff  
Families  
Child

### **Implementation**

Our centre will work with both the staff member who has been on leave and staff at the Centre to ensure a smooth return to work. This will be carried out in the following way:

- The returning staff member will if possible come in a few days beforehand to reacquaint themselves with the environment and take in any changes.
- The returning staff member will be notified of any policy changes.
- Parents will be notified of the staff members return.
- If necessary, staff training and development will be offered.
- If the period is due to an illness the staff member must produce medical certificates stating they are ok to return to work. If special conditions or considerations are needed these will be discussed with management and appropriate plans commenced.

### **Sources**

**Children's Services Regulations 2009.**  
**Occupational Health and Safety Act 2004**

### **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Staff to Staff Interaction Policy**

### **Aim**

A major influence of the atmosphere in a centre is created by the way which staff relate to each other. A major factor in the centre environment is that both children and parents/guardians have a feeling of security and trust coming not only from good Centre communication but most importantly from positive and communicative staff.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff  
Families

### **Implementation**

- All staff will maintain positive, trustworthy and co-operative relationships with their co-workers
- Show respect for all staff and it will be returned.
- Accept differences in staff members, we are a diverse country.
- Show appreciation of each staff's member's background, any unusual skills and unique contributions to the centre will promote the Centre in a positive manner.
- Always look for and support the strengths in staff members and try not to focus on weakness.
- Resources and information will be shared amongst staff members.
- Staff members will offer each other support in meeting their professional development and needs.
- Co-workers will be given due recognition for professional achievements by all staff.
- Policies and working conditions will encourage competence, well being and self esteem for all staff.
- Where possible all staff will provide professional support, thoughtful input and resources for other staff members as they may be required.
- Respect will be shown for all members of the team and consideration given to their feelings: values and opinions no matter how they may differ from your own.
- Information and observations regarding all of the Centres' children will be shared.
- Information relative to the families of the Centres' children which affects individual children will be shared.

- Staff will treat each other with empathy, respect and courtesy
- Staff will endeavour to develop positive working relationships, which will provide a positive role model of social skills to the children.
- Regular staff meetings will provide a forum for group discussions on all matters relating to staff problems. Any staff member unable to attend will be updated upon their return.
- The Staff Diary and Room Diary will be used to communicate messages where shifts make it difficult to convey information face-to-face. These means will ensure all staff are informed on important matters. It is the staff member's responsibility to check the Diaries.
- Staff will consider each other and work as a team in order to share the workload. Decisions concerning children and programs shall utilise the appropriate training, experiences and expertise of each other.
- Staff will be honest and open when resolving differences of opinion or personal conflicts amongst themselves. These will be resolved quickly and always away from the children.
- Staff will approach the staff member directly involved about any grievances you may have with them. Don't complain or gossip to other staff members or parents/guardians – see Grievance Policy.

## Sources

**Children's Services Regulations 2009**  
**Handle with Care: A Guide to Early Childhood Administration**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

# Sun Protection and Weather Policy - Sun Smart

## Aim

Due to the high risk of unprotected sun exposure in the first fifteen years of life significantly increasing a child's risk of developing skin cancer later in life. The centre aim is to help minimize these risks to children and staff, and to help educate families about sun protection.

## Legislative Requirements

Occupational Health & Safety Act 2004

Children's Services Regulations 2009

National Childcare Accreditation Council

## Who is affected by this policy?

Staff  
Children  
Families  
Management

## Implementation

Our Centre wishes to work with both parents and children in protecting and educating about sun-exposure and the associated health risks. In order to do so we wish:

- Develop positive attitudes towards skin protection
- Develop awareness of lifestyle practices which can reduce the incidence of skin cancer
- Promote personal responsibility for decision making about skin protection
- Increase awareness of the need for environment changes in childcare centres to reduce the levels of exposure to the sun
- Encourage the wearing of "sunsmart" hats when outdoors and on excursions. Appropriate hats include broad brimmed hat (brim at least 6cm), a legionnaire hat, a bucket style hat with a deep crown and brim at least 5cm. (caps are not recommended due to inadequate protection to the neck, cheek and ears)
- Encourage the wearing of shirts with collars and sleeves that are made from closely woven fibre, by both children and staff (midriff and singlet tops are not recommended due to inadequate coverage.)
- Provide and use SPF 30+ broad spectrum on exposed areas of skin, to be applied by staff before going outdoors.
- Posters will be displayed to show correct application of sunscreen.
- Outdoor play will be planned to occur in shaded areas
- A NO HAT – PLAY IN THE SHADE policy will be implemented where children without hats remain under covered areas.
- Staffs are to model appropriate sun safe practices of hats, shirts and sunscreen. Visitors will also be encouraged to do the same.
- **From October to March the centre will schedule outdoor play before 11am and after 3pm (daylight saving).**

- From April to September the centre will schedule outdoor play before 11:30am and/or after 2pm.
- In June & July, the daily UV Index will be checked, [www.bom.gov.au/weather/uv](http://www.bom.gov.au/weather/uv), if under 3, sun protection is not required.

*The centre will take extra care with children who have very fair skin.*

- The sun safe policy will operate throughout the year.
- Sun safety will be incorporated into the program to help educate children and instil positive attitudes and practices. Information will also be sent home to parents and families to help educate and encourage parents to adopt these practices.
- When replacing shade, the centre will carry out a shade audit to maximize and effectively use shade products.

## Sources

The Cancer Council [www.cancerouncil.com.au](http://www.cancerouncil.com.au)

Children's Services Regulations 2009.

Occupational Health and Safety Act 2004

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Supervision of Children Policy**

### **Aim**

Adequate supervision will be provided to all the children while attending the centre. Adequate supervision of children takes into consideration the safety and welfare of every child.

### **Legislative Requirements**

Children's Services Regulations 2009.

Nation Childcare Accreditation Council

### **Who is affected by this policy?**

Child  
Staff  
Family  
Volunteers  
Students  
Management

### **Implementation**

- All staff, permanent and relieving, will be made aware of this policy regarding adequate and responsible supervision of children during the staff induction.
- Staff rostering and routines will at all times make sure enough staff are available for the adequate supervision of children.
- At no time will students or volunteers be included in the ratio of adults supervising children.
- Students and volunteers will never be left alone with a child or a group of children.
- In any situation where adequate supervision of children is threatened, any staff on a crib/ meal-break must be prepared to return to duty to supply adequate supervision.
- The Authorised Supervisor or Temporary Authorised Supervisor will ensure that the Department of Education and Early Childhood Development regulations in relation to the supervision of children are adhered to.

### **INDOORS**

A minimum of two staff members will provide supervision when children are indoors.

- Supervising staff give their attention to the children.
- When children are resting or sleep they will be supervised.
- During hand washing and/or toilet times children will be supervised in the bathroom area.

- Toddlers and children undergoing toilet training will not be left unsupervised in the bathroom.
- No child is to be left unattended at the table when eating.

## **OUTDOORS**

A minimum of two staff members will provide supervision when children are outdoors.

- Where one staff member is called inside for any reason, they must not go inside until another staff member has come outside to replace them.
- Staff supervising outdoors, should position themselves to see as much of the play area as possible.
- One staff member should be positioned close to the climbing frame as often as possible.
- Any water activity should be closely supervised by one staff member at all times.
- Except for necessary discussions or concerns regarding children or matters relating to the centre, staff will not congregate together outside.

## **Sources**

**Children's Services Regulations 2009.**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Toileting & Nappy Change Policy**

### **Aim**

The centre accepts enrolments of children who have not yet been toilet trained. The centre has the appropriate facilities to accommodate this. Staff also understand the necessity of working closely with

families to ensure the needs of the child are met. This includes any cultural practices staff may need to be aware of.

## Legislative Requirements

Children's Service Regulations 2009

National Childcare Accreditation Council

## Who is affected by this policy?

Child  
Staff  
Families

## Implementation

Toileting and nappy changing will be carried out at frequent intervals throughout the day as required. Children who are in nappies will have this detail recorded in the register kept by the staff for Parents/Guardians to check. Staff will also be aware of the possible need to maintain privacy when toileting and dressing.

Nappy changing and toileting will only be carried as per the nappy changing procedure. At times it may be necessary for a student to carry out the nappy change as part of practical requirements, and a staff member must always be present to monitor this situation. In addition if a parent/guardian is present and helping their child (toileting in the bathroom), it is required that a staff member accompany any other children needing to use the bathroom at the same time.

At all times, appropriate hygiene practices must be maintained and procedures followed to minimise any risk of infection. Staff will always promote healthy hygiene practices and hand washing procedures; talking over these with the children and encouraging the children to follow these practices.

## Sources

**Children's Services Regulations 2009.**  
**Staying Healthy in Child Care 4<sup>th</sup> Edition**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management

- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Nappy Change Procedure**

**Staff will at all times follow health & hygiene procedures below for nappy changing in accordance with recommendations from recognised health authorities.**

**Please also note that only primary carers are to change nappies. A primary carer will also supervise any practical student required to do nappy changing as part of their course requirements.**

**\* Nappy changes occur frequently and as needed throughout the day. At all times one hand must be kept on the child to prevent them falling from the change table.**

- Always prepare change area first: put on gloves, place paper towel, wipes and bag to dispose of nappy.
- Assist the child up to the nappy change table.
- Remove the dirty nappy: remove excess faeces with paper towel and place in toilet. Flush toilet. Clean and dry the child's bottom using wipes, wiping from front to back. Remove paper towel from the change table.
- Seal the soiled nappy, paper towel and wipes into plastic bag (use two if soiled) and place into lined bin. Place any soiled clothing into a bag and seal for parent to take home. Remove gloves before touching any clean clothing or the clean nappy. Remove gloves by peeling them back from your wrists, turning them inside out as you go. Place gloves in bin.
- Dress the child and wash and dry the child's hands, take the child away from change area. Wash your hands.
- Clean the nappy change surface after each use. Put on clean gloves and clean by spraying the surface with disinfectant. Wipe dry with paper towel. Dispose of gloves and paper towel in bin. Wash your hands.

**Staying Healthy in Child Care 4<sup>th</sup> Edition**

## **Toileting Procedure**

**Staff will at all times follow the health & hygiene procedures below for toileting in accordance with recommendations from recognised health authorities.**

**Please also note that only primary carers are to help with toileting.**

Toileting occurs at any time of the day and is specific to individual needs. Staff will communicate with parents/guardians to develop consistency with their child's toileting habits. Staff must be aware of and consider any special requirements related to culture, religion or privacy needs.

- Staff will at all times encourage the child to be independent in their toileting habits and provide assistance as and when needed.
- It is better to use the toilet rather than a potty when toilet training for hygiene/infection control factors.

Disposable gloves should be used for any of these stages in the toileting procedure:

- Help child to remove clothing if needed.
- Help child onto toilet if needed.
- Help the child to wipe themselves, encouraging them to wipe front to back.
- Encourage the child to flush the toilet themselves.
- Encourage the child to wash and dry hands on single sheet of paper towel, and then to leave the bathroom.

If the child has soiled or wet their clothing:

- Remove any wet/soiled clothing and seal in a bag for the parent to take home
- Clean and dry the child
- Remove your gloves and wash hands, do not touch the child's clean clothing.
- Put on new gloves and dress the child, wash and dry the child's hands. Have them leave the bathroom.
- Clean any spills following procedure for cleaning spills of body fluids.
- Remove and dispose of gloves, wash and dry your hands.

## Transition Policy

### Aim

Room transitions occur at the beginning of the New Year, birthday or when a vacancy occurs. Each room has levels of expectations of the children and they will only transition when they are ready. Transition between rooms/groups is not just age based they need to be ready in all aspects of their development. When it is time to attend School the Centre will co-ordinate with parents/guardians and the school.

## Legislative Requirements

National Childcare Accreditation Council

Children's Services Regulations 2009.

## Who is affected by this policy?

Children  
Families  
Staff

## Implementation

- Once a child in the **younger** room is of appropriate age and development and a vacancy exists, after consultation with the parents/guardian the child will be transferred to the **older** room.
- Visits to the new room will be introduced until staff are happy that the child is ready for transfer so minimising any distress that the transfer may cause to the child or the new room.
- School brings great change for the child and their family. A child's parents/guardian are the main link in this event.
- Parents/Guardians and Early Childhood educators need to work together. Current research has suggested the easier the flow between home and school the better the education
- Starting school will always be presented in a positive manner by the Centre and talking about school makes the child look forward to and creates a good attitude towards the changeover.
- Information on local schools will be made available to assist parents/guardians.
- Parents/Guardians will be given a Readiness report in October for their children who are eligible to commence school in the following year.
- To aid with the transition children will be asked to bring a packed school lunch during their last weeks at the Centre. Parents/Guardians are provided with details of suitable foods to include.

## Sources

**Children's Services Regulations 2009.**

**Handle with Care – A guide to Early Childhood Administration**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Parents
- Interested Parties.

**Reviewed: December 2009**

**Date for next review: December 2010**

## **Children with Additional Needs Policy**

### **Aim**

Children with additional needs will be encouraged with the Centre making full use of all available support services. The individuality of each child will be respected, their needs considered, and their rights supported and protected.

### **Legislative Requirements**

Children's Services Regulations 2009.

Disability Discrimination Act 1992

Human Rights and Equal Opportunity Commission Act 1986

National Childcare Accreditation Council

### **Who is affected by this policy?**

Child

Staff

Families

Management

### **Implementation**

The Centre accepts children with additional needs. On application an assessment will be made of the child's need, support level required and an evaluation made of the Centre's ability to enrol the child.

The Inclusion Support Agency (ISA) is funded by the Australian Government. The Centre can lodge an application for Special Needs Subsidy Support (SNSS) funding for additional support workers through the ISA. Funding will be granted when the child meets specific criteria. SNSS workers will help Centre staff with the integration of children with additional needs and will assist staff in putting together an individual program for each child.

Australian government funding is necessary in continuing the availability of support through ISA's and SNSS Workers.

Professionals such as speech and occupational therapist, paediatricians, and physiotherapists etc. may be consulted, with the consent of a Parent/Guardian, to aid staff with suitable strategies regarding the child.

Every child is treated as an individual and his/her own additional need will always be supported.

Staff will be encouraged to attend various in-house training sessions conducted throughout the year regarding particular needs.

Staff will use effective current strategies with each child to accommodate additional needs.

## Sources

**Children's Services Regulations 2009.**

**Disability Discrimination Act 1992**

**Human Rights and Equal Opportunity Commission Act 1986**

## Review

The policy will be reviewed annually.

The review will be conducted by:

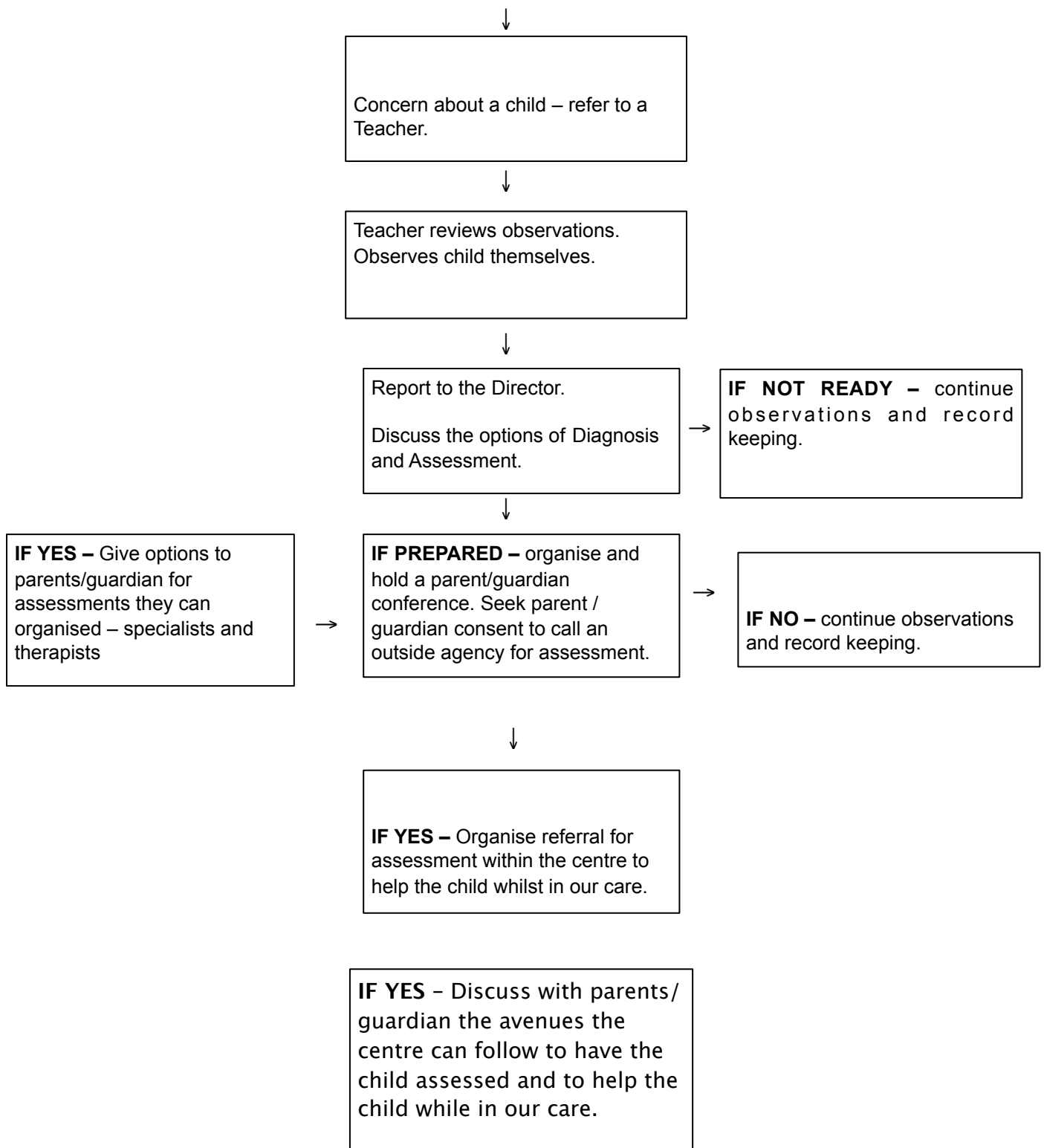
- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**

## Catering For Special Needs

Primary Caregiver observes child.



## **Toy Cleaning Policy**

### **Aim**

Staff regularly clean children's toys. Toys, especially in the rooms of the younger children, are to be washed regularly so as to avoid the spread of disease. Staff will wash a toy immediately if it has been sneezed on, mouthed, soiled or if it has been discarded after play by a child who has been unwell. The Centre will have washable toys for the younger children.

Refer to the cleaning schedule for equipment and toys on display in the children's rooms .

A toy cleaning policy is to ensure the minimal spread of bacterial and disease in the centre.

### **Legislative Requirements**

Children's Services Regulations 2009.

National Childcare Accreditation Council

### **Who is affected by this policy?**

Children

Staff

Management

Families

### **Implementation**

All toys are so much more appealing if they are clean and properly presented. Please read this carefully and clean all borrowed items thoroughly before returning them. We recommend staff will regularly clean the children's equipment and toys so as to avoid the spread of disease. Staff will wash a toy immediately if it has been sneezed on, mouthed, soiled or if it has been discarded after play by a child who has been unwell. The Centre will have washable toys for the younger children.

Refer to the enclosed toy cleaning schedule for toys on display in the children's rooms .

#### **Recommended cleaning materials:**

Please use child friendly cleaners such as Bicarb, vinegar diluted 1:10 in water, tea tree, lavender or eucalyptus oil diluted 5 drops to 500ml water, lemon juice or plain water. Please rinse in water after cleaning.

Other items that may be necessary include a sponge cloth, an old toothbrush or cotton wool.

#### **General:**

Most toys can be washed with normal dishwashing liquid, rinsing with clean water. Get into corners with an old toothbrush. Please dry well. Leaving items such as LEGO and construction blocks to drain on a clean tea-towel overnight is ideal.

#### **Wooden Toys:**

Should be wiped over with a damp cloth – please do not immerse in water.

#### **Play Dough**

Centre will reduce the risk of the spread of disease when playing with play dough by:

Encouraging hand washing before and after using play dough

Storing the play dough in a sealed container in the refrigerator between uses

Making a new batch of play dough each week, and

If there is an outbreak of vomiting and/or diarrhoea, discarding the playdough at the end of each day during the outbreak.

#### **Rattles and Baby Toys:**

Must not be immersed in water as it can get inside, rendering the toy useless. Wipe thoroughly with hot water or a cloth with diluted vinegar.

Ride-on Vehicles and Outdoor

#### **Toys:**

Must be cleaned. Please take care not leave them exposed to the elements as this reduces their lifespan.

#### **Puzzles and Games:**

Wooden puzzles as per 'Wooden Toys' above. Cardboard should be wiped over with a slightly damp cloth.

## **Sources**

**Children's Services Regulations 2009.**

**Kidsafe 2009**

**Staying Healthy in Childcare 4<sup>th</sup> Edition 2005**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: December 2009**

**Date for next review: December 2010**